

THURSDAY, 10 DECEMBER 2020

ESTIMATES—HEALTH AND ENVIRONMENT COMMITTEE—HEALTH AND AMBULANCE SERVICES

Estimate Committee Members

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

Members in Attendance

Ms RM Bates
Mr MC Berkman
Dr A MacMahon
Mr JP Bleijie
Mr ST O'Connor
Mrs DK Frecklington

In Attendance

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

Queensland Health

Dr J Wakefield, Director-General
Ms J Joldic, Head of Office of the Director-General and System Strategy Division
Ms B Phillips, Deputy Director-General, COVID-19 Supply Chain Surety Division

Office of the Health Ombudsman

Mr A Brown, Health Ombudsman

Hospital and Health Services

Mr S Drummond, Health Service Chief Executive, Metro North Hospital and Health Service
Ms L Davies Jones, Health Service Chief Executive, Mackay Hospital and Health Service
Mr R Calvert, Health Service Chief Executive, Gold Coast Hospital and Health Service
Mr F Tracey, Health Service Chief Executive, Children's Health Queensland Hospital and Health Service

QIMR Berghofer Medical Research Institute

Professor F Mackay, Director and Chief Executive Officer

Queensland Ambulance Service

Mr R Bowles, Commissioner
Mr C Emery, Deputy Commissioner

The committee met at 9.00 am.

CHAIR: Good morning. I now declare this hearing of the estimates for the Health and Environment Committee open. I would like to acknowledge the traditional owners of the land on which we are meeting today and my pay my respects to elders past, present and emerging.

I would like to introduce the members of the committee. I am Aaron Harper, member for Thuringowa and chair of the committee. Mr Rob Molhoek, the member for Southport, is our deputy chair. The other committee members here today are: Ms Joan Pease, the member for Lytton; Ms Ali King, the member for Pumicestone; Dr Mark Robinson, the member for Oodgeroo; and Mr Stephen Andrew, the member for Mirani.

Today the committee will consider the Appropriation (2020-2021) 2020 Bill and the estimates for the committee's area of responsibility. I remind everyone present that any person may be excluded from the proceedings at my discretion as chair or by order of the committee. The committee has authorised its hearing to be broadcast live, televised and photographed. Copies of the committee's conditions for broadcast of the proceedings are available from the secretariat. I ask that mobile phones and other devices are switched to silent.

This year the House has determined the program for the committee's estimates hearing. This means that we require a fast changeover between witnesses to meet the set schedule. The committee will examine the portfolio areas in the following order: health from 9 am to 12.15 pm; Queensland Ambulance Service from 12.30 pm to 1.30 pm; environment and the Great Barrier Reef from 2.30 pm to 4.15 pm; and science and youth affairs from 4.15 pm to 5.15 pm.

The committee will now examine the proposed expenditure in the Appropriation (2020-2021) Bill 2020 for the portfolio areas for the Minister for Health and Ambulance Services. The committee has granted leave for a total of nine non-committee members to ask questions at its hearing today, so other members may be present over the course of the proceedings. The visiting member today is Ms Ros Bates, the member for Mudgeeraba. The committee will examine the minister's portfolio until 1.30 pm and will suspend proceedings during that time for breaks from 10.30 am to 10.45 am and from 12.15 pm to 12.30 pm. I remind those present today that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament.

Members: I remind you it is important that questions and answers remain relevant and succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I also remind members of standing order 185. Members, I will not tolerate grossly disorderly or disruptive behaviour. Members will be warned and, if necessary, ejected from the chamber. I intend to guide proceedings today so that relevant issues can be explored and to ensure there is adequate opportunity to address questions from government and non-government members of the committee, including crossbenchers.

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

That the proposed expenditure be agreed to.

Minister, good morning. If you wish you may make an opening statement for no more than five minutes.

Mrs D'ATH: I would also like to begin by acknowledging the traditional owners of the land on which we hold this meeting today and pay my respects to elders past, present and emerging. I would also like to acknowledge the committee. I look forward to working with the committee this term of government.

Committee members, Queensland has done themselves proud with a world-leading pandemic response, and it is with great pleasure that I can now say, 'Let's dance.' I am pleased to announce that from this Monday, 12 noon, indoor dancing makes its long-awaited comeback in Queensland—subject, of course, to the one person per two square metre rule. So if you get Saturday night fever next weekend, blame it on the boogie!

Health is the most human portfolio and strongly reflects the values of this government. When we invest in our health system, we reaffirm our commitment to standing with Queenslanders in what are often some of the most vulnerable and challenging times in their lives. We should be proud of the fact

that in Queensland it is your health check and not your chequebook that determines your health journey. COVID-19 has stress tested health systems around the world and the results have been uneven in the face of that unprecedented pressure.

In Queensland, the resilience and adaptability of our health system has been augmented by the resolve of our Premier, acting on the advice of our Chief Health Officer, to manage our borders to keep the coronavirus out. It has been this strong health response that has enabled Queensland to lead the nation on the economic recovery front. It has also meant that Queensland has been able to operate with fewer restrictions than any other Australian jurisdiction.

Even in the face of a national cabinet agreement to suspend less urgent procedures at the height of the pandemic, Queensland's performance in elective surgery has been truly exceptional. In the July to September 2020 period 37,884 people underwent elective surgery in Queensland, including 13,907 category 1 patients. This strong performance is particularly pleasing, given it came at the height of Victoria's second wave when our public health response was overwhelmingly geared towards keeping Queenslanders safe from coronavirus.

This sort of performance is not possible without the record funding delivered in the 2020-21 state budget: \$28.8 billion, an increase of 9.5 per cent on the previous financial year. This includes \$1.625 billion to fund an expansive capital works program to deliver new and improved health and ambulance facilities the length and breadth of Queensland. To list all of these capital projects for the committee today would be an impossible task because there are just so many of them, but they include: seven satellite hospitals in South-East Queensland; planning for new ambulance stations in Ripley, Caloundra South and Ormeau; a redeveloped Thursday Island Hospital and primary healthcare facility; a new secure mental health unit at the Gold Coast University Hospital; and upgrades for Cairns, Atherton, Townsville, Proserpine, Emerald and Cunnamulla hospitals. The list goes on and includes more capital investment for Redcliffe Hospital in my electorate.

Equally crucial—and delivering on our election commitment to all Queenslanders—is the state's budget funding for an extra 9,475 nurses, doctors, paramedics and allied health professionals over the next four years. I look forward to supporting our dedicated health workers to ensure they can continue to deliver the services Queenslanders need regardless of where they live.

I look forward to outlining in greater detail the many achievements and future programs and projects of our health system during this estimates hearing. I feel honoured the Premier has entrusted me with this important portfolio, and I will work tirelessly to repay that trust. I look forward to the challenges and opportunities to come and playing my part in building one of the best health systems in the world.

Before I finish and before we begin our questions, I have been advised by my department there are two minor errors in questions on notice tabled yesterday. In relation to question on notice 14, I wish to advise that the 2020-21 budget FTE figure for the Cairns and Hinterland Hospital and Health Service should be 5,414. The figure for the Wide Bay Hospital and Health Service 2019-20 actual FTE should be 3,342, and growth for the 2020-21 budget compared to 2019-20 actuals should be one. These changes do not impact the Queensland Health totals which remain the same; however, the funded unallocated hospital and health services FTE ELIM 2020-21 budget FTE figure now becomes 891.

In relation to question on notice 16, I wish to advise that on page 5 under the Sunshine Coast University Hospital it should state, 'Stages 1 and 2 completed, stage 3 due for completion 2021.'

CHAIR: Thank you, Minister. It would be remiss of the committee not to congratulate you on the portfolio of Health and Ambulance Services and we look forward to working with you over the coming term. We move to non-government questions. Deputy Chair, did you want to start or the shadow?

Mr MOLHOEK: We will go to the shadow minister.

Ms BATES: My first question is to the director-general. Can the director-general advise how Queensland Health or the hospital and health services keep track of missing or stolen restricted or anaesthetic drugs like fentanyl, midazolam and propofol within our hospitals?

Dr Wakefield: We have significant controls in place for restricted drugs and S8 drugs. They include legislation, policy and practice on the ground. I think the most significant controls that we have relate to those drugs being locked in cabinets and subject to double-checking, records and scrutiny with regulatory oversight. In relation to specific numbers, I am happy to seek that information and provide it before the end of the session, but I stand by our record in maintaining the safety of restricted drugs.

Ms BATES: Chair, can I ask if the minister is happy to take that on notice and get back to us about—

CHAIR: Member for Mudgeeraba, I was going to ask—

Ms BATES: Thank you.

CHAIR: No. I was going to ask you to stick to something that is in relation to the appropriation bill. I am not sure where you are going with this. Have you got another question that relates to the budget?

Ms BATES: Yes, I do. It is obviously about the budget and keeping us safe and strong, including our staff and our patients. Director-General, how many drugs have gone missing or have been stolen in our hospitals in the last year, and is the minister happy to take that on notice and get back to us before the end of the session?

Mrs D'ATH: If that information is available and on hand, I would certainly attempt to get that before the end of this session as well.

Ms BATES: Thank you. Can I also ask if we can find out the value of those missing drugs? I go to my next question. Director-General, are those missing drugs ever reported to the police?

CHAIR: Member for Mudgeeraba, let us start the day with the appropriation bills before us. You are clearly going down a pathway that is unrelated in my opinion to the appropriation bill. Can we move to a question please?

Ms BATES: With all due respect, Mr Chair, the appropriation for funding for drugs in our hospitals does make up part of the budget. I would just ask the director-general if Queensland Health is aware whether any of those drugs have been used in committing a crime, and does the Queensland Police Service advise Queensland Health of that? Surely that happens.

CHAIR: I am not comfortable with where you are going with this questioning at all. I do not think it relates. Move on please.

Ms BATES: I will move on. In June 2017 the Crime and Corruption Commission published a corruption audit report in relation to Queensland public health sector responses to incidents of theft. The audit found there could be improvements in the way some agencies maintain their complaint files and identified opportunities to raise standards of integrity in public health agencies. What steps have been put in place since this 2017 CCC report?

CHAIR: Member for Mudgeeraba, I will probably go to standing order 181 and relevance. You are clearly going down a line of questioning when, again, I have asked you to stick to the appropriation bill. You are drawing a very thin line between the appropriation bill and where we are at.

Ms BATES: Fine, I will move on. Could I please call the CEO of Metro North HHS? My question relates to page 72 of the SDS. Can the CEO advise whether all staff employed by the HHS are vetted in terms of checking their criminal histories?

Mr Drummond: Yes, we have a standard process with regards to criminal history checking that is in line with government protocols and processes.

Ms BATES: How is that process impacted if an applicant has changed their name?

Mr Drummond: Actually, I do not have that detail in front of me. I cannot answer that question.

Ms BATES: Just to follow up, you can only check someone's criminal history—

Mr Drummond: No, I am not saying that. I am saying I do not know the process that specifically follows if they have changed their names—

CHAIR: Member for Mudgeeraba—

Ms BATES: No, that is fine, thanks. I go to my next question. How does the health service know if an employee has been charged with a criminal offence and how does that impact on their employment whilst they are charged?

Mr Drummond: With regard to all employees, new employees are required to disclose and then through the police check that we actually do that is confirmed. As part of that recruitment process, they are asked to disclose whether they actually have other names that they would have had charges or actions recorded against them under.

Ms BATES: If an employee has been charged with a criminal offence, what is the process within your HHS?

Mr Drummond: If they have been charged with a criminal offence, that is a matter separate to the hospital and health service. If it is something pertaining to their employment or their standing as a member of the Public Service, then at that point in time we will actually have an independent process having a look at how that pertains to their employment.

CHAIR: Member for Mudgeeraba, before your next question, again, I am not sure where this line of questioning is going.

Ms BATES: I am almost finished.

CHAIR: Let us stick to the appropriation bills.

Ms BATES: In relation to your previous response, if an employee does not tell you that they have been charged with a criminal offence, how would you know?

Mr Drummond: If it pertains to the police as part of their investigation coming to us, if it was a matter of public record, which we would then find out, or if it had something to do with their registration through those registering bodies, we would then become aware through that.

Ms BATES: How does the health service know whether they have another fake Tahitian prince employed—

CHAIR: Member for Mudgeeraba, we went through this last year.

Ms BATES: I will move on, thank you, Chair. My next question is to the CEO of Metro North HHS. Over recent months there have been a number of media reports about harassment, bullying and intimidation of female staff in the media unit, as was specifically reported in the *Courier-Mail*. How many staff have left the Metro North media unit over the past three years?

CHAIR: Before the answer to that question, member for Mudgeeraba, you are starting the day going down a road that I consider is not at all linked to the appropriation bills before us. I will ask you under standing order 181 and relevance to start your questioning in relation to the appropriation bill please.

Ms BATES: With all due respect, Mr Chair, these staff who are employed in the media unit come under the budgetary requirements under Queensland Health. They are employees of Queensland Health. I understand that anything to do with Queensland Health is part of the budget appropriation because they are paid by Queensland Health.

CHAIR: We can take this downstairs. I believe there are imputations in the question you are asking. I think you are seeking—

Ms BATES: I am sorry, I do not believe there is. It has been reported on.

CHAIR: Please move on to the next question.

Ms BATES: I refer to the investigation into the media unit at Metro North and the media reports. Has that been finalised or is it still ongoing?

Mr Drummond: There is an ongoing investigation

Ms BATES: Is Workplace Health and Safety Queensland also investigating this matter?

Mr Drummond: No.

Ms BATES: Can the director-general advise if the chief legal counsel is currently on paid or unpaid leave?

Dr Wakefield: Can you clarify the chief legal counsel of where please, through the chair?

Ms BATES: The reason that I ask is that we have received an anonymous tip-off—

Mrs D'ATH: Chair—

Ms BATES:—that the chief legal counsel is overseas and there is a dispute as to whether they are on paid or unpaid leave and—

CHAIR: Order!

Ms BATES: I would like that cleared up.

CHAIR: Order! Member for Mudgeeraba, I have asked you this morning already. Regardless of your tip-offs or anonymous information that you are bringing to this table, it is not relevant to the appropriation bill. I am ruling that question out of order. Please move on to your next question.

Mr MOLHOEK: On a point of order of, Mr Chair.

CHAIR: I have made a ruling.

Mr MOLHOEK: Mr Chair, it is relevant because if this chief legal counsel is on leave and they are on full paid leave that does have a direct impact on the budget.

Mrs D'ATH: Chair, this seems to be more of a dialogue than questions being put to—

Ms BATES: The question was to the director-general, not to the minister.

Mrs D'ATH: The director-general sought clarification because there are just broad sweeping statements being made now. I also ask for clarification. Questions are just being fired at members now without even stating who the question is being put to, so if we could just get back to proper procedural processes.

Ms BATES: Thank you, Minister. My question is to the director-general. Can the director-general let us know whether or not the acting chief legal counsel is being paid whilst the chief legal counsel is either on leave or not? That is SDS, page 72.

Dr Wakefield: I am advised that the chief legal counsel for the department is on annual leave but is also taking, interspersed with annual leave, some working days as well. There is a personal matter here which I do not think appropriate to raise further in this setting.

CHAIR: Thank you, director-general. Next question, please.

Ms BATES: My next question is to the Health Minister. Which Queensland Health scandal was the minister trying to cover up when introducing legislation that was since withdrawn in the parliament relating to the published corrupt conduct allegations?

CHAIR: Sorry, I am taking a point of order.

Ms KING: A point of order, Chair. I think there are imputations—

CHAIR: Absolutely, member for Pumicestone.

Ms KING:—included in that question.

CHAIR: Under standing order 115, I am going to rule that question out of order. Please move to your next question.

Ms BATES: Thank you. My next question—I call up the Health Ombudsman. Is the Health Ombudsman satisfied with the current funding level provided by the government to ensure that investigations are completed on time?

CHAIR: Mr Brown, before you answer that question I will ask the member to rephrase the question as she is seeking an opinion in that question.

Ms BATES: Does the Health Ombudsman have enough funding to complete investigations on time?

Mr Brown: I am satisfied with the level of funding that I receive from the government. I am often asked that question by the parliamentary committee when I appear before it, and my answer consistently has been 'Yes' in the circumstances.

Ms BATES: Thank you. Section 85 of the act requires an investigation to be completed as soon as possible. I understand a matter involving Dr William Braun has been investigated since 1 March 2019, days after I raised the concern of whistleblowers, doctors and former patients in the parliament.

Ms PEASE: A point of order, Mr Chair?

Ms BATES: Why is the investigation taking so long?

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

Ms PEASE: Mr Chair, this morning you have made it quite clear that lengthy and subjective preambles are not appropriate.

CHAIR: Yes.

Ms PEASE: Standing order 115.

Ms BATES: It is fewer than 150 words.

CHAIR: Excuse me, member for Mudgeeraba. I am not sure where this line of questioning is going or whether it will be appropriate. Please rephrase the question.

Ms BATES: Thank you.

CHAIR: Is there a need for this person to be named?

Ms BATES: He has been named in the parliament, and there is an ongoing investigation. My question to the Health Ombudsman is—why is this investigation taking so long when it was first raised on 1 March 2019?

Mr Brown: I am willing to speak generally in relation to investigation time frames, but strict confidentiality provisions in the Health Ombudsman Act prohibit me from speaking publicly about any specific matter that might be under investigation. I can—and I have in the past—provide confidential briefings to the parliamentary committee about any matter that it seeks, but I cannot speak publicly in relation to a matter that may be under investigation.

CHAIR: Thank you, Mr Brown.

Ms BATES: Surely the patients have a right to know how much—

CHAIR: Order!

Ms BATES: Sorry, I will move on. Thank you, Health Ombudsman. My question is to the director-general. A few months ago it was revealed in the media that the director of the director-general's office had expended thousands of dollars to remove a wall between two offices, effectively making her office larger. Can the director-general advise why this expenditure was approved?

Dr Wakefield: Earlier this year I approved a renovation to combine two very, very small rooms into a single space to enhance the practicality of working and meeting arrangements which had been seriously impacted because of the COVID restrictions and social distancing requirements. COVID has brought many challenges to the workplace. This room is adjacent to my office in 33 Charlotte Street. It comprised two tiny rooms—one office space of 11.5 square metres; and one meeting room of 11.5 square metres. Under the social distancing rules of 'one person per four square metres', really that rendered those rooms completely impractical, because the maximum allocated number of people in there was actually under three in each room. That is the first point.

The second point is that those rooms were subject of significant meetings and confidentiality discussions around a range of COVID operational matters. That was our nerve centre—effectively my nerve centre. I can tell you that on many occasions I sat in that room, and the soundproofing was such that I could not think because of hearing what was going on next door. Those issues were put to me. I made the decision—which I stand by—to maximise the practicality of that space by removing essentially a gyprock wall and managing the data points and so on and also by inserting a television used for presentations and videoconferencing—a very small television, I might add. I approved that. This allowed the flexibility for that room to be able to be used. I can tell you that it has been used seven days a week over the past year in very extended hours with continuous meetings. I will not go into the detail of what we as an agency have managed over the past 12 months to manage the COVID epidemic pandemic. I stand by that decision. I would do it again.

CHAIR: Thank you, director-general.

Ms BATES: Thank you, director-general. How many other accommodation requests were also approved against the accommodation strategy as approved by the executive leadership team?

Dr Wakefield: I do not agree with the premise of the question, but I am happy to address the numbers in the question.

CHAIR: I hope the member for Mudgeeraba's question goes a little further than walls and extending offices which was needed for COVID. Member for Mudgeeraba, do you have some questions in relation to the budget?

Ms BATES: Thank you, Mr Chair; I do. My question is to the director-general. Can the director-general provide an update on the rollout of the integrated electronic medical record? Is that program still being rolled out at the same pace?

Dr Wakefield: The integrated electronic medical record is a system that has profoundly improved patient care, particularly the efficiency and operations of our clinical frontline, and is currently available in 14 of our hospitals, covering about 50 per cent of patient activity in the state. The government is committed to enhancing our health service delivery and continuing this world-class rollout of ieMR by continuing to invest in ICT priority initiatives.

In 2019-20, \$92.1 million was invested in the prioritised ICT categories to ensure continued efficiency of the Queensland Health system. In relation to the ieMR specifically, it was deemed important at that juncture to pause the rollout of the ieMR so that we could make sure that we worked with our clinicians to really optimise the ieMR as it stood.

There are a range of priority areas which our clinical digital health network has a key role in advising us about in terms of how the system can be configured to make it more effective for it. We deemed that it was important to pause the rollout and to take that time to be able to work on, improve

or optimise aspects of the system. At this stage, especially with the impact of the pandemic, we are reconfiguring our strategy in relation to ieMR so that we can make decisions and put that advice to government about the future strategy for ieMR.

COVID has taught us a lot. The way in which healthcare delivery has occurred through COVID has really shifted, particularly in relation to virtual care. We want to harness that. I think it is appropriate that we take this time, before we go into the next phase, to make sure our strategy is right.

Ms BATES: The rollout was paused, so effectively it was halted. Can the director-general let me know how long it was halted for and whether it has resumed? Was it halted at every HHS that is rolling out ieMR?

Dr Wakefield: The rollout was paused in July 2019. In that time we have been pursuing, as I said, those additional benefits with our clinicians. I can say that the STARS facility in Metro North is on track to go live. It is opening in February 2021. We have taken the decision, in conjunction with Metro North, to fully implement ieMR in that new facility. It makes sense to do that. As far as further major implementation strategy is concerned, that is a matter that is yet to be determined.

CHAIR: We will move to government questions. Minister, with reference to page 3-73 of the SDS, what has the Palaszczuk government's commitment to rebuild our frontline health services over the past five years meant for our ability to respond to the COVID-19 pandemic?

Mrs D'ATH: I thank you for your question. As I have said before and I will say again, the success of Queensland's COVID response is a result of the collective efforts of every Queenslanders. By working together, observing the restrictions and getting tested when necessary, Queenslanders have been able to ensure that we are flattening the COVID curve, but this collective response would not have been possible without the absolute commitment of our frontline health staff and a properly funded health system.

Since coming to government the Palaszczuk government has substantially increased the capacity of our healthcare system. Since 2015 we have employed 7,347 more nurses, 2,479 more doctors, 1,908 more allied health professionals and 818 more ambulance officers. The availability of these frontline staff has been key in our response to the COVID-19 pandemic. We have been able to stand up fever clinics across the state to ensure we could provide tests to Queenslanders who are concerned that they may be infected with the virus. These fever clinics, staffed by our hardworking doctors and nurses, have ensured that members of our community have the opportunity to go and get tested when they develop symptoms or when a community outbreak occurs. Since the start of the pandemic we have performed more than 1.3 million tests on members of the public.

It is not just the investment in our doctors and nurses that is so important to our COVID response. It is also the work of our publicly owned pathology labs, which have to examine the results of the tests in a timely way. I am really pleased to say that the average turnaround time for a COVID-19 test through our publicly owned pathology labs is currently 15.7 hours. This is a tremendous achievement and can only be done because of the significant and sustained investment by the Palaszczuk Labor government in our pathology services.

Of course, with Dr Young in the room, it would be remiss of me not to mention the role of our public health units across the state. They have been so important in Queensland's battle against the COVID-19 virus. While the public health officials are the new rock stars of 2020, the Palaszczuk government has been investing in bolstering our public health team much earlier than this year. By investing in our public health team over the long term we have been able to ensure we are properly resourced and we have resilient teams who can respond to emergent issues and threats to our public health system, just like the threat posed by COVID-19.

I am proud to be part of a government that has put the health of Queenslanders and proper funding of our health services at the heart of everything we do—not just during the pandemic but throughout the course of our time in government. The Palaszczuk government is building on that record to ensure we have the resilient team that we need into the future.

At this year's election we were very clear on our promise to invest in providing even more frontline health staff. Over the course of this term the government has committed to delivering 9,475 additional health workers—5,800 nurses and midwives, 1,500 doctors, 1,700 allied health professionals and 475 paramedics. This investment will create better health outcomes for the Queensland community—not just during the pandemic but also in the years that come after it.

Just like our success in the fight against COVID, having a properly resourced health system is not something we can take for granted. When you consider the cuts by the LNP that we had to deal with when we came to government—4,400 health staff, including 1,800 nurses and midwives—

Ms BATES: Still talking about old budgets.

Mrs D'ATH:—the 69 pathologists cut and the planned privatisation of the pathology services, the 177 FTE Queensland Health staff working in preventive health—

Ms BATES: Still talking about a budget from eight years ago. Move on. Talk about Labor's budget.

CHAIR: Order, members!

Mrs D'ATH:—in public health units across the state. Had those cuts not been reversed, it would not have been possible for Queensland to tackle the COVID-19 pandemic in the way we have.

Mr MOLHOEK: That is a long bow.

CHAIR: Excuse me, Minister. Members, I was very clear in the opening this morning. We would like to hear the minister's response. Please allow the minister to respond.

Mrs D'ATH: Thank you. Chair, I will take those interjections. If we had tried to stand up this workforce in January, when the pandemic hit—to have all of the additional health staff to do the testing, to pop up fever clinics right across the state, to have the pathology testing done at the rate that we needed, to have a pop-up hospital in a convention centre. We have seen the pop-up tents in Central Park in the US. If we had not had the health staff being rebuilt from 2015, we would not have been able to manage this pandemic. We have to point to those realities.

I am very proud that this year's \$21.8 billion budget builds on the record investment of the Palaszczuk government and continues to build a strong health and hospital system for Queensland, to ensure we can deal with the global health pandemic and with the everyday health needs of Queenslanders, wherever they live.

CHAIR: I think we would be remiss if the committee did not note and thank everyone in the Queensland health department for their outstanding work to date in dealing with COVID-19. You are right: we are in an enviable position for a good reason.

Ms PEASE: Minister, with reference to page 3-60 of the SDS, can you please explain how Queensland's response to COVID-19 has kept Queenslanders safe? Are there any lessons we can learn from the response of other countries around the world?

Mrs D'ATH: I thank the member for her question. Queensland is in a fortunate position. We have been able to keep the infection rates low and open up our economy. We will be able to spend this Christmas break with our loved ones, anywhere in Australia. We will be able to go to bars and restaurants and support local businesses. We can attend sporting matches. To my knowledge, we were the first in the country to fill a stadium, like we did at Suncorp—maybe the first in the world. We can go to weddings and we can all have a dance while we are there. We are able to do these things because of our collective efforts.

The experience of Queensland is not the same as the experiences throughout the rest of the world. Yesterday my briefing papers said there were 67 million cases worldwide. I checked that figure on the World Health Organization's website and with the Johns Hopkins Coronavirus Resource Center to make sure our figures were correct. I checked those sources again this morning and, sadly, the number of cases has gone from 67½ million to 68.67 million overnight. Over 1.1 million people have tested positive in the last 24 hours around the globe. Of course, the deaths are over 1.5 million.

California is projecting that it will run out of ICU beds by Christmas Eve. Sweden, a country previously held out as holding an alternative pathway to pandemic management, has triple the mortality rate of its Scandinavian neighbours and is now having to enforce lockdown, which it had previously attempted to avoid.

In France the government has eased restrictions, allowing people to now travel 20 kilometres from their house over the Christmas period rather than the previous restriction of one kilometre. They plan to reopen their restaurants on 20 January. The reason we have been able to outperform so many other developed countries is because of the stronger system that we already have in place, the strong leadership exhibited by the Premier and the outstanding efforts of the Queensland public.

Queensland, unlike other jurisdictions in Australia, has a standing Disaster Management Committee. We are able to have ministers and departmental officers working alongside one another during events and sharing expertise to act quickly. We built this model up because when we came into government in 2013 within the first couple of weeks we were dealing with a cyclone and the model was not there, so we have built this model up and in fact it is world leading now. Our experts fly around the globe to support other natural disasters in other countries.

We have done this for natural disasters in the past over the last five years and it is how we operated to confront the COVID crisis. We stood up the natural disaster committee straightaway. Our Chief Health Officer, Dr Jeannette Young, who, again, I cannot praise enough for her leadership, along with the Premier stood up SHECC, the State Health Emergency Coordination Centre. That centre is still fully operational today. In fact, there are still people who work overnight collecting the test results from around the state—the pathology results, the sewage results. They are still collecting this data and analysing it throughout the night and they are on stand-by as well to see if anything happens, so for anyone who thinks that we are back to Monday to Friday, nine to five, we are not. We are still working our way through this.

We are able to set a strong border response, and we have done that. We have enforced mandatory hotel quarantine, and our system is strong and it has proven to be strong. By following the health advice to address these public health risks and utilising the skills and expertise of our hardworking Queensland Police Service officers, we have been able to secure our borders and prevent the disastrous hotel quarantine breaches that we have seen in other states. We were able to take these steps early, and this is critical because the Premier, Annastacia Palaszczuk, had the foresight to understand what a risk COVID-19 posed to the fabric of society.

We were the first state to declare a public health emergency in January—earlier than the World Health Organization declared COVID-19 a global pandemic. We moved quickly to provide the Chief Health Officer with the powers she needed to ensure we had the public health directions that were required and the Premier showed leadership to follow the expert advice, but all of those factors would have been redundant without the efforts of Queenslanders. Every day we showed up to get tested when needed. We diligently followed the restrictions on gatherings and businesses to keep our community safe and we followed key measures such as washing hands regularly, social distancing and, importantly, staying home when unwell and getting tested when COVID symptoms arose. To Queenslanders I want to say thank you. None of this would have been possible without them.

Ms KING: Queenslanders have certainly done an incredible job. Minister, referring to page 3-60 of the SDS, can the minister outline how the Palaszczuk government has supported Queenslanders who have struggled with their mental health during the pandemic?

Mrs D'ATH: I thank the member for her question and congratulate her on her election as the member for Pumicestone. I have just talked about all of the positive outcomes—the great results we are getting in Queensland—and thanked all Queenslanders for doing that, but we also need to remember that people are really doing it tough. It has been really hard. We were asking people to stay at home, to not drive outside of their immediate area, not go to work, their children not go to school, businesses to shut down. This is extraordinary. No-one has seen these sorts of restrictions for over 100 years, and that takes a toll on people's mental health. We know drug use, alcohol use, domestic and family violence and mental health issues are key issues, so keeping Queenslanders healthy physically and mentally is a priority of the Palaszczuk government at all times, but it was particularly important that we dealt with it during the pandemic.

A responsive, reliable mental health system is paramount in a time of crisis like global pandemics. We know the impacts of mental illness. Problematic alcohol and other drug use and suicide are felt far beyond the individual and beyond the health sector. The pandemic has changed the way we live and disrupted our participation in education, work and our community. This is different to more localised crises or disaster events because the combination of physical, social and economic challenges has population-wide implications for mental health and wellbeing. We are still gathering a full understanding of how the pandemic related mental health issues will play out, but we can be certain that the mental health consequences will continue long after the health risks decrease.

The pandemic has highlighted the deep connection between mental health and social and economic circumstances as the economic related burden of the pandemic continues its impact on mental health, and increased anxiety, psychological distress and substance use are being seen across individuals, families and society. This is not unique to Queensland. The pandemic has also impacted Queenslanders' use of alcohol and other drugs. There are indications of changing patterns of use of alcohol and reported changes to availability and use of some drugs, as well as access to treatment and support. People who are already experiencing vulnerability and stresses such as trauma, financial insecurity, poverty, homelessness, chronic health or mental health issues are at greater risk of developing mental health problems as a result of the pandemic.

There is growing recognition of the impacts on young people, with higher levels of psychological distress. Use of mental health services and crisis lines has increased, including Lifeline, beyondblue and Kids Helpline. Kids Helpline has reported an overall increase of 24 per cent for counselling

nationally. Access to Medicare subsidised mental health services has also risen, including strong telehealth uptake. Between March and June 2020 a total of 2.65 million mental health related telehealth consultations were recorded nationally.

In the 2019-20 budget the government increased mental health, alcohol and other drugs funding to \$1.91 billion—more than 10 per cent of the total health budget. As part of this, the government funded a \$30 million initiative to support Queenslanders' community based health service groups. These grants were available to non-government organisations to deliver critical public health services across the state. This funding was vital to support community based health service providers to respond rapidly to the widespread impact of the virus in Queensland.

We understand how important it is to provide support to the most vulnerable in our community through community based health service groups. This funding ensured that a range of critical public health services including culturally appropriate primary healthcare services, mental health and alcohol and other drug services continue to be delivered to those in the community who need them most. Services had to rapidly change the way they operated to keep up with demand while also adhering to social distance laws, making it difficult to continue their programs in the same way. This government acknowledged that during the unprecedented health crisis demand on community based health services would spike.

The Palaszczuk government developed these support measures in consultation with peak industry bodies including the Queensland Alliance for Mental Health, the Queensland Network of Alcohol and Other Drug Agencies, the Queensland Aboriginal and Islander Health Council and the Queensland Mental Health Commission. This funding has also enhanced the significant work that the Palaszczuk government has done to continue to deliver services during the pandemic.

In August the Premier announced \$46.5 million over two years to support a mental health and wellbeing community package, part of the Queensland government's economic recovery strategy. This is in addition to the usual funding for mental health provided annually in the Queensland Health budget.

I want to acknowledge all of those service providers and those NGOs particularly that stepped up and provided that. Outside of all the formal structures and the money, I want to thank the Care Army because they were critical. I stood in my community as they handed out food hampers as cars drove in and got those essentials. It was so important that we supported people through the Care Army in whatever way we could.

CHAIR: There is one supplementary question from the member for Pumicestone and three minutes, but I welcome the members for Maiwar and South Brisbane to the table.

Ms KING: In something of a change of pace, with reference, Minister, to page 1-5 of the SDS, can the minister outline how we are backing Queensland manufacturers to produce more PPE and medical products in Queensland?

Mrs D'ATH: I thank the member for her question. Again, it is such a critical area to support local businesses in Queensland but also supporting our efforts to make sure that we have the equipment we need to respond to COVID. As the committee is no doubt aware, global challenges presented by the global COVID-19 pandemic have highlighted the importance of supply chain resilience. Despite this, throughout the COVID-19 pandemic we have continued to procure tens of millions of pieces of personal protective equipment, or PPE, to ensure that our healthcare workers stay safe. The safety of every frontline worker is our priority as we continue to respond to the pandemic.

It is clear, however, that Australia's reliance on foreign imports of medical grade PPE and other critical supplies, coupled with export bans and freight restrictions, has highlighted vulnerability in supply chains that are critical to keeping Queensland communities safe.

As a first step, the government mobilised Queensland's manufacturing sector to deliver the state's PPE for frontline health and essential workers, including face masks, hand sanitisers and ventilators. The impact of COVID has required the Queensland government to rapidly understand implications for demand, diversify supply including investing in onshore manufacturing, and manage global and national logistics. A low caseload coupled with strong public health policy, compliance with social distancing and other community health measures, and a rapid and targeted sourcing and supply chain response has meant Queensland has not experienced the critical stock shortages realised by other healthcare providers across the world.

In the past PPE used in Australia has been imported because we have not had the manufacturing industry to meet demand. Before COVID only five per cent of Australia's medical masks were produced in Australia at a small factory in Shepparton, Victoria. To support Queensland's preparedness for the

future, the government endorsed and launched the Queensland Government Critical Supply Reserve Strategy in September 2020 to safeguard core PPE and other essential supplies for frontline workers. As the only agency large enough to consume and cycle stock through, Queensland Health will manage and operate the QGCSR with provision for emergency access by other agencies, for example, in response to natural disasters in the event of a significant supply disruption.

CHAIR: We are coming to the end of our section.

Mrs D'ATH: I might end by saying that the government has set a target of 25 per cent of all PPE bought by the Queensland government to be made in Queensland. We are making sure that we have the equipment we need, we are supporting local business, we are supporting jobs and we are making sure that we keep Queenslanders safe.

CHAIR: We will move to crossbench questions. Member for Mirani?

Mr ANDREW: I have a question for the director-general concerning mechanical and electrical statutory checks. Have there been any fines to any of the Queensland hospitals concerning statutory checks in Queensland and what has that cost the budget?

Dr Wakefield: I do not have that information to hand but I am happy to seek the advice of the minister, if that information is available, to provide it to the committee during the hearing.

Mrs D'ATH: We will certainly follow up on that but, Chair, I can say that there has been significant investment across our hospitals to make sure that our—

Mr MOLHOEK: The question was to the director-general.

CHAIR: I am allowing some latitude.

Mrs D'ATH:—electricals are maintained and upgraded across our hospitals because it is very important. We cannot expand our hospitals and put in new equipment like MRIs and CTs without upgrades of our electrical equipment, so I wanted to—

Ms BATES: Point of order, Mr Chair. The question was to the director-general. The minister is taking it on notice, I believe. Can we please move on?

CHAIR: I will conduct how this inquiry will go today, thank you, member for Mudgeeraba. Member for Mirani, do you have a second question?

Mr ANDREW: Concerning the area of ambulance services—

Mrs D'ATH: Who is the question to, can I ask?

Mr ANDREW: Maybe the Chief Health Officer, if that is a possibility.

CHAIR: Through the minister?

Mr ANDREW: Through the minister.

Mrs D'ATH: Can I hear the question first to make sure it is relevant to the Chief Health Officer? The Chief Health Officer is not a chief executive who can be called directly.

Mr ANDREW: I wish to know the set-up cost of the situation in Blackwater where there was a lady rushed in from Blackwater to be held in care?

Mrs D'ATH: Can I have the question first?

Mr ANDREW: How much did it cost the Queensland people to actually have isolation set up in a very short time in the Rocky hospital to accommodate the situation of COVID in Blackwater?

Mrs D'ATH: I might just turn first to the director-general to see if he can provide any information. If the director-general believes the Chief Health Officer is the best person to respond to that I am happy to call the Chief Health Officer.

Dr Wakefield: In relation to that question, the mobilisation around the particular incident that you are talking about is really more a matter for Central Queensland Hospital and Health Service. The department worked very closely with CQHHS in mobilising, particularly around that North Rockhampton nursing home, and with our private sector partners. I believe the information probably sits best with the Central Queensland Hospital and Health Service.

Mr ANDREW: You can probably take that on notice.

Dr Wakefield: In terms of the actual facts of the specific costs allocated to that, I would suggest that that is best, through the minister, taken on notice and we will see if we can identify that before the end of the session. Minister?

Mrs D'ATH: Happy to do that, Chair.

Ms BATES: Mr Chair?

CHAIR: Member for Mudgeeraba, do you have a point of order?

Ms BATES: No, I have a question.

CHAIR: I am moving to crossbenchers. We will come back to you, member for Mudgeeraba. Member for Maiwar or member for South Brisbane, do you have a question?

Dr MacMAHON: My question is to the director-general. The budget commitment to hire 5,800 nurses, 1,500 doctors and 1,700 allied health professionals by 2024. How many of those nurses, doctors and allied health staff will be additional to the current FTEs versus replacing staff who resign or retire or whose contracts expire?

Dr Wakefield: In relation to the extra staff over the forward estimates, the 9,475, more health services means more frontline staff. As the population grows and ages, and particularly with other factors external such as the falling private insurance rates and the increased dependence on the public hospital system, we, of course, invest in both the capital assets but, most importantly, the people to be able to provide those additional services. I think government has committed to growing the health workforce over the next four years by that 9,475 frontline clinicians: 5,800 nurses and midwives, 1,500 doctors, 1,700 allied health practitioners and 475 paramedics. That is over the four-year period.

In relation to its net growth of FTE, by way of example, over the past five years from 2015 our actual growth in clinical staff was 7,347 nurses and midwives, 2,479 doctors, 1,908 allied health practitioners and 818 Queensland Ambulance Service officers. I think history shows that it is net growth—that is, additional—and resignations and turnover of staff are not part of that calculation. As I said, government has announced that policy which we will be working to implement.

Dr MacMAHON: To clarify, all of those staff are additional to existing FTEs?

Dr Wakefield: As I have said, it is a net growth of the total FTE for Queensland Health in those categories.

Dr MacMAHON: Can the savings or cuts being made to pay for these new positions be made from categories of expenditure like cleaning staff, staff disposing of medical waste, wardies, hospital parking concessions or admin staff supporting nurses and doctors?

Dr Wakefield: Let me be really clear about this. Government policy—and the Treasurer has made this very clear in the announcements—is that this growth in staff in accordance with our growth in our services over the forward estimates period will occur without any reduction in frontline services and, in fact, with growth of frontline services and also within the government policy of job security. The policy position of government is that there will be no job losses in relation to permanent staff within our health system.

By way of context, Health represents around one-third of government expenditure. We are very grateful for the record budget announcement that the minister has already highlighted in this sitting. As such a large part of Queensland government expenditure, it is our responsibility, in fact that of all of our Queensland Health leadership board and all of the directors-general, to play our part in the savings and debt plan announced by the government and we come together to do that. Health's proportionate contribution to that has been outlined by the Treasurer for the 2020-21 financial year. We will be doing that, as I said, without any reduction in frontline services and whilst maintaining job security.

Those figures I gave you about the past growth of our frontline staff over the period since 2015 has occurred in the context where every year during that period Health has delivered a two per cent productivity dividend. This is not new for us. Every year all of the team that lead Health and all of the people who work in Health are continually improving and continually finding better and more efficient ways of delivering services, whilst maintaining and in fact improving the quality of care that we provide to the Queensland community. Is it a challenge? Yes, of course it is. Are we up to it? Yes, we are.

Dr MacMAHON: To clarify, frontline staff includes the staffing categories that I outlined: cleaning staff, admin staff, wardies et cetera?

Dr Wakefield: Frontline staff over which the Public Service Commission has agreed a definition includes frontline support staff. The really critical staff on the team like the admin support team, cleaners, wardies and food services are absolutely critical frontline staff for the safety and quality of the delivery of our services. They are absolutely critical and, of course, they are included.

Mr BERKMAN: I have a question for the CEO of Metro North HHS. In relation to the ABC reporting in 2020 that the Metro North HHS was paying legal fees for a defamation lawsuit by psychiatrists against a former patient—who happens to be a constituent of mine, I would add—is the investigation by Ashurst lawyers into possible corrupt conduct in relation to that lawsuit now complete and will that—

Ms KING: Point of order, Chair.

Ms BATES: I have been pulled up. That should be pulled up.

CHAIR: Thank you, member for Mudgeeraba, but I have this. What is the point of order?

Ms KING: I think we have a lengthy preamble and there are some imputations contained in it.

CHAIR: Absolutely. Member for Maiwar, perhaps try to come to something relevant to the appropriation bills.

Mr BERKMAN: Is the investigation by Ashurst lawyers into possible corrupt conduct in relation to that lawsuit now complete and will the litigation be withdrawn?

Mr Drummond: This is an ongoing investigation. It is still occurring. It has not been completed.

Mr BERKMAN: So Ashurst is still being paid out of the budget to conduct the investigation?

Mr Drummond: I am saying that there is an investigation continuing in this matter. It is a complex matter that actually intersects with many other issues.

Mr BERKMAN: I have a question for the DG. Given the breakouts in Victoria and South Australia from hotel quarantine and how those have highlighted a pretty major risk, stemming from insecure work in some respects, can you indicate how many security guards, cleaners or other hotel staff at Queensland's hotel quarantine hotels are working second and third jobs?

Dr Wakefield: The Queensland Police Service are responsible for running the really critically important and successful hotel quarantine arrangements in partnership with QFES and as part of our statewide disaster planning. In relation to the specific question, I think the detail of that response would be best probably addressed by the Queensland Police Service. In terms of the specific answer to the question, I do not have that information to hand. I can say though, and I think it is important—

Mr MOLHOEK: Can we take that on notice?

CHAIR: I will make a ruling on that. Director-General, I am sorry to interrupt. Member for Maiwar, I think it borders on hypothetical when you are asking if they have other jobs.

Mr BERKMAN: Chair, it is clearly a question of fact. It may not be one that can be answered on the spot, but it is absolutely a question of fact and not a hypothetical.

Mr MOLHOEK: Can we take that on notice?

CHAIR: I would ask the member to rephrase. I am sorry: Minister?

Mrs D'ATH: I was just going to say that I will not be proposing to take that question on notice. To clarify for the member, we do not employ security guards. We use the QPS to manage our hotel quarantine.

CHAIR: Thank you, Minister. The question has been answered.

Mr BERKMAN: The question went to staff and cleaners in Queensland's hotel quarantine hotels, not simply security guards.

Ms KING: Point of order, Chair. Given that it is a matter under the portfolio of another minister all together, perhaps it goes to relevance.

CHAIR: I am going to ask that perhaps the member for Maiwar asks another question. The minister has answered the question.

Dr Wakefield: Through the Chair, if I may, in relation to that, I do not have that specific information but I think it is very pertinent to the context of this that there was a recent decision made by the Chief Health Officer based on, I think, the experience of other jurisdictions, and it is part of a national approach, to roll out testing of staff involved in providing the hotel quarantine services—people such as health people who are in the building, the cleaning staff and so on, especially with reference to the recent case in New South Wales. We take this very seriously. With that recent testing, and I have some numbers on that available, the uptake has been pretty swift. I think that is another layer of defence that really adds to the safety of the quarantine hotels.

Ms BATES: Point of order, Chair. I think the question was specific. I think the Director-General has answered it. Can we please move on?

CHAIR: I was interested in hearing the response, but, member for Maiwar, do you have another question?

Mr BERKMAN: Obviously QPS officers, as hard working as they are, will not have the expertise in infection control that Queensland Health staff and nurses would have. How is the department ensuring that those practices are in place through the QPS?

CHAIR: I think that is probably a question more for the police, member for Maiwar.

Mr BERKMAN: It is a question about expertise that is held by the Health Department and Department of Health officers. If I were to put the question to the QPS they would tell me that it is within the remit of the Department of Health. If you would not mind at least allowing the DG to answer?

CHAIR: A brief answer.

Dr Wakefield: Again, it is a very important question. Infection control is critical to achieving the objective of hotel quarantine and we take that very seriously. Every quarantine hotel has an allocated hospital and health service. We are also very grateful to the Mater health service for they have taken about a quarter of those hotels. As a consequence of that, whilst the police are responsible for managing the hotels and managing the hotel quarantine system, we have a very strong health overlay, both from the perspective of supporting people in quarantine with their health needs and also in relation to advice and issues management pertaining to infection control. It is a critical matter.

You will recall also that some weeks ago Metro South, working with the department and the QPS, established what I will call our medi hotel, because that is the easy way of describing it. This is not a hotel for COVID-positive patients; it is a quarantine hotel for people with special needs, health needs. We have found with the change in demographic over time of people coming, particularly international returnees, that patients are often older. They may have chronic disease and—

Ms BATES: Point of order, Chair. The question was specifically about the QPS and how they handle quarantining. It was not about what Queensland Health does.

CHAIR: I think there has been some connection made between health and police. Director-general, we are almost out of time on this particular block of questioning. We will move to the member for Mudgeeraba. Currently, I have the opposition total time of nearly 40 minutes. The crossbenchers are just as entitled to ask questions as you are. The government members have had 20 minutes. In the remaining 20 minutes before the break, I will allocate 10 minutes to non-government members and then 10 minutes to government. Member for Mudgeeraba, do you have a question?

Ms BATES: Director-General, in relation to the ieMR, during last year's estimates in July, the former director-general advised this committee that the ieMR was delivering benefits and yet the director-general has just now advised that the whole program had been halted since July last year, except for the STARS program at Metro North, set to go live in 2021. What has changed so much in the last year?

Ms KING: How is this relevant—

Ms BATES: If you are going to say it is relevance, please!

CHAIR: I will allow the question.

Dr Wakefield: In terms of the substance of the question, the ieMR forward implementation, which was always a matter subject to further government decision-making, was put on hold. That does not mean that the ieMR is not operational. The ieMR is fully operational across 14 facilities and around 50 per cent of patient interactions across our Queensland health system. With the various optimisation that has been done over the intervening period, there has been significant work done to improve what we would call benefits realisation, and I will highlight some of those things. For example, we have identified significantly improved medication management and reduced medication errors. We have introduced working with clinicians pathways within the system which we have had to code in, which significantly improved the reliability and outcomes for certain patient groups and certain common groups of patients like renal care and so on. That actually allows a patient to go on a reliable, evidence based pathway within the work flow of the system. Also it includes early warning systems. The system itself provides decision support to the clinicians and alerts them when a patient is deteriorating, often before the human eye can see that, and we have a very strong response system. That is world-class.

To give you some other key facts which I think are relevant to the question, through the chair, the ieMR currently has 75,000 users across Queensland Health. It operates around half a billion transactions per month. It is available at the point of care, as I said, for half of the current patient interactions.

The clinical support systems available to staff and patients are not just about the ieMR, and I would also like to bring to your attention in relation to the question that every patient of Queensland Health, wherever they are, at any point in time, has all their key data available at the click of a button with the viewer. That is not just in Queensland Health facilities; that is for all of the QAS on the road, it is for our residential aged-care facilities which has been a critical intervention and it is for all GPs. I think that probably is the most significant impact. I am a doctor myself; I can tell you that having that information available at a click of a button is revolutionising safety and quality for patient care. While ieMR is very important, it is also important that we take stock and make sure that the next phase of implementation is optimised, based on all the advice and experience of the last three or four years.

Ms BATES: My follow-up question is: what was the cost to government of pausing the ieMR contract and were there instalments that needed to be paid to Cerner as per the contract regardless of whether the system was being upgraded or not?

Dr Wakefield: There is no extra cost to government. The rollout of ieMR was subject to consideration by government of the next phase of investment. All we have done—and I think it has been the right decision—is we have paused and optimised the system before we go back to government to give the best advice we can about the next wave of investment. As I said in my earlier answer, that planning is occurring now such that we can take that forward to government. I have a list in front of me here—and I will not read them out because there are too many—of the components of the system, as we have worked with our clinical networks to optimise the system of all the improvements that have been made during this period. You cannot do that when you are on a very rapid rollout of implementing in hospitals. Again, I stand by the health system's actions in this regard. I am very proud of the work that is being done, and I think that advice is going to be given to government when we come back for consideration of the next phase.

Ms BATES: From the IT dashboard, it appears that the rollout of the ieMR stages 3 and 4 has blown out in the budget throughout this year. Can the director-general advise the initial rollout budget for stages 3 and 4 and what the current budget is for those stages? I am happy to take that on notice.

CHAIR: Can you show us in the SDS where that appears?

Ms BATES: SDS, 72. No, it is all part of the IT rollout. I am sure it is in the SDS, Chair, and I am sure you will know where to find it. I am happy to take it on notice. I understand it is a relatively complex question.

Mr Wakefield: I will need to seek leave from the minister.

Ms BATES: I seek leave from the minister.

Mrs D'ATH: I am happy to take that on notice, Chair.

Ms BATES: Can the director-general advise whether any ieMR updates were paused during these estimates hearings in a similar way to parliamentary sitting week updates that were discouraged by the director-general last year?

CHAIR: Hang on. I am not going to allow that question. It has imputations. I would ask you to go back to something that is relevant to the budget. You have two minutes left in this block.

Ms BATES: I am sorry, Mr Chair, there is an email from the director-general that actually says it.

CHAIR: Here we go again, member for Mudgeeraba. It reminds me of—

Ms BATES: Thank you. Does the director-general apologise for the email that he sent last year about not undertaking ieMR upgrades during parliamentary sitting weeks, which was described by a Queensland Health spokesperson in the media as clearly inappropriate—

Ms KING: Point of order. I put it to you that the member is being argumentative.

Ms BATES: That is not a point of order.

CHAIR: Member for Mudgeeraba—

Ms BATES: We are under the standing orders.

CHAIR: Member for Mudgeeraba, can you please cease this line of questioning? I am not allowing this. It is full of imputations and carry-on. Go to something that is relevant to—

Ms BATES: It is full of facts, actually. All I want to know is why did the director-general send the email and—

Ms PEASE: Point of order.

Ms BATES:—was he instructed by the minister?

Ms PEASE: Point of order, Mr Chair?

CHAIR: Go ahead.

Ms PEASE: Standing order 251—

Ms BATES: Protection racket.

Ms PEASE:—the member for Mudgeeraba is constantly talking over the top of other people as they are speaking.

Ms BATES: Protection racket!

CHAIR: Member for Mudgeeraba!

Ms BATES: I will move on, Mr Chair.

CHAIR: You have one final question and you are testing my patience.

Ms BATES: Director-General, what is the current oversight that Queensland Health has with Cerner updates of the software and has that been changed at all?

Dr Wakefield: In relation to the Cerner updates, the system, as with any very large and complex system, is constantly being updated. I am happy to identify the number of updates during the last period, but it is into the many hundreds and it is no different to any other major system. Those updates are what we call planned updates. Some of them involve periods where we have reduced functionality of the system. Most of them do not because we have created within the ieMR system a shadow system that allows us to do that work mostly without interrupting services. If we have to interrupt services of the ieMR it is done overnight on a weekend and at a time when it has minimal impact on the functionality of the system.

Ms BATES: Can I ask while you are talking about visibility of the system: does that mean that you now have full visibility of the system so any updates from Cerner in the United States you are aware of?

CHAIR: Just before you answer that—

Ms BATES: He is speaking about updates.

Dr Wakefield: I am happy to finish my answer.

CHAIR: One minute please, Director-General.

Dr Wakefield: I have a very competent and excellent chief information officer who manages the relationship with Cerner. I of course do not get personally involved in every one of those updates. We have a very good relationship with Cerner. They are very responsive. All of our updates are undertaken in accord with the agreed policy and protocol and they are all subject to reporting in terms of the whole-of-government ICT processes.

Ms BATES: So we are dancing around the issue. Do we know or not?

CHAIR: Member for Mudgeeraba!

Ms BATES: You either know or you don't.

CHAIR: Order! We will move to government questions for the remaining eight minutes of this session. With reference to Budget Paper No. 3, can the minister outlined how the recently announced investment in new and expanded hospitals will improve access to health care for Queenslanders and how does it compare to previous years?

Mrs D'ATH: Before I move to that question, there was a question earlier in relation to the chief legal counsel being on leave. I put on the record that the chief legal officer is understandably incredibly shocked and upset by the question concerning his private circumstances and personal leave arrangements which are supported by the deputy director-general. He has indicated that he is happy for this to be on the record. The chief legal counsel is overseas on leave supporting his mother who is undergoing cancer treatment under a Commonwealth funded and supported treatment program, MTOP. I hope that answers the question about the chief legal counsel's leave.

In relation to our recent announcement of investment in new and expanded hospitals, as I said earlier, I am very proud of the \$21.8 billion investment in this year's budget into our hospital and health system. Arguably, we have a state-of-the-art not just national health system but as far as free public health systems go globally we stand out for the amazing work that our staff do and the services that we provide.

The budget locks in the ambitious and expansive list of new health projects we committed to during the election campaign. These projects will generate jobs during construction as well as provide state-of-the-art care to local communities when completed. Queensland Health facilities are built to respond to the health service needs of our communities, including emergency department enhancements, increased community based and acute mental health facilities, projects to increase hospital capacity and multipurpose healthcare facilities.

I am advised that 68 construction projects across Queensland, supporting 1,200 full-time jobs, achieved practical completion in the 2019-20 financial year, including a large proportion delivered in rural, remote and regional Queensland. Some 88 construction projects have or are forecast to achieve practical completion in 2020-21, supporting a further 1,400 jobs.

I am advised that completed projects last year included \$42½ million to deliver the expansion of the Hervey Bay emergency department, \$62½ million to fund expansions to emergency departments in Gladstone and Caboolture hospitals and \$41 million to build the adolescent treatment centre at the Prince Charles Hospital to replace the Barrett centre, which we know was previously closed by the LNP government. The \$116 million redevelopment of the Roma Hospital is another demonstration of our commitment to delivering quality health care to Queenslanders irrespective of where they live. Our public health network stands at the centre of our health system and even for those not in immediate need of hospital care, the existence of a local hospital within easy distance provides considerable reassurance. However, the Palaszczuk government continues to plan for the future and recognises the long lead-in for infrastructure planning.

We have put together a pipeline of future hospital projects. Planning processes are well underway for new hospitals in Toowoomba and Bundaberg and the major stage 2 expansion of Ipswich Hospital. Plus we have funded business cases for Cairns University Hospital, a new northern Gold Coast hospital and health precinct at the preferred site at Coomera, the Townsville University Hospital expansion, the Redland Hospital stage 2 expansion, the Redcliffe Hospital expansion, the Prince Charles Hospital expansion, the Royal Brisbane and Women's Hospital expansion, the Mackay Base Hospital expansion, the Princess Alexandra Hospital expansion, the Cooktown Hospital redevelopment, the Bowen Hospital redevelopment, the Charters Towers Hospital redevelopment and the Moranbah Hospital redevelopment.

Queensland's health system will always be confronted with fresh need and rising demand, not the least because of our success in extending the length of human life. Our government is ready to respond to that demand and we continue to focus on delivering value for money and an exceptional level of health care no matter where we live.

CHAIR: Great investment in health.

Ms KING: This is very relevant in my community of Pumicestone. With reference to Budget Paper No. 3, will the minister outline how Queenslanders stand to benefit from the seven new satellite hospitals to be built in South-East Queensland?

Mrs D'ATH: This is really exciting. This is investment of \$265 million that will deliver seven satellite hospital across South-East Queensland. This is part of a \$889 million infrastructure investment commitment that will provide better and new hospitals all over Queensland.

The new facilities will operate as mini hospitals, providing services to urban areas so that Queenslanders can get care closer to home and in a more convenient setting. The Palaszczuk government's program of hospital expansions and redevelopments is also supporting vital local construction jobs as will these satellite hospitals. The program alone will support around 768 jobs during construction. We know what a difference it will make for local communities to have access to hospital services closer to home—and I know that there is one being committed for Bribie Island in the Pumicestone electorate—especially families and those who need to regularly access health care.

This Australian first program will give residents better access to health care without having to travel to a major hospital. For example, too many Bribie Island locals have to take a 20-kilometre trip to Caboolture Hospital on a regular basis. As the member for Pumicestone knows, the Bribie Island satellite hospital will cut back on this travel time and reduce the time highly skilled paramedics spend transporting patients to Caboolture.

This is a game changer for the member's community and for all communities that will get one of these satellite hospitals. There are an increasing number of older Queenslanders in her electorate. I appreciate the member understands the benefit this has in terms of bringing services closer. This means people are more likely to seek the help they need. We talk about wound care and those sorts of

things which might sound simple, but for someone with chronic illness, if they get a wound and it is not managed properly they can end up with long hospital stays and much more serious consequences for their health. It is about having somewhere close to home where they are willing to travel to. Every service undertaken in one of these satellite hospitals is one less person going to our emergency departments, our hospitals and our outpatient services.

That is a win-win for the whole community. It is easing pressure on our major hospitals so that we can concentrate on those emergencies and areas that we need to at the same time as making sure that our communities are getting access to those essential services closer to home. I am very excited about this initiative. I cannot wait to see these satellite hospitals rolling out. I know it is going to be a benefit for the community.

Just some of the things that could be delivered are to provide simply day therapies such as chemotherapy, wound management and renal dialysis which could be delivered in a community based setting close to home. Also, we could deliver urgent care, imaging services, BreastScreen, and child and youth health services. These are all just some of the things we could deliver in these new satellite hospitals. I look forward to working with local members and the local community to make sure that we are delivering on the services they need.

CHAIR: We will now adjourn and resume at 10.45 am.

Proceedings suspended from 10.30 am to 10.45 am.



CHAIR: Welcome back, Minister and officials. The committee will now continue examining the proposed expenditure for the health portfolio. We will move to opposition questions.

Ms BATES: Director-General, speaking of IT, with reference to the recent Auditor-General's report into the rollout of the S/4HANA software, can the director-general advise whether the two recommendations have been implemented?

Dr Wakefield: I would like to call the Deputy Director-General, Corporate Services Division, to respond to that question.

Ms Phillips: Before I briefly answer the question around S/4HANA, can I take the opportunity to say a very brief thankyou to those staff who have been involved in the S/4HANA implementation but also in the supply division. They are often the people who do not get seen across the workforce, but these are the people who have been working tirelessly to provide us with our PPE and our supply in S/4HANA.

CHAIR: Hear, hear!

Ms Phillips: Sorry, what was your question?

Ms BATES: Have the two recommendations from the Auditor-General's report about the rollout been implemented?

Ms Phillips: We are currently undertaking those recommendations. The recommendations we are currently implementing as we speak. One we were able to do quite quickly. The second we are pushing forward with now.

Ms BATES: The report noted that the new software has no way to track PPE stock within hospitals through digital technology. Has that been rectified?

Ms Phillips: Just to inform members, S/4HANA clearly is a software solution that replaced a very old—21-year-plus—FAMMIS, financial management system. As part of that we have been able to use it for our supply chain and managing our PPE logistics going forward. One of the things that we are doing is working very hard with the HHSs to fully implement how S/4HANA can be used across all of the HHS sites to be able to manage their PPE going forward through the HHS services.

Ms BATES: Previously you would not have known what current stock was in hospitals unless the hospitals actually did an audit. Is that correct?

Ms Phillips: You would have to refer to the HHS areas for that.

Ms BATES: The Auditor-General noted in his report that \$540 million of vendor invoices were paid late as a result of the bungled rollout. How much of those are still outstanding?

CHAIR: Member for Mudgeeraba, please rephrase that question.

Ms BATES: I will rephrase: \$540 million of vendor invoices were paid late. How much of those are still outstanding?

Ms Phillips: Just give me a second and I will give you some figures around that.

Ms BATES: Are you taking that on notice?

Ms Phillips: No, I do not require to ask to take it on notice. We do have the figures. In terms of our current invoicing, you have asked for late payments I believe.

Ms BATES: Yes.

Ms Phillips: Can you clarify that for me and then I will be able to provide the figures.

Ms BATES: \$540 million of vendor invoices were paid late. How much of those are still outstanding?

Ms Phillips: Currently within the system we have invoices of a total amount of 32,359 that are not only current, which we claim as under 30 days from the document date on the invoice, but those that are overdue. The amount that is overdue currently sitting in the system is 8,989.

Ms BATES: How many invoices currently managed by the system have passed their due date—30 days, 60 days, 90 days?

Ms Phillips: I would need to ask to take that question on notice and come back to you.

Ms BATES: Is the minister prepared to do that?

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

Ms BATES: Thank you, Minister. My question is to the health minister. Can the minister provide this committee a date when this latest IT problem will be fixed?

Mrs D'ATH: There have been considerable improvements made to the S/4HANA software system since it was introduced back on 1 August 2019 when it went live. As the member knows, the system replaced the Finance and Materials Management Information System, which was over 21 years old and rated as a high risk by the Queensland Audit Office. Between 1 August 2019 and 31 October more than 447 million items have been picked and dispatched from the Richlands and Townsville distribution centres and supplied to hospitals using this system. During the same period more than 773,619 payments totalling more than \$13.8 billion were made to vendors using this system.

I want to point out that the system is working. It is working well. I appreciate the Queensland Audit Office's report. It made two recommendations which we are following up on, but there continues to be improvements. I will just outline that—and this may go to part of the member's question that has just been taken on notice—in seeing some of those improvements in how quickly invoices are paid, for the month of October 2020 supply invoices were paid on average within 23 days from invoice date and only 30 per cent of payments were made over 20 days from the date of invoice. Data from the S/4HANA system allowed Queensland Health to manage critical inventory and inform key decisions around surety of supply during the COVID pandemic response.

You have heard about the Queensland government critical supply reserve, which I have talked about before. Certainly there have been improvements in our system, and we have recognised how we need to track and manage our stock better—

Ms BATES: Point of order, Mr Chair, on relevance. I understand the minister is answering around the question, but I really wanted a date for when this system is going to be fixed. Further to that, of the 8,989 invoices, how much is that in dollar terms?

Mrs D'ATH: That is a new question.

Ms BATES: It is the question I just asked the previous speaker—

Mrs D'ATH: We said we would take that on notice, so we are doing that. In relation to—

Ms BATES: Can I also have that in dollars as well as the number of invoices?

CHAIR: Member for Mudgeeraba, the minister is trying to answer the question.

Ms BATES: I will ask another question then.

CHAIR: Member for Mudgeeraba, the minister is trying to answer the question. Please allow the minister to answer and stop interrupting.

Ms BATES: Okay. I am just waiting for the date.

Mr MOLHOEK: Point of order, Mr Chair. The question was—

Mrs D'ATH: I do not need the question repeated because it has been repeated about three times now. I am trying to answer because I have not had many questions as the Minister for Health since I came in at this estimates. I am happy to answer the question of the member for Mudgeeraba—

Ms BATES: That is fine, Minister.

Mrs D'ATH: The system is not broken—

Ms BATES: Can I just have a date?

Mrs D'ATH: The system is not broken—

Ms BATES: The system crashed on day one and blew out \$500 million—

CHAIR: Order! Order!

Mrs D'ATH: I am not here to debate—

Ms BATES: So what date is it going to be fixed?

Mrs D'ATH: I am not here to debate the member for Mudgeeraba—

CHAIR: Excuse me, Minister. Member for Mudgeeraba, please! I have asked you time and time again this morning. When I call for order please stop interrupting the minister. You have asked the question. Do not talk over the minister. Minister, please respond.

Mrs D'ATH: Thank you, Chair. I certainly take issue with the inference that the system is broken, because it is not. There are issues—

Ms BATES: Point of order on relevance.

CHAIR: This is your time.

Ms BATES: I understand that. It was on relevance. I just asked for a date.

CHAIR: I think it is bordering on imputations and asking the minister for a—

Ms BATES: It is not an imputation to ask for a date. It is public money.

CHAIR: It is your time.

Mr MOLHOEK: Point of order, Mr Chair.

Mrs D'ATH: Chair, I am still answering the question, so I wonder whether the opposition is interested in the answer or not.

Mr MOLHOEK: Mr Chair, the question simply asked for a date.

Mrs D'ATH: As I say, I take issue with the question 'What date is it going to be fixed?' because I am saying that the system is not broken. The issues that the member for Mudgeeraba is raising—

Ms BATES: That is what Steven Miles said too. How did that work out for him?

CHAIR: Member for Mudgeeraba, if you continue this I will warn you.

Mrs D'ATH: I will take that interjection. I think the Deputy Premier is doing a fantastic job.

Ms BATES: I am happy to move on to my next question. Director-General, in relation to my previous question about the outstanding invoices, we were told there were 8,989 invoices. What is the dollar amount for those invoices?

Dr Wakefield: In relation to the question, I think—through the chair—the minister has agreed to take it on notice and provide that 30-, 60-, 90-day—

Ms BATES: Including not just the numbers, but the dollar value. I am happy with that, thank you. Minister, when I was in the Torres Strait last year a nurse from one of the hospitals informed me that she wanted to order one box of AlcoWipes but received a pallet instead, most of which would need to be disposed of because it would not be used in time and it would have perished anyway. Can the minister advise whether any other perishable items have been discarded because of the S/4HANA ordering system and the cost?

Mrs D'ATH: I think to automatically draw the conclusion that one incident in the Torres Strait is automatically directly linked to this system—

Ms BATES: That is just one of many, Minister.

Mrs D'ATH: The member is welcome to put up evidence to show how it is directly related and is a consequence of the system, but as I have said—

Ms BATES: She ordered it through the system.

Mrs D'ATH:—there has been a lot of work done on the S/4HANA system to ensure that improvements are being made over time to get the system working properly. The Deputy Premier addressed this in estimates last year and I will continue to address this issue. Many of these issues

have been resolved and many improvements have been made. We welcome the Queensland Audit Office report, which shows there are only two recommendations proposed going forward, and the department will work on those recommendations. On the broader issue of PPE and equipment, we have already said there have been a lot of lessons learned through COVID—

Ms BATES: PPE is not perishable. I am talking about perishable items, ones that are past their use-by date.

Mrs D'ATH: I am being advised that AlcoWipes are not perishable.

Ms BATES: They have a use-by date, and if you have 10,000 of them—

Mrs D'ATH: I am not here to have a dialogue back and forth. I am trying to answer—

Ms BATES: How can you use 10,000 AlcoWipes in the Torres Strait?

CHAIR: Order! Order! Member for Mudgeeraba—

Ms BATES: I am happy to move on with my next question. My question is to the director-general. Earlier this year on 1 June the director-general advised the parliamentary Economic and Governance Committee that Queensland Health was still collecting hospital public performance reporting data. Can the director-general advise whether that still is the case?

Dr Wakefield: In relation to the public performance reporting, in line with the national agreement under the Australian Health Ministers Advisory Committee and the national cabinet there was an agreement to cease national reporting during the COVID pandemic first wave. I will obtain the date of that.

At this point in time that national decision has not been reversed. What I can say is that Queensland published a quarterly report for the last quarter of the financial year which covered April, May and June and has just yesterday published the latest quarterly report which addresses key performance data of specialist outpatients, elective surgery and emergency department performance across the state. That was for the first quarter of the 2021 financial year, which covers July, August and September. We did so because we recognised that, whilst we were still in the midst of an international pandemic, it was appropriate that we provide that level of transparency.

Ms BATES: Is that all publicly available?

Dr Wakefield: In terms of comparisons with other jurisdictions, I can say that there are still several jurisdictions within Australia that are not publishing any performance data at this time. Again, I think the government has elected to get out there and publish those data.

Mr MOLHOEK: Through you, Chair, are those reports publicly available?

Dr Wakefield: That was made public yesterday.

Ms BATES: Director-General, how many surgeries were postponed this year as a result of COVID?

Dr Wakefield: That has been a question on notice that has been supplied to the committee. That question is directly answered in that QON.

Ms BATES: Thank you very much. Can the director-general advise if category 3 surgery patients were all referred back to specialists to restart their waiting list process again? I have been contacted by patients and doctors who have had that happen to them following the COVID surgery postponement.

Dr Wakefield: During the period of COVID, there was a national decision to reduce elective surgery procedures, along with a range of other elective activities—screening and so on. At that time, our focus was on making sure we were fully mobilised to respond to what at that stage was predicted to be a very serious wave. As a consequence, as you are aware, during that eight-week period, we reduced elective surgery by not quite 50 per cent for approximately eight weeks.

At the same time, we made a decision—in concert with our primary care partners, whom we have had extensive consultation and engagement with along the way, and also with our consumers through Health Consumers Queensland and with our Clinical Senate and networks—about those category 3 outpatient referrals. They are the lowest priority in terms of time frames. They are referrals where it would be appropriate for us to be seeing them within a year. They are low acuity. They are all important but they are low acuity. We worked with general practice such that it was reasonable for those patients to be managed by their GPs during that period, rather than have those referrals accepted by the hospital system. That was the case during that period. That is no longer the case. That was reversed as our activity built up again—

Ms BATES: Director-General, can you just clarify this? When those category 3 patients were recategorised, if you were a patient who had already blown out from your category 3—say, 890 days—and you were referred back to your GP, does that mean you start back at 893 days or do you start from zero plus 893 days?

CHAIR: Member for Mudgeeraba—

Ms BATES: No, it is a question because—

CHAIR: Member for Mudgeeraba, I am considering your question. There is a lot of ‘if this’ and ‘if that’. They are hypothetical in nature. Just rephrase your question

Ms BATES: For the category 3 cases who were already waiting longer than the recommended time frames, with this new system, do those patients go back to day zero or do they start where they finished before COVID?

Dr Wakefield: They do not go back to day zero. What happened was existing patients, existing people we had referrals for who were on a waiting list, remained on the waiting list. In line with the readiness and preparation and in line with being nationally consistent, we worked with general practice to say that we would not be accepting new category 3 outpatient referrals until further notice. The sorts of patients we are talking about here are patients with a painful hip or a painful knee, for example, who might require a joint replacement or may in fact require physiotherapy and further conservative treatment. Rather than have them referred in, we would just hold and ask general practitioners to continue to look after them. That was only for category 3 patients and it ended at the end of June. We went back to general practice and said, ‘Now you can make those referrals and we will accept them.’

There are two points that are very relevant to this I think. The first one is that, in terms of our commitment to Queenslanders to provide great levels of access to care, our specialist outpatient data in the quarterly report I just referred to shows that compared to the same period last year we have 2,010 fewer patients on our waiting list. In other words, our doctors and nurses are seeing 5,370 patients more than in the comparable period last year, before COVID. We are not only seeing them; we are actually seeing more patients than we were pre COVID. Why are we able to do that and deliver those services to the Queensland community? It is because we have taken that swift action and managed to suppress this virus which has allowed us to deliver that sort of care to people—not COVID care, but all that other care that is critical care every day to Queenslanders that is currently not able to be delivered in many of our OECD country neighbours.

Ms BATES: Just to clarify, and wrapping up, Director-General, these patients have not had to restart the wait process again. Is that correct?

Dr Wakefield: That is correct.

Ms BATES: My next question is to the minister.

CHAIR: You have come to the end, but I am being generous with the time and I will allow one more question. Make it brief please.

Ms BATES: Thank you. Minister, can you advise how many patients are currently waiting for elective surgery and could you break that down by hospital? If you do not have the information available, could I request you take it on notice?

CHAIR: That is a question on notice.

Mrs D’ATH: If you give me a moment, I will provide some information for the member.

Ms BATES: It is waiting lists for elective surgery broken down per hospital.

Mrs D’ATH: Can I just clarify. Is the member seeking that at this point in time as of today’s date?

Ms BATES: Thank you.

Mrs D’ATH: That is what I am asking clarification for. It is as at this date across the waiting list—

Ms BATES: How many patients are currently waiting?

Mrs D’ATH:—in every category across every HHS. Is that what the member is asking for?

Ms BATES: Exactly. Yes.

Mrs D’ATH: Obviously, we published yesterday so I can give you figures up to yesterday. It is a significant amount of work to go back and get it as at today, but I would have hoped that the figures that we released yesterday—which had all of the data as far as patients and waiting lists up to September—would be an accurate reflection of those that are there. I would ask whether that is sufficient for the member.

Ms BATES: That is fine.

Mr MOLHOEK: Will they be tabled, Chair?

CHAIR: Did you want to table that report?

Mrs D'ATH: It is published on the public record, Chair.

CHAIR: Good. Before we move to government questions, does the member for Mirani have a question?

Mr ANDREW: Yes. I would like to talk to the Mackay HHS. I have been made aware just recently that there have been some issues with some of the maintenance. Some of the gensets in the hospitals have run for a period of days without people being aware of them, and the actual plinths that they sit on have disintegrated. This has left a lot of issues with vibrations because it has been on the second floor with imagery and with the scans. Are we hitting the mark with budgets, because we have missed that whole situation? It obviously translates to issues with patient care because those scans and that imagery may not have been accurate.

CHAIR: Member for Mirani, I will allow the question but, just like in the House, we need to shorten the length of the question a notch.

Mr ANDREW: Sorry, it is a hard one to explain in the preamble.

Ms Davies-Jones: I do not have that particular detail. Obviously I will take the advice from the Minister. Can I can come back with a response?

Mr ANDREW: Notice is fine, thank you.

Ms Davies-Jones: Okay, thank you.

CHAIR: Do you have a supplementary question at all, member?

Mr ANDREW: Not at this stage.

CHAIR: Okay. We will move to government questions. Member for Lytton?

Ms PEASE: Thank you very much, Chair. My question is to the Minister. With reference to page 3-60 of the SDS, the site of the old Wynnum Hospital has been vacant since Metro South transferred its services to the fantastic new facility, Gundu Pa, at Wynnum West. I am aware that Winnam Aboriginal and Torres Strait Islander Co-op has expressed an interest in the property and have been in discussions with Queensland Health about its acquisition. Would the minister please provide the committee with the current status on these negotiations?

Mrs D'ATH: I thank the member for Lytton for her question and take this opportunity to thank the member for her ongoing and continuing advocacy for her community across a number of portfolios, in particular Health. It was wonderful to see her on the health committee. I also acknowledge the member's particular and enduring interest in the old Wynnum Hospital site and the purposes it can be used for, particularly in delivering a sustainable benefit and future services to the local community. Although I have only been in this role for a very short period of time—I think today it might be five weeks—I have already been out and about to see a number of facilities. In particular, I had the opportunity to go up and open the new Blackall Hospital. The conversation immediately went to the old site and, 'What are we doing with it?' What I am really appreciative of across Health is that, when it does build new hospitals and move from old sites, there is a lot of consultation, a lot of working with the community as to what to do with those old sites. It is not just an internal decision of 'this is what we want to do.' It is actually working with the community. I understand that Winnam has expressed an interest in the site and that the proposal is strongly supported by the member for Lytton on which I welcome her advocacy.

The Deputy Premier in his previous role as the minister for health and ambulance services has indicated his support for the transfer of the title of the property to Winnam. I further understand that a memorandum of understanding that would establish the rights and obligations of the parties is currently being drafted by Queensland Health. I strongly support the activation of publicly held land for purposes that promote the wellbeing of the community and note the many successful outcomes for First Nations people that Indigenous corporations have delivered in the health sector. I acknowledge that the proposed development will help fill a service gap in the market, which is fantastic, particularly around the provision of quality aged care. I note that one of Australia's leading aged-care providers, Aveo, operates a neighbouring facility.

While I am advised that discussions among all the interested parties had been progressing, I do understand that there is further work to be undertaken before the next steps can occur. I am keen as well, as I am sure is the member for Lytton, to bring this issue to a resolution which satisfies the parties

and delivers a facility on the site that adds value and amenity for the community. I once again acknowledge the member's advocacy for the project, which is consistent with the manner in which the member has always stood up for the interests of the community. I look forward to engaging with Winnam soon to discuss its proposals for the integrated Indigenous and aged-care hub—I think it is a fantastic idea—on the old Wynnum Hospital site in greater detail. I am sure to keep the member informed of those next steps.

Ms PEASE: Thank you, Minister.

CHAIR: A supplementary question?

Ms PEASE: No, I do not.

CHAIR: The member for Pumicestone?

Ms KING: Certainly. With reference to page 3-75 of the SDS, can the Minister please explain what the Palaszczuk government has done to ensure greater representation of First Nations people in Queensland's public health system?

Mrs D'ATH: I thank the member for her question. Obviously the creation and appointment of Queensland's first Aboriginal and Torres Strait Islander health officer and deputy director, Haylene Grogan, in 2019 was a significant step in improving health outcomes for First Nations people in the state and the first step in further ensuring greater representation of First Nations people in Queensland's public health system, which is so critical. In addition, this year the Palaszczuk government introduced the first Aboriginal and Torres Strait Islander Health Workforce Agreement. This agreement is a significant milestone in acknowledging the importance of the Aboriginal and Torres Strait Islander workforce and the important role this workforce plays in improving health outcomes for our First Nations people across the state. In my first week, I was thrilled to visit the new deputy director-general to hear about what their team is doing and to meet some of those team members.

Not only does the agreement include a specific Aboriginal and Torres Strait Islander health workforce classification and remuneration stream, more importantly it recognises the unique skills, cultural expertise and community focus the Aboriginal and Torres Strait Islander health workforce brings to their roles and provides greater participation and professional growth for this workforce to thrive in the Queensland Health system.

We have also made legislative changes to imbed greater First Nations representation and health equity for First Nations Queenslanders in our health system. The Health Legislation Amendment Bill 2020 which passed on 13 August this year requires all hospital and health services boards to have at least one board member who identifies as Aboriginal and Torres Strait Islander. I am delighted to say that I am advised that 15 per cent of the members of our Queensland Health hospital and health boards identify as Aboriginal and Torres Strait Islander. The amendment bill also committed the health system to embedding partnerships and co-designing health equity strategies with First Nations people.

We know that achieving health equity is a long journey but one that we are taking strides towards each day. The Chief Aboriginal and Torres Strait Islander Health Officer and deputy director-general, supported by staff in the Aboriginal and Torres Strait Islander division, will continue to work in partnership across the whole of the health system. As the new Minister for Health and Ambulance Services, I look forward to working with them to achieve those aims.

CHAIR: Thank you, Minister. Member for Lytton?

Ms PEASE: Thank you, Chair. Minister, with reference to page 3-158 of the SDS, given that one of QIMR Berghofer's key focus is infectious diseases, can the minister please advise what, if any, funding the government has provided to QIMR Berghofer specifically for COVID research?

Mrs D'ATH: Thank you. I thank the member for her question. QIMR Berghofer is a world-leading medical research institute established 75 years ago in a former American Army hut in Victoria Park to focus on infectious diseases. It is an institute of which we all as Queenslanders and Australians should be very proud for the great work it does. This focus is of course particularly relevant in 2020 as the world struggles with the global COVID-19 pandemic.

In 2020-21 QIMR Berghofer will receive an \$18.9 million grant from the Queensland government, which represents approximately 16 per cent of the institute's total revenue. In addition, I am very pleased to say that the Queensland government is providing a further \$5 million grant for priority research into COVID-19 and the virus that causes it. Of this, \$4.6 million is provided in this year's budget that we are examining here today.

We still are learning about the virus that causes COVID-19 and how the body responds to infection. The discoveries from QIMR Berghofer's research will help our clinicians and health services better prevent the spread of this highly infectious disease and more effectively treat people who become infected. QIMR is currently conducting 11 research projects into COVID-19. These include: investigating how people's immune systems fight the disease, and whether existing drugs can be repurposed to treat it.

Committee members may have seen this week's media coverage of the QIMR team's latest success. They have developed a way of testing whether or not COVID-19 patients' immune systems are gearing up to fight the virus. The team hopes the discovery could be used to identify early on which patients' immune systems are not responding appropriately and who might be at high risk of becoming seriously ill.

The Palaszczuk government is tackling COVID-19 from two angles—the \$5 million for treatment research on top of \$10 million for vaccine investment and prevention. Everyone is talking about the vaccine at the moment—and we all are eagerly watching what happens around the world in relation to a vaccine—but we also need to focus on treatment and how we treat people with COVID-19. Chair, I could continue to try to explain what the QIMR does and how it does it well, but I just briefly invite the director and CEO, Professor Fabienne Mackay, to provide further information about this really critical work that the institute is doing around COVID-19.

CHAIR: Outstanding. In the former term, the committee did have some interactions with QIMR collaborating universities. It is our researchers who also should be commended for the work they are doing in addressing COVID-19. Welcome.

Prof. Mackay: First of all, I would like to thank the Queensland government for this really fantastic extra support for our researchers. As many of you may be aware, QIMR Berghofer has more than 75 years experience fighting infectious disease in Queensland. The team is extraordinary at QIMR Berghofer. They have a lot of skills, a lot of knowledge. When the news was coming very soon from China and Italy that things were very bad, they used their expertise very quickly to repurpose some of the projects they were doing and the space in particular. At QIMR Berghofer we have a high-containment facility, the PC3 facility, and we rearranged the rooms to basically work on COVID-19 safely—really understand what this virus is all about and how this particular virus is driving pathology.

As mentioned earlier we have currently 11 projects, but with the new support we can support another four projects in addition to that. That is really fantastic. I will tell you a little bit about the projects. As mentioned earlier, there is a project from Associate Professor Corey Smith. He has been looking at the immune system of Queenslanders who have recovered from COVID-19. Immunologists—I am an immunologist myself—can learn a lot of things by how people have been fighting the virus. You can also see whether or not people are going to be vulnerable to the virus very quickly, and you can really prevent and protect these individuals very early.

With this knowledge you can create cellular therapies. We are very good at QIMR Berghofer at creating cellular therapies. We are actually the most trusted facility in the country for cellular therapies, and we have been saving lives all across Australia with our experimental cellular therapies. That is a very good development for us. Professor Sudha Rao also has identified new and existing drugs that can stop the virus from entering the cells in the lung and in other tissue. We are in the process, and with this generous funding we can progress it to clinical trials.

Professor James Hudson is working on something really important. You may be aware that two-thirds of patients with a very severe infection of COVID-19 will suffer long-term cardiac problems. He has been studying how we can stop the cardiac problems that come following an infection with COVID-19, which leads to a lot of inflammation. It is really that inflammation that is creating the cardiac defect. He has discovered that. He has also discovered products that can really stop the defect on the cardiac muscles. That is very exciting and we cannot wait to see this progress to the clinic.

James Roberts is doing fantastic work in modelling how an infection can spread and also basically gain information on how we can best implement vaccines once that vaccine is available.

We have a great team in mental health that is looking at the mental health impact of COVID-19 and the lockdown and all the changes we have experienced through this particular historic pandemic—the way we changed how we work and we changed how we interacted, or stopped interacting, with other human beings. That is very important work because, as you know, it has impacted a lot of people in Queensland, across the country and across the world.

As for the new projects, we are also looking at the impact of the virus on the brain. As you are probably aware there are symptoms about losing smell and losing taste. When I was talking to colleagues in the UK when the first severe cases of COVID-19 presented, some cases had been missed because the symptoms were not respiratory; they actually were dementia and confusion. There is a real impact of the virus on the brain. They are the kinds of projects we are going to work on very soon.

Finally, we have a project on inflammation. It is a very important marker. It is very high in patients with COVID-19. We think if we can stop this marker earlier we can prevent the catastrophic consequences of the infection on patients before they become critically ill. It is very good news. Thank you again to the Queensland government for this extra support.

CHAIR: Thank you, Professor. Thank you for the outstanding work. Thank you, Minister. My next question is with reference to page 3-68 of the SDS. Minister, can you outline the achievements of Queensland's first Chief Aboriginal and Torres Strait Islander Health Officer?

Mrs D'ATH: Building on the earlier response, it is wonderful to see such a focus within the health system. It is absolutely critical when you look at closing the gap and the needs across our Aboriginal and Torres Strait Islander people. It is about not just getting them the health services they need but also encouraging them to engage with the health services from very early on, from birth—and pre birth, with prenatal care.

We welcome the first Chief Aboriginal and Torres Strait Islander Health Officer, Haylene Grogan, to lead the newly created Aboriginal and Torres Strait Islander Health Division, since October 2019. This role was created after significant advocacy from stakeholder groups including the Queensland Aboriginal and Islander Health Council. We thank them for their advocacy. It marks historic and substantial change for the Queensland government in its approach to improving health equity and outcomes for Aboriginal and Torres Strait Islander Queenslanders, builds on the work we do across government in every agency and builds on our Human Rights Act. The Aboriginal and Torres Strait Islander Health Division has been instrumental in embedding Aboriginal and Torres Strait Islander representation in Queensland Health leadership, governance and workforce, as well as embedding cultural capability in the planning, design and delivery of health services.

Key achievements of the Chief Aboriginal and Torres Strait Islander Health Officer this year include the COVID-19 response, which included a First Nations COVID-19 team, who worked tirelessly to provide a targeted response for First Nations people, who are particularly vulnerable to the adverse impact of COVID-19. The deputy director-general's office has also developed and published culturally appropriate health promotion messages and information on when and how to access testing. We should not underestimate the significance of this. Honestly, Western Australia, the Northern Territory and Queensland took such strong action in relation to our borders and the approach to COVID very early on because of not just our Indigenous population but particularly our remote Indigenous communities and what would occur if COVID got into these communities, with the vulnerability that we knew existed and continues to exist today, and how absolutely critical this is. This is incredibly important, given Indigenous Australians are considered a group at high risk of infection. Due to the significant proportion of Indigenous Australians who have underlying health conditions, it is imperative that we ensure community transmission does not occur amongst Indigenous communities.

If you will indulge me a little, I want to acknowledge the Electoral Commission's fantastic work during the local government elections and how we managed those Indigenous communities at that time. I know how difficult it was to keep them safe and manage those elections at the same time.

The work of Ms Grogan has played a significant part in ensuring such community transmission has not occurred. I know that Ms Grogan is passionate about driving positive outcomes across the state. I am advised that she has already met with staff at 13 of our hospital and health services and she is set to visit the remaining three in 2021. She recognises the importance of travelling across the state and meeting the invaluable staff who work in our HHSs. I thank Ms Grogan for advancing the representation of our First Nations people. The Palaszczuk government proudly shares Ms Grogan's commitment to engaging with and supporting our First Nations Queenslanders.

CHAIR: Minister, my final question for this block has a bit of a North Queensland flavour—and why wouldn't I fly that flag? Townsville is a city with its own unique attributes and challenges. Many of these challenges revolve around the provision of services. With reference to Budget Paper 3, could you please update the committee on the government's plans in relation to the Kirwan Health Campus in my electorate of Thuringowa?

Mrs D'ATH: Thank you, Chair. I am surprised it took so long to ask a question about Townsville, but I know that you are saving the best for last! I want to acknowledge your advocacy as the local member. I also recognise you as a member of the health profession—an important member. I know that all of the Townsville MPs—the members for Thuringowa, Townsville and Mundingburra—are very passionate advocates for their communities and for their health system. We have a proud legacy and history and are continuing investment into the future up there.

This budget provides a record \$1.097 billion for Townsville HHS—an increase of 5.7 per cent from the last financial year—including \$40 million for the further development of the Kirwan Health Campus. I am looking forward to getting up there and visiting it.

This innovative campus consists of four community health facilities offering a range of specialist services to the community. The \$40 million commitment by the Palaszczuk government will deliver stage 1 of the upgrades which will include the first wing of a multistorey community health building, car park upgrades and improved services for telehealth. Telehealth has been absolutely critical. It is one of those things that has come to the forefront in COVID-19 and we hope it is a practice that will continue. We know it has been embraced by the health service, but it took a while for the public to want to embrace telehealth, and I am glad that they are. I know it is going to bring lots of positives forward for the community.

Services to be delivered from the new building include expanded maternity services, children's services and dental services. Investing in projects like the Kirwan Health Campus upgrade provides communities with important strategic health infrastructure that will support local health jobs over the long term. But it is also supporting jobs over the short term, providing a source of economic opportunity to Queenslanders as our economy continues to recover from the economic shock of COVID. I know the chair will be pleased to know that this project is expected to create 116 construction jobs to further boost the employment prospects for people in Townsville.

This expansion aligns with other significant health investments in Townsville. A \$25 million package of upgrades to the Townsville University Hospital will be rolled out over the next three years as well as a new hybrid theatre, the expansion of the outpatient department and consolidation of the persistent pain management service. We have also announced \$1½ million to start the planning process for a major expansion of Townsville University Hospital. This is the next step in the Townsville University Hospital master plan which has recently been awarded the health promoting urban environment award at the International Academy For Design and Health awards and a commendation for best large project planning in the Queensland Awards for Planning Excellence. The Palaszczuk government remains committed to funding vital health infrastructure in the Townsville region and I look forward to visiting the hardworking Townsville HHS staff soon and the hardworking local members.

CHAIR: We look forward to having you up there, Minister. We will move to opposition questions.

Ms BATES: Minister, I have a question from Matt from the Gold Coast. I understand that he dislocated his shoulder while he was surfing over a year ago and he has had to avoid heavy lifting on doctors orders since. The impression was that he had a month or two maximum before his shoulder would be assessed by a specialist. Can the minister explain to Matt from the Gold Coast why after this injury he was put on to an orthopaedic waiting list but then received a letter 13 months later to advise he was still on a waitlist—

Ms KING: I raise a point of order.

Ms BATES:—for his initial appointment and would be taken off unless he responded within 30 days?

CHAIR: Member for Mudgeeraba—

Ms BATES: I know that was a long preamble, Mr Chair, so thank you very much for allowing me to do that.

CHAIR: Member for Mudgeeraba, if you can just pull it up for a moment. What was your point of order, member for Pumicestone?

Ms KING: Is the member for Mudgeeraba asking for a medical opinion here?

Ms BATES: I am not asking for a medical opinion; I am asking how long he is going to have to wait. Learn the standing orders.

CHAIR: You have asked the question. It is lengthy, but we will allow the minister to respond.

Mrs D'ATH: Thank you, Chair. I will call forward the chief executive of the Gold Coast HHS. While the chief executive makes his way to the table I want to say that I know the member has been a shadow minister for a lengthy period of time in opposition, so as the shadow health minister and also given her credentials in the health sector I know the member would know that it is not appropriate to be talking about individual cases of any—

Ms BATES: I am not talking about anybody—I have their permission.

Mrs D'ATH: Sorry, but the member has specifically asked us to respond to Matt—

Ms BATES: I actually have their permission.

Mrs D'ATH:—from the Gold Coast.

Ms BATES: There are a lot of Matts on the Gold Coast, Minister.

Mrs D'ATH: That is right. The reality is that none of us can respond to why Matt's circumstances are the way they are as we have just had put to us. The reality is we do not know Matt's circumstances. We cannot directly respond to why he was referred to orthopaedics—

Ms BATES: I can certainly send it to the CEO.

Mrs D'ATH:—and why he was on a particular list because, firstly, even if we did have all of those details on Matt it would not be appropriate to talk about it but, secondly—

Mr MOLHOEK: Mr Chair, the CEO is at the table.

CHAIR: That is okay.

Mrs D'ATH: The question was to myself, so I am providing some response before I also ask the chief executive to address the issue. It is also, as I say, not appropriate to be talking about any individual circumstance and the member has not necessarily put all of the circumstance surrounding the individual, but I will ask the chief executive if he would like to add to the response I have already provided.

Mr Calvert: Obviously I cannot talk about individual cases, as the minister has just outlined, but I can talk in general terms about our outpatients and the long waits that have been experienced. Obviously the situation that we are facing in outpatients has been compounded by COVID. There was a requirement to stop seeing category 3 outpatients. I can reassure you on that point that you raised earlier about however many days have elapsed when we refer them back to their GP because we need someone to still care for patients when we were not able to because we were dealing with all of the preparations for COVID. When they are referred back to us, our policy is that however many days they were waiting just carry on exactly as they are. I can reassure you on that point.

Clearly we deal with very big numbers in the Gold Coast. We get over 120,000 new referrals every year. Because of the events over the last 12 months, our long waits position has been compounded. The peak long waits across all outpatient specialities this year was 17,322 patients. By June though at the end of the financial year, as the director-general outlined earlier, we indicated that we would receive referrals again. Meanwhile, we had a number of initiatives to try and move on to basically telehealth means to try and overcome the COVID restrictions and by June we had brought that number down by 2,787 to 14,535.

Our long waits are concentrated in a small number of specialties. Some 60-odd per cent of the waits relate to orthopaedics, urology, ophthalmology and ENT. There are issues in addition to COVID that contribute to those long waits, particularly in areas like ENT where there are recruitment difficulties. It is not a matter of money; it is a matter of actually getting hold of the pairs of hands. The initiative in which we moved on to telehealth for our consultations has been successful. We moved from 18 per cent of those referrals being covered to 51 per cent. We also instituted that arrangement to deal with northern New South Wales to help overcome some of the border constraints that we were facing at the same time. Yes, the long waits are more than we would like. That was obviously compounded by the COVID situation. I think the staff are working incredibly hard and have done a really good job to bring it down in the way they have.

Ms BATES: Thank you. My next question is to the minister, but obviously, Mr Calvert, you might want to stay. It might be referred to you. My question to the minister is about Hans, another patient in my electorate, who has been waiting to see an optometry specialist after having surgery seven years ago. He was just recently told that he would have to wait. His eyesight is failing and he said, 'If I lose my sight, I lose my eyes.' My question is: as an elderly patient who is at risk of losing their sight, does the minister think it is acceptable for Hans or any other patient to wait as a category 2 on a waitlist to see a specialist for two years from his initial appointment with an optometrist?

CHAIR: Just before you answer, Minister, again, member for Mudgeeraba, this lengthy preamble—

Ms BATES: It just makes it very difficult to explain the situation. As a fellow health professional, you would understand that it is very difficult to explain it to a non-health professional in a couple of lines.

Ms PEASE: I raise a point of order, Mr Chair. I want to point out a couple of issues here. They are hypothetical. We are talking about—

Ms BATES: It is not hypothetical. I can table the—

Ms PEASE: Are we talking about a member—

Ms BATES: I can table the constituent's—

CHAIR: Order! We are listening to a point of order.

Ms BATES: It is not a hypothetical.

Ms PEASE: Mr Chair, may I get an opportunity to actually ask a question without being talked over?

CHAIR: Yes.

Ms PEASE: Thank you. So potentially I would suggest, Mr Chair, that they could be considered to be hypothetical but, secondly, it is also asking for an opinion.

Mr MOLHOEK: I raise a point of order, Mr Chair. The question was simply about—

Ms BATES: Long waits.

Mr MOLHOEK:—whether it is reasonable for people to wait more than two years.

Mrs D'ATH: Yes, the question was whether I thought it was reasonable. So it is an opinion, but I am happy to comment, Chair.

CHAIR: Thank you.

Mrs D'ATH: I think it is extraordinary that we have about 35 minutes left to go and despite \$1.2 billion being allocated in the budget to address COVID across our hospital and health systems the opposition have not asked one question about it, but the question does actually—

Ms BATES: No, I am actually asking about patients—you know, the real people who turn up at hospitals?

Mrs D'ATH: Yes.

Ms BATES: Real patients; real people.

CHAIR: Order! I said before the break that I would not tolerate continued interjections. The minister is trying to respond to the question. Member for Mudgeeraba, you are bordering on being warned.

Ms PEASE: May I point out—point of order—that the member for Mudgeeraba has constantly been talking over the top of everyone at every opportunity. She spoke over the top of me just a moment ago, which I raised.

Ms BATES: Is this a speech or a point of order?

Ms PEASE: I did raise a point of order, thank you, Mr Chair.

CHAIR: Let us get back to the minister answering the question.

Mrs D'ATH: Thank you, Chair. The member for Mudgeeraba, can I say, certainly does not have a monopoly on caring for people. Everything we have done this year is about keeping people alive—everybody. Over 10,000 people were predicted to die if we did not respond properly to COVID, so, yes, we are talking about people—

Mr MOLHOEK: Point of order.

Ms BATES: Point of order. I have a question for—

Mrs D'ATH: And I would like to answer the member's question without being interrupted. The member has asked about people on waiting lists. We understand that when people are waiting to get treatment in the public system that that waiting can cause distress and anxiety. We absolutely understand that, but we also understand that we need to categorise the urgency of that care and treatment and in 2020 we also need to acknowledge that there was a national cabinet decision to

suspend non-elective surgeries. That obviously has flow-on effects for outpatient treatment as well. That was a national cabinet decision. We do not criticise that. It was a joint decision. But it did lead to delays and suspension of people getting surgeries and treatment.

I also want to acknowledge the incredible work of our doctors and nurses, our paramedics and our allied health professionals who have worked tirelessly since we started recommencing that surgery and those appointments because we should not underestimate it. We released the performance figures yesterday because we have nothing to hide. I am so proud as the Minister for Health—and I do not need a health background to be proud of the work we are doing or understand the consequences of people dying from COVID because 68.6 million people today have tested positive around the globe and over 1.5 million people have died from COVID. This is the real issue that we should be talking about and acknowledging.

The government put in an extra \$250 million to deal with the waitlist because of the suspension. When we talk about people, during the September quarter Queensland Health treated 37,884 patients—people—compared with 36,319 in the same time period in 2019. Not only have we started seeing patients again, we are doing better than what we were this time last year when COVID was not around. This is an increase of 10,901 surgeries on the previous quarter, a direct result of the quarter billion dollar investment. The number of patients ready for surgery and within the clinically recommended wait time was 96.9 per cent—a 2.5 per cent improvement on the previous quarter. As at 1 October 2020 there were 1,548 ready-for-surgery patients waiting longer than clinically recommended—long waits. This is 1,226 fewer ready-for-surgery patients than at 1 July 2020. The medium waiting time for elective surgery is 41 days for the September quarter.

I can keep going through all of the categories, but I just want to acknowledge the incredible effort and work that goes on 24 hours a day, seven days a week, tirelessly, to restore our health services as we move through COVID and those critical periods—and we could be back there at any point if we do not manage this properly—and the work that our hospital and health services have done. Yes, there are people waiting, yes, there will be people waiting longer than we would like them to, but we also need to acknowledge that much of this work was suspended. It was a national agreement to suspend it across the country. We have been open and transparent about putting our performance data out, despite an agreement at a national level to suspend that because we all knew it would be skewed as it would be significantly lower. I think the national cabinet did not want to see hospital services right across the country and great health workers being criticised because they were not performing at the same level because of COVID.

Ms BATES: No-one is criticising health workers. Thank you for the answer. My next question is to the director-general. Question on notice 15 said the department did not record assaults or serious assaults against staff. How does the department record acts of aggression?

Dr Wakefield: The safety of our workforce is a priority. It has to be. Not only is it a legal priority and duty for all of the Queensland Health executive but it is the right thing to do. Again as someone who has worked on the front line myself, I know how scary and confronting it can be when dealing with occasions of violence or threatened violence. It is our collective job to do everything we can, everything in our power, to maintain a safe workplace. Specifically in relation to data collected, we have significant reporting of data and I would like to call upon—

Ms BATES: Before you do that, would you be able to provide an HHS breakdown for the years 2017-18, 2018-19 and 2019-20 to the committee because question on notice 15, whilst it was very clear that I was asking for records of assaults or serious assaults, it was a bit cute coming back saying that the department only records acts of aggression. Would you be able to take that on notice?

Dr Wakefield: The answer to the question on notice was really better put to Queensland Police because the question was framed around criminal charges and definitions around the criminal law. We collect a lot of data and we collect that by health service and we have a duty to maintain and report that and use it. I am very proud of—

Mr MOLHOEK: Mr Chair?

CHAIR: He is answering the question.

Mr MOLHOEK: We have asked if it can be taken on notice.

CHAIR: He is answering the question. Please allow him to answer the question.

Ms BATES: He cannot give me the data right now.

CHAIR: The director-general is taking the time to inform you in his response. Please allow the director-general to continue.

Dr Wakefield: We have a very proud history. Over the past three or four years we have established an occupational violence committee across the state and a specific office and program of work that really works very hard to make sure that our staff report incidents of violence of any nature and we have many, many initiatives that seek to reduce that risk. Through the minister, in relation to the specific question in terms of how that data is reported by health service, I do not have that in front of me.

Mrs D'ATH: Before taking anything on notice I would like clarification of exactly what we are supposed to be reporting on.

Ms BATES: Rephrasing from the question on notice, how does the department record acts of aggression and can we be provided with an HHS breakdown from 2017 to 2019 on notice back to the committee.

Mr MOLHOEK: We want a breakdown of incidents.

Ms BATES: Just serious assaults.

Mrs D'ATH: We do not record serious assaults. That has already been explained. That is why I am going to get clarity, before we take something on notice, of exactly what the member is asking us.

Ms BATES: You do not record serious assaults?

Mrs D'ATH: We are not categorising them. You are using terms that are in the Criminal Code, but we do not categorise them as far as the recording of data is concerned, so I am trying to find out what you want.

Ms BATES: Code blacks where staff are actually assaulted and it is reported to the police and someone is charged—does that give you an example?

Mrs D'ATH: I am happy to take that on notice.

Ms BATES: Can I call up the CEO of Children's Health Queensland. Can the CEO advise if there have been any complaints made or issues raised about the use of pirate software by a contractor at the Queensland Children's Hospital?

Mr Tracey: First, can I please acknowledge the work of our staff over the COVID period. I also want to acknowledge the work that we have done with our colleagues in Metro North and Metro South hospital and health services to put up and stand up a fantastic public response to keep patients, families and the general public safe. Our work with West Moreton Hospital and Health Service has also been outstanding and I thank them.

In relation to this matter I would need to take that specific question on notice, with the permission of the DG. I can say that there is nothing that I am aware of, given our monthly reporting and the audits that we regularly do, that would lead me to believe that that is the case, but I will take the DG's advice on that matter.

Ms BATES: You are not aware of Queensland Health using pirated software for a huge contract over the last six months and there would not be any email or paper trail in that regard?

CHAIR: Member for Mudgeeraba, he has answered the question.

Ms BATES: I am asking a follow-up question.

CHAIR: I will give you one follow-up question.

Ms BATES: That was the follow-up question. The follow-up question is this: has Queensland Health been using pirated software for a huge contract over the past six months that has the potential to be a new IBM debacle and are you aware of any email or paper trail in relation to that?

CHAIR: Before anyone responds to that, that is seeking opinions. I rule that question out of order. I will give latitude to ask one more question before we move to government questions. It has to be brief.

Ms BATES: The member for Mirani has a question.

Mr ANDREW: Page 3-75 of the Health SDS and the testing capability of Queensland—

Mrs D'ATH: Can we clarify who you are asking the question to?

Mr ANDREW: I can ask it to the Chief Health Officer or yourself, Minister. Minister, I refer to page 3-75 of the Health SDS and the testing capability in Queensland Health laboratories. Could you please advise how many false positives there have been in Queensland since testing began, giving both the total numbers and the rate at which the false positives might be occurring? I am happy for you to take that on notice. I have a follow-up question.

Mrs D'ATH: I will see if we have that information on hand now. The member is after the number of false positives—

Mr ANDREW: And the rate at which they are occurring generally.

Mrs D'ATH: I will follow up on that and take it on notice. I do note there have been over one million tests undertaken. We will see what data is available on that.

Mr ANDREW: I would appreciate that, thank you. As a follow-up question, in the SDS at page 3-60 under the Health overview, there will be a \$1.2 billion package covering the cost of the rollout of the COVID-19 vaccine when it becomes available. Will this \$1.2 billion funding package cover the cost and the rollout of the COVID-19 vaccine when it becomes available?

Mrs D'ATH: This is a really important issue. As we know, there is one vaccine already in production and being used in the UK, but of course there may be others that come online. We really do hope that other vaccines become available as well. As far as the costs of the rollout, there is agreement already at a federal level that the federal government will be paying for the vaccine itself, so they will be providing the vaccine and the point of delivery. As it gets delivered to various points across Queensland, the federal government has agreed to cover that cost.

Mr ANDREW: I thought that the federal government said it would be the state's responsibility on the rollout.

Mrs D'ATH: To explain, the federal government has already entered into a number of agreements with various companies as to who might provide the vaccine. They will purchase the vaccine. They will deliver the vaccine to various points across the country, including in Queensland. It will be Queensland Health's and the Queensland government's responsibility to then implement the rollout of the vaccine within our state. That will be done across our current services. We will be probably entering into further negotiations with the federal government as far as other costs go. I understand at this stage there is not consideration by the federal government that that would be covered by Medicare.

However, we cannot talk about what that cost would be and whether that cost fits within the current envelope until we know how we are going to deliver it. The current Pfizer vaccine has to be stored at under minus 70 degrees, so there is a lot of complexity around the storage and transport of that. Also, it is two injections over a period. We do not know what other vaccine might come on that is different and would come at a different cost to roll out.

Mr ANDREW: It would be over and above that \$1.2 billion package, probably?

Mrs D'ATH: We cannot be absolutely sure at this stage, but we are working on a plan for its implementation. I know that the Chief Health Officer is working on it. She has already put a team together to look at how we would roll out that vaccine in Queensland, with both what we know is the current vaccine available in the UK and also other possibilities. We still have to look at the regulatory approval needed. The feds will decide all that and then we will have the answer as to how we are going to do it and what sort of cost is involved.

Mr ANDREW: Thank you, Minister.

CHAIR: We will move to government questions for the final 15 minutes. I anticipate three questions. We will pull up at 12.10 to allow for any wrap up, Minister.

Mrs D'ATH: Thank you, Chair.

CHAIR: With reference to page 1-6 of the SDS, Minister, can you outline how the Palaszczuk government is expanding kidney dialysis services for regional Queensland?

Mrs D'ATH: We know that getting these kidneys dialysis services out into the regions is really important. We know that the further that people need to travel for those services, just as we talked about with the satellite hospitals, the less likely they are going to get the treatment that they need. It is not necessarily good for their health to have to travel long distances. Expanding those services into the regions is absolutely critical. The Palaszczuk government has always been committed to making sure that we are supporting services in rural and remote communities, wherever you live.

The expansion of the dialysis services does present a unique opportunity where we can deliver additional services through satellite centres that will operate to improve the quality of life for Queenslanders in remote communities. As I said, compelling patients to travel long distances to access renal services provides a further challenge for vulnerable patients living in remote communities. Investments that promote the decentralisation of those services closer to the sources of the need for them is both sensible health policy and a further step in our efforts to provide equitable access to health care across the state.

This is particularly relevant to many of our Indigenous communities, whose residents often have to choose between staying on country with their families and travelling to an unfamiliar centre for lifesaving treatment. Removing Indigenous patients from places where they have personal cultural support has been shown to lead to poorer health outcomes. Relocating services closer to home is good policy that will ultimately lead to better health outcomes and greater cost efficiency.

Kidney dialysis is a service that saves lives—we all know that—and greatly improves the quality of life of thousands of Queenslanders. Delivering it requires extensive specialised equipment, resources and trained staff. Those costs, however, must be balanced against the clinical need and the improved health dividend. We have spent the past five years rebuilding our health services from the previous cuts of the LNP and we are proud of the efforts we have made to make kidney dialysis more accessible, like delivering satellite services from Bowen Hospital, but the work is not over yet. We went to the last election with a \$33.5 million plan to expand kidney dialysis and to make it more accessible for regional Queenslanders. That money will open 41 additional renal dialysis treatment spaces in Proserpine, Clermont, Charters Towers, Ingham, Longreach, Yeppoon, Cooktown and Kowanyama.

This is about providing better care closer to home for Queenslanders. It is about recognising the practical and cultural barriers that impede patients in remote communities accessing the services they need, and about the material action we can take to reduce the gap in life expectancy between Indigenous and non-Indigenous Queenslanders. These 42 additional treatment bases will cater for Queensland's growing and ageing population to help all Queenslanders access this life-saving service.

Our investment will support 27 local construction jobs in rural, regional and remote Queensland communities who are struggling through the global pandemic. In Proserpine, for example, that funding will deliver a satellite unit for four renal dialysis treatment spaces at the hospital so more locals can get there locally. It saves locals a trip to Mackay for dialysis treatment and ensures more locals have access to this life-changing service. I look forward to seeing these services rolling out in these regions because I know the difference it will make, particularly to our Aboriginal and Torres Strait Islander peoples.

Ms PEASE: Minister, with reference to Budget Paper 3, can the minister please outline what the Palaszczuk government is doing to deliver additional services for vulnerable Queenslanders struggling with drug and alcohol addiction?

Mrs D'ATH: It is funny, taking over this role, I have said to many over the last few weeks that I have been in this role that there are a lot of synergies between my former role as Attorney-General and Minister for Justice and the Minister for Health and Ambulance Services. Those synergies are that what we do in health and what we do in early intervention and prevention can keep people from becoming homeless and can keep people out of the justice system. That is why I am so proud to be a part of a government that has recognised from day one that many of our big problems in society are not going to be resolved by one minister in one portfolio. It has to be across government; it has to be across agencies coming together. We have done that on so many occasions in so many areas with ministers and directors-general coming together and showing leadership from the top to our agencies to break down those barriers that say, 'No, that's not my responsibility.' They have come together to share information, share ideas and work together to address some of these really difficult problems in our community.

While COVID has dominated our collective thoughts over the last year, the Palaszczuk government has never lost sight of the variety of other health challenges that confront our health system and our Queensland community. We believe that investing in residential rehabilitation and withdrawal management services is a critical part of the alcohol and other drug treatment system in Queensland.

I will call it out. The fact is we have heard the opposition talking about and talking up their initiatives around ice and rehabilitation. However, whenever you ask them where they are going to put them, they say, 'Not in the main areas, not around people.' It is always—

Ms BATES: Point of order.

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

Ms BATES: The LNP opposition clearly stated the four places where we were going to build—

Mrs D'ATH: This is not a point of order; it is just a running commentary.

Ms BATES: Well, stop misleading the committee. Minister, you are misleading the committee.

CHAIR: Member for Mudgeeraba, I have asked you several times not to interrupt the minister and speak over. You are now warned under 185.

Dr ROBINSON: Point of order.

CHAIR: What is your point of order?

Dr ROBINSON: It would help the committee if the minister was not provocative and making statements that we believe are misleading the committee in her statements.

Mrs D'ATH: I will make sure that I am as factually correct as possible.

Dr ROBINSON: That would help.

Mrs D'ATH: When we had regional parliament in Townsville and the discussion was around a rehabilitation centre, the interjection was, 'Well, we are not going to put it in town near people's houses.' God forbid we put services where they are needed near people. 'We want to do it, but it is not to be in our backyard and it is as far away as possible.' That is the point I am making.

Mr MOLHOEK: Point of order, Mr Chair.

CHAIR: What is your point of order?

Mr MOLHOEK: The question was: what is the government doing in respect of drug and alcohol treatment?

CHAIR: The minister is answering the question.

Mr MOLHOEK: Talking about the past and talking about the LNP—

CHAIR: There is no point of order, Deputy Chair. Please, Minister, continue.

Dr ROBINSON: Point of order, Mr Chair.

CHAIR: Yes.

Dr ROBINSON: Again, I make the point that the minister has repeatedly misrepresented the position of the opposition.

CHAIR: Member for Oodgeroo, there is no point of order. Please, Minister, continue.

Mrs D'ATH: That was a factual reflection of the interjection from the regional parliament. I am happy to talk about the Palaszczuk government's commitments around specialist alcohol and drug treatment, and increased access to reduce the pressures on our emergency and frontline services, hospitals and other service sectors such as corrections, housing and child safety for helping people to address the underlying factors of substance dependence and harm.

Our government's commitment to deliver three new facilities with an investment of \$51 million responds to the identified need for better access to specialist bed based and intensive alcohol and drug treatment services in regional Queensland. The new services will support people living in Cairns and the Hinterland, West Moreton and Wide Bay Hospital and health services areas to access specialist treatment when they need help the most. Most importantly, these new services will also provide increased access to treatment and support for people living in nearby regions.

The nationally developed Drug and Alcohol Service Planning Model estimates demand for specialist alcohol and other drug treatment services. This model identified Cairns and Hinterland, West Moreton and Wide Bay as regions that are particularly suited for specialist, bed based rehabilitation services. This investment includes a new \$24.5 million, 45-bed residential rehabilitation facility in Ipswich for adults 18 years and over, including 35 residential rehabilitation beds and 10 withdrawal or more commonly known as detox beds. A funding of \$15 million has also been made for a 28-bed residential rehabilitation facility in Bundaberg for adults 18 years and over, including 20 residential rehabilitation beds and eight withdrawal beds.

An additional \$11½ million has been provided to fund a specialist service in Cairns designed for young people with a focus on Aboriginal and Torres Strait Islander young people, and includes a 10-bed residential rehabilitation facility. I know that that is absolutely welcomed by that community and it will be so important. This service will be designed and delivered in partnership with local providers and equipped to operate other treatment and support services such as day programs, intensive case management services and additional youth outreach services to meet locally identified need and demand. To ensure we get these new facilities right, we will engage proactively with key stakeholders and local community.

Planning for the establishment of the new facilities will commence in early 2021, led by the Department of Health, with hospital and health services, Aboriginal and Torres Strait Islander groups and agencies, local service providers and communities. Construction is expected to be completed in 2023, following all required approval, planning, design, procurement and other processes. Land and

buildings will be owned by the hospital and health service, and services will be delivered in partnership by specialist non-government organisation treatment providers under service agreements with Queensland Health.

In addition, these new facilities will support an additional 147 construction jobs over the life of the projects in these regional communities, demonstrating that our regional health budget is also a budget delivering jobs for Queenslanders.

CHAIR: There is a final question from the member for Pumicestone. We have four minutes, but we need to allow some time for wrap-up.

Ms KING: Minister, with reference to page 3-61 of the SDS, can you advise how Queenslanders are benefitting from the Palaszczuk government's Pharmacist UTI trial?

Mrs D'ATH: I can advise, Chair, at the end of providing my answer, I have some answers to questions taken on notice as well, so just let me know when you want me to pull up.

I thank the member for her question. I am proud that our government is working to improve access to medicines for the management of urinary tract infections through pharmacies. We all know women affected by UTIs and time is critical in treating those infections for those women. All women can get UTIs and, if not treated in time, women can end up in hospital. One in two women will experience a urinary tract infection in their lifetime and nearly one in three women will have a urinary tract infection needing treatment before the age of 24. If left untreated, a urinary tract infection can become a kidney infection, so it is important that treatment is given as early as possible.

Right now, thousands and thousands of women end up in our hospital emergency departments with UTIs. In fact, between 2016 and 2019 there has been an 8.3 per cent increase in women presenting at emergency departments with UTIs. If we can ease women's discomfort and prevent them from possibly ending up in hospital by making these common medicines readily available for them without a prescription at the pharmacy, then why wouldn't we?

Queensland Health has engaged a consortium led by the Queensland University of Technology to develop, implement and evaluate a statewide pilot of the provision of antibiotics for uncomplicated urinary tract infections by community pharmacists. The pilot has been well supported by community pharmacists and pharmacies. As at 30 October 2020, some 737 pharmacies had registered and 1,715 pharmacists had completed training and provided consent to participate in the pilot. Since the inception of the pilot, more than 1,200 women have accessed the service and received immediate advice, treatment and/or onward referral.

This trial has also been informed by a steering committee, including the Queensland branch of the Pharmacy Guild of Australia, the Queensland branch of the Pharmaceutical Society of Australia, the Pharmaceutical Board of Australia, the Queensland Nurses and Midwives' Union, consumer representatives from Health Consumers Queensland, an infectious disease physician and Queensland Health representatives.

Queensland's trial comes in the wake of other international jurisdictions examining this issue. While I will not pre-empt the findings of the trial, I must say that I think this is an exciting initiative. The Palaszczuk government is committed to ensuring that health care is as accessible as possible. If successful, the initiative will ease pressure on GP clinics and emergency departments, creating community-wide benefits.

Only the other day I was speaking to a pharmacist from a regional community who told me that she was seeing women seeking UTI medication in her pharmacy who had been referred to her by the local GP clinic. That spirit of cooperation and integration is a real positive for our health system. This trial is just another way we are making health care more accessible to Queensland women.

I will turn to some of the questions on notice. In terms of the question from the member for Mirani in relation to how much it cost to isolate a person who was transported from Blackwater to Rockhampton following COVID-19 concerns in Blackwater, I am advised that the partner of the Blackwater COVID-19 person was not isolated in Rockhampton. She self-isolated in Blackwater. There was no transporting of that individual.

In relation to the member for Mirani's question around the cost of statutory electrical and mechanical checks for all HHS for the 2019-20 financial year, I point out that the relevant legislation is the Electrical Safety Act 2002 and the Electrical Safety Regulation 2013. Under this legislation the HHSs have carried out statutory checks on electrical and mechanical equipment in accordance with

statutory maintenance task specifications. The lodged cost associated with these statutory checks for the financial year 2019-20 was \$7.015 million for electrical associated checks and \$4.067 million for mechanical associated checks.

Mr ANDREW: I think I asked for information on fines associated with statutory checks?

Mrs D'ATH: I will need to check. I do not have that written down as part of the question, but I am happy to go back and check the record for that, member for Mirani. In relation to the occupational violence data, I can advise that I have a breakdown of the reported data. I would seek to table that because I think we would be here for a period of time if I were to read that out by HHS.

CHAIR: Is leave granted? Leave is granted for that tabling.

Mrs D'ATH: For any further questions on notice still outstanding, if you could provide the required time frame to report back to the committee it would be appreciated.

I take this opportunity to thank all of those who go to work in our health system every day to make the lives of our fellow Queenslanders better. I would like to thank the director-general, Dr John Wakefield, and his leadership team for their management of the health system. I would also like to thank the chairs and board members of our hospital and health services, together with their executive teams, for their work to ensure the delivery of health services to their communities.

I would like to thank our doctors, nurses and allied health professionals—indeed every one of the more than 1000,000 people who work in our health system—for the diligent, professional and empathetic way in which they engage with their work. I would like to acknowledge my predecessor in this role, the Hon. Steven Miles, the Deputy Premier, the Hon. Cameron Dick, the Treasurer, and the staff in my office with whom I will share the next four years.


I would like to acknowledge our extraordinary Chief Health Officer, Dr Jeannette Young, for her calm, steadfast and decisive leadership during the pandemic. We have made her available for the last 4½ hours at the request of the opposition but there have been no questions of her. Queensland owes Dr Young and her team an unrepayable debt. Dr Young, quite simply we could not have done it without you and we cannot continue to do it without you.

Thank you to the five million Queenslanders who have and continue to put their trust in the health advice and for all doing their part in keeping us safe, along with all the businesses, community groups and organisations. Where we are in Queensland compared to globally is not a matter of luck. It is down to leadership. I personally want to thank the Premier for her leadership and the Chief Health Officer for leading the way and keeping us safe. There are many media and professional reports and much commentary around the world that says where countries have got it right—and Australia is praised for the way we have handled the pandemic—it is because the politicians have listened to the health professionals and acted on their advice. Where they do not and where they get it so horribly wrong we see the consequences around the globe.

Estimates hearings are a critical element of the processes for which we hold governments to account for the expenditure of public money. I thank the committee for its work, including during this hearing. I affirm my commitment to work constructively with the committee over the coming term as we continue to deliver world-class health services to the people of Queensland. I also want to acknowledge the efforts of the health service chief executives and CEOs of the health statutory agencies and the department's executive leadership team and their support teams.

CHAIR: Thank you very much, Minister. I am sure members of the committee would also like to put on record our thanks to the Chief Health Officer for being available this morning and for the outstanding job she has done for Queensland. We require any further questions on notice to be back to the committee by Monday 10 am, if that is possible. We will break now and return at 12.30 pm to hear from one of my favourite subjects, the Queensland Ambulance Service.

Proceedings suspended from 12.15 pm to 12.30 pm.

 **CHAIR:** Welcome back, Minister and officials from the Queensland Ambulance Service. Welcome, Commissioner Bowles. The committee will now examine the proposed expenditure for ambulance services until 1.30 pm. I ask the minister to make an opening statement.

Mrs D'ATH: I will start by acknowledging the hardworking Queensland Ambulance Service staff. In doing so, the work they do can be challenging, and sometimes I am sure it is heartbreaking. For the most part, I know it is rewarding. This government's strong investment in ambulance services has been growing since we were first elected in 2015, with year-on-year record budgets for the Queensland Ambulance Service. The current budget includes a \$933.9 million operating budget for the Queensland Ambulance Service, an increase of \$48.1 million, or 5.4 per cent, on the previous year.

Last financial year the Queensland Ambulance Service received 919,136 triple 0 calls. This is a 6.2 per cent increase on the previous year, yet 91.2 per cent of those calls were answered in under 10 seconds. From 301 response locations across the state, the Queensland Ambulance Service responded to 885,517 code 1 and code 2 incidents in 2019-20. That is up 37,551 on the previous financial year.

The Queensland Ambulance Service attended 417,677 lights and sirens code 1 incidents for sick and injured emergency patients in 2019-20. That is up 4.2 per cent on the previous year. Code 1A incidents, the most serious emergencies such as cardiac arrest and major trauma, are also on the rise. In 2019-20, code 1A incidents increased 13 per cent on the previous financial year. Despite that increase in demand, in 2019-20 our officers reached those critical patients well within their targets. The 2020-21 budget will continue to support this high level of service.

The Queensland Ambulance Service is no longer a service of only paramedics, emergency medical dispatchers and patient transport officers. The QAS is now made up of a widening scope of health professionals. There are the doctors who work with our paramedics as part of the High Acuity Response Unit. There are the specialist pharmacists who manage drug compliance and a clinical nurse consultant to enforce infection control and infectious disease prevention measures. Then there are the senior mental health clinicians who support paramedics, dispatchers and supervisors when patients are experiencing a mental health crisis.

It is because of the Palaszczuk government's investment and the integration of frontline services within our health system that these services exist. This has provided better health outcomes and pathways for patients taking pressure off hospital emergency departments. Everyone will at some point in their life need an ambulance service or know someone who did. In fact, I did in May as I lay on the footpath in my community with a broken hand, a smashed up face and shoulder and in excruciating pain. I acknowledge the wonderful female paramedics who came to my rescue and transported me to the Redcliffe Hospital and the great service that I got at the hospital when I arrived. I know there are many, many more urgent matters than a few broken fingers, but I really do want to thank them for the care they provided. They had no idea who they were looking after until they asked my name.

The Palaszczuk government continues to invest in this evolving and excellent service for Queensland's growing and ageing population. I want to thank all of the QAS staff for their service to Queenslanders. I look forward to sharing more details in response to the committee's questions.

Before I do, Chair, I wish to make a correction. I did say that the Chief Health Officer was here for 4½ hours. I should correct the record: she was only here for three hours but still did not get asked a question by the opposition. I am happy to take any questions.

CHAIR: Before we move to non-government questions, I will declare that as an employee, unpaid, with the Queensland Ambulance Service—I am connected as an honorary ambulance officer with the Kirwan station—I am very proud to be associated with them after working 25 years full-time, and I have declared in the House my registration through AHPRA. As normal, I will always acknowledge the outstanding work our Ambulance Service staff—no matter whether they are in communications or on-road paramedics. I thank everyone who makes the Ambulance Service continue to tick 365 days a year. We thank them for the important role they played during COVID-19. I will move to questions from the opposition.

Ms BATES: My first question is to the director-general. Can the director-general advise the cost of the investigation report undertaken by consultants into the North Rockhampton Nursing Centre?

CHAIR: Can you repeat the question?

Ms BATES: Can the director-general advise the cost of the investigation report undertaken by consultants into the North Rockhampton Nursing Centre?

Mrs D'ATH: Chair, can I ask how this is related to the Queensland Ambulance Service part of the budget?

CHAIR: I will rule on relevance under standing order 181.

Ms BATES: Chair—

CHAIR: Please let me finish, member for Mudgeeraba. We are here for this period to talk about the Queensland Ambulance Service. I would ask you to move to a question directly relevant to the Queensland Ambulance Service.

Ms BATES: With all due respect, Chair, I believe there was a ruling on this.

CHAIR: There has been no ruling.

Ms BATES: The minister is the Minister for Health and Ambulance Services. The director-general is also the director-general of health. This section is to do with ambulance services and health. I believe there is a letter from the Clerk that stipulates that these types of questions can be asked and answered in this session.

CHAIR: We are in your time. I will take some advice. I have taken some advice. I will rule that particular question out of order due to the fact that the House has determined the times and portfolios. The Clerk, whilst we welcome his advice, cannot change rulings that are made in the House. I would prefer to stick with the area of the Queensland Ambulance Service, member for Mudgeeraba. I have made a ruling.

Mr MOLHOEK: I raise a point of order, Chair.

CHAIR: This is your time to ask important questions of the Queensland Ambulance Service.

Mr MOLHOEK: There is a previous ruling by the Speaker that if the director-general and the health minister are before the committee then the committee is allowed to ask any questions they like of them regardless of the specifics of the time allocated.

CHAIR: This is your time that we are wasting—now three minutes. We have set times in the House to ask questions about the Queensland Ambulance Service. I am ruling as chair that we get on with it.

Ms BATES: My next question is to the minister. Will the minister apologise to the poor nurse who was falsely accused of starting a COVID outbreak in Blackwater and made a scapegoat in the media?

Mrs D'ATH: Again, the parliament determined the schedule for these committee hearings, unlike previous processes where the committee decided that. The fact is that the parliament did determine that this time was set aside for the Queensland Ambulance Service, but I am happy to go to the particular issue that the member has raised.

Those details were first raised, as we know, in the media from unknown sources. I say that because it was not the government who put the issues in relation to this individual out there. As I said right at the beginning—I think it was the first comment I made in the committee hearing today—we do not comment on individual cases.

On 14 May we know that a staff member from the North Rockhampton nursing home tested positive for COVID-19. Unfortunately, it was identified that the staff member had worked at the facility while awaiting test results. An investigation looked into what happened, why it happened and what could be done to prevent a similar occurrence happening again, including both the actions of the staff member and the immediate response from the Central Queensland Hospital and Health Service to the situation. The investigation found that the CQHHS worked extremely well and conscientiously to manage the outbreak.

I would say that I am not going to talk about the individual's particular circumstances. It was not released by government. It was an unknown source, and government and any comments that were made at the time were in direct—

Ms BATES: By the Minister for Health.

Mrs D'ATH:—response to the comments that were being made and put out there by the media at the time. I do not think that we should be utilising these—

Ms BATES: Even though the nurse—

CHAIR: Member for Mudgeeraba, I will remind you that you have already been warned.

Ms BATES: I will move on. The answer is no. My next question is to Commissioner Bowles. Can the commissioner provide the number of acts of aggression against paramedics in 2019-20 and how this compares to previous years?

Mrs D'ATH: I am happy for the commissioner to answer that question. He is not a chief executive listed on the list, but I am happy for the commissioner to address that.

Commissioner Bowles: The actual number of deliberate physical attacks on paramedics for the 2019-20 financial year was 269. That is up from previous years. If you go back to 2015-16 it was 238.

What I would like to say about the numbers is that one assault on a paramedic or any worker in the healthcare system or anywhere would be one too many. As you might know, at the moment we are doing a campaign through social media about respectable interaction with our communications workers, because they talk to people at the most difficult time of their lives. Often, it is the first time they have ever actually called the ambulance service. We would just ask the community to respect our people. They are out there, they are trying to help you and they are trying to do the right thing.

Ms BATES: Can the commissioner also provide the cost to QAS for WorkCover claims that have arisen from these serious injuries?

Commissioner Bowles: Our total premium for WorkCover is all aggregated into an annual premium, which I will come to, but I would like to make a couple of comments. As you would be aware, there is an industry rate for the type of business that you are in, and the industry rate for ambulance services nationally is 2.114. The lower the premium rate is the better the premium is, but also the better the performance in this type of space. If you take the overall industry premium rate at 2.114, the Queensland Ambulance Service premium rate is 1.325. That has been a significant improvement over the years, and it is about the way in which we respectfully manage our people when they are injured. We just continue to work with them.

Ms BATES: Commissioner, is there a way that you can bring out just the serious injuries from that aggregate figure for WorkCover? Do you collect that data?

Commissioner Bowles: Once the claim is accepted by WorkCover, then we accept how many lost-time injuries there has been as a result of that. Overwhelmingly the lost-time injuries that we do have as a result of assaults on paramedics are one to two days in the main, but out of that number of 269 there has only been—and when I say ‘only’, one is one too many—16 lost-time injuries as a result of assaults on paramedics.

Ms BATES: How many QAS officers medically retired from the service in 2019-20 and how does that compare to previous years?

Commissioner Bowles: A little bit less. Off the top of my head, I think the number in 2019-20 is two, but I will just confirm that. Obviously, we are an organisation of about 5,000 people. When someone becomes incapacitated in some way we do not just say, ‘We have no place for you anymore.’ As an organisation, we like to think that we take a very caring and respectful approach to our staff when they are injured at work. We would obviously like to find them something else they can do within the workplace. One of the things I do know about our staff is that they are very talented. They work in all different spaces and at all different times and they are very deployable. We would much rather keep the experience in the organisation and use it for the betterment of non-clinical care.

Ms BATES: Page 9 of the QAS annual report on out-of-hospital cardiac arrests in Queensland provided that, of all resuscitation attempts on patients, tragically 58.3 per cent were not transported to hospital because they died at the scene. What support is provided to QAS officers as a result of these and similarly tragic events that workers are exposed to?

Commissioner Bowles: We have a system called Priority One. It is an employee assistance scheme. It was introduced into the Ambulance Service in 1991, and it has been reviewed and is constantly reviewed on a 10-yearly basis. More importantly, it is a multilevel system. We do know that not only do paramedics care for patients but they care for each other. We have a peer network that is educated and trained in looking after each other in emotional first aid, I suppose you would call it. Obviously, not all issues are work related in the workplace, so we have quite a broad spectrum on how we look after our people. That is the first level of the approach.

The next level is that we have a counselling service. Around the state we have contracted about 110 counsellors who provide services to paramedics, all frontline staff and any employee of the organisation. We encourage our people to use that service, even if it is sometimes just for a check-up because you are not feeling well. With your background, Member, you would know what that means to a frontline service delivery person. Then we have a small body of psychologists that are also employed directly by the ambulance service. Fortunately, in the 2019-20 financial year we employed another eight psychologists into the organisation to provide care to employees in what is a very difficult job. Going back to your first question about assaults on paramedics, they do not come to work to be assaulted. Not only are there physical injuries but there can also be mental injuries.

Ms BATES: It probably got worse during COVID, I would imagine. Commissioner, obviously with the impacts of COVID there would have been a significant decline in ambulance ramping; however, I understand that the problem is back to the same levels, if not higher. Were performance targets met for the months of October and November 2020?

Commissioner Bowles: The first thing I will say is that the relationship between the HHS emergency department staff and the Ambulance Service staff is second to none. We work together each and every day to deliver services. There is one bit of the question I just want to understand. Was it declared that we should have had less ramping during the pandemic?

Ms BATES: No. I was saying about your performance targets, which I presume are back to normal now that the pandemic has passed—as in I mean from the very start. The reason I am asking, if you would give me some latitude, Chair, in context is that I know that the number of presentations into EDs dropped by half during COVID and they are now back up to above COVID levels. I was just wondering whether the same thing is happening with ramping and when is the QAS going to begin publishing the monthly statistics.

Commissioner Bowles: Our 2019-20 data is published and on our website. Can I just talk about the premise around ramping, and you would be aware of this. Ambulance paramedics became the 15th registered health body nationally and that happened in 2018. As you would be aware, we have been on a clinical journey now for a long time. What a paramedic did 10 years ago compared to what a paramedic does now is very, very different and it is much more complex. To complicate that, the patients which we respond to these days are much more complicated patients than when I was on road.

Handover times are going to increase—just by their nature. With every patient you hand over who has been a critical patient, we basically do a discharge summary to the hospital—‘Here is the patient. Here is what was wrong with them.’ They are much further along the clinical spectrum now than what they were five years ago and what they were 10 years ago. The handover has to actually accompany that. It has to be appropriate to the patient’s needs. What I will say is that for the period that you are referring to—and as you know we like to get each patient off within 30 minutes—I believe the average off stretcher for that period was 29 minutes.

Ms BATES: Thank you. Can the commissioner advise the level of qualified paramedics who are recruited as new recruits, compared with new graduates? By ‘qualified’, I mean paramedics who have had previous work experience.

Commissioner Bowles: Yes, I can. One of the things I would really like to say here is that this is a balance. When you are an organisation that people want to work for, this becomes really, really hard. I will just give you some metric around that so you understand the delicate balancing act that we have to do as an organisation to make sure we meet the needs of the organisation foremost but also those people who want to come and work for us.

In the last graduate recruitment call, we had 1,280 graduate intern applications for that period. That is a lot of graduates. The other part of that which you refer to is this other pool of qualified paramedics who have come back to Queensland for whatever reason or who left the organisation previously and are trying to come back to the organisation. We have 907 of those people trying to come back into the organisation. If you think about it, that is 1,280 graduate interns and 907 qualified people who sit wanting to come back into the organisation. Then the complicating factor—and this is right across the organisation, which includes the support services and everything else—is that our attrition rate is 1.6 per cent. We do not have a lot of people leaving our system. Our clinical attrition is somewhere just above one per cent, so it is very few people. In fact, I think for the whole year last year 79 people left an organisation of 5,000-odd people.

Ms BATES: You obviously look after your people, Commissioner, and that is great. I might ask a follow-up question to the minister. Minister, one of the election commitments was obviously to increase frontline services. For those former paramedics who are hoping to get a job—the 907 of them—how is that going to occur with the attrition rate of only 79 people leaving the department?

Mrs D’ATH: I thank the member for her question. The commitment we have made for additional paramedics is not to replace ones who are leaving but to add to the complement of paramedics.

Ms BATES: I am sure the 907 who are waiting would be really happy to hear that, Minister, and I am sure they would like to be considered. Commissioner, thank you.

CHAIR: Thank you, member for Mudgeeraba. We will move to a question from the member for Mirani.

Mr ANDREW: Through the minister, thank you, Commissioner Bowles, for all you have done and all your people do for my electorate. There are some very wild stretches of road in my area and a lot of people get saved by your people, so thank you. I have a question about Marian and Eton and the long response times to get there. Are there any budgetary plans to install a station or a precinct there to service these areas?

Commissioner Bowles: I suppose I will answer that in that whole area. The first thing I would like to say is that it was four medical retirements last year and two the previous year. Sorry for that.

That area as you get inland from Mackay does create some challenges but it does have a very low workload. We do own a block of land at Marian that was bought for future years. There are lots of these spots around the state which we monitor and ask when is the appropriate time. We use modelling

tools that look at the workload and tell us where the best place to locate our stations is and where the best place to put our staff is. We have invested heavily in that technology over the time. We will continue to monitor that Marian area. As I say, we have the staff there.

In the 2019-20 financial year, we put 18 additional staff into the Mackay LASN. Mackay North is one of the closest places, along with Finch Hatton. I have a pretty good knowledge of this because I was the assistant commissioner for the Mackay-Rockhampton-Gladstone area in a previous life. For that Mackay North area, we put an additional six paramedics into the 2019-20 financial year. That does help us bridge that time going into the future of when is the most appropriate time. As I said, we have the land but we believe the best bang at the moment is where we are.

As you would be aware too, a lot of our stations come about due to historical reasons and they are where they are for those reasons. Finch Hatton just up the road—which is really well placed, by the way, because you can get up to Eungella and all the different parts of that world—was built originally for a sawmill. The sawmill is no longer there, but fortunately the tourists have taken over up in the hills and it is still in a good spot. We continue to look at it, work with it and just see.

Mr ANDREW: I have one other quick question. Kevin Elliott from St Lawrence has done amazing voluntary service for over 50 years on that stretch of road on the Bruce Highway. He is looking to retire. The good people of that area are very concerned about who is going to replace him and how we can replace him. I was hoping there may be something in the budget to be able to look at doing something with that.

Commissioner Bowles: First of all, can I acknowledge Kevin Elliott. I started as a cadet in Rockhampton in 1981 and there was no station at Marlborough in those days. Kevin Elliott has been providing services in St Lawrence since 1975.

Mr ANDREW: He is a great man.

Commissioner Bowles: He is a tremendous man, and he has done a lot for our service over many, many years. We know that he is going to retire. We do not do many cases out of that area, thank God, because of road upgrades. When we do it, the station up above it can come down and Marlborough can go up.

Around that area, we do roughly fewer than one case a week. The local area director—and I believe the member knows Jamie—James Cunington—is trying to find first responders to replace Kevin around that area, but I do not know if we ever will replace Kev, to be honest. He is an icon. As I say, we will try and find a volunteer-type system to augment Carmila to the north and Marlborough to the south.

Mr ANDREW: Much appreciated.

Mr Bowles: Thank you for recognising him, because he is a very good person.

CHAIR: Thank you, Commissioner. We will move to government questions. Can the Minister outline how Queenslanders will benefit from planned capital projects to upgrade and build new ambulance stations across Queensland?

Mrs D'ATH: Thank you, Chair. Supporting our frontline services is a priority for the Palaszczuk government. For the short period that I have had the opportunity of working with the Queensland Ambulance Service Commissioner, I can speak of his passion—and we heard that today. I thank him for his passion and the great work that he does. As I said earlier, the Queensland Ambulance Service has a budget of \$989.7 million, an increase of \$48 million from last year. This funding will allow our paramedics, emergency medical despatchers, patient transport officers and Public Service employees to concentrate on what they do best—looking after the people of Queensland and our visitors.

I am advised that \$26 million will be allocated this financial year for new and replacement vehicles and state-of-the-art power stretchers that provide an enhanced work platform for paramedics and patient transport officers. This also includes 135 new and replacement vehicles. I have seen how those state-of-the-art power stretchers work. They are just extraordinary. When we think back to what paramedics used to do so many years ago—and the physical work involved—knowing that we are making a safer workplace as well as making it better for the patients is a great thing.

The government has also committed a \$31 million investment in new and replacement ambulance stations to ensure our communities and paramedics are well resourced, supported and funded. The population growth areas of Ripley in the south-east and Burdell in the northern suburbs of Townsville will see \$11 million invested, with the new stations providing additional, around-the-clock ambulance services for their communities. The member for Ipswich, Jennifer Howard, has been an

incredibly strong advocate for her community in identifying the need for additional ambulance resources in Ripley. As a result, a brand-new, \$5 million, 24-hour ambulance station will be delivered by the Palaszczuk government for the people of Ripley and surrounds. I thank the member for her work on this.

The member for Townsville and the Minister for Resources, Scott Stewart, along with yourself, Chair, know only too well the needs of the Greater Townsville area. The Palaszczuk government has listened to your keen advocacy for the communities just to the north of you. We will be delivering a \$6 million, around-the-clock ambulance station at Burdell to support those communities and surrounds. This is a government that delivers for all Queenslanders.

When it comes to health infrastructure, the Palaszczuk government is about futureproofing our communities. The newly elected member for Caloundra, Jason Hunt, will be well aware of the importance of future planning for his growing community. Having this additional ambulance resource on the ground in Caloundra South is part of the Palaszczuk government's health infrastructure plan which will see \$5.5 million invested in a state-of-the-art, 24/7 ambulance station supporting Caloundra South and the surrounding Sunshine Coast communities. Petrie will receive a \$5 million replacement ambulance station that will create construction jobs and allow for future growth and expansion of ambulance services.

A new ambulance station will be built in the member for Morayfield, Minister for Police and Corrective Services, Minister Mark Ryan's electorate, bringing enhanced ambulance resources to Brisbane's north at a cost of \$4 million which will see an additional 24/7 ambulance presence on the ground across Brisbane's north.

The Rockhampton station will be replaced by a \$5.5 million new ambulance station for which the members for Rockhampton and Keppel advocated. This new station will be relocated to assist with the construction of the Rockhampton Ring Road project and will not only be able to cater for existing staff resources but be constructed in a manner to allow expansion and future growth of services. With the construction nearing finalisation, the first ambulance is due to roll out of the new Urraween station in the New Year. This \$3.2 million project will be a great asset to the Wide Bay community, supporting the growing communities represented by the member for Hervey Bay, Adrian Tantari, and the member for Maryborough, Bruce Saunders. It will comprise a six-bay plant room, office space, day room, patient care store, rest-study rooms, write-up area, training space, staff amenities and car parking for operational and staff vehicles. The existing Hervey Bay ambulance station will remain operational with this additional ambulance station providing growth capacity to meet the increasing demand for services in the area. As a government, we will continue to fund, resource and provide our Ambulance Service the support it needs to continue to excel. I know that the Chair is looking very much to his local one opening in the very near future.

CHAIR: Thank you, Minister.

Mr BLEIJIE: A point of order.

CHAIR: If I could just finish, member for Kawana?

Mr BLEIJIE: No, I had—

CHAIR: If I could just finish, member for Kawana? Thank you very much, Minister, for your response. I do thank and acknowledge the former health minister and the Treasurer for the \$5 million funded for Kirwan Ambulance Station in my electorate. Staff recently moved into that. We look forward to the official opening.

I note that the member for Kawana has joined the table. I welcome him. I hope he has a question in relation to the Queensland Ambulance Service. He has raised a point of order. What is the point of order?

Mr BLEIJIE: The point of order is a procedural matter, Mr Chair. I have been listening to these proceedings and I want to draw your attention to the question before this committee that you, Mr Chair, proposed when you started the estimates process today; that is, pursuant to standing order 180(1)(b) and you put the question to this committee: 'that the proposed expenditure be agreed to'. That is the question before this committee, Mr Chair.

CHAIR: Yes.

Mr BLEIJIE: And that is the entirety of the expenditure for this portfolio. It has been ruled previously—and this debate was had yesterday—that the Minister and the director-general are able to answer questions, despite what the committee or the House said. But the question before this

committee that we are debating right now is: 'that the proposed expenditure be agreed to'. It is not limited for the minister to say this section is just ambulance-related. I point this out to you, Mr Chair, in a procedural matter that your ruling before, I believe, is wrong, because you put before this committee the question that the entire expenditure be agreed to. Therefore, members on this committee or visiting members shall be able to put questions to the Minister-

CHAIR: It is not the opportunity for a speech.

Mr BLEIJIE:— not just an ambulance-related question in this part of the portfolio expenditure committee.

CHAIR: I note your point of order, member for Kawana. It is not the chance for lengthy speeches. The House did determine the times that we would have departments in front of us. Our committee—and I will not talk about private committee meetings or about what was discussed—knows that it is around the expenditure broadly. The Queensland Ambulance Service are in front of us for just 22 more minutes. I ask that the government continue its questioning. The opposition will have time for further questions in about 10 or 15 minutes. Can we continue our—

Mr BLEIJIE: Chair, with respect you did not answer my point of order.

CHAIR: I will respond to you. You can write to the committee if you want and to move dissent on my ruling. But I suggest now, with the critical time we have left in front of us, we move to finish this.

Mr BLEIJIE: I suggest you do what you instructed the committee to do, that is, to look at the expenditure for the entire committee, Mr Chair.

CHAIR: Thank you. I am not getting into this here. We have had a very good morning, thank you member for Kawana. I am asking the member for Pumicestone for the next question, please.

Ms KING: Thank you, Chair.

Mr BLEIJIE: So it will be noted, Mr Chair, that the protection of the Minister continues.

Ms KING: My question is to the Minister, if I may, member?

Mr BLEIJIE: No, you may not.

Ms KING: Thank you, Minister. With reference to page 3-81 of the SDS, can the Minister outline what ambulance investments are being made in the Pumicestone electorate?

Mrs D'ATH: Thank you for your question. The member for Pumicestone will be pleased to know that critical care paramedics began operating out of Caboolture this week on interim staffing levels, with recruitment to full capacity next year. There will be four full-time, critical care paramedics assigned to the Caboolture critical paramedic pod, with a recurrent investment of more than \$400,000, and a new critical care, rapid response vehicle at \$104,000.

Chair, as a former critical care paramedic you know only too well the benefits this will bring to the community. Critical care paramedics are regularly called upon to assist and complement our advanced care paramedics in some of the most critical of cases, including cardiac arrest and serious road trauma. Critical care paramedics are experienced paramedics who have undertaken additional studies along with their internship with an experienced critical care mentor under the guidance of the Queensland ambulance medical director. Upon completion of their training, critical care paramedics will have additional patient assessment and clinical decision-making skills, along with additional medications and clinical procedures such as intubation, where a breathing tube is placed in the throat of a patient. The critical care paramedic can also give injections where medications can be delivered via the bone marrow when intravenous access is not available and undertake cardiac pacing, which allows critical care paramedics to temporarily conduct pacing to a patient's heart. They also can administer amiodarone, which is a medication that assists the rhythm of the heart, and ketamine, which is a pain reliever and an anaesthetic agent effective in serious cases of trauma. These are just a few of the additional skills and medications that critical care paramedics have in their clinical scope.

As the committee heard earlier, Bribie Island is part of the Palaszczuk government's \$265 million commitment in the satellite hospitals program. Bribie Island residents and visitors regularly make the trip to Caboolture Hospital to seek treatment. This is the same 20-kilometre trip that local Bribie Island ambulance staff have to make to Caboolture with patients. When the satellite hospital is opened on Bribie Island it is likely to deliver direct benefits to the ambulance responses on the island, saving patient delivery time frames. For example, in the past 12 months Queensland Ambulance Service attended to 3,107 code 2 responses on Bribie Island. Code 2 responses are ambulance responses to incidents that can be of a non-life-threatening nature. These are the types of responses that may be taken to a satellite

hospital. In fact, some code 1 responses will also be suitable for care at a satellite hospital. These are exciting times in the health infrastructure space, and it is only the Palaszczuk government that continually delivers innovative health solutions such as satellite hospitals.

Ms PEASE: Minister, with reference to page 3-81 of the SDS, can you please outline how the Queensland Ambulance Service is supporting mental health through the mental health co-responder program?

Mrs D'ATH: I thank the member for Lytton for her question. The Queensland Ambulance Service plays a key role in responding to people experiencing a mental health crisis. The Queensland Ambulance Service in the financial year 2019-20 responded to over 60,000 people experiencing a mental health crisis. That is on average 164 Queenslanders each and every day. The Queensland Ambulance Service has adopted a twofold approach to assisting Queenslanders suffering a mental health crisis. The first element is the mental health liaison service. The service involves senior mental health clinicians working in the Brisbane operations centre 16 hours a day, seven days a week. The mental health liaison clinicians speak to patients directly to provide verbal de-escalation, obtain clinical information, facilitate linkages with treating mental health teams and inform clinical decision-making of paramedics. They also give clinical advice and support to the attending paramedics as well as emergency medical dispatchers and supervisors. I just want to say how great it was to go out to Kedron recently to see that in practice and meet some of those amazing workers.

The mental health liaison service provides assistance to approximately 50 per cent of the mental health cases received by the Queensland Ambulance Service via triple 0. After a year of operation it was evident that this service was an integral part of how the Queensland Ambulance Service responds to people experiencing a mental health crisis in the prehospital context. In early 2021 its hours of operation will be extended to 24 hours a day, seven days a week.

This service is augmented by the mental health co-responder program, which is a collaboration between the Queensland Ambulance Service and participating hospital and health services. Under this program a senior mental health clinician attends a call-out in person, along with the ambulance team. The co-responders undertake a physical mental health assessment of the patient and implement an appropriate treatment plan.

An evaluation of the Queensland Ambulance Service mental health co-responder pilot undertaken in March this year found that in the first eight months of the program operating, over 1,000 cases were completed involving a patient experiencing a mental health crisis. In 70 per cent of these cases the mental health co-responder provided the first response, and 63 per cent of those patients assisted by the co-responder teams were able to stay at home. They were able to stay at home instead of being taken to hospital, thanks to the individually tailored assessment and interventions provided by the team. I think this is an amazing initiative that is already showing incredible results—not just taking pressure off our Ambulance Service but, more importantly, keeping people out of hospitals and able to stay at home.

The Queensland Ambulance Service's mental health co-responders commenced the pilot program in the West Moreton and Metro South local ambulance service networks in July 2019. By August 2020 it was operating 10 hours per day, seven days per week in West Moreton, Metro South, Gold Coast, Metro North, Townsville and Cairns, and in November 2020 our government provided funding for a mental health co-responder on the Sunshine Coast. This is a great example of innovation in service delivery—an effective collaboration between our Ambulance Service and our hospital and health services—to provide the right kind of health service at the right place at the right time for people experiencing a mental health crisis.

Ms PEASE: I should have begun my question to you by acknowledging the great work of the QAS. I particularly acknowledge Tony King, who retired just recently, who was an outstanding paramedic from my electorate. Thank you.

Ms KING: Minister, with reference to page 3-81 of the SDS, can you explain how the Queensland Ambulance Service is supporting the Palaszczuk government's response to the COVID-19 pandemic?

Mrs D'ATH: I thank the member for her question. The Queensland Ambulance Service, now more than ever, is part of Queensland's overall health solution. Paramedics, emergency medical dispatchers, patient transport officers and public sector workers have been involved from the outset with Queensland's overall COVID-19 response. There is no better example of this than the agility and expertise shown by the Queensland Ambulance Service in facilitating a COVID-19 fever clinic in Redbank Plains between 14 and 17 September this year.

On 14 September 2020 the Queensland Ambulance Service received a request from the State Health Emergency Coordination Centre for a COVID-19 fever clinic to be established in the Brisbane western suburbs. The district disaster management group provided a suitable location at Redbank Plains, and the clinic was operational and commenced the testing of members of the community on the same day. The clinic was established to assist Queensland Health and the West Moreton Hospital and Health Service with the testing of members of the community in the Brisbane western suburbs. All staff assigned to the COVID-19 fever clinic had undertaken specific training and were supported by operational managers and a dedicated infection control nurse.

The Queensland Ambulance Service deployed 35 trained staff during the clinic's operation. Over the period of operation, 754 members of the community were tested by Queensland ambulance paramedics. All 754 community members tested at the clinic returned a negative result. The first full day of testing resulted in 363 community members being tested by paramedics. This was a credit to the community and its commitment to seeing all Queenslanders safe. We remember the anxiety at that time, and the need to pop up fever clinics very quickly, to make sure we could identify any positive cases in the community and control a cluster. The Queensland Ambulance Service transported two community members from the clinic to a local emergency department due to the persons presenting with an acute illness. These community members were attended to by paramedics on site and tested prior to transport.

The Queensland Ambulance Service has trained several staff across the state to undertake COVID-19 swab testing, including ready-to-deploy caches with associated logistical support to establish fever clinics. A total of 140 Queensland ambulance staff are now trained in testing, clinical assistance and administration and are at the ready for any further need for pop-up fever clinics in the community. It just shows what a coordinated effort it is to manage this ongoing COVID pandemic that we are dealing with today in Queensland.

CHAIR: With reference to Budget Paper 3, with the continuing commitment and support of our ambulance staff, can the minister advise of the recently completed ambulance station capital projects?

Mrs D'ATH: Thank you, Chair. I know that Kirwan Ambulance Station is very near and dear to your heart. You have been a consistent advocate for not only this important project but also health infrastructure across the board, and I thank you for that. I am pleased that you are still chair of this committee for this parliamentary term.

Having spent much of your ambulance career at Kirwan station, you must be proud to see it evolve. Kirwan is a station that was originally designed for one paramedic. With this upgrade, it will house 56 ambulance staff. It will also include room for future expansion. There will be one officer in charge, 48 paramedics, five local area assessment and referral paramedics and two Indigenous ambulance cadets. With the expansion, the station now comfortably accommodates seven Mercedes Sprinter emergency ambulances, one Toyota four-wheel drive Troop Carrier emergency ambulance and two local area assessment and referral vehicles along with eight additional paramedics. This is a boost not only for the people of Thuringowa but greater Townsville. This is a great achievement considering that the LNP's solution to expansion at Kirwan station was to raise the height of the roof. We have come a long way.

Other new ambulance stations we have delivered include Urraween, which I mentioned earlier. That will have a six-bay plant room, office space, day room, patient care store, rest/study rooms, write-up area, training space, staff amenities and car parking for operational and staff vehicles. At Yarrabilba the new ambulance station includes a six-bay plant room, patient care store, office space, day room, a write-up area, multipurpose rest/study rooms that can also be used as training space and associated staff amenities. Like Yarrabilba, the new ambulance station at Munruben includes a six-bay plant room, patient care store, office space, day room, a write-up area, multipurpose rest/study rooms that can also be used as training space and associated staff amenities. The new ambulance station at Drayton includes a four-bay plant room, patient care store, rest/study rooms that are multifunctional and can be used as training space, write-up area, staff amenities and operational and staff car parking. This includes the Local Ambulance Service Networks office space. The replacement Mareeba Ambulance Station will include a four-bay plant room, patient care store, office space, day room, write-up area, multifunctional rest and study rooms that can also be used for training space and associated staff amenities.

It is wonderful to see that our highly experienced paramedics, either new or those who have been there for some time, are getting these state-of-the-art new facilities as well. We know that it makes a better workplace to be able to operate in those facilities that are purpose built. They were purpose built

at the time many years ago, but not all of them are suitable for what the needs are of communities, particularly growing communities. Given the multifaceted parts of the Queensland Ambulance Service that I talked about before, we are making sure that we are factoring that into our new designs as well.

CHAIR: Thank you very much. We will go to any supplementary questions. First off, member for Mirani, do you have any?

Mr ANDREW: Not at this stage, Chair; thank you.

CHAIR: Okay. I will move to the member for Mudgeeraba.

Ms BATES: Minister, to avoid wasting valuable funding for paramedic services, can the minister rule out renaming any hospitals this term?

CHAIR: Well, member for Mudgeeraba—

Ms BATES: That is a question to the minister.

Mrs D'ATH: I am not aware of any proposals to rename any hospitals.

Ms BATES: Thank you, Minister. Can the minister advise a date when full regional maternity services will be restored to Chinchilla and Theodore hospitals so that women are not transferred by the QAS and avoid birthing on the Warrego Highway?

Mrs D'ATH: I thank the member for her question. Regional and remote maternity services are very important. We all understand the need to ensure that all women have a safe place to give birth in Queensland no matter where you live. I want to be clear that this government is not centralising services and we do not intend to in the future. In fact, the Palaszczuk government has already reopened birthing in Cooktown in 2015 and Ingham in 2016 and we have announced that soon birthing will begin in Weipa and Cloncurry.

The Rural Maternity Taskforce, which the previous health minister established in August 2018 and completed its work in June 2019, delivered a report into what factors play a role in influencing birthing outcomes for women and babies in Queensland's rural and remote communities. The report outlines six recommendations which the government has accepted in their entirety. The task force also developed a rural and remote maternity services planning framework that will support health services in the planning, review and development of rural and remote maternity services.

In addition, we have committed to funding a \$500,000 trial to support rural and remote clinicians to spend part of the year in regional or metropolitan services to maintain their skills. Health services that would like to reduce or change maternity services now require ministerial approval to do so. The planning framework is being piloted at the four rural sites of Weipa, Cloncurry, Theodore and Bowen to review maternity services. The progress of the pilot of the planning framework has been impacted by COVID-19 response requirements. However, the sites are currently in the process of resuming this work. Health services have been requested to review rural and remote maternity services by June 2021 using this planning framework. Due to the impact COVID-19 has had on resourcing within our health services, this has been preliminarily extended until 31 December 2021.

A new group of the Rural Maternity Implementation Oversight Committee has been formed and is comprised of clinicians, health executives and consumer representatives. The oversight committee is co-chaired by Lisa Davies Jones, Chief Executive of the Mackay Hospital and Health Service, and Professor Rebecca Kimble, Medical Lead, Quality Improvement, Clinical Excellence Queensland. The oversight committee has been meeting regularly since September 2019 and has developed an implementation plan to address the recommendations and commitments made by the task force—

Ms BATES: Thanks, Minister, but can I just check about Chinchilla.

Mrs D'ATH: In relation to Chinchilla specifically, midwifery group practice—I am sure the member is interested in the more remote as well.

Ms BATES: Yes, thank you; yes, I am.

Mrs D'ATH: Following extensive consultation, a midwifery group practice has been established at the Chinchilla Hospital in response to feedback from women in the Western Downs. Four midwives have been recruited at the Chinchilla Hospital for antenatal, postnatal and birthing at the Dalby Hospital. A known midwife travels with the labouring mother to Dalby for support during birth and continues to provide support in the following days postpartum. A two-bedroom fully furnished unit is available at no cost for expecting women and their families who travel to Dalby to birth. This service has also been able to be extended to the surrounding areas including Miles, Tara and Taroom so more women are able to access the service. Initial feedback from families is that the innovative new model of care meets their needs and that their feedback was listened to in the development of this service.

As I say, we are very proud of what we are doing in relation to the extension of these services, the work that the task force has done and the work that the implementation oversight committee has and is continuing to undertake. I do not think any government can ever guarantee that no woman will have to have a baby in a car or their home, because babies choose when to come. As we know, they do not always comply and wait until they get to the hospital, but I just want to acknowledge all of our amazing health services who do everything possible. In saying that, I also want to mention the police who have to deliver babies sometimes and those officers on the other end of that triple 0 call who support family members and women having to deliver those babies very quickly sometimes. I just want to acknowledge their great work as well.

Ms BATES: Thank you, Minister.

CHAIR: We have two or three minutes left and I think you want to respond to questions on notice.

Mrs D'ATH: Thank you. I do have some responses for the committee. There was one question from the member for Mudgeeraba about how many missing or stolen prescription drugs have been recorded in the last year and possibly the value. I am advised that notifications about lost, misappropriation or theft within individual HHSs are managed by the HHS and that data is not collected centrally. I can report on notifications of system matters reported by HHSs and notification from sources other than HHSs which continue to be managed by the department. There is a portal on the QH website for reporting lost or stolen scheduled drugs to make it easier for people to report. Some 338 notifications were received by the department during 2019-20 and the department does not hold information on the value of lost or stolen drugs.

There was a question from the member for Mirani relating to the plinths under machinery in relation to a concern about deterioration and when they will be fixed. The matter referred to at the Mackay Base Hospital occurred in May 2019. However, the issue is related to an airbag component for the audiology testing equipment, not the plinth itself. The vibration was detected during regular scheduled generator testing. The identified issue related to audiology testing equipment and has been fixed. The cost was less than \$10,000 and was funded within the annual Mackay HHS's budget for maintenance. There were no identified effects to patient testing procedures.

On the question from the member for Mudgeeraba as to whether there have been any complaints issues raised about pirated software by a contractor at Queensland Children's Hospital in the past six months, in the past six months no contractor has raised any complaints or issues about pirated software with Children's Health Queensland digital health services. Children's Health Queensland digital health services is not aware of any complaints or issues about pirated software. If a complaint is raised, it would be investigated in accordance with Children's Health Queensland procedure. Children's Health Queensland has not been made aware of any issues or concerns resulting from internal or external audits of software and external audits of desktop and network services are undertaken by eHealth Queensland.

There was another question on notice from the member for Mirani to advise how many COVID related false positives since testing began—that is, the total numbers and rates of false positives that are occurring. Since the introduction of PCR testing at Pathology Queensland, they have performed over 560,000 tests. Less than 0.004 per cent of these have required amendment in light of additional information that suggests a false positive result. In some cases there may be discrepant results between PCR tests carried out on different runs, instruments or laboratories. This may reflect a very low level of virus in the sample which cannot be reproduced when retested. Also from the member for Mirani there was a question about statutory checks to mechanical and electrical hospital systems and in relation to fines. There have been no fines associated with the statutory requirement of mechanical and electrical checks across the Department of Health or the 16 HHSs in 2019-20.

In terms of any further questions outstanding, I believe there may be two, if I can just check that with the secretariat. We will respond within the time set by the committee. Lastly, in pre-hearing question on notice No. 7 going to the recovery of quarantine fees, the last paragraph says that I am advised that, as at 4 December 2020, 12,027 invoices had been issued. Of these, it said that 73 per cent have been paid or not due, are subject to a payment plan, a waiver or subject to an application for a waiver or payment plan. That figure is not 73 per cent; it is 84 per cent. I just wanted to clarify that.

In closing, I want to thank the Queensland Ambulance Service and all of its staff, the director-general and all of the staff across the hospital and health services and Queensland Health, particularly in this session the Queensland Ambulance Service, for the great work that they do and I look forward to working closely with them over the next four years.

CHAIR: Thank you very much. The time allocated for the consideration of the estimates of expenditure in the portfolios of health and ambulance services has expired. Thank you, Minister, and departmental officers for your attendance. The committee will now adjourn for a break. The hearing will resume at 2.30 pm with the examination of the estimates for the portfolio of the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs. Thank you very much.

Proceedings suspended from 1.32 pm to 2.30 pm.

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

In Attendance

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

Ms H Jackson, Chief of Staff

Ms T Seawright, Senior Policy Advisor, Environment and Science

Department of Environment and Science

Mr J Merrick, Director-General


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

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

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

Ms L Delaforce, Chief Finance Officer

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

 **CHAIR:** Good afternoon. The committee will now examine the proposed expenditure in the Appropriation (2020-2021) Bill 2020 for the portfolio areas of the Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs. The committee will examine the minister's portfolio areas of environment and Great Barrier Reef until 4 pm. The committee will suspend proceedings for a break from 4.15 pm to 4.30 pm, before resuming at 4.30 pm with the examination of the estimates for the science and youth affairs portfolio area.

The visiting members present are Mr Sam O'Connor, the member for Bonney, and the member for South Brisbane, Amy MacMahon. I remind those present this afternoon that the committee's proceedings are proceedings of the Queensland parliament and are subject to the standing rules and orders of the parliament. It is important that questions and answers remain relevant and are succinct. The same rules for questions that apply in parliament also apply in this hearing. I refer to standing orders 112 and 115 in this regard. Questions should be brief and relate to one issue and should not contain lengthy or subjective preambles, argument or opinion. I also remind members of standing order 185. I will not tolerate grossly disorderly or disruptive behaviour. Members will be warned and, if necessary, ejected from the chamber. I intend to guide proceedings this afternoon so that relevant issues can be explored and to ensure there is adequate opportunity to address questions from the government and non-government members of the committee.

On behalf of the committee I welcome the minister and director-general, departmental officers and members of the public to the hearing. I now declare the proposed expenditure for the portfolio area of Environment and the Great Barrier Reef open for examination. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, welcome. Would you like to make an opening statement of no more than five minutes?

Ms SCANLON: Thank you, Chair, and thank you for the opportunity to make some opening remarks about the environment and the Great Barrier Reef. I would, of course, like to start by acknowledging the traditional owners of the land on which we gather today, the Jagera and Turrbal people, and pay my respects to their elders past, present and emerging.

The Palaszczuk government is continuing its strong commitment to protecting the environment and creating jobs as part of our economic recovery plan. This budget ensures that we will protect and enhance our natural environment and heritage for future generations while creating more jobs in more industries. We are investing \$989 million in this year's budget to protect our environment and support jobs in regional Queensland.

When it comes to national parks we have some of the most beautiful wonders right at our doorstep. As custodians of the environment, we are privileged to play a critical role in managing over 13 million hectares of protected areas and forests and 346,000 square kilometres of Great Barrier Reef

and state marine park. That is why conserving Queensland's protected areas and biodiversity is at the heart of this government's vision. Earlier this year we released Queensland's Protected Area Strategy, a 10-year roadmap to protect our world-class natural and cultural values with an initial investment of \$60 million. This investment will stimulate regional economies by improving visitor experiences, backing regional tourism and doubling the number of Indigenous land and sea ranger jobs.

The Palaszczuk government is also deeply committed to protecting one of the great natural wonders, the Great Barrier Reef. We have invested \$400 million since 2015 to protect the reef. This landmark investment will protect our natural wonders, boosting Queensland tourism and other industries while backing jobs. Our innovative \$10 million investment in this year's budget in the reef credits initiative will drive on-ground restoration and environment market development projects. We have created 130 new jobs through Reef Assist. This \$10 million program is being delivered in partnerships with local government, natural resource management organisations and First Nations people as part of the government's economic recovery efforts.

We know that the greatest threat to the future of the reef is climate change. The Palaszczuk government accepts the science and the role we have to play to reduce carbon emissions while ensuring that Queensland can grow more jobs in more industries. That is why the government is investing in new industries and strengthening existing sectors to build the resilience of Queensland's economy and communities. Our \$500 million flagship Land Restoration Fund has already delivered \$93 million across 19 projects to help build a carbon farming industry for our state. We have also supported 41 Queensland councils to better understand and manage climate risk so they too can protect and grow their communities in the face of changing climate well into the future. At the election we made a commitment to develop a comprehensive climate action plan. This plan will be prepared in consultation with industry, NGOs, academia and, of course, the community. This strategy will build on the work already undertaken under the Queensland Climate Transition Strategy to map the pathway forwards for the next decade.

When it comes to our waste strategy, great strides have been made in moving to a zero waste society where waste is avoided, reused and recycled as much as possible. More than three billion containers have been returned through the container refund scheme, creating more than 700 new jobs and putting \$316 million back into Queenslanders' pockets. In addition, the waste levy has contributed to a 65 per cent reduction in interstate waste coming into Queensland and is helping us to invest in more recycling. But there is more to do. Unfortunately, more than 75 per cent of rubbish removed from Australian beaches is still made of plastic. That is why our sights are firmly set on reducing plastic waste and pollution further, with a proposed ban on single-use plastic straws, cutlery, plates and stirrers, a bill that I reintroduced to parliament last week. This, of course, follows overwhelming support from nearly 20,000 Queenslanders and businesses. We will not stop there. Queenslanders have shown support for banning takeaway expanded polystyrene containers and cups and consultation is already underway to include other expanded polystyrene items in that ban.

In closing, as Queensland's new Minister for the Environment and the Great Barrier Reef and Minister for Science and Youth Affairs, I am determined to continue the great work of the Palaszczuk government to protect the environment and create jobs. I thank the committee for its continued work and I welcome the opportunity to appear before today's committee hearing.

CHAIR: Thank you very much, Minister. On behalf of the committee we look forward to working with you in this next term. It is an exciting addition to the health portfolio for this committee. The member for Lytton was on the last committee with me and we really do look forward to entering into this space. We will start with opposition questions. Member for Bonney?

Mr O'CONNOR: My first question is to the director-general. Has the department disbanded the Fraser Island scientific advisory committee and community advisory committee which the former environment minister Steven Miles established in 2016?

Mr Merrick: I thank the member for the question. The advisory committees historically provided advice and recommendations to government and management agencies to support the state party to meet the obligations under the World Heritage convention for the identification, protection, conservation, presentation and transmission of World Heritage areas to future generations. The Fraser Island (K'gari), Riversleigh and Gondwana committees expired in October 2019. The appointment of the Fraser Island (K'gari) committee is progressing as quickly as possible and a new committee will be in place early in the next year. At the request of the Butchulla Aboriginal Corporation and aligning with our commitment to increase First Nations representation in World Heritage matters and to create greater efficiencies, a governance review of the committees took place starting in late 2018.

Consultation with the Butchulla Aboriginal Corporation, both committees and the Commonwealth resulted in a single committee proposal comprising five each of Butchulla, community and scientific representatives plus an independent chair.

In November 2019 we commenced an EOI process with advertising in national, state and local newspapers, online and direct mail. The process for Butchulla nominations was extended into 2020, allowing time for engagement with the Butchulla community. The appointment of the other committees is also progressing as quickly as possible. The processes, particularly in terms of Butchulla representation, experienced significant delays as a result of COVID impacts, both on staff and applicants, and then more latterly the caretaker conventions. The Gondwana committees are jointly appointed by Queensland and New South Wales ministers and supported by an executive officer employed by the New South Wales government. We will be proposing to take the process forward as quickly as possible.

Mr O'CONNOR: Director-General, over the lifetime of those committees how many reports or recommendations were provided back to the Queensland government?

Mr Merrick: There are a series of communiques that contained a number of recommendations and pieces of advice. I do not have a precise number to respond to the member, but in relation to issues around fire management I can certainly confirm there were not 11 pieces of advice given to the department around fire management on K'gari.

Mr O'CONNOR: Director-General, why hasn't the department established another management committee as per the promise in 2019? Is it just that delay, as you said, because of COVID?

Mr Merrick: With respect, I have answered the question in detail.

Mr O'CONNOR: Director-General, last week the department stated—

Fire is a natural part of Queensland's landscape and K'gari has adapted to survive bushfires, with some species of flora and fauna totally reliant on it for regeneration or future food source and habitat.

Does the department stand by that statement that the raging fires on Fraser Island are a natural part of Queensland's landscape?

CHAIR: I will get you to rephrase that, member for Bonney.

Mr O'CONNOR: It is a direct quote from the department last week.

CHAIR: You then went on to the question. I want to follow your line of questioning. I am asking that you do not make this a political series of questions; you make it without imputation.

Mr O'CONNOR: Does the department stand by those comments that fires are a natural part of Queensland's landscape?

Mr Merrick: I should have said at the outset that I pay tribute to the dedication, professionalism and expertise of QPWS firefighters and incident controllers. They make a tremendous personal sacrifice to protect our communities and to protect Queensland's unique environment, none more so than through their tireless efforts on K'gari. I extend my personal thanks to colleagues in QFES, the Rural Fire Service, the Butchulla Aboriginal Corporation and the Queensland Police Service with whom we have worked hand in glove.

In relation to the specific matters around the benefits of fire to landscapes across Queensland, with the minister's permission I will ask the Deputy Director-General of Queensland Parks and Wildlife Service to add more.

Mr Klaassen: Fire has been a part of Australia's history going back to First Nation people. They have used fire as part of their custodianship of the landscape. Australia has multiple storms with lightning. As a result of that, fires are created. It is also well known for various species that fire is very important in assisting in their regeneration, leading to seeding and helping the environment to actually grow and prosper. That is the context around which that statement is made.

Mr O'CONNOR: But Director-General, this scale of fire? We have seen—is it—around half the island go up in flames?

CHAIR: Before you answer that question, member, you are seeking opinion. I would ask you to either rephrase or move on to the next question, please.

Mr O'CONNOR: I will move on to some specifics. Director-General, what date was QPWS first aware of the fires on Fraser Island?

Mr Merrick: On 14 October.

Mr O'CONNOR: Director-General, how many QPWS officers are stationed on Fraser Island?

Mr Merrick: Forty.

Mr O'CONNOR: Director-General, are those permanent staff who live on the island or are they rostered on and off from the mainland? What is the breakdown of those staff?

Mr Merrick: Through the minister, I request that the deputy director-general respond.

Ms SCANLON: I will ask the deputy director-general to respond.

Mr Klaassen: Those staff are a mix of people who live permanently on the island at our three bases, plus various staff who travel on and off the island. There is a roster of staffing that works across multiple shifts to ensure that we have people on the island at all times.

Mr Merrick: I might add that through the event we have seen an additional 32 QPWS staff deployed to the island, alongside nine vehicles and three firefighting appliances from the QPWS alone.

Mr O'CONNOR: Director-General, and you might defer to the deputy again, did the staff who were on duty when the fires were first reported roster off and return to the mainland? I am trying to get some specifics of the staffing on 14 October.

Mr Merrick: Can I ask over what time frame that might be?

Mr O'CONNOR: On the day that you were first aware that the fire was happening.

Mr Merrick: On the 14th?

Mr O'CONNOR: Yes.

Mr Merrick: I will defer to the deputy director-general.

Mr Klaassen: I cannot give you a specific in terms of the staff who first responded, but I can say that there were staff continually rostered and people were allocated on that fire every day that it has been active. It is not as if there was a day that staff just rostered off and did not go back and check the fire.

Mr Merrick: I would add that we have a duty of care to staff as well. During this period I am very aware that some of our staff have been working 14-hour shifts dealing with this fire. It is natural that they need a break, because we have a duty of care to them in the work that they do for us.

Mr O'CONNOR: Of course. Director-General, when did the Queensland Fire and Emergency Services first provide a briefing or information to the department or the minister's office on the Fraser Island fires?

CHAIR: That is potentially a question more suited to QFES. Perhaps you could rephrase it?

Mr O'CONNOR: When did your department first provide a briefing to the minister on the nature of the fires?

Mr Merrick: I think, from recollection, the minister was sworn in on 12 November. I met with the minister the following day, gave an overview of the department and a number of the emerging issues we were facing. The incoming briefing we provided to the minister gave a very detailed account of our role in fire management. The following week we conducted two very detailed briefings with the minister on the particular issues that we were facing on K'gari.

Mr O'CONNOR: Director-General, did you receive any information from QFES around that time in October about the nature of the fires?

Mr Merrick: As I said in a previous answer, this has been a joint effort right from first detection. RFS were with us at first detection and an incident management team was stood up very shortly after that. QFES have been part of that incident management team since the very early days of this fire. We have worked hand in glove. It has been a fully integrated approach, a seamless approach. We thank them for their collaboration. The Butchulla Aboriginal Corporation have also been embedded within the IMT so it has been a collective effort.

CHAIR: Member for Bonney, I have allowed a fair bit of latitude in relation to this. I know it is a matter of interest to you. I ask that you stick to questions that relate to the budget in the appropriation bill before us.

Mr O'CONNOR: Director-General, in relation to SDS 2-43, has the department ever briefed against hazard reduction burns on Fraser Island?

Mr Merrick: I think it is probably worth setting out how the process of hazard reduction burning occurs. We obviously work within a framework set by the state bushfire management plan. Within that, in terms of individual parks, there are fire management strategies. There is an annual prescribed burn

program for each national park. That will set out a range of burns that we plan to conduct in any given year. Obviously in terms of taking forward that burn register there may well be conditions at any single point in time that mean a specific burn cannot go ahead. I do not think it is quite as the member has set out. Just to check, I will confer with the deputy director-general.

Mr O'CONNOR: Sure.

Mr Merrick: We are not aware at all that that has been the case.

Mr O'CONNOR: Director-General, did Fire and Emergency Services offer to take over the management of the situation in October?

Mr Merrick: The decision to transfer the incident control lead occurred on 27 November. It followed a detailed assessment of the prevailing conditions on the fireground at the time and also the predicted weather conditions, a range of predictive analysis and simulations, and the immediate threat to life and property. That is the time at which QFES typically take over fires from QPWS. QPWS are extremely experienced in managing large landscape fires. The process was entirely consistent with the state Bushfire Plan.

Mr O'CONNOR: Was there any offer prior to the 27th from QFES to take over the management of the fire?

Mr Merrick: With respect, Chair, I think I have answered that question.

CHAIR: You have. Member for Bonney, I ask you to come back to some questions related to—

Mr O'CONNOR: Will the minister advise how long the bushfire season typically lasts for in Queensland?

CHAIR: I point out something very obvious, member for Bonney: we are here examining a particular portfolio for the minister. That question would be far better suited to the Minister for Fire and Emergency Services, I would think. Do you want to rephrase the question or do you want to continue down this line of questioning?

Mr O'CONNOR: I am happy to continue, Chair. There is a pretty significant overlap with the responsibilities here.

CHAIR: I will see if the minister, in a moment, is interested to respond, but my particular decision on this is that you are bordering on not being relevant to the portfolio. Can you ask another question?

Ms SCANLON: Generally it has been around that September-December period, but as a result particularly of climate change we are seeing more dry and hot conditions into extending months. We have rangers responding to fires. We have rangers on the ground all year round making sure that not only are they responding but also we are undertaking those mitigation measures around planned burns.

Mr O'CONNOR: Minister, if the fire season typically lasts that late, as you have indicated, why did the government only contract the new water-bombing plane until 23 November?

CHAIR: Again, member for Bonney, I will pull it up for a moment. Again, that is irrelevant to this particular portfolio. I would ask that you direct that question to the Minister for Fire and Emergency Services.

Mr O'CONNOR: Minister, the Queensland government's 2017 election commitment was to 'establish a \$500 million land restoration fund with a capital of \$500 million to be raised through the issuance of a state government green bond'. Will the minister advise whether this green bond has been issued?

Ms SCANLON: That has not happened at this stage, but what I can announce is that we have the \$500 million Land Restoration Fund. We have announced the first stage of that fund, which includes 18 contracted projects. We want to invest in carbon-farming projects, and this is one of the ways we think we can reduce emissions in this state while creating jobs and assisting landholders to do that. We are very proud of this fund. We had the pilot project that was delivered as well. I will be very proud, as the new incoming minister, to deliver this first round. I want to acknowledge the previous minister, the Hon. Leeanne Enoch, who did significant work on this piece prior to my commencement as the minister.

Mr O'CONNOR: Minister, that was a commitment from over three years ago. Is this not a priority for the government?

Ms SCANLON: This is a large fund of \$500 million. It was never expected to last over a short period of time. This is a flagship project, frankly, so it does take time. We will continue to deliver those funds so we see more carbon-farming projects here in Queensland.

Mr O'CONNOR: Minister, when? Is there a time frame for the delivery of that?

CHAIR: I think the minister has answered it: 'over a period of time'.

Ms SCANLON: As I said, this fund is emerging over a period of time. Certainly, by no means is the pilot project and the first stage the end of this project. There is a lot of work to be done to make sure these funds are spent, and we make no apology for investing in carbon farming.

Mr O'CONNOR: Minister, AgForce has described the Land Restoration Fund as a disaster. Will you commit to amending the program requirements before the next round of funding to ensure more grants are allocated to support Queensland's agricultural industries, in particular the development of carbon-farming projects on farm?

Ms SCANLON: As I just mentioned, this is a new fund. It is a fund, I should say, that not only works with the Queensland government but also works in line with federal government initiatives. We appreciate this is new. We will work with landholders to make sure they understand the requirements because this is an enormous opportunity. It is significant funds and capital for landholders to be able to get from the government. At the same time we are seeing those joint benefits of not only reducing emissions but also some really important work around providing employment for traditional owners and Aboriginal and Torres Strait Islander people, making sure that we are improving water quality—a range of measures that are a part of this important fund. We want to make sure this is successful, so we will continue to engage with industry to make sure that they are aware of how this works.

Financial support for landholders was offered as well through the Carbon Farming Advice Rebate Program during the LRF's first investment round which provided a rebate up to \$10,000 to offset the cost of obtaining professional advice regarding the feasibility of undertaking a carbon-farming project on their property. I can advise that through this program, 85 rebates, totalling \$723,000, were claimed. So we are seeing a substantial investment to make sure that these landholders can obtain the correct advice to be able to deliver carbon-farming projects.

Mr O'CONNOR: Minister, just to clarify, it is 'new'—I use inverted commas because it is from 2017—and there is no specific time frame for its delivery?

Ms SCANLON: We have announced stage 1 of the delivery.

Mr O'CONNOR: But there is no specific time frame ongoing for the rest—

CHAIR: The minister has answered the question. Move on with the next question.

Mr O'CONNOR: Can the Director-General advise the total costs associated with the Land Restoration Fund consultation, including the cost of regional workshops, staff travel and hospitality expenses?

Ms SCANLON: We may have to take some advice and come back to the committee. I should flag that the member's previous question was how are we working to make sure landholders can access this and now we have questions around the expenses that are incurred in doing this important engagement. I question the way in which this line of questioning is going.

Mr O'CONNOR: There have been queries raised about the—

CHAIR: Perhaps you want to rephrase the question, member for Bonney, because it does not make sense.

Mr MOLHOEK: Point of order, Mr Chair. It is actually not the minister's role to be questioning the question or what might be behind the question. The minister's role is to answer the questions.

CHAIR: Deputy Chair, the minister can respond any way she likes.

Mr O'CONNOR: I also asked the DG, not the minister, Chair.

Ms SCANLON: We will come back.

CHAIR: That is ok.

Mr O'CONNOR: Just to follow up on that, will the DG also advise the total cost of consultants who have been engaged by the department in relation to the LRF?

Mr Merrick: If you just bear with me, I shall find you a figure.

Mr O'CONNOR: That is in addition to the previous one.

Mr Merrick: In relation to the issue of consultancy in support of the Land Restoration Fund, I can confirm that there were two contracts in 2019-20, the first being Accounting for Nature Limited, and the cost of that contract was \$195,845, and the second to Charles Kendall Australia at \$3,808. It is important to note that in terms of that work that was contributing to the development of standards to enable investment in new forms of carbon farming.

CHAIR: I will allow one more question.

Mr O'CONNOR: Will the director-general advise when the next round of grant funding will open and how much will be allocated in it?

Mr Merrick: That is a matter for consideration by government.

CHAIR: We will move to crossbench questions. Member for Mirani, do you have a question?

Mr ANDREW: Yes, thank you, Chair. I refer to page 2-43 of the SDS and the issue of rehabilitation. Is there any funding for rehabilitation for renewable sites? Are there funding programs built into the projects of people, companies or businesses that come to Queensland to install renewable sites? Say, for instance, we had a huge hail storm and all the solar panels got destroyed, does the Queensland government require companies to have a rehabilitation plan or funding for rehabilitation or does the Queensland government have to fund the clean-up?

CHAIR: I know that you are trying to ask a series of questions, member for Mirani.

Mr ANDREW: It is one question. Basically, is there a rehabilitation fund to clean up renewable sites?

CHAIR: You have to watch the lengthy preambles, but I get where you are going now.

Ms SCANLON: If I have interpreted the member's question correctly, when it comes to renewable energy sites that are presumably publicly owned that would be a matter for the relevant minister.

Mr ANDREW: There is no environmental protection for the rehabilitation of sites?

Ms SCANLON: I am unclear as to exactly what relevance this has to the budget.

Mr ANDREW: Will the reef credit system result in a direct reduction in crop and cattle production in Queensland?

Ms SCANLON: That is certainly not the intention of the scheme. The scheme is centred around water quality. The regulations that are implemented are based on the industry's own best management practice standards. We did spend around a decade working with farmers to voluntarily improve those practices. What we did not see was the dial turning fast enough which is why we put in place these regulations and made them no longer voluntary but compulsory so we start to improve water quality. We know that water quality is one of the biggest risks to the Great Barrier Reef as well as climate change. That World Heritage Listed icon supports 60,000 jobs and \$6 billion to our local economy. I think it is important and I think Queenslanders expect that we do everything we can to protect that.

Mr ANDREW: I refer to page 42 of the SDS and the facilitation of sustainable recreational opportunities. Will the minister provide an update on the government's position in relation to the funding and support for a proposed ecotourism project in my electorate, the proposed Eungella-Finch Hatton mountain bike trail?

Ms SCANLON: I thank the member for the question. It is quite specific to your electorate.

Mr ANDREW: I am fine if you want to take it on notice.

Ms SCANLON: Not a problem.

Dr MacMAHON: Of the 18 coalmines approved by the Palaszczuk government, based on approvals from the department, how many of those mines will still be operating in 2050? Can you describe how this is consistent with the government's target of net zero emissions by 2050?

Ms SCANLON: It is probably a question better suited to the Minister for Resources in terms of the length of those projects.

Dr MacMAHON: Any comment on the consistency with the emissions target?

Ms SCANLON: We are very proud in this state to have a reduction target of net zero emissions by 2050. We are doing significant work in that space. Substantial election commitments were made in that regard. I am pleased to announce that in the 2020-21 financial year we have invested over \$8 million in climate change initiatives. We also have a 50 per cent renewable energy target. That is part of the mix around how we reduce these emissions.

We are establishing CleanCo—something I know many Queenslanders are proud of. That is our third publicly owned generator that has a very clear agenda to grow their clean energy portfolio. We have also committed \$145 million to support renewable energy zones across regional Queensland. We are investing \$500 million through a renewable energy fund. We have discussed the \$500 million Land Restoration Fund. We now have a minister and an assistant minister directly responsible for the development of sustainable hydrogen in this state.

We also have a Queensland electric vehicle strategy. I am very proud that Queensland has the country's first and largest electric vehicle superhighway. We are also reducing energy use across Queensland by installing solar panels on school roof tops. There is substantial work going on. One of the government's key commitments this term is to develop a climate action plan and that will detail out the next decade and how we are to reach our emission reduction targets. As the youngest member of this parliament, I know it is something that is particularly important to my generation and, of course, generations to come.

Dr MacMAHON: Can you describe your department's involvement with coalmine approvals?

Ms SCANLON: We have very strict conditions and requirements on resource sector companies. We go through an EIS process and an EA process. There are other processes with regards to other ministerial portfolios. We have enacted important reform in the last term of government around progressive rehabilitation to ensure that Queenslanders and, frankly, the government and taxpayers are not lumped with huge amounts of money to pay for rehabilitation when mining companies finish their work.

CHAIR: Do you have any supplementary questions, member for Mirani?

Mr ANDREW: Yes, I do. I refer to page 2-42 of the SDS. Will the minister please provide an overview of all adverse impact assessments carried out by the department on the effect that the commercial and research extraction of coral and coral organisms for biopharmaceutical and other purposes has had on the health of the Great Barrier Reef area?

Ms SCANLON: Can you repeat the question as I missed the first part of it?

Mr ANDREW: Will the minister please provide an overview of all adverse impact assessments carried out by the department on the effect of the commercial and research extraction of coral and coral organisms for biopharmaceutical and other purposes?

Ms SCANLON: It is not a question for my portfolio. It would be a question for DAF.

Mr ANDREW: For who?

Ms SCANLON: The Minister for Agricultural Industry Development and Fisheries.

Mr ANDREW: I was asking about the health of the reef.

Ms SCANLON: Yes, and we are more than happy to talk about the health of the reef and the measures that we are putting in place. We have reef regulations that we have put in place. We are investing significantly as I mentioned before.

Mr ANDREW: How much are we spending on the health of the reef as far as crown of thorns starfish are concerned? Are they an introduced species to the reef as far as doing damage?

Ms SCANLON: I might ask the executive director of the Office of the Great Barrier Reef to talk in more detail about that. I should add that we have spent \$500 million on the reef. There has been significant investment to answer that part of your question.

Ms Nichols: The management of the crown of thorns starfish is a federal government lead responsibility, with the Great Barrier Reef Marine Park Authority funding and managing that particular control program. Our Queensland Parks and Wildlife Service, through the joint field management program, participate in that, but it is all funded through the federal government. Crown of thorns starfish are a native species but they blow out to pest proportions from time to time over the years.

CHAIR: We will move to government questions. I want to talk about national parks. As more Queenslanders holiday at home, can the minister outline the government's investment in national parks and visitor areas?

Ms SCANLON: This year has been a year like no other, but Queenslanders are supporting local businesses by holidaying at home. We have seen families from across the state create new memories and support the local economy by exploring our national parks. That is why as part of our economic recovery plan we are investing \$10.1 million for new visitor infrastructure in our national parks and World Heritage listed areas. This will support over 40 jobs for builders, rangers and tourism operators by kickstarting the local economy. Whether it is building the next stage of the walking track on Whitsunday Island, upgrading the campground and walking track at the Conondale National Park or developing a tourism hub in the Daintree National Park, we are investing in new nature based experiences to boost tourism and create jobs.

This is in addition to the investment of \$8.9 million for our National Parks Works and Jobs Boost Program. This delivers new co-design mountain bike trails at places like the Nerang National Park in my electorate, upgrades to the car park and day-use area at Daisy Hill Koala Centre—an area I know

the member for Springwood is particularly passionate about—new renewable energy capabilities for Mon Repos Turtle Centre and upgraded walking tracks on Magnetic Island. It will improve the experience of visitors to our national parks but also give a much needed boost to local tradies and regional supply chains and re-energise nature based tourism in Queensland. I should note that a UQ report from this year also showed that visitors to our national parks generate over \$2.6 billion for the local economy which of course is supporting many jobs throughout Queensland.

We have a strong track record of investing in nature based experiences with our \$53 million Revitalising National Parks program. This has created 135 jobs for local tradies and supported new tourism opportunities and experiences. We also know that being out and about in the environment and national parks is beneficial for our physical and mental wellbeing. I know many Queenslanders love getting their steps up with a hike in one of our beautiful parks or taking the family to explore our natural environment, particularly during COVID-19. That is why our economic recovery plan is investing in creating new ways to experience nature but also providing a boost to local tradies while we do that.

CHAIR: It would be remiss of me not to flag the fantastic surrounding areas of Townsville, Paluma and Hinchinbrook. I am glad you mentioned Magnetic Island. We welcome anyone to come up for a holiday during the Christmas holidays. I am happy for you to come up, Deputy Chair. We love our reefs in North Queensland. Will the minister advise how the Palaszczuk government's Reef Assist program is supporting jobs in regional Queensland?

Ms SCANLON: Of course the Palaszczuk government is committed to protecting the Great Barrier Reef and the jobs that rely on it. We believe there is tremendous opportunity and potential for economic recovery projects to deliver good environmental outcomes. That is why we are investing \$10 million in the Reef Assist program, a program that I know the Premier is particularly passionate about, which has now commenced and is creating 130 regional jobs in the Great Barrier Reef catchment areas. We are delivering 11 environmental projects and supporting regional economies as part of our plan for economic recovery. The first new jobs have already been created through this program, with project managers and staff being employed and local businesses and project partners already being engaged to start work.

One particular project in the Wet Tropics region is being led by Jaragun EcoServices, and they have been keen to start their on-the-ground project ahead of the wet season. Eight traditional owners have already received training to work on country in the Russell River catchment. Over the coming 12 months, this nature based employment project will deliver a range of environmental outcomes including catchment restoration, protecting two nationally important wetlands, creating wildlife corridors and helping deliver improved water quality for the Great Barrier Reef. These Reef Assist programs are a part of a \$400 million investment our government has provided to the reef since 2016 because we know that this World Heritage listed icon supports jobs. It is incredibly important that we protect it.

We know that the LNP's response to our efforts to improve reef water quality was to support a politically motivated Senate inquiry recently, which is disappointing given that we know climate change is the biggest threat to the Great Barrier Reef and what we really need is national climate policy. Those in the opposition, we hope, will call on their federal colleagues for a national climate change agenda.

Mr MOLHOEK: I raise a point of order, Chair. Your question was about the Reef Assist program, not about what the federal government is or is not doing.

CHAIR: The minister is making a point. That is fine. We are going to move to the next question.

Mr O'Connor interjected.

CHAIR: Thank you, member for Bonney. I call the member for Pumicestone.

Ms KING: Minister, could you please explain the important role of land and sea rangers for us?

Ms SCANLON: Of course the Palaszczuk government is continuing to support—

Mr O'Connor interjected.

Mr Molhoek interjected.

CHAIR: I might pull it up there for a moment. This morning we had consistent disruptions when the minister was responding to questions. We have been respectful and quiet during your questioning. I ask that the same be applied to our questioning. Thank you, Minister.

Ms SCANLON: The Palaszczuk government is continuing to support the Indigenous Land and Sea Ranger program across Queensland. I want to take a moment to acknowledge the hard work and dedication of these rangers who work every day to protect their country for the benefit of all

Queenslanders. I would also like to acknowledge the previous environment minister, the Hon. Leeanne Enoch, who is a proud Quandamooka woman herself, who has advocated strongly for the work that these incredible individuals do.

We recognise that these rangers bring a unique mix of traditional knowledge and specialised training to the work they do in protected areas. That is why we have made a commitment to double the number of Indigenous land and sea rangers to 200 by 2024. On-country rangers help to protect Queensland's threatened species, work on places of significance to traditional owners and work closely with the community in national parks. This program supports the employment of Aboriginal and Torres Strait Islander rangers in 24 rural and regional communities across Queensland. Rangers work tirelessly in their conservation efforts to protect species like the marine turtle, the dugong, the migratory shorebird and the golden-shouldered parrot. In the 2019-20 financial year alone, we completed 830 biodiversity survey activities to understand and inform their care on country.

Rangers also work tirelessly on weed and pest management and cultural site protection. This program is integral to promoting their cultural heritage, with almost 540 new cultural sites recorded in the last financial year alone. Indigenous rangers also deliver youth engagement services with on-country camps, on-job traineeships and visits to local schools. This is important work because we understand the key role that they have in the transfer of cultural knowledge across the generation of First Nation people. In this year alone, ranger groups have engaged with more than 3,100 young people across the state. Recently I had the opportunity to travel to Cairns to meet some of our rangers and hear firsthand some of the amazing work that they are doing in North Queensland.

This program has delivered positive environmental, cultural, social and economic outcomes for First Nation communities and our protected area. That is why we are investing \$24 million to drive more local jobs and support the First Nation cultural heritage of this state.

Ms PEASE: Before I begin, I would like to particularly acknowledge the great work of the Queensland Parks and Wildlife officers, particularly those who operate out of Manly in my electorate. They do an outstanding job. I would like to thank them and congratulate them for their great work.

Minister, can you please explain how the government's Waste Management and Resource Recovery Strategy has increased Queensland's recycling and reduced interstate dumping through the waste levy, and are there any alternative approaches?

Ms SCANLON: The Palaszczuk government is doing everything we can to fight the war on waste. Queenslanders are particularly enthusiastic about improving how we can manage waste in our state. We have released the Waste Management and Resource Recovery Strategy, which looks to reduce waste going into landfill and into increased recycling.

A key part of this plan is the waste levy to help reduce waste disposal to landfill, encouraging waste avoidance and providing a source of funding to enable better resource recovery and recycling. In the first year of the levy, construction and demolition waste to landfill was down by two-thirds compared to the previous year, while interstate waste to Queensland levy zone landfills was down 65 per cent from the previous year. I think we can see the success of that program.

The waste levy has raised \$295 million in the first year and we have reinvested in recycling. This includes \$100 million for the Resource Recovery Industry Development Program, \$6 million for the Regional Recycling Transport Assistance Package, \$4.95 million for programs targeting illegal dumping and \$143 million to local councils to ensure households are not directly impacted by the levy. We know though that not all hold the same commitment to the waste levy and recycling as we do. The former Newman government repealed the waste levy in 2012, making Queensland the dumping capital of the country and robbing us of the opportunity to invest. Queensland was the only mainland state without a waste levy which was of course a terrible legacy for future generations.

In recent years we have seen Queensland's private sector embrace sustainable waste practices; for example, the Queen's Wharf project recycled more than 95 per cent of the construction and demolition waste. This includes more than 50,000 tonnes of concrete and 2,000 tonnes of scrap steel that would have otherwise gone to landfill. The Palaszczuk government remains committed to the waste levy and the economic growth and environmental sustainability it supports. Recycling and resource recovery creates three times more jobs than landfill, so the policy measures we are putting in place not only protect the environment but they also recreate jobs.

Ms PEASE: Can the minister please advise how the Palaszczuk government is working with the community to combat single-use plastics and the damaging impact they have on the environment?

Ms SCANLON: I thank the member for the question and acknowledge your strong advocacy for sustainability in tackling plastic waste in the community. The Palaszczuk government is committed to tackling the devastating impact of plastic pollution on our environment and waterways. We know that single-use plastic items often end up as litter in the environment or in landfill. Our government released the Plastic Pollution Reduction Plan, which has identified and prioritised actions to help reduce plastic waste and the economic and environmental impact of plastics.

First we banned single-use plastic bags. We saw the community embrace re-useable shopping bags in order to reduce our reliance on plastic. I acknowledge all members who provided free re-useable bags in their own electorates. I think that was very much welcomed by the community. We are also now moving to ban single-use plastic items, starting with straws, stirrers, plates and cutlery. Just last week I reintroduced the Waste Reduction and Recycling (Plastic Items) Amendment Bill to reduce plastic waste in our environment. We have recognised that continued access to a single-use plastic item such as a straw is important for some members of our community with a permanent or temporary disability to meet their healthcare needs, so of course exemptions will be made in those circumstances.

We do know that earlier this year 94 per cent of the 20,000 Queenslanders who responded to a government survey supported these measures, so I think we can well and truly say there is a huge amount of support out there to implement more measures to reduce the amount of single-use plastic waste we are seeing. During that process Queenslanders also expressed the view that they wanted polystyrene containers to be included in that ban, which is why we are looking ahead and have begun consultation. I encourage all Queenslanders to have their say on taking the next step to ban polystyrene takeaway food containers, and I encourage all members of parliament to make sure their constituents are submitting to that process as well. In recognition of the fact that this has been a difficult year for many small businesses in the hospitality sector particularly, the ban's start date will be no earlier than 1 September 2021. We will confirm the start date once the bill passes in early 2021.

We have also supported the fantastic work of the Boomerang Alliance in delivering the Plastic Free Places initiatives in Noosa, Cairns and Townsville. We have seen cafes, event organisers, small businesses and local governments in these regions help to eliminate the use of plastic items. I am also excited to see these initiatives delivered in Rockhampton and the Livingston council areas from early next year.

We know that single-use plastic items have a devastating impact when they make it into waterways. They injure marine life, including turtles, and contaminate habitat. That is why we are taking strong, decisive action to reduce the reliance and use of these items and find sustainable alternatives. I think I join all members in saying that I welcome the opportunity to find these other alternatives and hopefully support more manufacturing jobs in Queensland in this space as well.

Ms KING: This issue is very relevant to my electorate of Pumicestone. Can the minister please outline how the government is ensuring the protection of environmental values in the Bribie Island Recreation Area?

Ms SCANLON: I thank the member for Pumicestone for the question and very much welcome her election to this House. I recognise her tireless advocacy in the Bribie Island community. I know that protecting the natural values of beach areas is a significant issue for locals and that the island is a drawcard for many four-wheel drivers and other beachgoers.

Protecting Bribie Island's natural environment is something we are working incredibly hard to do with a number of strong measures we are putting in place. We are increasing the presence of rangers on the island, supported by QPWS, to ensure all four-wheel drive visitors are well-informed, remain on designated tracks and beach, and do not drive over vegetation or through sensitive areas. This is in addition to regulating four-wheel drive access through vehicle access permits—which Queensland Parks and Wildlife Service already does—restricting access to sensitive areas, and promoting minimal impact beach driving practices through onsite signs and social media. This means we can prevent some of the reckless and dangerous behaviour we have seen in the past. Our government has also installed a 24-hour numberplate recognition system which has further deterred illegal and inappropriate four-wheel drive behaviour and reduced night time beach driving.

We know the Bribie Island is home to loggerhead turtles that nest each year on the sandy beaches. It is a great privilege to have these wonderful marine animals calling the island home. With that comes great responsibility. That is why all visitors are advised to drive to the conditions and be aware of, and avoid interactions with, wildlife, because we know how important it is to protect these animals and their habitat. We will also be undertaking further monitoring of turtle nesting areas on the

beach to understand the impact on turtles and how we can better protect them. This scientific research is important. We must have as much data as we can to ensure that QPWS is putting in place measures that protect nesting turtles on Bribie.

I thank the member for her strong advocacy in this area. I note that she has written to me and will continue to work closely with the community to protect the natural wonder that is Bribie Island.

Ms KING: Can the minister outline the Palaszczuk government's significant investment in the Mon Repos Turtle Centre and the important work it undertakes for turtle research and regional tourism?

Ms SCANLON: Mon Repos supports the largest population of nesting loggerhead turtles in the South Pacific and is one of the gems of Queensland's regional tourism industry. The Mon Repos Turtle Centre is celebrating 53 years of important turtle research this year, and the Palaszczuk government recognises the incredible role it plays in this particular region. Other than the valuable scientific benefits the centre contributes to Queensland, visitors to the centre inject millions into the local economy, creating jobs as a consequence.

Our government has invested over \$23 million in the Mon Repos Turtle Centre to create a world-class tourism, education and research facility. The turtle centre was part of a broader \$52 million capital works project that was completed in Queensland's national parks during the 2019-20 financial year. The new centre opened in 2019 and includes immersive interpretive experiences, amenities to support the famous turtle tours and education and research facilities. I am pleased to say that the centre's redevelopment, which is now complete, was a local jobs success story, as it involved mostly local contractors who contributed more than 45 full-time jobs during construction.

Mon Repos and the turtle centre are some of the Bundaberg region's most significant tourism drawcards that support local jobs and the economy, especially during the annual summer turtle breeding season. I am pleased to report that the turtle centre will soon feature renewable energy use, with plans to install solar power at the centre in April 2021. Planning has also commenced on other new works to support the turtle centre, including additional car parking to cater for even more visitors to come and experience the wonders of this site. Future rehabilitation of the remaining land is expected to help protect Mon Repos beaches for laying turtles while providing other conservation outcomes and visitor opportunities.

Each year more than 30,000 people visit the centre to experience the wonder of seeing a turtle lay eggs or witness hatchling baby turtles make their first dash to the ocean. Queensland has done an amazing job and kickstarted the economic recovery of the tourism industry—and industry that regions like the Wide Bay and Bundaberg region rely on. I think that is something well worth 'shellebrating'.

CHAIR: We will pause for a moment while we deal with a procedural matter. I note the member for Nanango has joined us at the table; however, under previous arrangements a member normally writes to the committee. We just need to do that procedurally.

Mrs FRECKLINGTON: I apologise, Mr Chair, I assumed that had happened.

CHAIR: We can deal with it here under section 181(e), which states—

A member who is not a member of the portfolio may, with the committee's leave, ask questions.

Is leave granted? Leave is granted. We will do the remaining 45 minutes or thereabouts in 15-minute blocks. I would like to give the minister five minutes to wrap up at the end.

Mr O'CONNOR: Minister, what is the most recent figure available for Queensland's carbon emissions, and how much has that changed in the last five years?

Ms SCANLON: Can you repeat the question so we get you the appropriate figure?

Mr O'CONNOR: How much carbon does Queensland emit, the most recent figure available, and how much has that changed in the past five years?

Ms SCANLON: I thank the member for the question. We obviously have a very clear emissions reduction target. In 2018 Queensland's greenhouse gas emissions were 171 million tonnes of carbon dioxide. Queensland of course is doing everything we can at the moment to try to reduce those emissions, and we have got very clear targets in place not only for 2030 but also for 2050. In relation to the time periods which the member has asked me for, I do not have that information in front of me. We will endeavour to get back to the member.

Mr O'CONNOR: Thank you. I have another question to the minister. To meet the 30 per cent reduction target the minister just mentioned by 2030, how much do emissions need to reduce by?

Ms SCANLON: I thank the member for the question. We have set out an emissions reduction—actually, can I get the member to repeat that?

Mr O'CONNOR: The 30 per cent by 2030 target—to actually achieve it, how much would emissions need to reduce by?

Ms SCANLON: Queensland's annual emissions will need to reduce by around 40 million tonnes of carbon dioxide equivalent, or 24 per cent below 2018 levels, for us to reach our 2030 target.

Mr O'CONNOR: Minister, does the department track that? Are there metrics that are being achieved on the way to that target?

Ms SCANLON: I thank the member for the question. That is tracked and of course one of the key election commitments we have made is to develop a climate action plan which will lay out how we will achieve that target over the next 10 years. As I have said previously today, we will engage with members and the community around measures. I have already discussed a number of measures that are helping us achieve that target, but we are talking about a decade of work so we will engage with everyone around how we will make sure the public is aware of how we are going to keep tracking and reaching those targets as we go through the next decade.

Mr O'CONNOR: To follow up on that, Minister, how much has been budgeted for the production of that plan, and when will it be released?

Ms SCANLON: It was an election commitment. The plan itself is a document so that will be done internally. We have many employees within the Department of Environment and Science who have a great amount of experience and qualifications. In terms of the measures that we have spent to date in achieving our emissions reduction targets, I have already mentioned a number of those today—the establishment of CleanCo, our Land Restoration Fund, renewable energy investment through the fund and those renewable energy zones, the electric vehicle super highway. That document itself is a document so that will—

Mr O'CONNOR: It will all be produced internally through the department. There will not be any extra expenditure, outside consultants or additional budget required?

Ms SCANLON: We have said that the department will absorb the cost of producing that report.

Mr O'CONNOR: So there is no specific figure on it?

Ms SCANLON: I thank the member for the question. Significant consultation needs to be done, so it would be unwise of me to provide you with a figure when we have not completed the creation of that report.

Mrs FRECKLINGTON: Can I ask a question? Minister, is the consultation before or after the department does the report?

Ms SCANLON: That will be done before we do the report of course.

Mrs FRECKLINGTON: So you are going to consult on what is going to be in the report—a report that you have no budget for and you do not know the bounds of the report?

Ms SCANLON: I thank the member for the question. I think it is entirely appropriate that we would engage with industry, the community and NGOs around how we are going to deliver a report that clearly identifies how we will reach our targets in the next decade. What I can say is you just need to read any newspaper around the significant financial investment that the private sector is, frankly, willing to contribute to emissions reduction measures. Naturally, I think it is important that we engage when it comes to the creation of an incredibly important report to Queensland and future generations.

Mr O'CONNOR: To the minister again, how will that plan differ to the Queensland government's Climate Transition Strategy or the Queensland government's Climate Adaptation Strategy?

Ms SCANLON: I thank the member for the question. It will differ in terms of the fact that it is obviously laying out the next decade and will clearly outline how we are to reach those targets. There will be significant detail. That is why, as I have said previously, my intention is to engage widely on this. I do not think any member of the House would want to see a document that is just an on-the-surface document that talks about how we are going to achieve our targets. People want to see real measures included. I know that might seem like a foreign concept for members of the LNP to have real measures around climate change—

Mrs FRECKLINGTON: We understand what a budget is though.

Mr O'CONNOR: Just to clarify, does that mean those other two plans were not real and they were just light on detail and this one will provide that detail?

Ms SCANLON: No. Those previous plans were in fact real. They are—

Mr O'CONNOR: They do cover similar time frames to this one, so I am just trying to figure out what the difference is and what the requirement is.

Ms SCANLON: I have really answered that question. In terms of this particular plan, as I have said, it will really detail the next 10 years specifically. We are at a different point in time as well, so it is important that we are continuing to look at how we have reached our emissions reduction targets and how we are going to do that. I am more than happy to talk about previous reports, and the lack thereof, under LNP governments. We have members of the opposition who do not even believe in renewable energy, calling it a fantasy and reporting—

Mrs FRECKLINGTON: Point of order, Mr Chair.

Mr MOLHOEK: That is entirely subjective.

Ms SCANLON: It is not subjective. It is a fact.

CHAIR: The minister is responding to some questions.

Mr MOLHOEK: I take offence at that.

Ms SCANLON: I would take offence to that as well if I were you.

CHAIR: Order. Let us move onto a question relevant to the budget.

Mr O'CONNOR: To the minister again, will the minister advise when Labor's election commitment to establish a new environmental protection agency will be fulfilled?

Ms SCANLON: I thank the member for the question. Our election commitment was around engaging with the community and industry around the potential of creating an environmental protection agency. As the member would know, we are the only state in the country that does not have a standalone EPA, so this is something we think is important. We need to consult. What I also should note though is there was actually an interim report of the Samuel review of the Environment Protection and Biodiversity Conservation Act that has identified that independent regulatory functions are vital to public trust and confidence and perceptions of a level playing field. In terms of the establishment of that, we will require detailed investigation and broad consultation, and that work is expected to commence next year.

Mr O'CONNOR: To the minister again, so it was not a commitment to establish one, even though I think the direct quote from the former minister was 'a really well resourced, independent environmental protection agency is integral to see our environmental laws upheld'. Was that not a commitment to establish one? It was just to look into it and consider it?

Ms SCANLON: I think the comment speaks for itself. Our commitment was to investigate and consult on the establishment of an EPA. I am not aware of what the LNP's commitment was. Mind you, I did not hear anything about an EPA from the opposition.

CHAIR: Next question please.

Mr O'CONNOR: We did not win the election, you did, and the minister described it as integral to having—

CHAIR: Let us keep it in order. Can you ask your next question please, member for Bonney, relevant to the appropriation.

Mr O'CONNOR: Does the minister have anything to add to that on the EPA? How would it differ to the previous EPA that was dissolved under the Bligh government?

Ms SCANLON: I thank the member for the question. That is the subject of consultation that we will be undertaking, as I said, early next year.

Mr O'CONNOR: To the director-general, will the director-general advise the total funding allocated by the department to investigate the establishment of this new environmental protection agency?

Mr Merrick: I thank the member for the question. I may take some advice if that is okay. With the minister's permission, we will come back to that by the end of the session.

Mr O'CONNOR: Thank you. To the director-general again—will the director-general advise whether the Queensland government made a submission to the statutory review of the federal Environment Protection and Biodiversity Conservation Act 1999?

Mr Merrick: I thank the member for the question. I can confirm that we have had a number of engagements with Graeme Samuel during the caretaker period in which responses were requested. I wrote to the federal minister indicating that, of course, because of the caretaker conventions the government was not in a position to respond according to those time frames, and a response has been prepared to the review. But I might see if the minister wants to add anything more?

Ms SCANLON: I thank the—

Mr O'CONNOR: The question was to the director-general, sorry, Chair. Another one to the director-general. Was the submission drafted before caretaker, or was it just that you got into caretaker and you were not able to get it approved by a minister?

Mr Merrick: With respect member, the time frames for response were actually in November. A full submission had not been prepared prior to the onset of caretaker.

Mr O'CONNOR: To confirm, that made Queensland the only government from around Australia that did not make a submission to that review?

Mr Merrick: No, that is incorrect. Other parties across the country have made submissions, but they made submissions according to the timeline of the first week in November. According to the protocols of caretaker, the government was not a position to make that commitment.

Mrs FRECKLINGTON: Thank you, Mr Chair. Just a follow-on for the director-general in relation to that question asked by the shadow minister to the director-general. Irrespective of the timeline of the first week of November, the former minister did not instruct your department to prepare a submission?

Mr Merrick: Sorry, just to clarify—on 1 September 2020 the department provided a response to the review secretariat on behalf of the Queensland government department.

Mrs FRECKLINGTON: So there was a response?

Mr Merrick: The response provided support for developing a more efficient approvals process, subject to further clarity on the development of national environmental standards, definitions, roles and resourcing of assessment and compliance. The response also supported further investment in restoration but noted the need for the Commonwealth government to retain responsibility for complying with international agreements. Just to add to that, we then were provided an advance draft copy of the national environment standards to comment upon—

Mrs FRECKLINGTON: Okay, thank you director-general.

Mr Merrick:— those standards that we were not in a position to provide a response on by the end of caretaker as requested by the federal minister.

Mrs FRECKLINGTON: Okay, thank you. Mr Chair, through you, my question is also to the director-general. In relation to the department's regulation service area, will the director-general advise how many mining related environmental authorities were issued over the past financial year?

Mr Merrick: I thank the member for the question. Yes, I can. With the minister's permission, we might invite the deputy director-general of environmental and services regulation to provide an answer to that question.

Mr Lawrence: In 2019-20 we processed 1,559 applications.

Mrs FRECKLINGTON: You processed? How many of those were approved?

Mr Lawrence: They all are approved.

Mrs FRECKLINGTON: What was the average time frame of those approvals?

Mr Lawrence: Minister, I do not have that level of detail with me. With your approval, we will try to seek that information during the course—

Mrs FRECKLINGTON: I am happy to take that on notice, deputy director-general.

Ms SCANLON: With the Chair's indulgence, I might get the director-general to answer that question. He has that information in front of him.

Mr Merrick: I thank the member for the question. In terms of the average time for the department to complete an EIS assessment, that is 26.5 weeks against a statutory time frame of 30 weeks. For the last four projects we have completed, we have achieved that within 19.6 weeks. We are currently assessing a further 13 active projects. For those where we conduct assessments under the bilateral with the Commonwealth, the average time for the Commonwealth to make a decision after we have done the assessment was 29 weeks.

Mrs FRECKLINGTON: Further to the director-general then, how many environmental authority objections have been heard in the land court over the last financial year?

Mr Merrick: I thank the member for the question. I might seek some advice from the deputy director-general? With respect, minister, it is probably a matter for the Department of Justice and the Attorney-General.

CHAIR: I was going to say something to the member for Nanango. Can we return to something around the appropriation bill that is more relevant to us rather than this line of questioning?

Mrs FRECKLINGTON: Thank you. I will just finish with a question which is very relevant to the budget in relation to the environmental authority delays. My last question to the director-general is—the Queensland Resources Council has publicly stated that there is a need for greater transparency of Queensland's assessment process through improved accountability for grant renewal and application time frames. Has the environment department considered publishing an assessment time frame scorecard as recommended by the Queensland Resources Council?

Mr Merrick: I thank the member. As I pointed out, there are statutory time frames for us to conduct the assessments that we do, and we achieve well within those time frames.

Mrs FRECKLINGTON: All well within the time frames?

Mr Merrick: The average is within the time frames.

Mrs FRECKLINGTON: My question through you, Mr Chair is—is the department considering—and, with respect, it has not been answered—to publicly publish the scorecard?

Ms SCANLON: Respectfully, member, as the director-general has already pointed out, there already are standards in place around the time frames and we have just reported on those average time frames. These are already publicly available numbers.

Mrs FRECKLINGTON: The answer is no?

CHAIR: We might move to the next session of questions, thank you, members. Going to the cross-bench please, the member for Mirani, do you have a question?

Mr ANDREW: Page 2-43 of the SDS states 'continuing to prosecute allegations of serious environmental harm ...' Have there been any environmental infringements on Keswick Island?

Ms SCANLON: I thank the member for the question. Of course, in relation to the lease around Keswick Island it is mostly a matter relevant to questions for the resource minister. I can provide the committee with information from our department, which is that since January 2020 the Department of Environment and Science has been to Keswick Island on five occasions to investigate community concerns. The Department of Environment and Science did not observe any evidence of turtle nests or permanent impacts to habitat. The Department of Environment and Science, though, continues to assist the Mackay Regional Council and the Department of Resources in relation to a separate matter regarding improvements to erosion and sediment controls.

Mr ANDREW: Thank you. I have one more follow-up question. Page 2-42 of the SDS service goals to '... manage and conserve protected areas ...' in Queensland. Has the government received any representations or advice from other parties seeking to increase the state's current protected area target from 17 per cent to 30 per cent?

Ms SCANLON: I thank the member for the question. Of course, we receive substantial correspondence from people with different requests. What we put forward during the election and what we allocated during the budget is substantial money to increase the amount of protected areas in Queensland. In fact, we have increased by over 1.2 million hectares in this state since February 2015, but specifically we of course have outlined our protected area strategy, a 10-year plan. We have provided an initial investment of \$60 million. That is a breakdown of \$28 million to acquire new protected areas, \$8 million for private protected areas, and a doubling of the number of Indigenous land and sea rangers. That is on top of the existing investment of over \$45 million in upgrades of national park infrastructure that we have been rolling out. As you can see, we are investing to increase the amount of protected area we have here in Queensland.

Mr ANDREW: Will there be a charge to access any of these areas? Going forward, will the government be putting charges on the community to access some of the parks and other areas?

Ms SCANLON: Chair, could the member bring us back to the SDS?

CHAIR: In relation to the Service Delivery Statements—

Mr ANDREW: The question relates to environmental policy, at page 43. I am asking if there will be any charges to people accessing parks and other environmental areas.

Ms SCANLON: I thank the member for the question. There are of course no plans to change Queensland's access to national parks.

Mr BERKMAN: The *Guardian* reported last week that the federal government had written to the Queensland government suggesting collaboration to delist part of the Moreton Bay Ramsar wetland for the Toondah Harbour development. Will the minister rule out endorsing any change to the boundary of the Moreton Bay Ramsar wetland to facilitate this development?

Ms SCANLON: I thank the member for the question. I am not sure how it is relevant to the SDS. It is probably a question relating to another portfolio as well.

CHAIR: I know where you are going with this, but I have to say that under standing order 181 questions have to be relevant to the budget. You are seeking an answer about something in the future. Can you pull it back to something around the budget, please?

Mr BERKMAN: Certainly. Officers of the department, I understand, are involved in decision-making that relates to any changes to the boundaries of Ramsar listed areas. Minister, will the government rule out endorsing any change to the boundary of the Moreton Bay Ramsar wetland?

CHAIR: This is a hypothetical—

Ms SCANLON: Chair, I am more than happy to answer the question. We have already ruled out changes to the boundary.

Dr MacMAHON: Director-General, before the election the then environment minister announced a commitment of \$28 million for acquiring new land for protected areas and described it as an 'initial investment'. Then in the budget we learned that in fact the amount will be spread over four years, meaning we will not reach the 17 per cent protected area target. When can we expect funding beyond this initial investment?

Mr Merrick: I thank the member for the question. Obviously in terms of the budget commitment it was for the period of the forward estimates, and that is what the former minister would have been referring to. In terms of achieving the 17 per cent, just to put that into context, that would require the government solely to buy all land in Queensland for three years. That is what would be required for us to get to 17 per cent, so it would not be reasonable nor feasible to achieve within a three-year period.

Mr BERKMAN: Is that to be taken as, essentially, an abandonment of the 17 per cent target? If not, in what time frame is that target purported to be achieved?

Mr Merrick: The government has committed to 17 per cent. I was just making reference to the time period of the forward estimates and the achievability of doing it within that period. Funding beyond the time frame of the forward estimates is of course a future decision of government.

Mr BERKMAN: Can the minister indicate the time frame within which the government aims to achieve the 17 per cent target?

Ms SCANLON: I thank the member for the question. We have made our four-year commitment clear. We will continue to strive towards reaching that 17 per cent target. As this budget outlines, we have allocated funding to increase protected areas in Queensland.

Opposition members interjected.

CHAIR: Order on my left. I have heard the chatter when questions are being answered. I was going to allow you one more quick question before the last 15 minutes of government questioning. We are well ahead of time. I will give you one brief question.

Mr O'CONNOR: Director-General, I note in the budget that the capital budget has gone down from, in 2019-20, \$100 million to \$91 million. Can you advise what capital programs have had their funding reduced in the past financial year?

Mr Merrick: I thank the member for the question. In terms of the variance between the two figures, that is principally accounted for by the machinery-of-government changes that meant Arts Queensland has moved to a different portfolio. That accounted for a capital allocation of \$26.6 million that was transferred to the Department of Communities, Housing and Digital Economy and the arts. That capital figure actually includes increased funding for protected area land acquisition, further action on Daisy Hill and additional funding for other projects. The principal change has been around the machinery-of-government move of Arts Queensland. There is also an aspect of this that is about accounting standards. With the minister's permission, we might request that the CFO comes forward to explain those.

Ms Delaforce: In respect of the \$9 million variance relating to the budget for capital on page 2-51 of the state budget papers, Service Delivery Statements for the Department of Environment and Science, I would like to explain beyond the director-general's position in respect of the increase in investment into capital programs for the 2020-21 financial year and the offset of the Arts Queensland machinery-of-government transfer that was effective on 12 November. That left a gap of around \$5 million out of the \$9 million. That is related to the implementation of a new accounting standard on 1 July 2019 that was in respect of the leases. The association of AASB16, 'Leases', meant that we had to recognise right-of-use assets for the new leases reported within the annual financial statements for the first time. This is disclosed under section 5, 'Right-of-use assets and lease liabilities', in the annual financial statements. This resulted in a change to the accounting requirements in respect of leases. The impact on the recognition of leases as assets in accordance with the Australian Accounting Standards Board standard of \$5.36 million was recorded in the financial statements. This was audited, produced and published in the annual financial statements.

The department must measure the right-of-use assets from leases at cost on initial recognition in accordance with the transitional provisions of the standard, which is further explained within the financial statements at note G3-4 on pages 81-83 of the annual financial statements. However, to keep this accounting information both simple and succinct, for today the department has applied the accounting standard for the transition by using a practical approach. This includes not recognising right-of-use assets for leases that end within 12 months of the date of initial application and leases of low-value assets, excluding initial direct costs from the measurement of right-of-use assets and using hindsight when determining the lease term. As a result, the department recognised right-of-use assets for land of \$12,000 and right-of-use assets for buildings of \$5.344 million. Such recognition is a one-off and contributed to the variation of the budget between 2019-20 and 2020-21 as the expectation of a recognition of a change in accounting policy is not budgeted for.

CHAIR: Minister, will you explain how the government is increasing its protected area estate by working with landholders?

Ms SCANLON: I thank the member for the question. Of course, the Palaszczuk government is leading the nation when it comes to our Land Restoration Fund to deliver regional jobs and reduce carbon emissions. As part of our economic recovery plan, this fund is investing in regional carbon-farming projects that deliver environmental, social and economic co-benefits for Queensland. This will support more jobs for the regions and provide an additional income stream to traditional owners, farmers, land managers and landowners. This is the first of its kind and is supporting Queensland to capitalise on our incredible biodiversity.

We have already rolled out the first investment round, with up to \$93 million across 18 projects across regional Queensland. These projects will support healthier wetlands and coastal ecosystems, increase habitat for threatened species and support regional job opportunities for First Nation peoples. Of these projects, the partnership with CO2 Australia for a \$3.7 million contribution, 16-year collaboration to improve biodiversity and build greater connectivity with remnant native vegetation puts the focus on improving water quality entering local waterways and reaching the Great Barrier Reef. We know that one of the threats to the longevity of the reef is poor water quality, and that is why we are supporting local projects just like this one to protect the Great Barrier Reef. This project will also develop skills and create employment opportunities for the Mungalla community.

We are also investing in projects just like this across Queensland to demonstrate the financial and health benefits that can come from a biodiverse on-farm income. The LRF is also growing our carbon farming industry, generating new jobs and income streams for rural and regional communities and delivering valuable environmental and social outcomes. We know that carbon farming helps to capture, hold and store carbon in trees and soils or avoid the release of greenhouse gas emissions. This is part of our strategy to combat climate change and achieve a zero net emissions target by 2050. The LRF positions Queensland to lead the nation to support carbon farming and address climate change by creating jobs and new income streams and we think that Queensland is the best state in which to deliver these sorts of carbon farming projects.

CHAIR: Thank you.

Ms KING: Minister, can you please explain how the Palaszczuk government is protecting Queensland's iconic koalas?

Ms SCANLON: I thank the member for Pumicestone for the question. Koalas hold a special place in the hearts of all Queenslanders. The Palaszczuk government is delivering on our commitment to address the decline in koala populations in South-East Queensland with the strongest koala protections

in Queensland's history. Koalas are one of the most iconic native species and it is incumbent on all of us to protect them. This is a once-in-a-generation opportunity and our government has taken strong action. This financial year we will be delivering over \$8 million to support koala conservation, habitat restoration and the work of wildlife hospitals. This is all part of the implementation of the South East Queensland Koala Conservation Strategy, our five-year plan for a coordinated and collaborative approach to habitat protection, restoration and threat mitigation.

We are delivering on the recommendations from the Koala Expert Panel, with a focus on partnering with local government, land owners, wildlife hospitals and communities. Responding to the panel's findings, the Department of Environment and Science developed the state-of-the-art koala habitat mapping using advanced modelling techniques and its expertise in statewide comprehensive vegetation management mapping. Over 577,000 hectares in South-East Queensland are now identified as key priority areas, which includes habitat in areas identified for rehabilitation an area twice the size of the ACT.

Clearing of koala habitat areas within koala priority areas is prohibited under the new regulations to protect vital habitat. We have of course though recognised that some exemptions to clearing prohibitions are needed, with once-off 500-square-metre allowances per premises as well as an allowance for the removal of dangerous trees and the creation and maintenance of firebreaks.

This habitat mapping is in addition to implementing the strategy, with habitat restoration initiatives, research of koala conservation and citizen science activities in the community also shaping our work going forward. The government worked extensively with local governments to ensure we got this strategy right and we will continue to collaborate with councils, businesses and local communities on koala protection initiatives and work with them to ensure the successful implementation of this strategy.

CHAIR: Before we move to the next government question from the member for Lytton, if you anticipate answering any questions on notice you may want to do that at around 4.10.

Ms PEASE: I take this opportunity to acknowledge the great work of the workers at Fort Lytton National Park. Riley and his team do an outstanding job. If you have not visited Fort Lytton National Park, you better get there. It is great. Minister, how is the government supporting the growth, management and sustainability of national parks and other protected areas?

Ms SCANLON: I thank the member for Lytton for the question. The Palaszczuk government is delivering a 10-year strategic vision to protect and revitalise our national parks and protected areas. This vision outlines how we are safeguarding Queensland's most beautiful natural areas and supports a strategic direction to support the growth, management and sustainability of protected areas. These areas are of important environmental and cultural significance and the strategy recognises the important role of First Nation peoples. That is why we are implementing international best practice protected area management in partnership with First Nation peoples. This will be supported through a significant expansion of the Indigenous Land and Sea Ranger program by doubling the number of rangers we have over three years.

The Palaszczuk government, as I have said previously, will be delivering a \$60 million Queensland Protected Area Strategy which will boost regional economies by driving tourism and improved visitor experiences. The funding will improve biodiversity protection and resilience to climate change and promote sustainable growth in protected areas. What we are delivering will build on the significant work already undertaken, so we will be enhancing our protection of national parks and protected areas by delivering \$28 million for expanding the public protected area estates, \$8 million to continue the private protected areas program, an expanded NatureAssist toolkit to landowners and a \$24 million contribution, as I said, to double the number of Indigenous land and sea rangers.

We are also delivering funding on top of our investment of more than \$6 million for the Great Barrier Reef Island Arks project and \$10 million to improve visitor facilities in national parks, boosting tourism numbers. The budget delivers \$15.8 million this financial year to acquire areas across the state for dedication as protected areas. This includes \$7.3 million for land acquisition, \$6.5 million for strategic acquisitions and tenure dealings in Far North Queensland, and \$2 million for the Great Barrier Reef Island Arks project. Our unique biodiversity here in Queensland is something to behold and it is no surprise that visitors flock from around the country and the world to experience it. This budget will help us get on top of the job to protect our most important areas while also backing Queensland jobs.

CHAIR: Thanks, Minister. We probably are ahead of time, so I might try to get one more in. Will the minister advise how the government is supporting councils to better understand and prepare for climate change impacts?

Ms SCANLON: I thank the member for the question. We know that coastal communities face considerable threat from storm tide inundation, coastal erosion and sea level rise. That is why the QCoast2100 program assists 31 councils to address coastal hazards and climate change. We have invested \$13 million for local governments to prepare coastal hazard adaptation strategies for their communities. This will help councils and communities understand and prepare for storm tide inundation, coastal erosion and the emerging threat of rising sea levels caused by climate change.

The program means that councils can assess coastal hazards, identify the risks and examine management options to keep their communities safe. This also supports a conversation with the community about the fact that we all have a role to play in shaping the response to climate change. Our government will also continue our support for this program with a commitment of \$3 million in further funding for QCoast, something I know the LGAQ has very much welcomed, and we are partnering with local governments through the Queensland Climate Resilient Councils programs to manage climate change.

There are 41 councils participating, including three Indigenous local governments, to plan for and respond to climate risks and opportunities. A draft climate risk management framework and guideline has been developed along with the first nationally accredited climate risk management certificate and leadership courses. This is all part of our commitment to addressing climate change and supporting local governments reduce the impact on their communities. With governments at both the local and state level doing everything they can to combat climate change, what we need is the federal government to do the same. We hope that all levels of government in the future for the best interests of future generations can work collaboratively together to reduce emissions and take meaningful action on climate change.

CHAIR: We will now move to responses to questions on notice.

Ms SCANLON: In response to the member for Mirani's question regarding the status of the Pioneer Valley mountain bike track linking Finch Hatton Gorge National Park to Eungella National Park, it is a matter for the department of tourism, innovation and sport which is leading the project. I note that the government has committed \$500,000 towards the design of that proposal. In response to the member for Nanango's question, in the 2020-21 financial year investigation and consultation will be commenced within current departmental resources. Additional funding required for external expertise, business case, legislative review, legals et cetera will be sought during the 2021-22 state budget process if needed, and that was in relation to the question around how much funding was contributed to the Queensland government to establish the EPA.

Mr O'CONNOR: There were a couple more about the LRF.

CHAIR: I am sure the minister wants to do a wrap-up and maybe needs two or three minutes.

Mr O'CONNOR: I had a question taken on notice on the costs associated with consultation, workshops, staff travel and hospitality.

Ms SCANLON: I might get the director-general to answer that question.

Mr Merrick: I thank the member for the question. The cost for 18 workshops across the state was \$362,823 and those are attended by over 900 people. In relation to an earlier answer I gave around the consultant support to the establishment of the LRF, there was a third contract with Energetics to the value of \$64,232 and that was to assess the scale of the market opportunity for carbon farming in Queensland in the context of global trends around carbon farming.

Mr O'CONNOR: Can I clarify that figure on the establishment of the EPA? What was that figure on the budgeted costs?

Ms SCANLON: I will read the answer again. The investigation and consultation will commence within current departmental resources.

Mr ANDREW: Is there a chance of another question?

CHAIR: We have 60 seconds. All questions on notice have been answered.

Mr ANDREW: It was outside the questions on notice. It was to do with the QCoast 2100 delivered by Cardno. Could the minister or the director-general tell me the percentage of incorrectness of the maps of the overlay for QCoast 2100? There are inconsistencies in the maps that were given to the people and the councils. I just wanted to ask the minister if they do know the percentage of inconsistency in the maps delivered by Cardno.

Ms SCANLON: I thank the member for the question.

Mr ANDREW: It is a hard one and the minister may wish to take it on notice.

Ms SCANLON: Thanks, member, but, no, I will respond. There are, of course, constant climate sceptics. If you have any concerns around the measures used I would encourage you to write to my office.

Mr ANDREW: On the day I was told there was a 48 per cent discrepancy from Cardno; that is all.

Ms SCANLON: By whom?

Mr ANDREW: By the Cardno representative, an engineer.

Ms SCANLON: I would encourage the member to write to me if you have concerns.

Mr ANDREW: I will do that.

CHAIR: Would you like to wrap up with any closing comments?

Ms SCANLON: Thank you very much. This is an incredibly important portfolio for future generations. It is an incredible honour to serve as the Minister for the Environment and the Great Barrier Reef. As we have outlined today, there is significant investment going into not only protecting our environment but also investing in the World Heritage listed icon of the Great Barrier Reef. I am very proud to be part of a government that is focused on these areas and I look forward to working with the team for the next four years to make sure that we can continue to protect these important assets for Queensland.

CHAIR: Thank you, Minister. The committee does look forward to working with you in these portfolio areas. In fact, the deputy chair was very keen to go and look at some of the reef related issues.

Mr MOLHOEK: Absolutely.

CHAIR: We look forward to getting you out on the water and maybe up to North Queensland, Deputy Chair, to have a look at some of our beautiful reefs.

Mr MOLHOEK: I have had some magic moments on Magnetic Island.

CHAIR: That is a great way to finish this session. There are koalas on Magnetic Island too. We look forward to working with you. We thank the minister and departmental officials for being here today. We will adjourn for a short break. We will resume at 4.30 pm with the examination of the estimates for the science and youth affairs portfolio.

Proceedings suspended from 4.13 pm to 4.30 pm.



CHAIR: Welcome back, Minister and officials. The committee will now examine the proposed expenditure for the Science and Youth Affairs portfolios. Minister, you may wish to make an opening statement in relation to this area.

Ms SCANLON: Thank you for the opportunity to make some opening remarks about the value of science to Queensland and the role of young people in shaping a strong and prosperous future for our state. The science sector itself employs many Queenslanders and makes a large direct contribution to the economy, but more than that it underpins innovation and growth across all sectors. This year has been unlike any other and showed us the importance of science and research in solving complex global challenges. Scientists across Queensland and, indeed, the world have been working tirelessly to tackle the COVID-19 pandemic and develop vaccines and therapeutics for a strong health response. We know that in Queensland it is only because of our strong health response that we are now able to deliver our plan for economic recovery.

Queensland is home to many great scientists who are at the forefront of breakthroughs and discoveries. I acknowledge CSIRO and the University of Queensland for developing an early-warning surveillance system to track COVID-19 prevalence in the community through tracing the presence of the novel coronavirus gene in untreated waste water. This major development has strengthened Queensland's response to the pandemic. Science and research are critical to protecting the health of Queenslanders.

We have one of the best science systems in the world for managing the natural environment. We develop innovative techniques to ensure sustainable ecosystems and landscapes. In the last term the Palaszczuk government also introduced landmark reforms to the Biodiscovery Act 2004. We now require research institutions, universities and the private sector to seek agreement with First Nation people before using their traditional knowledge for biodiscovery. This reform gives real meaning to Indigenous people involved in biodiscovery projects, opens up job opportunities and contributes to Queensland's economic recovery from COVID-19.

Our robust science supports government decision-making and this year Department of Environment and Science scientists played an important role in the comprehensive update to koala habitat mapping. The Queensland Herbarium, the state's first and oldest science institution, developed cutting-edge mapping techniques using the best available science, advanced modelling and improved satellite imagery. By engaging the state's top scientists in mapping vegetation—ecological experts and specialised technical experts, working in partnership with councils—Queensland has a powerful and robust tool for mapping core koala habitat and informing policy and planning decisions.

Once again we find ourselves in the middle of a bushfire season. The scale of the bushfires last season was unprecedented and scientific research plays a huge role in our preparedness. Using leading scientific knowledge and information, our government is providing climate projections to advise adaptation pathways and help strengthen disaster resilience across Queensland.

As well as being the minister for science, I am also proud to be responsible for the portfolio of Youth Affairs. The Palaszczuk government wants all young people to be able to look to the future and see limitless opportunities. Our vision is to support all young people to thrive and fully contribute to this state's economy and society. Our Queensland Youth Strategy is now in its fourth year. At the centre of the strategy is a whole-of-government commitment to youth engagement, as outlined in the Queensland Youth Engagement Charter, which was released in November 2019. The charter was shaped by the voices of young Queenslanders and is a pledge to actively engage young people in government business and seek their input into decisions that affect them. It is not about giving young people a voice; they have strong voices and they know what they want. What we need to do is listen to those choices voices, and we are.

The Palaszczuk government has delivered the Queensland Youth Engagement Panel, the Queensland Youth eHub and issues-specific youth forums are emerging right across government. Our government will continue our work around existing initiatives, including annual YMCA Queensland Youth Parliament, Queensland Youth Week and the delivery of initiatives to address cyberbullying. Of course, this month we will host the 16th annual Queensland Indigenous Youth Leadership Program. Since 2004, more than 560 Aboriginal and Torres Strait Islander young people have participated in that program, which makes it a resounding success.

Of course, there is much more to do. The more we can bring young Queenslanders to the table and listen to their ideas on how we shape government policy, programs and services, the stronger we will be as a state. Bringing the Youth Affairs portfolio together with the Environment and Science portfolios offers an incredible opportunity to create change in an area to which young people bring both great passion and ingenuity. I welcome the opportunity to appear before the committee today and look forward to answering your questions.

CHAIR: Thank you minister. I need to address two things before we move on. To correct the record, in the previous session I said that we had not received correspondence about the member for Nanango. In fact, we have the original correspondence and I apologise to the member for Nanango. We have that now.

Secondly, I did not read this out when we came back, but I now declare open the Health and Environment Committee's inquiry into the proposed expenditure for the portfolio areas of Science and Youth Affairs. The question before the committee is—

That the proposed expenditure be agreed to.

Minister, thank you for your opening statement. I am a big fan of youth. I can see that the member for Bonney is ready to go, but two things that the parliament has championed for a long time are the Youth Parliament and yesterday I attended the parliamentary internship. Already we have some bright people involved in the parliament. Speaking of young people, I call the member for Bonney.

Mr O'CONNOR: I refer to SDS 2-49. Will the minister advise the committee how many young Queenslanders are underemployed?

Ms SCANLON: I do not have the figure in front of me. In fact, I did have the figure prepared for question time last week. Of course we know that, as a result of COVID-19, young people in particular have been affected by the pandemic. There is a lot of work that governments of all persuasions need to do to tackle youth employment and youth unemployment. I am certainly happy to come back to the member with the specific figure and maybe outline some of the policies that we have implemented and measures in the budget that specifically go towards youth unemployment.

Mr O'CONNOR: Noting that you do not have the figure, do you have an idea of what targets you would like to see over the next 12 months for youth unemployment?

Ms SCANLON: Of course, I understand that this is a question that has been asked in parliament already. It is one that covers a range of portfolios. Our aim is to increase the amount of jobs we have here in Queensland, not only for young people but for all Queenslanders. We are doing that through a range of measures. It is not just about providing job opportunities; it is also about training. We have free apprenticeships and traineeships for under 21-year-olds and a range of different programs targeted specifically at young people to get them into work. We have clear targets around apprenticeships required on government builds. There is a range of measures. We will continue to strive towards bringing down that unemployment figure and making sure we are creating more jobs for young Queenslanders.

Mr O'CONNOR: So there are no specific targets for the next 12 months for youth unemployment?

CHAIR: That has already been asked and the minister—

Mr O'CONNOR: Has not given an answer.

CHAIR: Excuse me!

Mr O'CONNOR: Director-General, with reference to the Queensland-Chinese Academy of Sciences Collaborative Science Fund, what is the total amount of allocations from that fund to date and what is the unallocated balance of the fund?

Mr Merrick: May I take some advice? What I can advise is that we have \$200,000 allocated for international science collaboration programs this year. In respect of past commitments, I will have to come back by the end of this session.

Mr O'CONNOR: I am happy to have that on notice. Director-General, with reference to SDS, page 2-51, on departmental staffing, has the Public Service Commission's investigation into the appointment of Dr Tim Seelig concluded?

Mr Merrick: From recollection, the investigation concluded well over 12 months ago and found that the recruitment process was entirely consistent with all prevailing directives. The Public Service Commissioner found that the recruitment process was an open, fair and merit based recruitment process.

Mr O'CONNOR: As a follow-up question, Director-General, has Dr Seelig been promoted within the department to director of strategic policy?

Mr Merrick: No. That was his position.

Mr O'CONNOR: That was his prior position? Can you elaborate on what role he has within the department?

CHAIR: We ask that you—

Mr Merrick: Can I ask if that is relevant to the SDS, Chair?

CHAIR: Yes. Thank you. You—

Mr O'CONNOR: It is 2-51, staffing. You paid out a sum—

CHAIR: Member, we have 45 minutes or half an hour left. Let's not stray. Please make these questions relevant to the appropriation bill.

Dr ROBINSON: Point of order, Chair.

CHAIR: Yes.

Dr ROBINSON: We are talking about an FTE role in the department that has a bearing on budget. It would seem relevant to me.

CHAIR: I will allow the question.

Dr ROBINSON: He is asking about the role of an individual in the department.

CHAIR: For the benefit of all of us, repeat the question, please.

Mr O'CONNOR: Just to elaborate on Dr Seelig's role within the department.

Mr Merrick: Mr Seelig does not have any responsibility for departmental funding programs.

Dr ROBINSON: But he is involved in DES?

Mr Merrick: Yes.

Dr ROBINSON: What does he do in DES?

Mr Merrick: He provides policy advice.

CHAIR: The question has been answered. Move to the next question, please.

Mr O'CONNOR: Director-General, what support does the department provide to science education or engagement facilities across Queensland?

Mr Merrick: Facilities specifically?

Mr O'CONNOR: It could be any. Just a few weeks ago I saw the Cairns Aquarium and some of the work the department had done up there. I was wondering what sort of support you provide across the state?

Mr Merrick: I might speak specifically to infrastructure funding we have around developing a strong research and development sector and how that is critical to diversification and growth of the state budget.

Mr O'CONNOR: I am after more on science engagement with the general public, not so much the research and development.

CHAIR: He is providing a response. I am interested to hear it.

Mr O'CONNOR: I am clarifying the question.

Mr Merrick: In terms of supporting certainly facilities and infrastructure, the Queensland government established the \$25 million Research Infrastructure Co-investment Fund which enabled critical co-investment in national collaborative research infrastructure facilities in Queensland, ensuring our scientists and the broader community have the best facilities and equipment available to do their work. The funding is provided over five years to eight facilities in critical areas of research such as driving breakthroughs in cancer and infectious diseases, understanding the impacts of climate change on the Great Barrier Reef, accelerating drug discovery using compound libraries, improving environmental monitoring for greater agricultural productivity, advancing device fabrication for vaccine patches and bionic implants and decoding the DNA of deadly viruses such as COVID-19.

In 2020-21, the current financial year, a total of \$6.61 million has been allocated across eight facilities. An example of that is the University of Queensland Centre for Microscopy and Microanalysis and Queensland supporting Microscopy Australia to upgrade the cryo-electron microscope and imaging mass spectrometry instruments. This support will expand the capability for molecular imaging techniques to support breakthroughs with broad applications, including outcomes in cancer, infectious diseases, manufacturing, agriculture and drug development.

Mr O'CONNOR: I have a follow-up question on that to you, Minister, which I am sure you could anticipate because I have talked about this many times before. Noting this support for these sorts of programs, will you use your position as science minister to investigate getting a science centre for the Gold Coast?

Ms SCANLON: When it comes to the comments that the member has made in the media—I understand he has written to a previous minister with this idea, but there is no financially viable proposal that has been put forward. In fact, no proposal at all has been put forward to either—

Mr O'CONNOR: Which is why I am asking the question.

Ms SCANLON: If the member will let me finish my response. There has been no proposal that has been put forward to either my office and department or the state development minister, as far as I can see. As I understand from the comments made by the member in the paper, the member is seeking a contribution from the federal government, which I have not seen either, and also allegedly staffing from Griffith University and, again, we have had no confirmation of that either.

When it comes to the Gold Coast Health and Knowledge Precinct, it is a legacy from a Labor government which had the vision to turn it into a health and knowledge precinct following the Commonwealth Games. I encourage any investment in that area. When it comes to any proposals, we are talking about taxpayers' money and it needs to be assessed based on its merits and there needs to be an actual proposal put forward to government. I cannot talk about providing funding around a hypothetical proposal that has never been put to any agency.

Mr O'CONNOR: You are the minister, though, right?

Ms SCANLON: Correct.

Mr O'CONNOR: You can talk to your department to look into these things, can you not?

CHAIR: Member, the minister has answered the question and articulated the position quite well. I ask you to move to the next question because you are just about at the end of your session.

Mr O'CONNOR: So that is a 'no' to—

CHAIR: Member, let's not stray into areas that you will probably regret. I do not want to use valuable time having to bring you back to questions in relation to the appropriation bill.

Mr O'CONNOR: I do not regret trying to get a science centre on the Gold Coast.

Ms SCANLON: Chair, I am more than happy to add to that. We are happy to consider any proposal. The land that the member is talking about, though, falls under the jurisdiction of the state development minister, so collaboration would need to be had amongst other agencies. However, as I said, there is no proposal that has been put forward to us to date.

Mr O'CONNOR: Does the department have the capacity to make a proposal or to assist with a proposal?

Ms SCANLON: As I understand, you have already got a thought bubble around the fact that it would be federal government funding that builds this. I would have thought, given your connections with Stuart Robert and other members, if you had such funding, that could be put forward to the state government.

CHAIR: The ball is in your court, member. Go ahead.

Mr O'CONNOR: I am not the minister.

CHAIR: Do you have a supplementary question?

Mr O'CONNOR: I am happy to keep going.

Ms PEASE: Point of order, Chair. It seems to me that the member for Bonney constantly wants to have the last word after the minister has spoken. Can we move ahead and get on with questioning?

CHAIR: What is your question, Deputy Chair?

Mr MOLHOEK: Director-General, I refer to the Service Delivery Statement, pages 41 to 56. On page 41 it describes the minister's portfolio and includes the term 'youth affairs'. I note that there is no service area highlights within that section for youth affairs. How much of the total budget that has been allocated within your area is actually committed to youth affairs?

Mr Merrick: I will just take on advice the total budget that we have in that space.

Ms SCANLON: I add, Chair, that when it comes to youth engagement, you do not necessarily need money to be able to engage with young people. In fact, I encourage all members of parliament to engage with young people in their electorate. As the youngest member of the parliament, of course I have a contribution to make to policy settings, but I think there is more that everyone can do to encourage the voices of young people to be part of decision-making. Please be assured that that will be my focus over the next term of government.

Mr Merrick: I can confirm that in the 2020-21 budget the total amount allocated to youth affairs is \$2.089 million.

Mr MOLHOEK: Recently the Mental Health Commission released a plan on suicide prevention called 'Every life'. Has the minister been briefed on the plan and what targets does your department have in respect of young people with reference to youth suicide in Queensland?

Ms SCANLON: It is an important question around a very significant issue. A lot of this falls under the minister for youth. If you read the charter for youth affairs it is around the engagement of young people. I think it is important in that engagement that we are discussing issues around mental health. Of course we will continue to do so. The clearly set out charter around what my role is as youth affairs minister is to provide advice. If there is any advice from young people around what government can do to address mental health concerns we will absolutely do that and work with the new health minister on those strategies.

I note the member is a member on the Gold Coast. We have announced substantial investment around the expansion of the Gold Coast University Hospital to increase the mental health rehabilitation unit there. We have also announced a mental health stabilisation clinic which means that we will have fewer people in our EDs and in a much more appropriate setting. There is a substantial amount of investment in the mental health space. All levels of government should be focusing on this. I know it is a big issue for a lot of young people. Some of this also falls under the federal government's sphere when it comes to people accessing some of those mental health services through their general practitioners. We will continue to listen to young people in terms of what further we can do in this space.

CHAIR: We will move to questions from the crossbench.

Mr ANDREW: I refer to page 2-42 of the SDS. On 9 September this year the then leader of the opposition and the Premier faced a contingent of the South Sea Island community as they celebrated the 20th anniversary of the recognition by Peter Beattie of the South Sea Island community. What does this budget do for the Australian South Sea Island youth?

CHAIR: I will draw the member's attention to the portfolio areas we are currently looking at. I take into account your passion for the South Sea Island community. Whether the minister can refer to youth in that regard we will see.

Ms SCANLON: As I have just mentioned, one of the things that we are going to see at the end of this year is the Indigenous youth parliament group come to parliament to make a contribution. It is incredibly important that we listen to their views. I am certainly more than happy to reach out and engage with any young people throughout Queensland to hear about their concerns and what more the Queensland government can do to assist them.

Mr ANDREW: I wanted to confirm that because the Premier was quite keen on making sure that they were recognised a bit more in the community. What is the commitment in your portfolio around changing the way that kids engage with ice, their addiction to ice and the issues surrounding it? I have a lot of problems with this in my electorate. It has become a scourge and it is destroying families. It really needs to be addressed. Can you tell me what you can do in your portfolio?

Ms SCANLON: It is an important issue to address. As previously mentioned, my portfolio is around the engagement of young people. In terms of how we deal with this in a health context or in a law enforcement context, that would fall under other portfolios. I certainly will not speak on behalf of those ministers. In terms of this role, we will be engaging with young people around the biggest issues coming up for them. We know that substance abuse is an issue that we need to have a serious discussion about. It is something that I know lots of young people are really passionate about and have significant views on. Over the next four years, no doubt we will be speaking more and if you have any views or contributions, I will be happy to hear those.

Mr ANDREW: I certainly will over time. I have a lot to share with you.

Dr MacMAHON: What funding has been allocated in the budget to provide or support emergency housing for LGBTIQ youth experiencing homelessness, including any funding to relevant organisations?

Ms SCANLON: That is a question that should be directed to the Minister for Housing. We are here to examine the SDS relating to the portfolio of Environment and the Great Barrier Reef and Science and Youth Affairs.

Dr MacMAHON: So you cannot shed any light on this?

Ms SCANLON: It is a matter that is in a different portfolio. I will let the relevant minister answer that question for you.

Dr MacMAHON: Unlike in other states, there is no requirement for sex education to be included in Queensland schools. Will the government introduce a requirement for sex education to be taught in Queensland schools to help young people understand and navigate safe sex, ethical relationships and consent?

CHAIR: Before the minister responds to that, member for South Brisbane, I know this might be your first estimates, I have to draw your attention to relevance. Under standing order 181, that question, whilst important, would be far better put to the education minister. I would think that that is where the minister would steer you to in her response.

Dr MacMAHON: Perhaps I will rephrase the question. Do you plan to do any engagement with young people around introducing sex education into Queensland schools?

Ms SCANLON: When it comes to introducing any policies, that is a matter for the education minister. We will listen to the views of any young people. The role of this portfolio is to listen to the contributions that young Queenslanders have and to, of course, work with other agencies. One of the key things I want to do in this portfolio is create relationships across all of government to make sure every department has key input from young people. If that is something that young people raise through this process, of course we will pass that onto the relevant agency.

CHAIR: We will move to government questions. Can the minister update the committee on the work that is underway to support scientific research in Queensland?

Ms SCANLON: When it comes to scientific research, the global health pandemic has shown the importance of science and has made it even clearer to Queenslanders why we need this contribution. Science improves health outcomes, it maintains the quality of the environment and it contributes to

solving significant social issues as well. Science is innovative and has the potential to create new industries and new jobs. Whether it is taking the advice from medical professionals or listening to the experts about our impact on the world around us, science underpins government decision-making to deliver the best outcomes for all Queenslanders. Queensland has an excellent reputation for science and research excellence. The government promotes science and research and engages with science and innovation stakeholders to increase research collaboration.

The Palaszczuk Labor government has supported this strategic relationship through government to government agreements and joint funding programs which the director-general spoke about earlier in the session. Queensland's agreement with the Smithsonian institute allows our researchers access to the world's largest museum, education and research complex. The jointly funded Queensland-Chinese Academy of Sciences Collaborative Science Fund provides our researchers with the opportunities to collaborate with the world's largest investor in research and development and access knowledge and facilities not available in Australia. These relationships help Queensland researchers accelerate their research and improve access to investment and commercialisation opportunities. That is why we are investing \$200,000 this financial year into international science collaboration programs.

We understand that it is not for politicians to determine what is scientific fact. Unlike the opposition, we listen to the experts and we act on their advice. We have had some suggestions from members of parliament as of late around the establishment of a science quality assurance office or, what I think should be better named, the office for alternative theories. The former Newman government ripped \$50 million from the science and innovation division of the former department of science and innovation.

Dr Robinson: Chair, I thought you wanted things to be nice. Be nice, Minister.

CHAIR: We are nearly at the end of the day. I am very interested—

Dr Robinson: Be nice, Minister. We are at the end of the day. They are cheap shots.

CHAIR: Member for Oodgeroo! I am very interested—

Mr O'Connor: The minister has done well to resist this long.

CHAIR: Order on my left!

Ms SCANLON: There were 950 jobs lost from the department between 2012 and 2015. Queensland has benefited from more than 20 years of strategic investment into science, research and innovation, firstly, through the Smart State Strategy and now through the \$755 million Advance Queensland program. Our Palaszczuk government will continue its strong support for science and research initiatives that contribute to human health and economic recovery, maintain a suitable environment and continue listening to the experts.

Ms PEASE: Can the minister please explain the importance of youth engagement and giving young people a voice?

Ms SCANLON: Young Queenslanders should look to the future and see limitless possibilities. The more we bring young people to the table and listen to their ideas, the stronger I think we will be. It is my great privilege to be the Minister for Youth Affairs and Queensland's youngest ever minister following the previous minister I worked under, Kate Jones. I will strive every day to deliver the best outcomes for our young people.

I understand that young people are looking for a government that will listen to them on the issues that they find important. That is exactly what our government is doing and will be focusing on. We have a clear strategy that sets the vision for all young Queenslanders. Regardless of what part of this great state you live in or what your background is, young people must be supported to thrive.

Our Queensland Youth Strategy was informed by more than 1,200 young people who told us what was important to them. Queensland's Youth Engagement Charter also sets out the course for youth engagement from a government perspective. It is our pledge to actively engage young people in government business.

Our Queensland Indigenous Youth Leadership Program is helping to build bright futures for young Aboriginal and Torres Strait Islander people. I am so proud to report that more than 560 young leaders have participated in this program since 2004.

We want to see more young people engage in the political process from all ideologies, which is why I am pleased that we are giving young people that opportunity through the YMCA Queensland Youth Parliament program, a program I know lots of members of parliament engage in with their young

'parliamentarians'. This program is giving young Queenslanders the opportunity to develop and debate bills in a parliamentary setting. I hope that I will be joined in the parliamentary chamber soon by these very impressive participants.

Beyond that, our Queensland Youth Engagement Panel is made up of 11 young people from across the state who come together to offer their ideas and insights to help shape government policy and programs. It is an important forum for discussion and action. I look forward to what we can achieve together for the rest of this year and also going into next year with the new panel. We have also delivered the Queensland Youth eHub, which provides a safe electronic platform for young people to have their say on matters that affect them.

Finally, Queensland Youth Week is an annual celebration of the state's young people and their achievements. In 2020 the theme was 'Yeah the youth!'—an important call to friendship, strength and unity between young people. What a fitting message with the challenges of COVID-19. I think we can all agree that it has been a challenging time for everyone but particularly for young people at school and university and, at times, precarious working conditions.

As one young person from this year's YMCA Queensland Youth Parliament pointed out, 'Our generation is the first to have all the facts about the threats that our world faces. We are also the last to have the time to act on them.' Young people have so much to offer this state. I am proud the Palaszczuk government is doing so much to support young Queenslanders over this term.

CHAIR: We will move to the member for Pumicestone. We have time for two more questions and then we will come back to clarifying any questions on notice.

Ms KING: Minister, how is this government supporting the rights First Nation people hold for their traditional knowledge?

Ms SCANLON: The Palaszczuk government is incredibly proud to deliver important reforms to biodiscovery in Queensland. Biodiscovery makes a valuable contribution to our economy through innovative research and involves the collection and use of native biological material for commercial purposes.

Our government has introduced nation-leading legislation to recognise the rights of First Nation peoples for their traditional knowledge. These reforms mean that research institutions, universities and the private sector must now seek agreement with First Nation people before using their traditional knowledge for biodiscovery. It is a critical step towards recognising and representing the rights of First Nation people.

Through genuine partnership with the research sector, First Nation people use their traditional knowledge to build new products and services, and the changes give the custodians of traditional knowledge the means to benefit from and participate in biodiscovery. There is now also the potential for more economic and employment opportunities for these communities. The reform will also help those in the biodiscovery industry to collaborate internationally and access important global markets.

Recently I had the privilege of attending the signing of the memorandum of understanding between the University of Queensland and the Dugalunji Aboriginal Corporation, which was a really important moment. This has been a 14-year journey that brought together Indigenous knowledge with western scientific methods. This partnership resulted in the development of a method to extract nanofibres from spinifex grass that can now be added to a range of commercial products. This has created over 100 jobs in North Queensland following the establishment of the spinifex harvesting plant. The next stage shows the true partnership between the Dugalunji Aboriginal Corporation and UQ by including the Aboriginal corporation as an applicant.

This is just one example of the possibilities of scientific advancement by using traditional knowledge but also the positive economic and educational outcomes for Indigenous communities. I would like to particularly acknowledge the tireless work of the former minister, Leeanne Enoch, a proud Quandamooka woman herself. She worked tirelessly to bring this legislation to the House and worked closely with all stakeholders to make it a reality. I am proud to be part of a government that acknowledges the rights of First Nation people and is supporting new and innovative research using traditional knowledge.

CHAIR: Member for Pumicestone, do you have a supplementary question?

Ms KING: Yes, I do, Chair. It is something that is very important to me and I know very important to this government. Can the minister advise of the Palaszczuk government's commitment to strong scientific evidence and whether there are any alternative approaches?

Ms SCANLON: The Palaszczuk government has made it clear we believe in science. We listen to expert advice when it comes to the health crisis and we listen to the expert advice when it comes to the environment as well. I was interested though to see the member for Bonney visit regional Queensland recently and say, 'I am here to hear from the scientists what the reef needs, where the government is going well and what they could be doing better to have this incredible environmental asset better adapt and better coexist with people.'

I am curious as to whether the member for Bonney and the LNP have been listening to the advice of those scientists, because what we know is that they have spent many, many years not listening to the very clear advice that has been provided to government when it comes to implementing really sensible reforms to protect the Great Barrier Reef.

Dr Robinson: What rubbish.

Ms SCANLON: In fact, the 2017 Scientific Consensus Statement, the Reef Water Quality Report Card 2017 and 2018, the OUTLine Annual Report 2019 and most recently the IUCN report on World Heritage values—

Dr Robinson: What rubbish.

Ms SCANLON: I have heard some interjections. I remind those opposite that we have implemented both vegetation management laws and reef regulations.

Dr Robinson: Why do you hate farmers?

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

CHAIR: Member for Oodgeroo, I am just going to call that out as unparliamentary. I ask you to withdraw that.

Dr Robinson: Withdraw what? What was unparliamentary?

CHAIR: Your comments.

Dr Robinson: What language was unparliamentary, Chair?

CHAIR: How about we hear the minister—

Dr Robinson: 'Why do you hate farmers?'—which words were unparliamentary?

CHAIR: Excuse me, member for Oodgeroo!

Dr ROBINSON: I raise a point of order. Under what standing order was that unparliamentary?

CHAIR: I consider unparliamentary the word 'hate' in that particular sentence, and I ask you to withdraw.

Dr ROBINSON: I withdraw.

CHAIR: Thank you.

Ms SCANLON: I thank the chair. When it comes to protecting the Great Barrier Reef, we know that the two biggest challenges are reef water quality and climate change. That is why we are acting in those areas.

Mr MOLHOEK: I raise a point of order, Chair. Earlier today you ruled on the need to be addressing questions within the box and what the time is allocated for. The minister is straying into issues to do with the environment and the Barrier Reef. This afternoon's box is supposed to be about youth affairs and science.

Ms SCANLON: I am getting to the science of the scientific advice.

CHAIR: I will allow some latitude.

Mr Molhoek: I look forward to hearing the link because we have had a wonderful lecture.

CHAIR: We have just a couple of minutes left. I will allow a little latitude as we finish the day.

Ms SCANLON: I thank the chair. The advice provided to the government is from scientific experts. We are listening to those scientific experts. What we are asking for is all members of parliament to listen to those scientific experts—

Dr Robinson: And are you listening to the farmers as well?

CHAIR: Cease the interjections.

Ms SCANLON:—instead of providing disallowance motions when it comes to reef regulations that protect the Great Barrier Reef and instead of voting against vegetation management laws.

Dr Robinson: You obviously don't talk to farmers.

CHAIR: Can you please cease the interjections, member for Oodgeroo!

Dr Robinson: We are being provoked, Chair.

CHAIR: Member!

Ms SCANLON: The Palaszczuk government will continue to listen to the scientific experts when it comes to protecting our World Heritage listed icons so that we can continue to protect these biodiverse areas and the jobs that rely on them.

CHAIR: I understand there are two questions on notice you may want to respond to in the closing minutes.

Ms SCANLON: With reference to the member for Bonney's question in relation to how many young Queenslanders are unemployed—

Mr O'CONNOR: Just to clarify, how many are underemployed. Because yesterday you tweeted a face palm emoji to the federal youth minister not knowing that same figure, so I was just asking.

Ms SCANLON: I can confirm the youth unemployment rate in Queensland is 15.5 per cent. I am sorry, I misheard the question. From memory, the underemployment rate is 18 per cent. I thought that was the case, but I wanted to triple check that before I misled the committee.

In relation to the Queensland-Chinese Academy of Science Collaboration Science Fund, the question was, 'What are the total amount of allocations from this fund to date and what is the unallocated balance of the fund?' The total is \$2.475 million and there is no unallocated funding. All funds are allocated.

Mr O'CONNOR: Will the director-general advise how many complaints were received in the last financial year regarding department staff or contractors in relation to complex conduct and performance matters, fraud and other misconduct?

CHAIR: In relation to which portfolio area?

Mr O'CONNOR: SDS 2-42, 'Departmental overview'. We have had a very broad definition from the other side.

Ms SCANLON: It is not appropriate to comment on investigations currently being undertaken by either the Department of Environment and Science or the Crime and Corruption Commission. The Public Service Commission meets its legislative requirements under section 88N in the Public Service Act 2008 to publish annual conduct and performance data by 30 September each year. There is a link to the report we have provided in a question on notice, and all matters fall under the jurisdiction of the CCC. Their Corruption Allegations Data Dashboard is published online as well.

Mr O'CONNOR: I did ask the DG and I did not mention the CCC. The question related to complaints in the last financial year regarding department staff or contractors in relation to complex conduct and performance matters, fraud and other misconduct. The fraud would be a monetary value.

Mr Merrick: Just to clarify, the report the minister referred to is the 2019-20 conduct and performance data published by the Public Service Commission.

CHAIR: We have around 60 seconds left. I think the minister would like to use this time to do a wrap-up of the portfolio area we are examining.

Ms SCANLON: I thank the chair for the opportunity to conclude today's hearings. It is a great privilege to work in the portfolio of youth affairs as the youngest member of this parliament and the youngest minister in Queensland. When it comes to science, we have seen this year the incredible importance of appropriate scientific advice and how important it is that governments rely on and listen to that advice.

I want to conclude these proceedings by thanking the committee members and the chair for your continued work; the secretariat; the director-general and all department staff; the previous minister, Leeanne Enoch, for her hard work and advocacy over the last three years; of course all of my hardworking staff who have had a lot of work to do over the last four weeks—it is the four-week anniversary of me becoming a minister today, so they have been an incredible help—finally, I would like to take a moment to take the QPWS rangers and QFES staff right now who are fighting the fire on K'gari.

CHAIR: Thank you very much, Minister. We have certainly enjoyed having you here this afternoon covering these portfolio areas. The time allocated for the consideration of the estimates of expenditure in the portfolio of the Minister for Science and Youth Affairs has expired. I do note that thanks to your staff we will be doing this again in August next year, so in eight months we will be back to estimates.

Can I take the time now to thank all members of the committee and all visiting members who have made contributions today. I must thank the secretariat and support staff for their hard work in putting together today's estimates. I close the proceedings.

The committee adjourned at 5.15 pm.