

From: [Jasmina Joldic](#)
To: [David Walsh](#)
Cc: [John Wakefield](#); [news](#); [Robert Hoge](#); [Trish Nielsen](#)
Subject: Re: Urgent - annual report media enquiry from **Irrelevant**
Date: Tuesday, 27 October 2020 5:06:20 PM

Thanks David

I would add a few lines that gives a more fulsome picture including how many statutory agencies we have and each one of them has to table an AR (OHSA will have those details); the fact that we have prioritised the ARs we had to table (MH ones); and I would not name OHSA in the response, just keep it generic that we have redeployed staff where and when needed.

Jasmina

Jasmina Joldic

Head of -
Office of the Director-General &
System Strategy Division
Queensland Health
Irrelevant

On 27 Oct 2020, at 16:48, David Walsh **Irrelevant**
wrote:

Hello John and Jasmina

We have fielded a media enquiry (please see below) from **Irrelevant** from **Irrelevant** re the annual report. In a subsequent email he has given us the deadline of "in the next hour".

Our suggested response is below. Could I please get your feedback on the below as soon as possible.

The Department of Health sought an extension for its annual report tabling due to the resourcing pressures created by COVID-19. The Queensland Health 2019/20 Annual Report will now be tabled before the end of the year. Queensland Health has been front and centre in driving the state's COVID-19 response since January. This has required redeploying non-frontline staff, including many from the Office of Health Statutory Agencies – the team that manages the annual report process.

From: **Irrelevant**

Sent: Tuesday, 27 October 2020 4:38 PM

To: news **Irrelevant**

Subject: **Irrelevant**

G'day,

can you please explain why Qld Health has not presented its annual report for the 2019-20 year?

Who asked for the delay and on what grounds?

Cheers,

Irrelevant



RTI RELEASE

David Walsh

From: David Walsh
Sent: Friday, 6 November 2020 12:01 PM
To: Haylene Grogan
Cc: Alison Bock
Subject: Article in Cairns Post

Hi Haylene - David Walsh from the media team here. Please see below article FYI - this was in today's Cairns Post.
Thank you.

‘\$30,000 to bring them home’: Plan to tackle failing Torres Strait kidney health system
A team of first nations leaders are gathering support for a massive project to address the systemic breakdown of healthcare in remote communities.

Jack Lawrie, The Cairns Post
November 6, 2020 5:00am

A TEAM of First Nations leaders are gathering support for a massive project to address the systemic breakdown of healthcare in remote communities. As debate rages over the site of the next Queensland kidney transplant unit, Far North Queensland health services and local leaders have argued it should go to Cairns Hospital, which serves as the receiving centre for the Cape and Torres Strait where there is a high rate of kidney disease patients.

The proposal has received the backing of the Torres Cape Indigenous Council Alliance, Wuchopperen Health Service and Apunipima Cape York Health Council, as well as the Far North Queensland Regional Organisation of Councils, among others.

In February this year, tribal leaders from Kaurareg and Wakaid (Badu Island) met doctors Murthy Mantha and Harris Akim at Cairns Hospital, then gathered support from the Kaiwalagal, Torres Strait and Cairns regions.

For these leaders, support for the organ transplant unit in Cairns Hospital is critical for chronic disease patients from remote areas. Linked to support for the hospital unit is a project team led by members of the Kaurareg Aboriginal Land Trust who are looking at developing a model of preventive care based on tribal health.

The project, titled Uka Pilamin: Coming Together As One, is in a consultancy stage after receiving a seeding grant of \$27,000.

Uka Pilamin will develop a hybrid model based on tribal health for preventive care, with clinical care as the back-up for chronic disease.

The Thursday Island Hospital Wellness Centre. Chronic kidney disease rates are high in the Torres Strait Islands, and dialysis patients can go into this centre three times a week for up to five hours each time.

Kaurareg Aboriginal Land Trust chief administration officer Allen Reid said further funding was being sought to introduce the Uka Pilamin model across the Kaiwalagal Torres Strait region in a 30-year program to address the onset of chronic disease in future generations.

“For that to happen, the Torres model of care needs to be reviewed and additional resources found to meet the burden of chronic disease within the community, followed by strategic investment in health promotion to bring down chronic disease levels,” he said.

According to health data released by the land trust, there are hundreds of Torres Strait Islander and northern peninsula area patients affected by chronic disease,

Brolga Consulting Services senior consultant Leeann Mick-Ramsamy said while they supported a kidney transplant unit for Cairns, sending people with renal disease to Cairns was already too much of a burden for remote communities. "When people go away to Cairns for treatment and die from kidney disease, it can cost up to \$30,000 to bring them home," she said.

"Many come from poor communities and our island councils have to raise that money for charter and funeral costs," she said.

Wakaid tribal chief and co-chair of Waibene (Thursday Island) Human Rights and Social Justice Advocacy Group Robert "Bongo" Sagigi is a renal patient himself.

Mr Saigi spent the past week in Cairns Hospital for treatment due to a legionella bacteria problem in the water at Thursday Island.

"Every community has it tough and there are so many people going through the system," he said.

"The failure of the present health system is killing my people. It is like a modern-day apartheid."

Land trust chairman Willie Wigness said Indigenous health workers were demoralised, having to provide all aspects of clinical care with cultural protocols, as the case burden grows. "For 25 years Queensland Health has left a hole in the system," he said.

From: [Nick Steele](#)
To: [David Walsh](#)
Cc: [Robert Hoge](#); [Rory Barlow](#)
Subject: RE: Budget Estimates messaging
Date: Friday, 27 November 2020 4:54:43 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Hi David Sorry for delayed response.

You are right that we have had productivity dividends (more activity for same money) for many years but only really this year (20-21) have we brought back efficiency dividends (less money for same activity).

Irrelevant



Thanks.
Nick.

From: David Walsh **Irrelevant**
Sent: Wednesday, 18 November 2020 5:02 PM
To: Nick Steele **Irrelevant**
Cc: Robert Hoge **Irrelevant**
Subject: Budget Estimates messaging

Hello Nick

David Walsh from the media team here.

We are in the throes of pulling together messaging for the budget estimates.

I met with Robert Hoge and we discussed the efficiency dividend and the likelihood it may come up. I understand that efficiency dividends are nothing new and we have been working towards these in previous years. Are you able to provide tangible examples of ways we have met previous targets? We

thought it would be helpful if we had a few examples that the DG could use, if asked.
Many thanks



David Walsh
Manager – Media and Issues
Strategic Communications Branch, Office of the
Director-General | Queensland Health

P Irrelevant
E Irrelevant
W health.qld.gov.au

campaign image



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

David Walsh

From: David Walsh
Sent: Thursday, 19 November 2020 9:32 AM
To: Jeannette Young
Subject: FW: Report 18 for QH's wastewater surveillance program
Attachments: Report 18 Lists.xlsx; Sewer survey report 18.pdf

From: news [Irrelevant]
Sent: Thursday, 19 November 2020 9:18 AM
To: David Walsh [Irrelevant]; Damon Guppy [Irrelevant]
Subject: FW: Report 18 for QH's wastewater surveillance program

From: Jenn Griffith [Irrelevant]
Sent: Wednesday, 18 November 2020 4:39 PM
To: news [Irrelevant]
Cc: ghealthmedia [Irrelevant]; Susan Sullivan [Irrelevant]
Subject: FW: Report 18 for QH's wastewater surveillance program

Good afternoon,
Sharing as an FYI the attached results which include a covid-positive sample result from the Coombabah sewer plant from 10th Nov.
We do have covid-positive patients in the Coombabah catchment area (in hotel quarantine or hospital).
Thanks,
Jenn

From: Daniel Field [Irrelevant]
Sent: Wednesday, 18 November 2020 3:06 PM
To: [Irrelevant]
[Irrelevant]

Cc: [Irrelevant]
[Irrelevant]
Subject: Report 18 for QH's wastewater surveillance program

Dear all,

Please find attached Report 18 for our wastewater surveillance program. This report includes results from 31 samples taken between 2/11 and 13/11 at the following locations:

- Bundaberg (a pooled sample from the Bargara, Millbank, and Rubyanna WWTPs)
- Bundamba
- Cairns North
- Cairns South
- Cannonvale WWTP, Jubilee Pocket, and Airlie Foreshore
- Carole Park
- Cleveland Bay (Townsville)
- Coombabah
- Elanora
- Gibson Island
- Goodna
- Loganholme
- Mackay South
- Maroochydore
- Merrimac
- Noosa
- Pimpama
- Pulgul (Hervey Bay)
- Rockhampton North
- Sandgate
- Stanthorpe
- Wacol
- Warwick

Only one sample was positive for SARS-CoV-2: Coombabah (10/11).

Please contact either myself or Greg if you have any questions in relation to these reports.

Kind regards,
Dan



Daniel Field

Senior Environmental Health Officer

Water Unit, Health Protection

Branch | Queensland Health

P Irrelevant
E Irrelevant
W health.qld.gov.au
A 15 Butterfield St, Herston, 4006

**CLEAN HANDS
SAVE LIVES**

Wash your hands regularly to stop the spread of germs



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Queensland Health

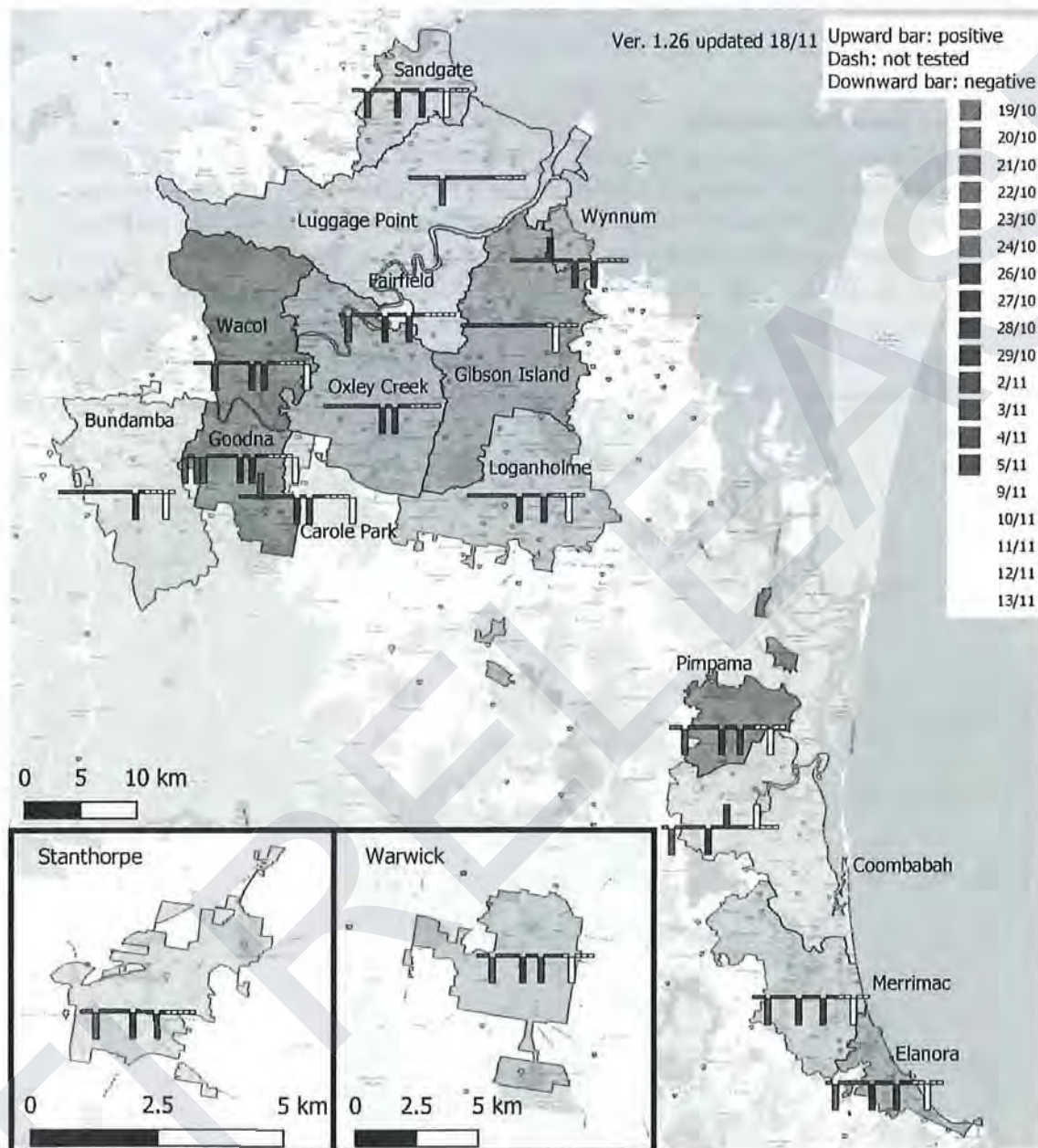
SARS-CoV-2 sewer surveillance program

Report 18 - Executive summary

On 13/11/2020 and 17/11/2020, qPCR results were released for 31 sewage samples taken from across Queensland between 02/11/2020 and 13/11/2020 (Figure 1, Table 1). Among these, Coombabah (sampled 10/11/2020) was the only sample to test positive, marking a second consecutive positive test and its eighth positive result for the catchment since wastewater surveillance began. With the exception of Coombabah, Carole Park and Wynnum, no other sites have tested positive in the last four weeks. This report contains the final results from four weeks of twice-weekly sampling at Cannonvale WWTP and two locations within the Cannonvale catchment.

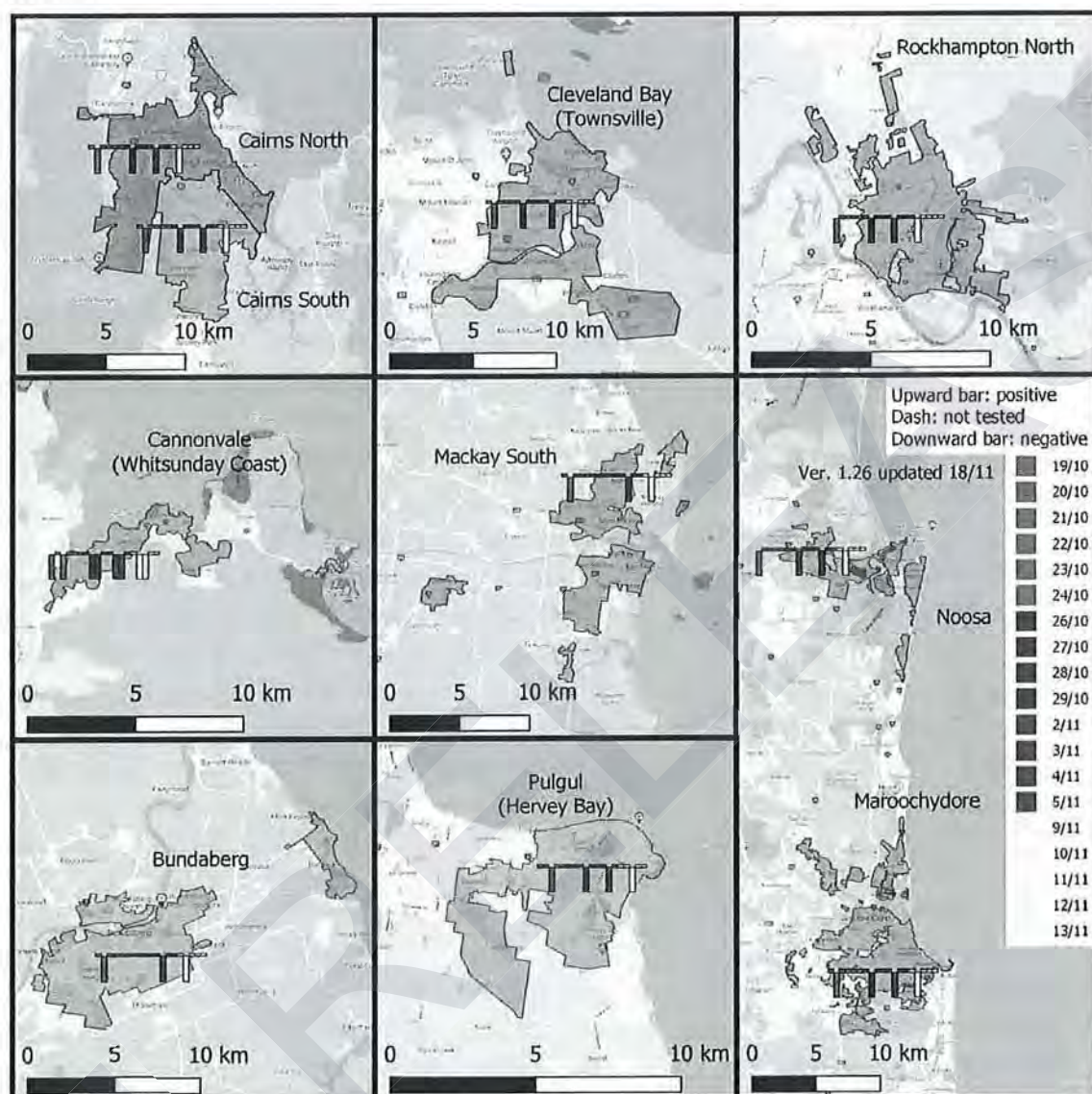


Figure 1. Sewer catchments with results from 19/10 – 13/11 and key. Figure is continued overleaf. Catchment colours are random.



Note: An accompanying Excel file (Report 18 Lists.xlsx) with prior results and lists of all suburbs partly or wholly within each of these sewer catchments is provided separately.

Figure 1 (continued). Sewer catchments with results from 19/10 – 13/11 and key. Catchment colours are random.



Note: An accompanying Excel file (Report 18 Lists.xlsx) with prior results and lists of all suburbs partly or wholly within each of these sewer catchments is provided separately.

Table 1. Sewerage catchments sampled and results of qPCR analysis of wastewater for SARS-CoV-2 RNA. All samples are 24 hour composites unless indicated otherwise. Results from 19/10 – 13/11 are shown, and new results released in this report are shown in boldface. Note: Table 1 is also provided separately as an Excel file (Report 18 Lists.xlsx, List of Results) containing results from the beginning of the surveillance program.

Sample details				Analysis	
Sample collected	Site	Site population*	Sample type^	final qPCR result	original qPCR notes/CT value‡
20/10	Bundaberg	47,787		Negative	
03/11	Bundaberg	47,787		Negative	
10/11	Bundaberg	47,787		Negative	
04/11	Bundamba	84,942		Negative	
12/11	Bundamba	84,942		Negative	
20/10	Cairns North	43,924		Negative	
27/10	Cairns North	43,924		Negative	
03/11	Cairns North	43,924		Negative	
10/11	Cairns North	43,924		Negative	
20/10	Cairns South	47,588		Negative	
27/10	Cairns South	47,588		Negative	
03/11	Cairns South	47,588		Negative	
10/11	Cairns South	47,588		Negative	
19/10	Cannonvale	8,362		Negative	
21/10	Cannonvale	8,362		Negative	
27/10	Cannonvale	8,362		Negative	
28/10	Cannonvale	8,362		Negative	
03/11	Cannonvale	8,362		Negative	
04/11	Cannonvale	8,362		Negative	
10/11	Cannonvale	8,362		Negative	
11/11	Cannonvale	8,362		Negative	
19/10	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
21/10	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
27/10	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
28/10	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
03/11	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
04/11	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
10/11	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
11/11	Cannonvale Jubilee Pocket	2,000	upstream sample	Negative	
21/10	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
27/10	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
28/10	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
03/11	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
04/11	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
10/11	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
11/11	Cannonvale Airlie Foreshore	unknown	upstream sample	Negative	
22/10	Carole Park	9,404		Positive	N1 (36.88)
29/10	Carole Park	9,404		Negative	

03/11	Carole Park	9,404	Negative	
13/11	Carole Park	9,404	Negative	
20/10	Cleveland Bay	77,595	Negative	
26/10	Cleveland Bay	77,595	Negative	
03/11	Cleveland Bay	77,595	Negative	
10/11	Cleveland Bay	77,595	Negative	
21/10	Coomababah	238,437	Negative	
27/10	Coomababah	238,437	Negative	
02/11	Coomababah	238,437	Positive	N1 (36.6)
10/11	Coomababah	238,437	Positive	N1 (42.14)
20/10	Elanora	65,315	Negative	
27/10	Elanora	65,315	Negative	
03/11	Elanora	65,315	Negative	
11/11	Elanora	65,315	Negative	
20/10	Fairfield	13,858	Negative	
27/10	Fairfield	13,858	Negative	
03/11	Fairfield	13,858	Negative	
10/11	Gibson Island	198,244	Negative	
19/10	Goodna	79,621	Negative	
21/10	Goodna	79,621	Negative	
22/10	Goodna	79,621	Negative	
29/10	Goodna	79,621	Negative	
03/11	Goodna	79,621	Negative	
13/11	Goodna	79,621	Negative	
28/10	Loganholme	205,541	Negative	
04/11	Loganholme	205,541	Negative	
11/11	Loganholme	205,541	Negative	
24/10	Luggage Point	504,529	Negative	
20/10	Mackay South	61,094	Negative	
03/11	Mackay South	61,094	Negative	
10/11	Mackay South	61,094	Negative	
20/10	Maroochydore	92,689	Negative	
27/10	Maroochydore	92,689	Negative	
03/11	Maroochydore	92,689	Negative	
10/11	Maroochydore	92,689	Negative	
21/10	Merrimac	151,839	Negative	
27/10	Merrimac	151,839	Negative	
03/11	Merrimac	151,839	Negative	
11/11	Merrimac	151,839	Negative	
19/10	Noosa	31,842	Negative	
27/10	Noosa	31,842	Negative	
03/11	Noosa	31,842	Negative	
10/11	Noosa	31,842	Negative	
29/10	Oxley Creek	231,644	Negative	

03/11	Oxley Creek	231,644		Negative	
21/10	Pimpama	43,595		Negative	
28/10	Pimpama	43,595		Negative	
03/11	Pimpama	43,595		Negative	
11/11	Pimpama	43,595		Negative	
21/10	Pulgul	15,765		Negative	
28/10	Pulgul	15,765		Negative	
04/11	Pulgul	15,765		Negative	
11/11	Pulgul	15,765		Negative	
19/10	Rockhampton North	40,970		Negative	
26/10	Rockhampton North	40,970		Negative	
02/11	Rockhampton North	40,970		Negative	
09/11	Rockhampton North	40,970		Negative	
21/10	Sandgate	100,673		Negative	
27/10	Sandgate	100,673		Negative	
03/11	Sandgate	100,673		Negative	
10/11	Sandgate	100,673		Negative	
21/10	Stanthorpe	4,041		Negative	
28/10	Stanthorpe	4,041		Negative	
04/11	Stanthorpe	4,041		Negative	
22/10	Wacol	38,072		Negative	
29/10	Wacol	38,072		Negative	
03/11	Wacol	38,072		Negative	
13/11	Wacol	38,072		Negative	
21/10	Warwick	12,604		Negative	
27/10	Warwick	12,604		Negative	
02/11	Warwick	12,604		Negative	
10/11	Warwick	12,604		Negative	
26/10	Wynnum	35,305		Positive	N1 (43.9)
02/11	Wynnum	35,305		Negative	
05/11	Wynnum	35,305		Negative	

* Population as of the 2016 Census. Populations were computed at Mesh Block or SSC resolution using georeferenced catchment maps.

‡ A CT value indicates the number of qPCR cycles taken to produce a significant signal from a sample. CT values are inverse to the amount of target nucleic acid that is in a sample. Lower CT value indicate high amounts of target sequence. Higher CT values indicate lower amounts of target sequence.

John Wakefield

From: John Wakefield
Sent: Thursday, 1 October 2020 9:34 AM
To: Danielle Cohen
Cc: Jasmina Joldic
Subject: Re: VIP Forward - FW: Australian Families 4 Genomics request action

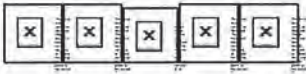
Hi Danielle. I've asked Keith and JJ to discuss with you today before decision to make sure you are happy with the proposed approach.

Thanks. J

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: Irrelevant
Address: 1 William Street, Brisbane 4000
Email: john.wakefield@health.qld.gov.au

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On 29 Sep 2020, at 1:26 pm, John Wakefield Irrelevant wrote:

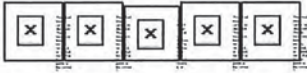
Hi Danielle.

I have a brief on its way to me advising on the investment merit. I will discuss with you.

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: Irrelevant
Address: 1 William Street, Brisbane 4000
Email: john.wakefield@health.qld.gov.au

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On 29 Sep 2020, at 1:22 pm, Danielle Cohen

Irrelevant wrote:

Hi John, for discussion please
Danielle

Begin forwarded message:

From: Health **Irrelevant**
Date: 28 September 2020 at 5:00:03 pm AEST
To: Danielle Cohen **Irrelevant**
Steven Miles **Irrelevant**
Subject: VIP Forward - FW: Australian Families 4 Genomics request action

From: Hazel Harden **Irrelevant**
Sent: Friday, September 25, 2020 12:37 PM
To: Health **Irrelevant** Benton Wecker
Irrelevant
Cc: Shoni Philpot **Irrelevant**
Subject: Australian Families 4 Genomics request action

Good morning Minister Miles

Recently you met with and received letters from members of the Pittman family describing how an Australian Families Centre for Genomics would make a difference to the lives of families with children and young people with cancer. In addition, there are other benefits which given Queensland's current economic situation should not be ignored (refer to the letter sent by Professor David Theile, AF4G Board Chair to Dr John Wakefield in August). We have also provided the Director General Queensland Health letters of

support from the three lead clinicians in Adolescent and Young Adults (AYA) Cancer Care in Queensland (Professor Euan Walpole, Professor Glen Kennedy and Dr Frank Tracey for Professor Wayne Nicholls) to focus the work of the Centre on the AYA population in the first instance.

For over 12 months you have known about our proposal. We have been advised that you will meet with us and this has not eventuated. I was present at the QLD Children's Hospital Family Forum last May when you openly said that you would meet with parents personally if we had issues we wished to discuss with you. Disappointingly, on both these fronts you/your Office has not stayed true to your word.

We also note the recent announcement to transition QLD Genomics to Brisbane Diamantina Health Partners as evidence that you are willing to take action on Department-led initiatives, but not on a proposal from informed families who are at the front-line of genomics in cancer care. In the 12 months your Office and the Department have chosen to deliberate, another 500 children and young Queenslanders have been diagnosed with cancer. In addition to the \$25million your government invested in QLD Genomics 5 years ago, government funds continue to be allocated to genomics and nothing has changed for families and young people.

The resources your Government has at its disposal are extensive and much broader than financial, yet at no point have you indicated any interest in listening and partnering with families that can see practical ways to improve the future for children and young people with cancer. COVID-19 is not an explanation for your lack of action on our proposal.

I am one of many mothers of children and young people facing the lifetime fall-out of a cancer diagnosis and its treatments. I am asking again that you talk to us about changing this situation and urge the Government and/or Health Department to find the resources to establish an Australian Families Centre 4 Genomics - an initiative that can directly impact on the lives of Queenslanders.

Regards
Hazel Harden
Co-Founder Australian Families 4 Genomics

Mobile Irrelevant

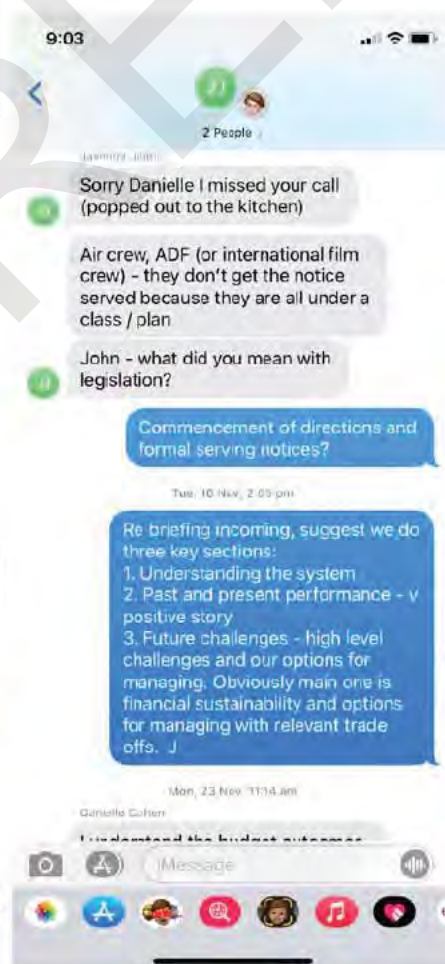
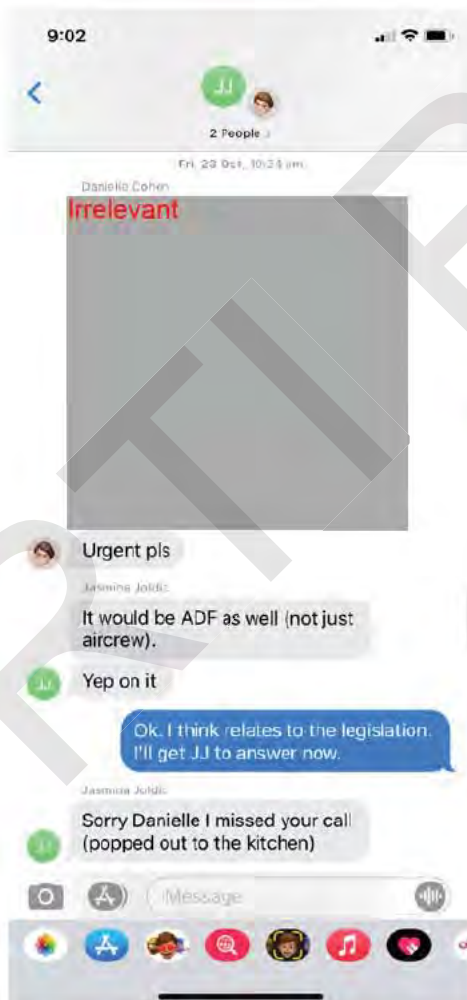
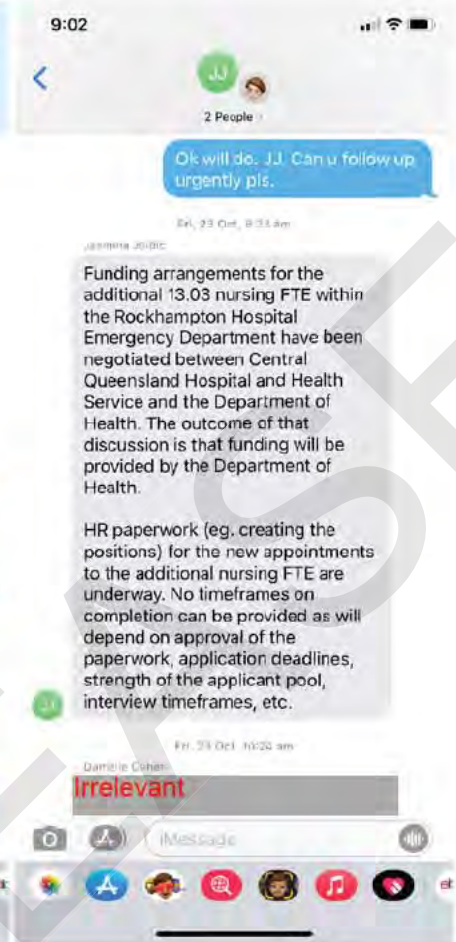
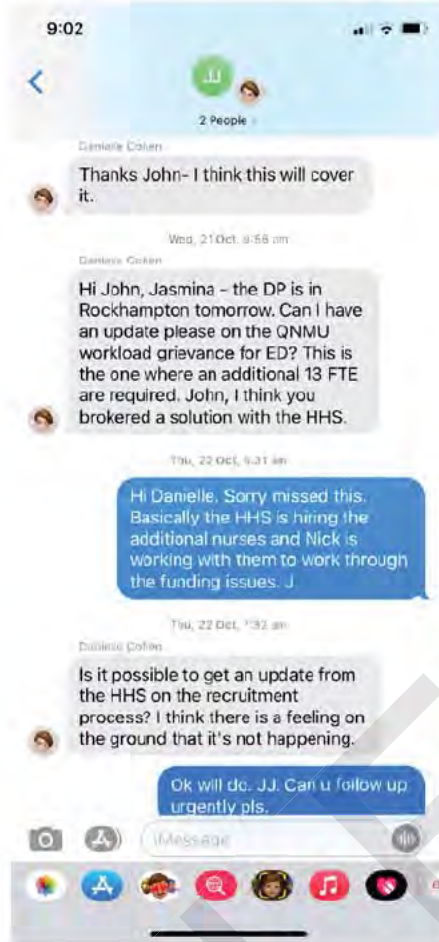
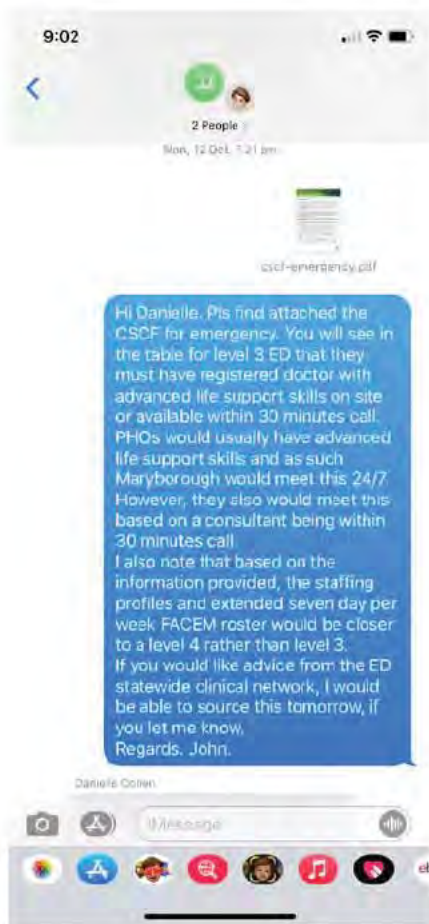
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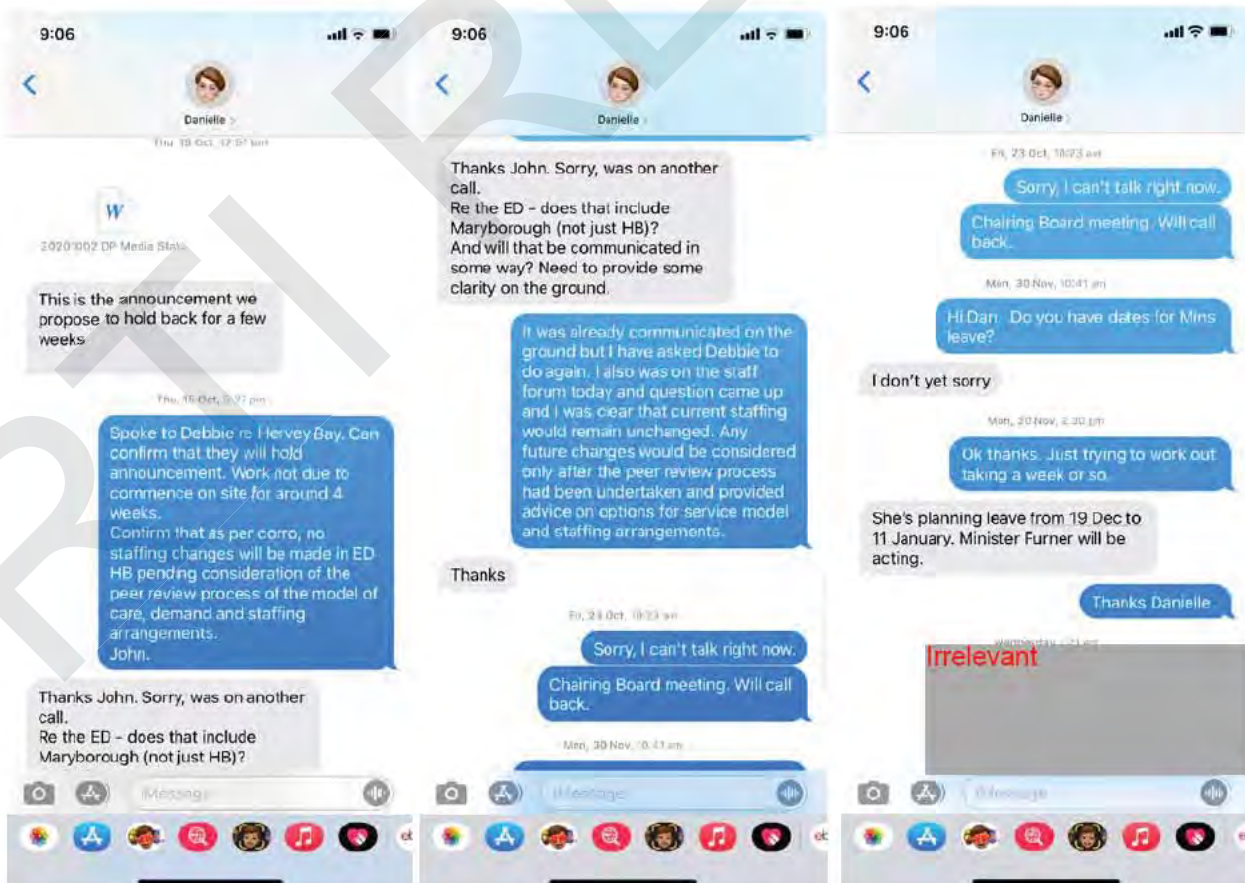
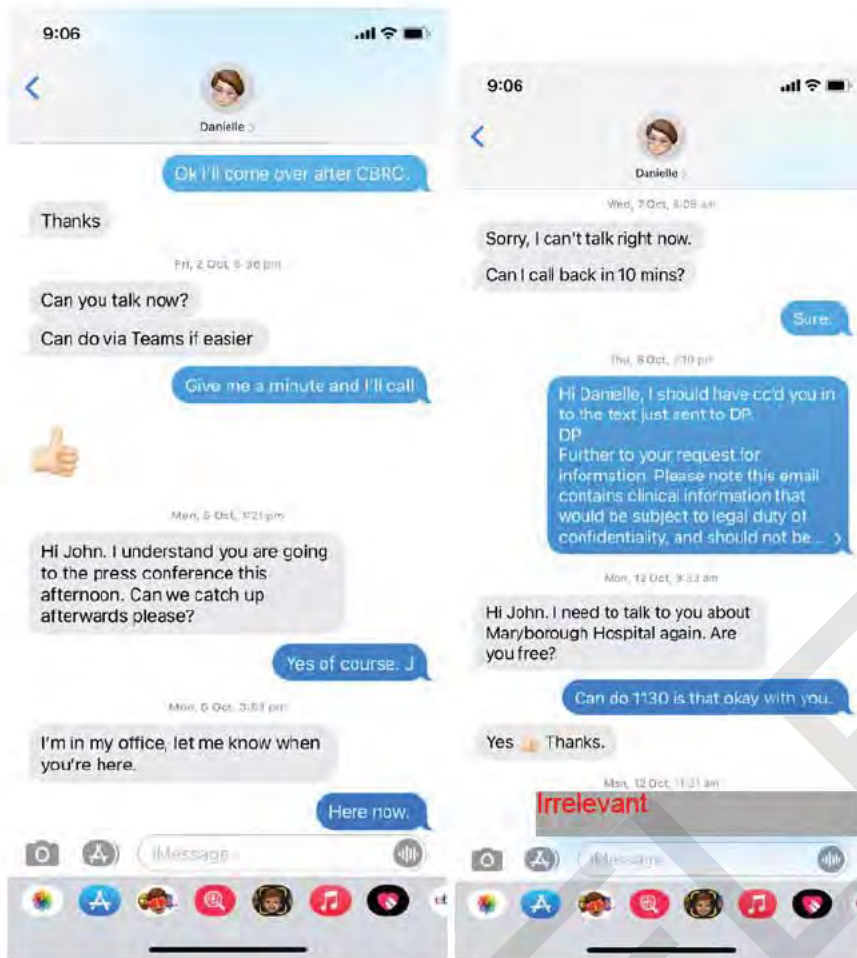
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<AF4G Letter to DG 060820_FINAL.pdf>





Media Statement

Date: **October 2, 2020**

New Fraser Coast mental health facility to get under way before end of 2020

Construction on a new acute mental health inpatient unit in Hervey Bay is on track to start before the end of the year, with the unit's detailed design phase complete and the tender now awarded to the head contractor for the project.

Deputy Premier and Minister for Health Steven Miles has announced that Woollam Constructions has been awarded the construction contract for the new 22-bed unit, which forms the first and major stage of the \$39.61 Fraser Coast Mental Health Project.

The project will significantly expand mental health care provision on the Fraser Coast, and will also involve the transformation of the existing Maryborough inpatient unit into a specialist 10-bed sub-acute unit focusing on older people's mental health care.

The new facility in Hervey Bay will also be the base of operations for the Community Acute Care Team, which will enable more timely access for consumers and help to divert mental health presentations away from the emergency department.

Deputy Premier and Minister for Health Steven Miles said it was exciting to see each step in the planning and construction process bringing the project closer to fruition.

"This crucial project will increase mental health inpatient bed capacity from 14 currently at Maryborough to 32 inpatient beds across the Fraser Coast by the end of 2022," Mr Miles said.

"This will enable the Wide Bay Mental Health team to grow into the facility as demand dictates over time and meet the needs of the growing Fraser Coast population.

"For the first time, there will be mental health inpatient capacity at Hervey Bay, while we will also be providing a specialised inpatient unit for older people at Maryborough – which reflects the needs of the Fraser Coast's growing and ageing population.

"The inpatient unit will also mean more jobs for the Fraser Coast, with an estimated 39 construction-related jobs created during the build and up to 30 additional ongoing health-related roles once both the Hervey Bay and Maryborough units are up and running."

Wide Bay Hospital and Health Board Chair Peta Jamieson said she was looking forward to construction starting on the project, which would be a game-changer for mental health on the Fraser Coast.

"Developing and expanding our inpatient and community mental health services is a key part of our strategic plan, *Care Comes First... Through Patients' Eyes*," Ms Jamieson said.

"Our Mental Health team has advocated strongly for the need to increase our services on the Fraser Coast, and this project will help to address that need by significantly increasing our inpatient capacity and tailoring our services to suit the needs of our community.

"We are focused on providing our consumers with the right care, in the right place, at the right time. While inpatient admission isn't the right fit for everyone, there is no doubt these new and upgraded units will help our Mental Health team to significantly expand their capacity to support consumers' recovery and mental wellness."

WBHHS Executive Director of Mental Health and Specialised Services Robyn Bradley said the design of the acute inpatient unit had been strongly driven by input from consumers, clinicians and service partners.

"Throughout the detailed design phase, the project team undertook extensive consultations with members of our staff, mental health consumers and external groups such as the Queensland Police Service, Queensland Ambulance Service and Queensland Corrective Services," Ms Bradley said.

"The end result will be a fantastic facility focused on recovery, while also drawing on the latest technology to ensure the safety of our consumers and staff.

"An open reception area and specialised interview spaces will help create a welcoming environment for consumers. The unit will also be designed in a way that will create a home-like environment through open spaces and courtyards, as well as artworks with colour designs and themes that reflect the local area, our marine culture and Aboriginal heritage.

"The location of the inpatient unit will also be important. Its close proximity to Hervey Bay Hospital's emergency department will enable our team to work more collaboratively with the emergency team, which will mean better outcomes for our consumers."

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