



AUDIT INSIGHTS

28 November 2023

2023 status of Auditor-General's recommendations

Report 3: 2023–24

As the independent auditor of the Queensland public sector, including local governments, the Queensland Audit Office:

- provides professional audit services, which include our audit opinions on the accuracy and reliability of the financial statements of public sector entities
- provides entities with insights on their financial performance, risk, and internal controls; and on the efficiency, effectiveness, and economy of public service delivery
- produces reports to parliament on the results of our audit work, and on our insights, advice, and recommendations for improvement
- supports our reports with graphics, tables, and other visualisations, which connect our insights to regions and communities
- conducts investigations into claims of financial waste and mismanagement raised by elected members, state and local government employees, and the public
- shares wider learnings and best practice from our work with state and local government entities, our professional networks, industry, and peers.

We conduct all our audits and reports to parliament under the *Auditor-General Act 2009* (the Act). Our work complies with the *Auditor-General Auditing Standards* and the Australian standards relevant to assurance engagements.

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- Performance audit reports cover our evaluation of some, or all, of the entities' efficiency, effectiveness, and economy in providing public services.

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The Honourable C Pitt MP
Speaker of the Legislative Assembly
Parliament House
BRISBANE QLD 4000

28 November 2023

This report is prepared under Part 3 Division 3 of the *Auditor-General Act 2009*.



Brendan Worrall
Auditor-General



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Acknowledgement

The Queensland Audit Office acknowledges the Traditional and Cultural Custodians of the lands, waters, and seas across Queensland. We pay our respects to Elders past, present, and emerging.

We use the term ‘First Nations people’ in this report. We respect First Nations people’s choice to describe their cultural identity using other terms, such as Aboriginal and Torres Strait Islander peoples, particular peoples, or by using traditional place names.

Auditor-General's foreword

It has been my privilege to lead the Queensland Audit Office (QAO) over the past 6 years. As parliament's independent auditor, QAO is uniquely positioned to examine the performance of state and local government entities and share insights from our work across the public sector. These insights can help entities take advantage of improvement opportunities and learn from the better practices of others.

This is the third and my last report that I will table on the status of my recommendations before my tenure ends in July 2024. I first introduced this report to help parliament and entities track the status of the recommendations made in my reports. They are also an important avenue for sharing the wider learnings we glean from across our work with all entities.

While I always ask entities if they agree with my recommendations, I cannot force them to act. Entities themselves need to want and drive the change and recognise the value of my recommendations and the improvement opportunity they present. While this report identifies that entities are actioning my recommendations, some long outstanding recommendations remain. Opportunities also exist for entities to enhance their actions in implementation by comparing their approach and status to their peers.

In this report, I summarise the progress entities are making in implementing my recommendations from 2020–21 and 2021–22, and outstanding recommendations (partially implemented and not implemented) from last year's report. I also share the trends and challenges across the public sector we see emerging.

As I reflect on the reports I have tabled between 2020–21 and 2021–22, some prominent themes emerge:

- good regulatory practices need to be risk-based and intelligence-led
- measuring and reporting performance is essential to making informed decisions
- effective audit committees are a cornerstone of good governance.

I have conducted several audits between 2020–21 and 2021–22 examining the performance of regulators and entities with oversight functions. These entities play a critical role for Queenslanders. They help keep our communities safe and they help protect our environment. Despite their important role, I have repeatedly found they need to better understand their regulatory responsibilities and strengthen their regulatory practices. This includes using data and intelligence to inform their regulatory approach and ensuring their enforcement activities target more severe risks.

Effectively measuring performance enables public sector entities to make informed decisions and remain agile. Since my appointment, the most common type of recommendation that I have made involves entities improving their performance monitoring and reporting practices. It also represents one of the most common types that entities fail to implement. The reasons why entities fail to implement these recommendations vary. But some typical challenges include the absence of a performance and learning culture, unclear goals and objectives, an inability to access quality data, and a lack of momentum by state departments due to periodic major disruption through machinery of government changes and leadership changes.

Recommendations to strengthen governance arrangements were also a focus in my 2020–21 and 2021–22 reports. Many of these recommendations targeted strengthening the role of audit committees. I have stressed the importance of effective audit committees. While departments have reported actions they have taken to improve their audit committees, further opportunities exist. This includes ensuring all members are independent of management and not an employee of the entity or another government entity.

Each year, we will follow up on the progress entities are making implementing audit recommendations. We will use the responses we receive from entities' self-assessments to help inform which audits we select for a more detailed follow-up audit and report to parliament.



Through our follow-up audits, and new audits on related topics, we continue to find that some entities have overstated their progress in implementing our recommendations. For example, the Department of Agriculture and Fisheries previously reported fully implementing the 5 recommendations from our report *Biosecurity Queensland's management of agricultural pests and diseases* (Report 12: 2016–17). However, when we followed up on these recommendations as part of our audit on *Managing invasive species* (Report 1: 2023–24) we reported that 3 of the 5 recommendations were only partially implemented. It is important that entities ensure the actions they take address the underlying issues that we identify. It is also important that entities and audit committees do not close recommendations until the committee receives assurance from internal audit that the actions taken are imbedded and operating effectively.

I hope this report gives parliamentarians, parliamentary committees, and members of the public a more complete picture of the progress entities are making in implementing my recommendations towards better public services for Queenslanders.

Brendan Worrall
Auditor-General



Report on a page

The Queensland Audit Office makes recommendations to state and local government entities to support better delivery of public services.

Our analysis of entities' reported progress against the different types of recommendations we make highlights common challenges and opportunities for the public sector. In this report, we offer insights about how entities can improve their systems and practices.

Our recommendations focus on many different aspects of public service delivery. We ensure our recommendations are client focused, address the root cause, and add value to the public sector.

What did we examine?



Note: These 41 reports to parliament included 205 unique recommendations. However, we made some of these recommendations to multiple entities, which we count as individual recommendations. So, overall we made 678 individual recommendations.

What did we find?

Entities reported the following progress with implementing our recommendations.



[Appendix B](#) summarises entities' self-assessed progress in implementing our recommendations. The best way to explore their reported progress on each recommendation is via our interactive dashboard available at www.qao.qld.gov.au.

Insights from entities' responses

1. Entities need to strengthen their regulatory and oversight practices. We made 88 recommendations on regulation and oversight in 2020–21 and 2021–22. These were the most common type of recommendations that entities failed to implement. We found some did not have a good understanding of their regulatory and oversight responsibilities.
2. Audit committees play a critical role in the governance of an entity. State government entities reported good progress implementing recommendations from our report on the *Effectiveness of audit committees in state government entities* (Report 2: 2020–21). While departments have largely actioned the recommendations in this report, opportunities still exist for some departments to enhance the actions they have taken to align with better practice.

Queensland Treasury is updating its *Audit Committee Guidelines: Improving Accountability and Performance*, which will help audit committees strengthen their independence and oversight.

1. Insights – recommendations and responses

We design our recommendations to help our clients improve their service delivery and learn from the better practices of others. We consult with entities when drafting our recommendations and we ask them to confirm whether they agree with our recommendations. Although we cannot make entities implement our recommendations, we track, report, and share insights on their progress.

For this report, we asked 98 public sector entities, including local governments, to self-assess their progress in implementing the performance audit recommendations we issued from:

- 18 reports tabled in 2020–21 and 2021–22
- 23 reports from earlier years that had outstanding recommendations (we define 'outstanding recommendations' as those either not implemented or partially implemented from last year's report).

Entities reported their progress to us between June and August 2023. This report reflects the status of entities' self-assessed progress in implementing our recommendations at that time. We have not audited the actions they have taken, and therefore cannot provide assurance over their responses.

We asked entities to assess whether they had fully, partially, or not implemented our recommendations, or whether they assessed the recommendations as no longer applicable (using the criteria detailed in [Appendix D](#)). Where entities report fully implementing our recommendations, we expect their actions to address the issue that we identified and to be operating effectively, not to be a plan to address the issue.

Insights into our most frequent recommendations

We analysed all the recommendations we made in 2020–21 and 2021–22 to identify those we made most often. This gives us some indication of what entities find most challenging.

We grouped our recommendations into 10 categories, as shown in Figure 1A.

Figure 1A
Recommendation categories

• Governance	• Regulation and oversight
• Interagency coordination and information sharing	• Reviews and evaluations
• Information systems and data management	• Risk management
• Performance monitoring and reporting	• Strategic planning
• Procurement, contract, and project management	• Workforce capability and planning

Note: We acknowledge that some of the categories above, like risk management, form part of governance. We have separated these to allow for richer analysis.

Source: Queensland Audit Office.

For this year's report, we added a new category 'regulation and oversight' and removed a category 'complying with and reviewing legislation', based on the types of recommendations that we made between 2020–21 and 2021–22. We made regulation and oversight recommendations to both:




- regulators (entities responsible for enforcing minimum standards for a particular industry or business activity)
- oversight bodies (entities responsible for performing oversight functions, including maintaining regular surveillance over a system or process and monitoring performance).

Our interactive dashboard captures all recommendation categories from prior years, and is available at www.qao.qld.gov.au/status-auditor-generals-recommendations-dashboard.

[Appendix C](#) explains these categories and shows entities' reported progress against them.

Figure 1B shows the 3 most common categories of recommendations we made in 2020–21 and 2021–22 and the underlying issues our recommendations sought to address.

Figure 1B
3 most common categories of recommendations made

Number of recommendations by category	Underlying issues
 187 governance recommendations	<ul style="list-style-type: none"> • Unclear roles and responsibilities • Inadequate approval processes • Lack of transparency over decision-making
 88 regulation and oversight recommendations	<ul style="list-style-type: none"> • Poor understanding of regulator's role and function • Lack of risk-based enforcement strategies • Inadequate action to address non-compliance
 78 performance monitoring and reporting recommendations	<ul style="list-style-type: none"> • Lack of appropriate performance indicators • Limited publicly reported performance information • Irregular performance reporting

Source: Queensland Audit Office using data self-reported by entities.




Insights into outstanding recommendations

We also analysed entities' progress against the 10 categories to identify which had the highest number of outstanding recommendations. While governance recommendations were the most common, entities reported making good progress in implementing them. They reported fully implementing 87 per cent (163) of the 187 governance recommendations.

The most common type of outstanding recommendations related to regulation and oversight, followed by performance monitoring and reporting; and procurement, contract, and project management.

Figure 1C shows the status of the 3 most common categories of outstanding recommendations in 2020–21 and 2021–22.

Figure 1C
3 most common categories of outstanding recommendations

Recommendation category	Number of outstanding recommendations	Percentage of all outstanding recommendations
 Regulation and oversight	35	25%
 Performance monitoring and reporting	21	15%
 Procurement, contract, and project management	20	14%
Total	76	54%

Note: There were 140 outstanding recommendations in 2020–21 and 2021–22.

Source: Queensland Audit Office using data self-reported by entities.



Regulation and oversight



Regulation and oversight are core functions of government. Good regulatory practices are risk-based and intelligence-led. That is, regulators should use data and intelligence to inform their regulatory approach and ensure their enforcement activities target more severe risks. In 2020–21 and 2021–22, we made 88 regulation and oversight recommendations from 3 reports to parliament. We recommended entities strengthen their regulatory and oversight practices by:

- developing and implementing a regulatory framework
- applying targeted risk-based inspections and compliance-monitoring activities
- acting in a timely and effective manner to address non-compliance.

Entities reported implementing 55 per cent (48) of these recommendations, with 40 per cent (35) still outstanding. The remaining 6 per cent (5) were assessed by the entities as no longer applicable.

Most of the outstanding regulation and oversight recommendations were from our report on *Regulating animal welfare services* (Report 6: 2021–22). We explore why entities failed to implement these recommendations later in this chapter.

Performance monitoring and reporting



Entities that monitor and report their performance effectively can easily see what they are doing well and what they can improve. They can assess whether the services they deliver are efficient, effective, economical, and providing value for money.

In 2020–21 and 2021–22, we made 78 performance monitoring and reporting recommendations from 7 reports to parliament. We recommended that entities enhance their performance monitoring and reporting, including:

- developing appropriate performance indicators
- measuring outputs and outcomes
- improving publicly reported performance information.

Entities reported implementing 73 per cent (57) of the 78 recommendations, with 27 per cent (21) still outstanding. More than half of the outstanding performance monitoring and reporting recommendations were from our report on *Measuring emergency department patient wait time* (Report 2: 2021–22). Hospital and health services reported partially implementing these recommendations and noted the additional work needed to improve their performance-monitoring practices.

Procurement, contract, and project management



Strong procurement, contract, and project management practices are critical to the success of any organisation. We made 59 procurement, contract, and project management recommendations from 4 reports to parliament tabled in 2020–21 and 2021–22.

We identified opportunities where entities could strengthen their procurement, contract, and project management practices by:

- reviewing existing projects to ensure they remain viable and the highest priority
- ensuring current projects are set up with the right mix of skills and resources, and roles and responsibilities are clearly defined
- proactively managing contractor performance.

Entities reported implementing 54 per cent (32) of the 59 recommendations, with 34 per cent (20) of the recommendations still outstanding. They assessed the remaining 12 per cent (7) as no longer applicable.

Most of the outstanding procurement, contract, and project management recommendations were from our report on *Contract management for new infrastructure* (Report 16: 2021–22). Entities need to implement these recommendations quickly and effectively, particularly given the government's significant infrastructure investment over the next 4 years. Investment in infrastructure remains a key focus for our office and we have several upcoming audits in our *Forward work plan 2023–26*, available on our website at: www.qao.qld.gov.au/audit-program.

Insights from entities' responses

The important role of regulators and oversight entities

Regulators and oversight entities are responsible for ensuring appropriate standards are met. Their role is critical to maintaining community safety and protecting the environment and the rights of Queenslanders. For example, the Queensland Police Service is responsible for ensuring firearm holders comply with their licence conditions and for seizing firearms from people who are no longer safe to have one. Local governments (councils) are responsible for inspecting food businesses to ensure they comply with food safety standards and that the food they serve is safe for public consumption.

Despite regulation being a core function of state and local governments, we have repeatedly found that good regulatory performance in enforcing minimum prescribed standards is often absent.

We undertook 3 audits between 2020–21 and 2021–22, which examined how effectively entities perform and oversee their regulatory functions. They included:

- *Regulating dam safety* (Report 9: 2021–22)
- *Regulating animal welfare services* (Report 6: 2021–22)
- *Regulating firearms* (Report 8: 2020–21).

Across these 3 audits we found regulators and oversight entities needed to better understand their role and responsibilities and take a more proactive enforcement approach. This has been a consistent theme across other regulatory-focused audits we have undertaken, including *Managing coal seam gas activities* (Report 12: 2019–20), *Managing consumer food safety in Queensland* (Report 17: 2018–19), and *Managing transfers in pharmacy ownership* (Report 4: 2018–19).

Self-assessing your performance against good regulatory practices

As mentioned above, our audits on regulatory practices continue to result in similar issues being reported. While recommendations in our reports may be made to individual entities, the learnings from our reports should be considered across government. Our reports provide entities with the opportunity to review and improve their own practices, even when they are not part of the audit.

To address this issue, our report *Regulating animal welfare services* included a section focusing on the insights and wider learnings we have for all regulators. We recommended that all public sector regulators and oversight bodies self-assess against better practices identified in Appendix C of the report (recommendation 5). This recommendation also included implementing changes to enhance regulatory performance, where necessary.

Our regulatory better practice guide is a principles-based model. It provides a summary of good regulatory practices based on 4 key principles: plan, act, report, and learn. We developed insights by drawing on the findings of this audit, our previous audits on regulatory practice, and other better practice guides.

We recognised the learnings, and the improvement opportunities, identified in these good regulatory practices were relevant to all entities with regulatory and oversight responsibilities. Accordingly, we recommended all public sector regulators and oversight bodies assess all parts of their regulatory and oversight functions (not just those responsible for regulating animal welfare services).



In December 2021, we wrote to relevant entity chief executive officers informing them of the recommendation and advising that we would follow up on their progress in 2023. We also held an insights session for regulators in May 2022 to discuss the findings from our audits and the better practice principles for regulators. We invited all entities that we wrote to advising that we would follow up on this recommendation as part of this report. Despite this, some large entities with multiple and significant regulatory roles did not attend this session. Several of these entities are yet to fully implement this recommendation.

Entities reported limited progress self-assessing performance against the better practices identified in Appendix C of the report. Only 47 per cent (33) of the 70 entities that we asked reported fully implementing it. Some entities reported that they lacked the resources to do it. It is unlikely that this recommendation would have been resource intensive or costly to action.

We found, when discussing with entities their progress, some did not understand their regulatory and oversight responsibilities under the legislation. Others took a narrow view of their regulatory role and did not understand the full breadth of their responsibilities. Given this is a core function of government, entities must understand their role to ensure their operations align with their legislative responsibilities.

Measuring the outcomes of your actions

Some regulators, like the Queensland Police Service (QPS), have made good progress implementing our recommendations to strengthen their regulatory practices. QPS also measured the outcomes of its action and explained these clearly in its response.

QPS reported fully implementing 10 of the 13 recommendations that we made in *Regulating firearms*. This included implementing our recommendation for developing a clear policy on the role firearm regulation plays in balancing community safety with the rights of licence holders. In response, QPS reviewed its weapons licensing policy and provided clear guidance and training to its officers assessing licence applications. By implementing our recommendations, QPS reported that the number of new licence applications it rejected increased by 39 per cent from 2020 to 2021. It also reported that the number of licences that it suspended increased by 16.5 per cent over this period. QPS's enhanced regulation is likely resulting in better public safety outcomes for the community.

All entities need to measure the success of their programs and activities to determine what is working well and what they can improve.

The value of audit committees

Audit committees play a critical role in the governance of an entity. Effective audit committees hold management to account by monitoring the effectiveness of their performance and overseeing the implementation of audit recommendations. As we have noted in prior years, some entities remain uncertain about their progress in implementing our recommendations because they do not have effective systems to track them. Subsequently this can make it difficult for audit committees to effectively hold management to account.

In our report *Effectiveness of audit committees in state government entities* (Report 2: 2020–21) we directed 6 of our 11 recommendations to audit committees, audit committee chairs, and chief executive officers. This included recommending audit committees:

- clearly define their role, ensuring it is appropriate and specific to the entity
- remain informed of the entity's core functions and systems, and the key risks and issues it faces
- review their performance annually against their annual workplan.



Departments reported good progress implementing these recommendations. Seventeen of the 21 departments reported fully implementing these recommendations. Only 4 departments reported recommendations outstanding. However, it was clear from reviewing the responses provided that the actions taken to implement our recommendations varied across departments. The response from some departments also indicates that they did not fully understand some of our recommendations. Departments may wish to reassess their actions against those of their peers to identify whether further action could be taken to implement these recommendations, even where they have assessed the recommendations as being fully implemented.

We addressed the remaining 5 recommendations to Queensland Treasury. This included recommending that it updates the *Audit Committee Guidelines: Improving Accountability and Performance* to:

- mandate that all members of audit committees for state government entities be independent of management and not an employee of the entity or another Queensland state government entity
- provide clearer guidance about how audit committees can source suitable candidates and effectively assess and improve their performance practices.

In our report *Effectiveness of the State Penalties Enforcement Registry ICT reform* (Report 10: 2019–20) we also recommended that Queensland Treasury update its audit committee guidelines to ensure audit committees are required to monitor and receive reports from management on risks for major information and communication technology (ICT) projects.

Queensland Treasury initially agreed to update its guidelines by June 2022. In April 2022, the Under Treasurer requested, and we agreed to, an extension for issuing the updated guidelines to 31 December 2022. In June 2023, Queensland Treasury reported that it has only partially implemented these recommendations.

It is important that Queensland Treasury acts quickly to implement these recommendations. Issuing the updated guidelines may assist departments in reassessing whether they have fully implemented our recommendations and have adopted better practice. The updated guidance will also help audit committees strengthen their independence and oversight and improve their performance.

Queensland Treasury is currently updating its guidelines and has been liaising with us on proposed amendments. Once finalised, the revised guidelines will be published on Queensland Treasury's website. While it is important that Queensland Treasury updates its guidelines, there is nothing stopping entities from acting on these recommendations themselves and ensuring their committees are operating effectively. This includes ensuring that audit committee members are independent of the entity's management and are not employees of the entity or another Queensland state government entity.

Fully independent audit committees provide greater objectivity and create a better foundation for robust and incisive discussions and questions. They have increased ability to critically assess recommendations made to the entity by QAO, internal audit, and other assurance providers and hold management to account for the actions it takes in addressing the recommendations.

While most of the 21 departments included in the report now have audit committees with a majority of independent members, only 2 departments have fully independent audit committees.

In 2023–24, we plan to examine the effectiveness of local government audit committees.



2. Status of implementation

We make recommendations to help entities improve the public services they deliver. Our recommendations may address performance gaps, inefficiencies, and unnecessary risk across the public sector. We may also identify better practices, which other entities could consider. In this section, we discuss the progress that entities reported in implementing our recommendations. This includes:

- 532 recommendations from 18 reports tabled in 2020–21 and 2021–22
- 146 recommendations from 23 reports tabled between 2015–16 and 2019–20, which entities reported as outstanding (partially implemented and not implemented) in last year's report.

We begin with the overall status of implementation, then break it down into years and provide detailed analysis for specific reports. We selected these reports based on their number of outstanding recommendations or the important themes. We then report on the implementation of recommendations by departments, hospital and health services, local governments, and other entities.

Overall status of implementation

We asked 98 entities to self-assess their progress in implementing 678 performance audit recommendations from 41 reports between 2015–16 and 2021–22. [Appendix B](#) includes a list of the reports we asked entities to self-assess against, and a summary of entities' self-assessed progress.

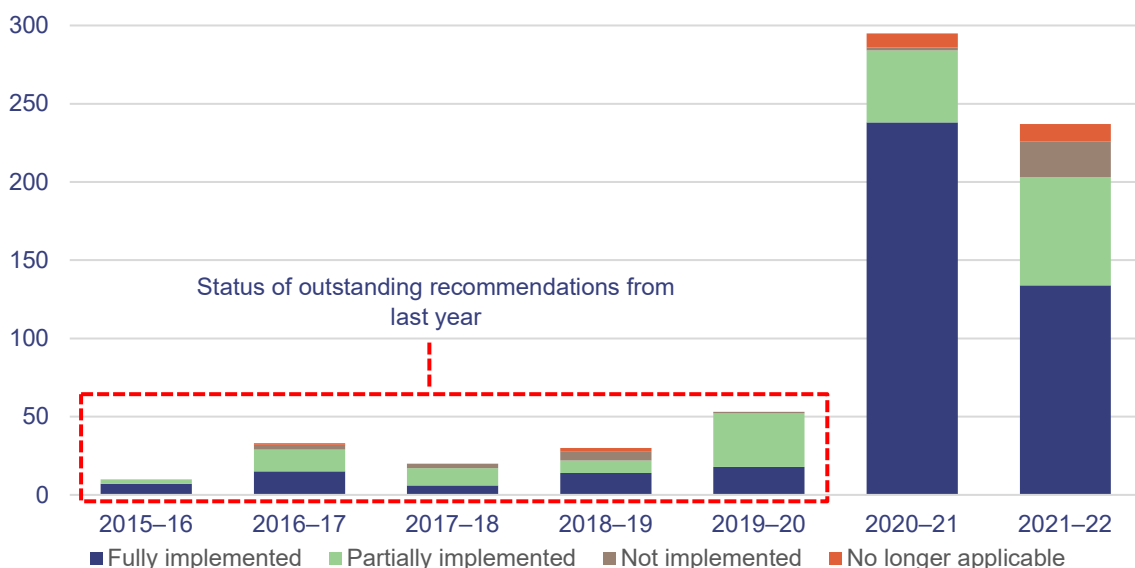
Entities reported that they had:

- fully implemented 64 per cent (432)
- partially implemented 27 per cent (185)
- not implemented 6 per cent (38).

They also reported that 3 per cent (23) of recommendations were no longer applicable to them.

Figure 2A shows the status of all recommendations we issued in 2020–21 and 2021–22 and the status of recommendations that entities reported were outstanding last year.

Figure 2A
Reported status by year (2015–16 to 2021–22)



Source: Queensland Audit Office using data self-reported by entities.



Status of recommendations from 2021–22

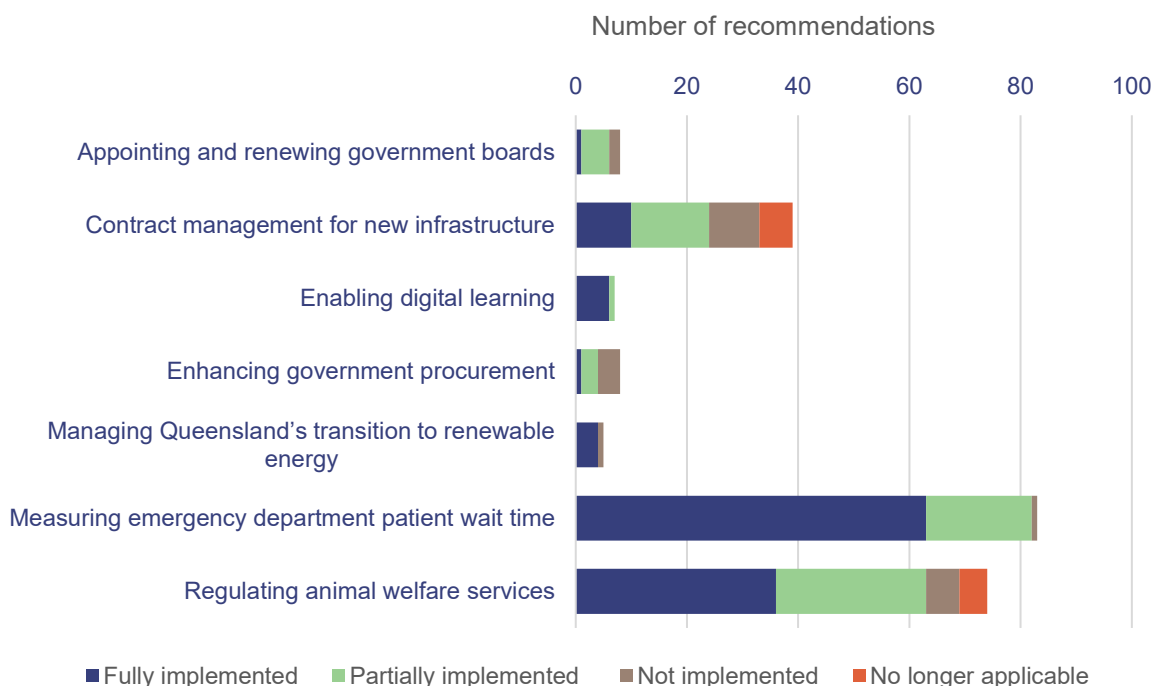
Entities reported fully implementing all recommendations from 2 reports tabled in parliament in 2021–22 or assessed the remaining recommendations as no longer applicable. These included:

- *Improving access to specialist outpatient services* (Report 8: 2021–22)
- *Regulating dam safety* (Report 9: 2021–22).

2021–22 reports to parliament with outstanding recommendations

Entities reported that the remaining 7 reports to parliament from 2021–22 have outstanding recommendations. We show these in Figure 2B.

Figure 2B
2021–22 reports to parliament that have outstanding recommendations



Source: Queensland Audit Office using data self-reported by entities.

In the following section, we break down the progress that entities reported implementing recommendations from our report on *Contract management for new infrastructure* (Report 16: 2021–22). We selected this report based on the number of outstanding recommendations and the inherent risks associated with infrastructure contracts.

Managing infrastructure contracts effectively

Effective contract management practices outline responsibilities, set expectations, and establish time frames. They ensure infrastructure projects meet their objectives and help minimise the risk of delays and cost overruns. The importance of good contract management practices cannot be overstated, particularly given the significant investment in infrastructure in the coming years. The Queensland Government has committed \$89 billion over the next 4 years to:

- transform the state's energy system
- enhance infrastructure across regional Queensland
- improve the state's transport network
- prepare for the Brisbane 2032 Olympic and Paralympic Games.



In *Contract management for new infrastructure*, we examined how effectively government entities manage contracts for the delivery of new infrastructure. We made 11 recommendations. We addressed:

- all 11 recommendations to the Department of Energy and Public Works (DEPW)
- 9 recommendations to the Department of Education (DOE)
- 1 recommendation to the other 19 departments (39 recommendations in total).

We focused on DEPW and DOE because between them, they deliver approximately 60 per cent of the state's building infrastructure projects. As the lead agency, DEPW is responsible for the government's infrastructure contract framework. We recommended it:

- strengthen its whole-of-government framework to clearly state minimum requirements for managing infrastructure contracts and provide guidance to public sector entities
- review and update its whole-of-government framework every 3 years to reflect better practices.

DEPW reported that all recommendations remain outstanding. It reported that it had consulted agencies about its framework but was yet to publish the revised guidelines. As the lead agency, DEPW has a critical role promoting awareness about better contract management practices across the public sector.

We also asked government departments to review their internal contract management policies, procedures, and guidance to ensure they reflect better practice. We note that some departments reported only partially implementing this recommendation.

Government departments need to ensure their practices reflect better practice and they are managing contracts effectively. This is even more important given the key infrastructure projects that will need to be delivered for the Brisbane 2032 Olympic and Paralympic Games.

Recommendations assessed as no longer applicable

Entities reported that 11 recommendations in 2021–22 were no longer applicable. Six departments reported that recommendation 11 from *Contract management for new infrastructure* was no longer applicable because they were not responsible for infrastructure contracts, or they engage another entity to manage their contracts.

Five entities reported that recommendation 5 from *Regulating animal welfare services* was no longer applicable because they do not have a regulatory role.

We agree that these recommendations are no longer applicable.

Status of recommendations from 2020–21

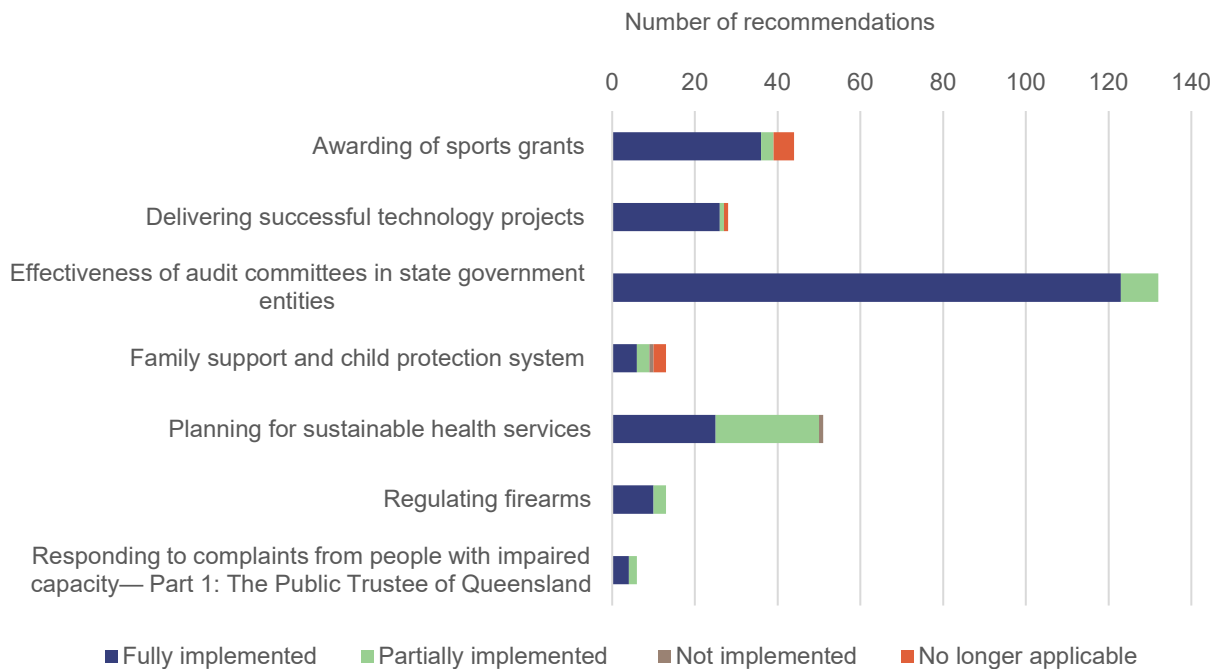
Entities reported fully implementing all recommendations from 2 reports tabled in parliament in 2020–21 or assessed the remaining recommendations as no longer applicable. These included:

- *Queensland Health's new finance and supply chain management system* (Report 4: 2020–21)
- *Responding to complaints from people with impaired capacity—Part 2: The Office of the Public Guardian* (Report 14: 2020–21).

2020–21 reports to parliament with outstanding recommendations

Entities reported that the remaining 7 reports to parliament from 2020–21 have outstanding recommendations. We show these in Figure 2C.

Figure 2C
2020–21 reports to parliament that have outstanding recommendations



Source: Queensland Audit Office using data self-reported by entities.

In the following section, we break down the progress that entities reported implementing recommendations from our report on *Planning for sustainable health services* (Report 16: 2020–21). We selected this report based on the number of outstanding recommendations and the importance of Queensland’s health system delivering sustainable healthcare.

Importance of sustainable healthcare

Demands on Queensland’s health system are increasing. A growing and ageing population, rising costs, and staff shortages are adding pressure to a system already under strain. Effective planning is needed to ensure Queensland’s health system can meet the needs of current communities, without compromising the health of future generations. In the 2023–24 Budget, the Queensland Government committed \$25 billion over 4 years to improve Queensland’s health system.

In our report *Planning for sustainable health services*, we examined how the Department of Health and the 16 hospital and health services (HHSs) work together to plan for sustainable health services. We made 7 recommendations to the Department of Health and the HHSs (52 recommendations in total). Gold Coast HHS did not accept recommendation 5 from this report.

We made 4 recommendations to the Department of Health, including:

- implementing a comprehensive integrated planning framework that enables strategic and operational plans
- developing a rolling medium-term implementation roadmap showing how *My Health, Queensland’s future: Advancing Health 2026* will be achieved, including clearly explaining priorities for a sustainable health system
- implementing and evaluating statewide workforce plans for critical employee groups and working with HHSs to strengthen capability and capacity of staff who support planning.

We addressed the remaining 3 recommendations to the 16 HHSs: These included:

- developing a set of priorities aligning with the statewide priorities
- developing appropriate performance indicators for health service and enabling plans, and regularly evaluating the success of long-term plans.



Although the department and HHSs have begun implementing these recommendations, progress has been slow.

The department reported partially implementing all 4 recommendations that we made. It has begun to draft an integrated planning framework and a workforce strategy. It has also articulated system priorities under a new 10-year vision for the health system.

The HHSs reported fully implementing 53 per cent (25) and partially implementing 45 per cent (21) of the 47 recommendations. Central Queensland HHS reported not implementing one recommendation.

Some HHSs reported that they intended aligning their priorities and plans with the state's but were waiting on the department to finalise its framework, strategies, and action plans. It is important that the department acts quickly to implement these recommendations to provide clarity on strategic priorities and enable more enhanced integrated planning.

Recommendations assessed as no longer applicable

Entities reported that 9 recommendations from 3 reports to parliament in 2020–21 were no longer applicable.

The Department of Energy and Public Works and Queensland Corrective Services reported that 2 recommendations from *Awarding of sports grants* (Report 6: 2020–21) were no longer applicable. The Public Sector Commission also reported that one recommendation from this report was no longer applicable. They reported these recommendations were no longer applicable because they are not responsible for awarding grants.

The Department of Housing reported that recommendation 3 from *Delivering successful technology projects* (Report 7: 2020–21) was no longer applicable because it was not currently implementing any technology projects. It noted that it would apply the requirements of the recommendation for future projects.

The Department of Child Safety, Seniors, and Disability Services (DCSSDS) and the Department of the Premier and Cabinet reported that recommendation 8 from *Family support and child protection system* (Report 1: 2020–21) was no longer applicable because the interdepartmental committee (which the recommendation referred to) was discontinued, having fulfilled its original purpose.

We agree that these 8 recommendations are no longer applicable.

The Queensland Police Service (QPS) reported that recommendation 4 from *Family support and child protection system* (Report 1: 2020–21) was no longer applicable. We recommended that the Department of Child Safety, Youth and Women and entities with mandatory reporting responsibilities establish a multi-disciplinary intake process for efficiently and effectively triaging all child harm reports. QPS reported that DCSSDS had reviewed its intake process and made several enhancements. It also noted other efforts underway to improve the sharing of information. However, DCSSDS and the Department of Health, which also has mandatory reporting responsibilities, reported partially implementing this recommendation and that additional work was needed. Therefore, we do not agree that this recommendation is no longer applicable.

Status of outstanding recommendations from prior years

In our report *2022 status of Auditor-General's recommendations* (Report 4: 2022–23), we highlighted that 146 recommendations were outstanding. Of these, entities reported this year:

- fully implementing 41 per cent (60)
- partially implementing 48 per cent (70)
- not implementing 9 per cent (13).

They reported that the remaining 2 per cent (3) of recommendations were no longer applicable.

We also identified that the status of some recommendations included in last year's report were revised downward this year. This included where responsibility for the recommendation was transferred to a different department following machinery of government changes and the new department reassessed the status of the recommendation.

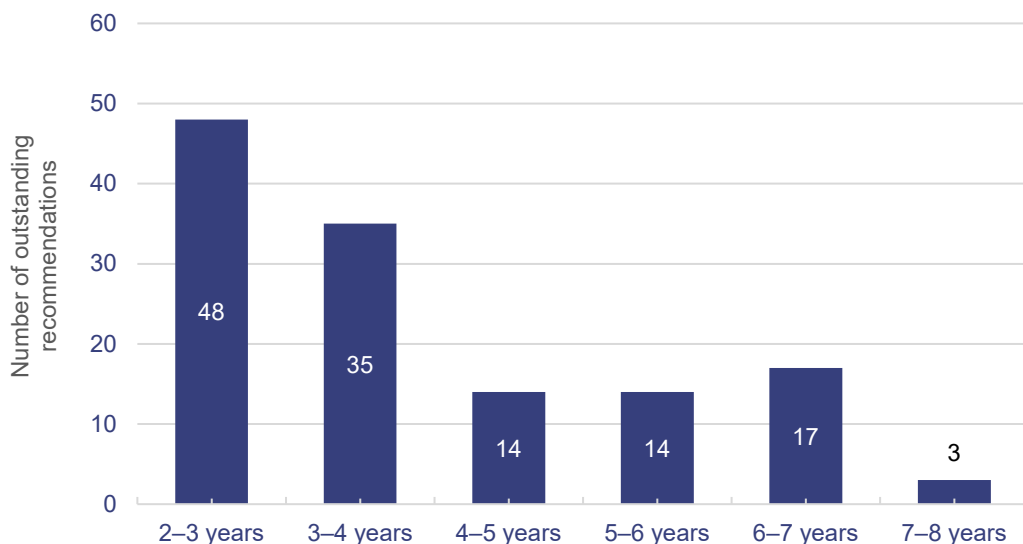
An example of this was the reassessment of the outstanding recommendations from our report *Delivering shared corporate services in Queensland* (Report 3: 2018–19). In last year's report, the former Department of Communities, Housing and Digital Economy assessed the 5 outstanding recommendations as partially implemented. This year these recommendations were all assessed as not implemented, following the transfer of responsibility for Queensland Shared Services to the Department of Transport and Main Roads in May 2023.

Age of outstanding recommendations

We assessed the age of recommendations outstanding from reports tabled in 2015–16 to 2020–21. We excluded from our analysis outstanding recommendations from reports tabled in 2021–22, given entities had less than a year to implement them.

Figure 2D shows the age of the 131 outstanding recommendations.

Figure 2D
Age of outstanding recommendations from reports 2015–16 to 2020–21



Source: Queensland Audit Office using data self-reported by entities.

Three recommendations made to HHSs remain partially implemented from our report *Queensland public hospital operating theatre efficiency* (Report 15: 2015–16), despite being issued more than 7 years ago.

Similarly, 17 recommendations remain outstanding despite being issued over 6 years ago. These include:

- 12 recommendations (11 partially implemented, one not implemented) from our report *Forecasting long-term sustainability of local government* (Report 2: 2016–17)
- 5 recommendations (3 partially implemented, 2 not implemented) from our report *Efficient and effective use of high value medical equipment* (Report 10: 2016–17).

Recommendations assessed as no longer applicable

Entities reported that 3 recommendations from 3 reports to parliament in 2016–17 and 2018–19 were no longer applicable.

Gold Coast HHS reported that one recommendation from *Efficient and effective use of high value medical equipment* was no longer applicable. It took an alternative action to address the recommendation.



Metro South HHS reported that one recommendation from *Digitising public hospitals* (Report 10: 2018–19) was no longer applicable. It reported that it had captured data on the benefits of e-Health's Integrated e-Medical Record program in response to the recommendation. However, it noted that the Department of Health had decommissioned the group collecting and reporting on statewide data and no further data was being collected.

Similarly, the Queensland Police Service reported that one recommendation from *Delivering forensic services* (Report 21: 2018–19) was no longer applicable. It reported that the 2022 Commission of Inquiry into Forensic DNA testing recommended setting up a new independent statutory body responsible for managing forensic services.

We agree that these recommendations are no longer applicable.

Progress of implementation by entity type

In the following section, we analyse reported progress in implementing recommendations by:

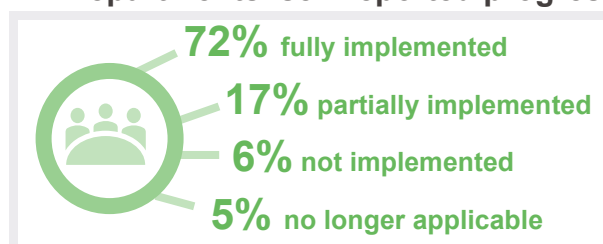
- departments
- hospital and health services
- local governments
- other entities.

Departments

We asked 22 departments to self-assess their progress in implementing 348 recommendations issued to them in 2020–21 and 2021–22 and 48 outstanding recommendations from last year's report. They reported implementing 72 per cent of the 396 recommendations. The Public Sector Commission is the only department that reported fully implementing all recommendations. In contrast, 10 departments reported fully implementing all recommendations in last year's report. This partially reflects departments having had less than 12 months to implement recommendations included in our 2021–22 reports.

Figure 2F shows the departments with outstanding recommendations.

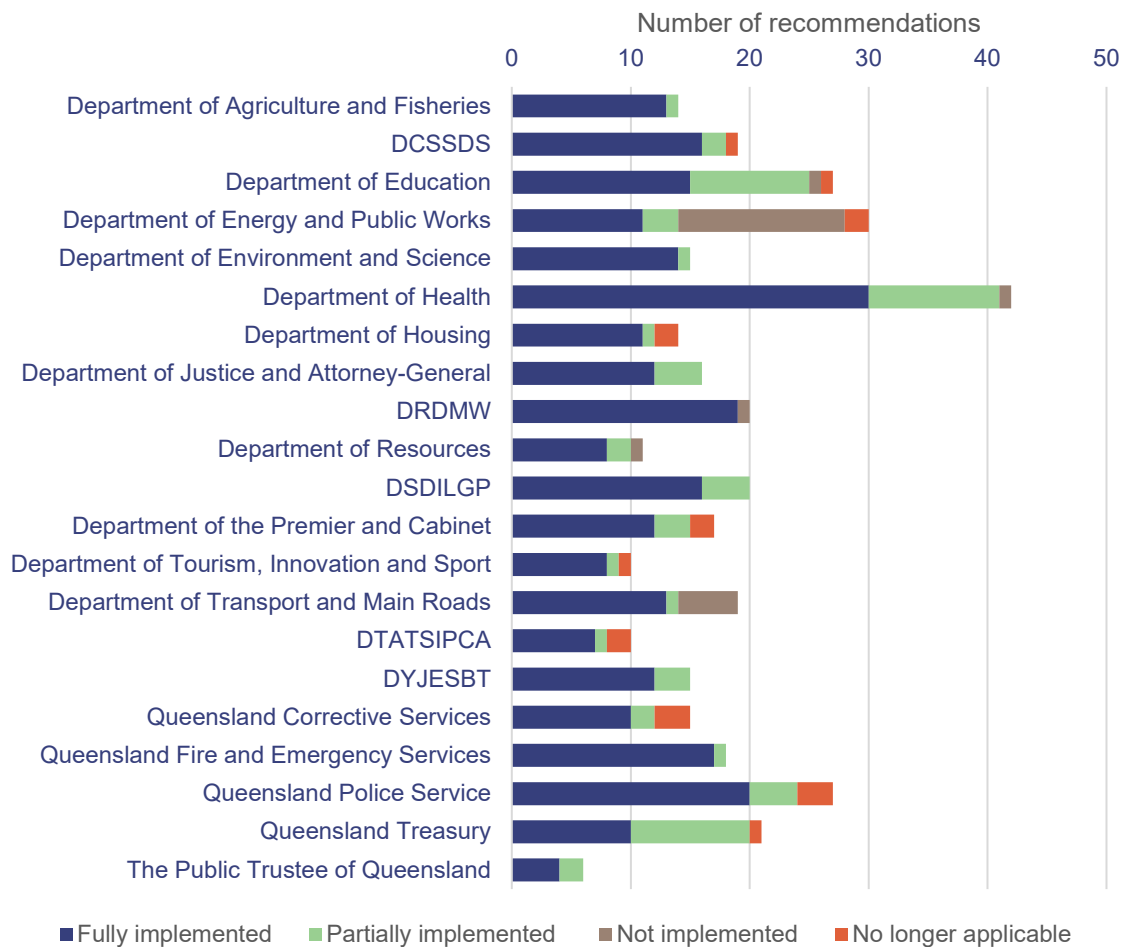
Figure 2E
Departments' self-reported progress



Note: Figures show the status of recommendations made in 2020–21 and 2021–22 and outstanding recommendations from prior years.

Source: Queensland Audit Office.

Figure 2F
Departments with outstanding recommendations



Notes: DCSSDS – Department of Child Safety, Seniors, and Disability Services; DRDMW – Department of Regional Development, Manufacturing and Water; DSDILGP – Department of State Development, Infrastructure, Local Government and Planning; DTATSIPCA – Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities, and the Arts; DYJESBT – Department of Youth Justice, Employment, Small Business and Training.

Source: Queensland Audit Office using data self-reported by entities.

Some departments provided detailed responses explaining the action they took and the outcomes of those actions. Others provided responses that lacked sufficient detail. For example, the Department of Agriculture and Fisheries clearly outlined the action it had taken to implement recommendations from our report on *Effectiveness of audit committees in state government entities* (Report 2: 2020–21). It also explained the outcome of its actions, noting improvements in how its audit and risk committee functions. The department also reported that the committee now has a better understanding of the department’s key risks.

We also found instances where the action reported by departments did not align with the status of the recommendation. For example, the Department of Resources reported fully implementing recommendation 11 from *Contract management for new infrastructure* (Report 16: 2021–22). However, it did not say what it had done, just what it planned to do in the future.

Similarly, the Department of Youth Justice, Employment, Small Business and Training reported fully implementing recommendation 1 from our report *Effectiveness of audit committees in state government entities* (Report 2: 2020–21). It reported that its audit committee meets frequently, and agenda items reflect the committee’s charter. However, it did not say whether it had reviewed the language and responsibilities in the audit committee charter to clearly define the committee’s role, which is what we asked it to do.

Departments need to ensure the action they take fully addresses the recommendations we make.



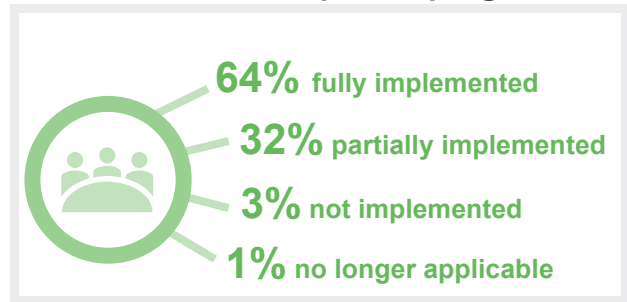
Hospital and health services (HHSs)

We asked 16 HHSs to self-assess their progress implementing 125 recommendations made to them in 2020–21 and 2021–22 and 18 outstanding recommendations from last year's report. They reported fully implementing 64 per cent of the 143 recommendations.

Metro North HHS and Torres and Cape HHS reported fully implementing all recommendations.

Figure 2H shows the 14 HHSs that reported having outstanding recommendations.

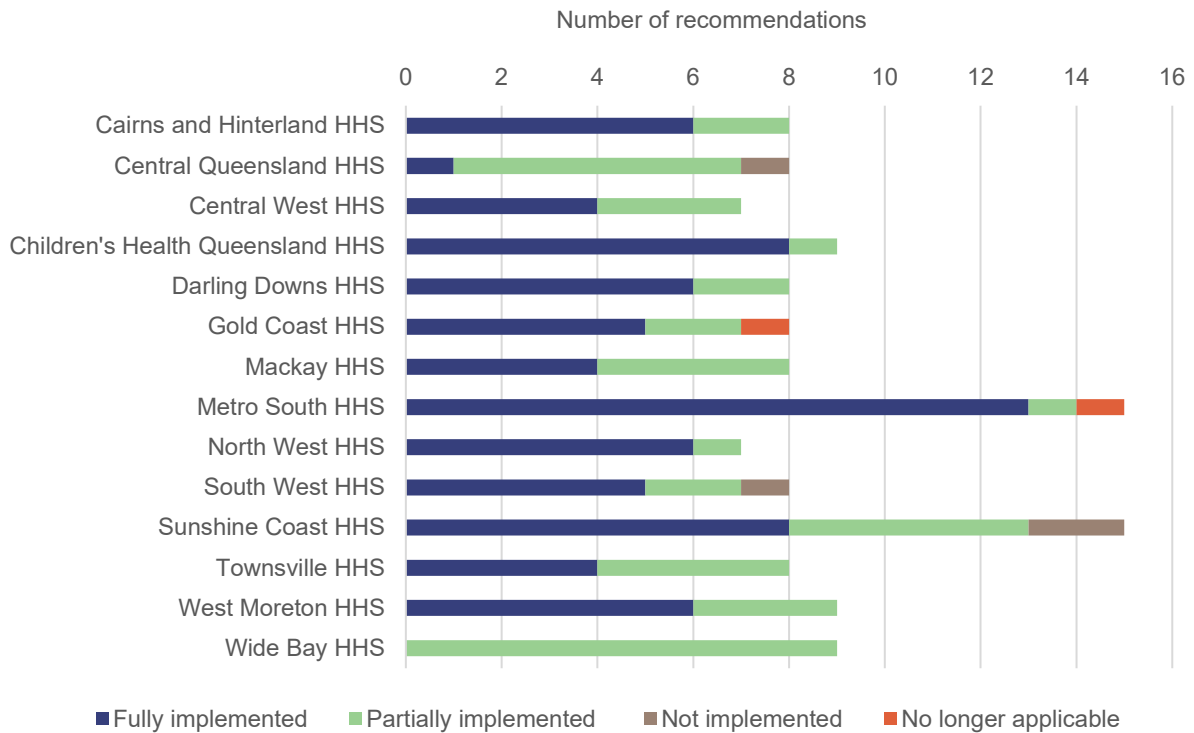
Figure 2G
HHSs' self-reported progress



Note: Figures show the status of recommendations made in 2020–21 and 2021–22 and outstanding recommendations from prior years.

Source: Queensland Audit Office.

Figure 2H
HHSs with outstanding recommendations



Notes: Gold Coast HHS did not accept recommendation 5 from *Planning for sustainable health services* (Report 16: 2020–21). North West HHS did not accept recommendation 1 and Central West HHS did not accept recommendation 5 from *Measuring emergency department patient wait time* (Report 2: 2021–22).

Source: Queensland Audit Office using data self-reported by entities.

In our report *Measuring emergency department patient wait time* (Report 2: 2021–22), we made 5 recommendations to all 16 HHSs (80 recommendations in total).

Two HHSs did not accept a recommendation. HHSs reported fully implementing 76 per cent (59) of the remaining 78 recommendations, with 23 per cent (18) outstanding. South West HHS reported not implementing recommendation 5 because it does not have short-term treatment areas in its emergency department.

Some HHSs provided detailed responses explaining the action they had taken and the outcomes of those actions. Others provided responses that lacked sufficient detail. For example, Torres and Cape HHS reported fully implementing 4 recommendations from *Measuring emergency department patient wait time*, but did not explain the actions it had taken. Therefore, we are unsure how the recommendations were implemented.

In contrast, Cairns and Hinterland HHS clearly explained the actions it had taken and the outcome of its actions. For example, it reported fully implementing recommendation 4 from the *Measuring emergency department patient wait time* report, by implementing the Department of Health's standardised real-time transfer of care measure. It reported improved performance in emergency department length of stay times.

Local governments

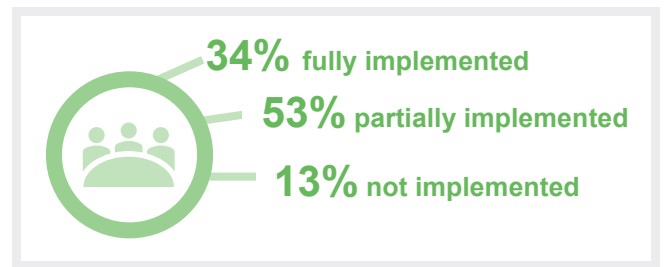
We asked 36 local governments (councils) to self-assess their progress implementing 30 recommendations made to them in 2020–21 and 2021–22 and 57 outstanding recommendations. They reported fully implementing 34 per cent (30) of the 87 recommendations. Seven councils reported implementing all recommendations:

- Gladstone Regional Council
- Ipswich City Council
- Logan City Council
- Mareeba Shire Council
- Rockhampton Regional Council
- Somerset Regional Council
- Townsville City Council.

Twenty-nine councils reported having outstanding recommendations.

Figure 2J shows the status of recommendations by councils that reported having outstanding recommendations. Councils vary widely in their size and location, and in the range of community services they provide. To enable comparison, we have grouped them into 5 common segments used by the Local Government Association of Queensland: Coastal, Resources, Rural/Regional, Rural/Remote, and South East Queensland.

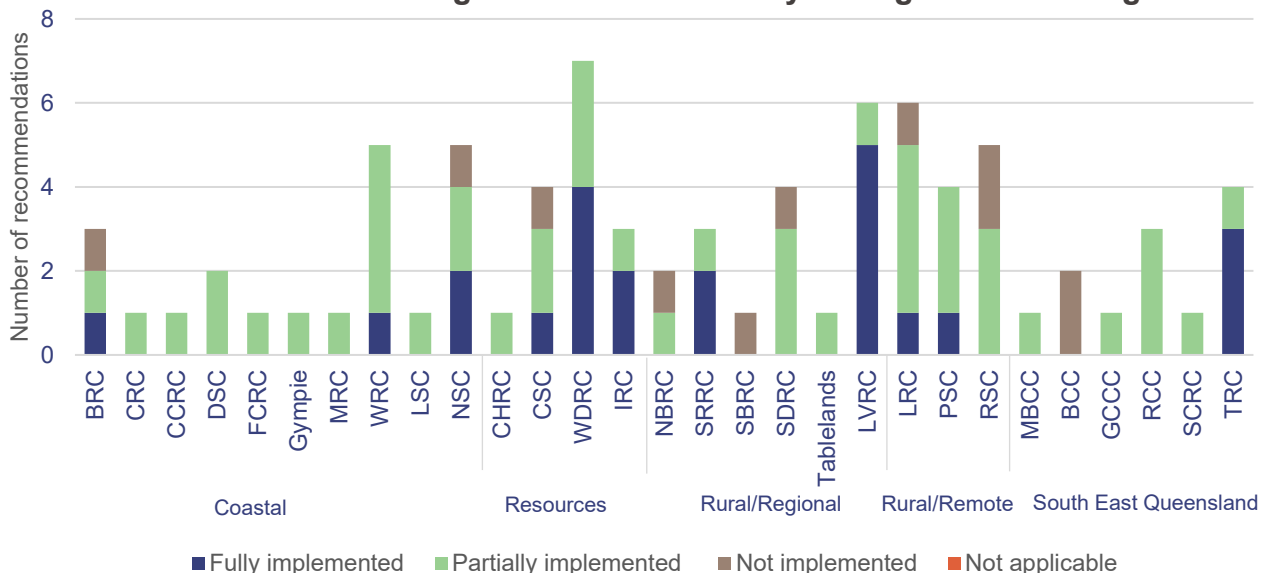
Figure 2I
Local governments' self-reported progress



Note: Figures show the status of recommendations made in 2020–21 and 2021–22 and outstanding recommendations from prior years.

Source: Queensland Audit Office.

Figure 2J
Councils with outstanding recommendations by local government segment



Note: BRC – Bundaberg Regional Council; CRC – Cairns Regional Council; CCRC – Cassowary Coast Regional Council; DSC – Douglas Shire Council; FCRC – Fraser Coast Regional Council; Gympie – Gympie Regional Council; MRC – Mackay Regional Council; WRC – Whitsunday Regional Council; LSC – Livingstone Shire Council; NSC – Noosa Shire Council; CHRC – Central Highlands Regional Council; CSC – Cook Shire Council; WDRC – Western Downs Regional Council; IRC – Isaac Regional Council; NBRC – North Burnett Regional Council; SRRC – Scenic Rim Regional Council; SBRC – South Burnett Regional Council; SDRC – Southern Downs Regional Council; Tablelands – Tablelands Regional Council; LVRC – Lockyer Valley Regional Council; LRC – Longreach Regional Council; PSC – Paroo Shire Council; RSC – Richmond Shire Council; MBCC – Moreton Bay City Council; BCC – Brisbane City Council; GCCC – Gold Coast City Council; RCC – Redland City Council; SCRC – Sunshine Coast Regional Council; TRC – Toowoomba Regional Council.

Source: Queensland Audit Office using data self-reported by entities.

Councils reported limited progress in implementing our recommendations, particularly those from our series of local government sustainability audits. More than half of the outstanding recommendations come from our sustainability series. It is not surprising that we continue to see recurring issues with councils planning and forecasting, given their lack of progress implementing our recommendations. We made 12 of these recommendations more than 6 years ago. Councils need to prioritise these recommendations to ensure they remain financially sustainable and can deliver essential public services to their communities.

In 2024–25, we plan to undertake an audit on the sustainability of local government. This audit will be the fifth in our series of local government sustainability audits. We will examine councils' progress in implementing our recommendations from our series, and how they are meeting their sustainability challenges.

We found that some councils provided responses that were inconsistent with the responses they provided last year. For example, North Burnett Regional Council reported last year that it had partially implemented recommendation 7 from our report *Managing local government rates and charges* (Report 17: 2017–2018). However, this year it reported not implementing the recommendation and outlined the action that it plans to take in the future. Similarly, Richmond Shire Council reported partially implementing recommendation 9 from our report on *Managing local government rates and charges* last year but reported not implementing it this year. It also explained the action it plans to take going forward.

We also found that Lockyer Valley Regional Council reported that recommendation 3 from our report on *Forecasting long-term sustainability of local government* (Report 2: 2016–2017) was fully implemented. However, its response suggests this recommendation is not implemented, as it still needs to engage with its community on future service levels and assess the condition of its assets.

Other entities

We asked other state entities to self-assess their progress implementing 29 recommendations made to them in 2020–21 and 2021–22 and 23 outstanding recommendations from last year's report.

The entities reported fully implementing 48 per cent (25) and partially implementing 52 per cent (27) of the 52 recommendations.

Many of the outstanding recommendations are from our report on *Regulating animal welfare services*. We discussed all entities' progress implementing recommendations from this report in chapter one.



Appendices

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A. Entity responses

As mandated in s. 64 of the *Auditor-General Act 2009*, the Queensland Audit Office gave a copy of this report with an invitation to comment to:

- the Premier and Minister for the Olympic and Paralympic Games
- chief executive officers of the 98 audited entities
- respective ministers for the 98 audited entities.

This appendix contains the responses we received.

The heads of the entities are responsible for the accuracy, fairness, and balance of their comments.



Comments received from Director-General, Department of Education



Office of the
Director-General

Department of
Education

17 NOV 2023

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
Email: gao@gao.qld.gov.au

Dear Mr Worrall

Thank you for your email dated 30 October 2023 providing a copy of the proposed report to Parliament titled *2023 status of Auditor-General's recommendations* (the report).

I appreciate the opportunity to review and provide feedback on the proposed report and I thank you and your team for your collaborative approach. I understand that feedback has previously been provided on specific wording included in Appendix B, Implementation of recommendations by report, relevant to the Department of Education (DoE), and acknowledge that this feedback has been incorporated into the final report.

I note that as this is a point in time status update, the Queensland Audit Office (QAO) is unable to reflect in the final report to Parliament any updated status from DoE's initial assessment. However, I request an adjustment to the following:

Enabling digital learning (Report 1: 2021–22), recommendation 1, to align with DoE's *Annual Report 2022–23*.

Department of Education (DoE) partnered with Telstra to deliver increased bandwidth over 2 stages. As at 30 June 2023, 92.5 per cent of students had received a Stage 1 upgrade to 1 Mbps per student. Stage 2 will deliver an increase to an average of 5 Mbps per student by the end of 2026, contingent on required technical improvements.

Enabling digital learning, (Report 1: 2021–22), recommendation 7 to align with DoE's *Equity and Excellence: realising the potential of every student strategy*.

DoE is developing a Digital Capability Program to support school leaders and teaching teams enhance digital teaching and learning. The program will include a strategic planning component so that school leaders are supported to include a clear digital component in their school strategic plans. It will also include support and resources for monitoring and reviewing the effective delivery of actions that relate to digital components of their school strategic plan.

I also acknowledge that you intend to publish the results of entities' self-reported progress in an interactive dashboard on the QAO website, as per Appendix B.

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2

The report has provided insights on recommendations and responses across all agencies highlighting trends, challenges and shared learnings about how entities implement the QAO audit recommendations.

Should your office wish to discuss this matter further, I invite your officers to contact

Yours sincerely



MICHAEL DE'ATH
Director-General

Ref. 23/894367



Comments received from Acting Director-General, Department of Health



Queensland Health

Enquires to:

Telephone:
Our ref:

Mr Brendan Worrall
Auditor-General
Queensland Audit Office

Email: gao@gao.qld.gov.au

Dear Mr Worrall

I refer to your email dated 30 October 2023, which provided an opportunity to consider and respond to the proposed Queensland Audit Office report to Parliament *2023 status of Auditor-General's recommendations*.

I note this is the third year the Queensland Audit Office has reported on entities' self-assessed progress in implementing performance audit recommendations.

This report makes specific comments in relation to the status of recommendations from the *Planning for sustainable health services* (Report 16:2020-2021). These comments are noted and I can confirm that significant progress is being made to fully implement the recommendations from this report.

For the Department of Health, I am pleased to note that 98 per cent (41 out of 42 recommendations) were self-assessed as either fully or partially implemented with only one recommendation remaining outstanding. I also note positive progress regarding the implementation of audit recommendations for the Hospital and Health Services with 96 per cent of recommendations self-assessed (137 out of 143 recommendations) as either fully or partially implemented, three per cent (4 recommendations) were not implemented and one per cent (2 recommendations) were no longer applicable.

I would like to acknowledge the valuable insights, important work undertaken and the continued assistance provided by your team to the Hospital and Health Service and Department of Health personnel regarding this process.

Yours sincerely

A handwritten signature in black ink, appearing to read "M Walsh".

Michael Walsh
A/Director-General
21/11/2023

Level 37
1 William St Brisbane
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Queensland 4000 Australia

Website health.qld.gov.au
Email DG_Correspondence@health.qld.gov.au
ABN 66 329 169 412



Comments received from Acting Director-General, Department of Transport and Main Roads



Our ref: DG45480
Your ref: PRJ03899

Office of the
Director-General
Department of
Transport and Main Roads

10 November 2023

Mr Brendan Worrall
Auditor-General
Queensland Audit Office
qao@qao.qld.gov.au

Dear Mr Worrall

Thank you for your email of 30 October 2023 regarding the Queensland Audit Office's (QAO) proposed report to Parliament titled 2023 Status of Auditor-General's recommendations.

In your proposed report, you state the key themes you have raised that include good regulatory practices needing to be risk-based and intelligence-led, measuring and reporting performance being essential to making informed decisions and that effective audit committees are a cornerstone of good governance. The Department of Transport and Main Roads (TMR) is focused on continuously improving its control environment in these areas as well as other areas where it operates.

Recommendations raised by the QAO in performance reports as well as the end of year financial statement report are recorded in TMR's audit database and are then followed up by TMR's Internal Audit team to ensure that they are fully implemented in a timely manner, along with internal audit recommendations and any recommendations raised in other assurance reports. The results of this follow up are reported to the TMR Audit and Risk Committee, which the QAO has a standing invitation to attend.

The recent machinery-of-Government change in May 2023 meant that TMR is now responsible for some of the recommendations raised for the former Department of Communities, Housing and Digital Economy. These recommendations are being addressed in line with TMR's governance processes outlined above.

I appreciate the opportunity to work with the QAO in improving TMR's processes and control environment.

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ABN 39 407 690 291

If you require further information please contact [REDACTED]

I trust this information is of assistance.

Yours sincerely



Sally Stannard
Acting Director-General
Department of Transport and Main Roads



B. Implementation of recommendations by report

Appendix B captures the implementation progress of recommendations by report. In some reports, we made recommendations to all departments, councils, statutory bodies, or hospital and health services as these recommendations had broader applicability beyond the entities we audited.

Against each report, we have identified the parliamentary committee that has current responsibility for overseeing the respective aspect of government. Due to changes in committees over time, our report may have originally been referred to a different committee. We have updated the data in our interactive dashboard to reflect the current parliamentary committees for each report, which is available at www.qao.qld.gov.au/status-auditor-generals-recommendations-dashboard.

In May 2023, the Queensland Government announced machinery of government changes that renamed some departments and changed departmental responsibilities for others. We have taken these and previous machinery of government changes into consideration and sought responses from the entities currently responsible for the relevant functions of government. We have reflected the department name changes in the table below.

Entity with previous responsibility	Entity with responsibility from 18 May 2023	Report title
Building Queensland	Department of State Development, Infrastructure, Local Government and Planning	<i>Evaluating major infrastructure projects</i> (Report 14: 2019–20)
Department of Child Safety, Youth and Women	Department of Child Safety, Seniors, and Disability Services	<i>Family support and child protection system</i> (Report 1: 2020–21)
Department of Communities, Disability Services and Seniors	Department of Child Safety, Seniors, and Disability Services	<i>The National Disability Insurance Scheme</i> (Report 14: 2017–18)
Department of Employment, Small Business and Training	Department of Youth Justice, Employment, Small Business and Training	<i>Investing in vocational education and training</i> (Report 1: 2019–20)
Department of Housing and Public Works	Department of Transport and Main Roads	<i>Delivering shared corporate services in Queensland</i> (Report 3: 2018–19)
Department of Infrastructure Local Government and Planning	Department of State Development, Infrastructure, Local Government and Planning	<i>Forecasting long-term sustainability of local government</i> (Report 2: 2016–17)
Department of Local Government, Racing and Multicultural Affairs	Department of State Development, Infrastructure, Local Government and Planning	<i>Managing the sustainability of local government services</i> (Report 2: 2019–20) <i>Managing local government rates and charges</i> (Report 17: 2017–18)
Department of State Development, Manufacturing, Infrastructure and Planning	Department of Resources	<i>Managing coal seam gas activities</i> (Report 12: 2019–20)

Source: Queensland Audit Office using information published by the Queensland Government.

We also note the offices or business groups listed below sit within the following departments:

- The Office of the Public Guardian – the Department of Justice and Attorney-General.
- Queensland Government Procurement – the Department of Energy and Public Works.
- Queensland Government Chief Customer and Digital Officer (formerly the Queensland Government Chief Information Office) – Department of Transport and Main Roads.

Reports tabled in 2020–21 and 2021–22

This table includes links to the reports we tabled in 2020–21 and 2021–22 and asked entities to self-assess against.

Tabling year	Report number	Report title	Page
2020–21	Report 1	<i>Family support and child protection system</i>	31
	Report 2	<i>Effectiveness of audit committees in state government entities</i>	35
	Report 4	<i>Queensland Health's new finance and supply chain management system</i>	47
	Report 5	<i>Responding to complaints from people with impaired capacity—Part 1: The Public Trustee of Queensland</i>	48
	Report 6	<i>Awarding of sports grants</i>	50
	Report 7	<i>Delivering successful technology projects</i>	55
	Report 8	<i>Regulating firearms</i>	59
	Report 14	<i>Responding to complaints from people with impaired capacity—Part 2: The Office of the Public Guardian</i>	62
2021–22	Report 16	<i>Planning for sustainable health services</i>	64
	Report 1	<i>Enabling digital learning</i>	70
	Report 2	<i>Measuring emergency department patient wait time</i>	72
	Report 5	<i>Managing Queensland's transition to renewable energy</i>	80
	Report 6	<i>Regulating animal welfare services</i>	81
	Report 8	<i>Improving access to specialist outpatient services</i>	90
	Report 9	<i>Regulating dam safety</i>	92
	Report 16	<i>Contract management for new infrastructure</i>	95
	Report 17	<i>Appointing and renewing government boards</i>	100
	Report 18	<i>Enhancing government procurement</i>	102

Source: Queensland Audit Office.

Reports with outstanding recommendations

This table includes links to the reports we tabled between 2015–16 and 2019–20 that have outstanding recommendations from last year's report.

Tabling year	Report number	Report title	Page
2015–16	Report 15	<i>Queensland public hospital operating theatre efficiency</i>	104
	Report 16	<i>Flood resilience of river catchments</i>	106
2016–17	Report 2	<i>Forecasting long-term sustainability of local government</i>	107
	Report 10	<i>Efficient and effective use of high value medical equipment</i>	111
	Report 14	<i>Criminal justice system—reliability and integration of data</i>	113
2017–18	Report 10	<i>Finalising unpaid fines</i>	114
	Report 14	<i>The National Disability Insurance Scheme</i>	115
	Report 16	<i>Follow-up of Managing water quality in Great Barrier Reef catchments</i>	116
	Report 17	<i>Managing local government rates and charges</i>	117
2018–19	Report 1	<i>Monitoring and managing ICT projects</i>	120
	Report 3	<i>Delivering shared corporate services in Queensland</i>	122
	Report 4	<i>Managing transfers in pharmacy ownership</i>	124
	Report 6	<i>Delivering coronial services</i>	125
	Report 10	<i>Digitising public hospitals</i>	127
	Report 17	<i>Managing consumer food safety in Queensland</i>	128
	Report 21	<i>Delivering forensic services</i>	131
2019–20	Report 1	<i>Investing in vocational education and training</i>	133
	Report 2	<i>Managing the sustainability of local government services</i>	135
	Report 3	<i>Managing cyber security risks</i>	139
	Report 10	<i>Effectiveness of the State Penalties Enforcement Registry ICT reform</i>	142
	Report 12	<i>Managing coal seam gas activities</i>	143
	Report 14	<i>Evaluating major infrastructure projects</i>	144
	Report 16	<i>Licensing builders and building trades</i>	145

Source: Queensland Audit Office.

Family support and child protection system (Report 1: 2020–21)

In this report, we made recommendation 4 to all relevant entities with mandatory responsibilities to report child harm. These are: Department of Child Safety, Seniors and Disability Services; Department of Education; Queensland Police Service; and Department of Health.

Related parliamentary committee:

- Community Support and Services Committee

Entity progress on implementation

Recommendation 1		
The Department of Child Safety, Youth and Women, in collaboration with family support services establish minimum service-level requirements based on better practice for engaging with families requiring support by Intensive Family Support and Aboriginal and Torres Strait Islander wellbeing services. It should tailor these requirements to the demographics of each region.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	Department of Child Safety, Seniors and Disability Services (DCSSDS) provided training in motivational interviewing for Intensive Family Support and Family and Child Connect providers. The department implemented guidelines for increasing consent rates in Intensive Family Support. Outcome-focused contracts for Family Wellbeing Service providers are currently being developed, and program guidelines have been updated to clarify expectations.
Recommendation 2		
The Department of Child Safety, Youth and Women collaborates with family support services to monitor outcomes and increase consent rates and the quality of data captured in the Advice, Referrals and Case Management database.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS resolved data quality issues in the advice, referrals, and case management database.
Recommendation 3		
The Department of Child Safety, Youth and Women, in collaboration with family support services automate the transfer of those child harm reports that do not meet the threshold for investigation but the family may benefit from family support services between the Integrated Client Management System and the Advice, Referrals and Case Management database.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Partially implemented	DCSSDS will explore systems to support automated referral of child concern reports as part of its integrated client management system, Unify, which is scheduled to be complete in 2024.



Recommendation 4

The Department of Child Safety, Youth and Women and entities with mandatory reporting responsibilities establish a multi-disciplinary intake process for efficiently and effectively triaging all child harm reports. The intake process should integrate information from all relevant agencies, including non-government organisations, to assess the cumulative risk and to facilitate a shared responsibility for triaging and responding to all child harm reports. This should prioritise the immediate safety of the child and not delay the Department of Child Safety, Youth and Women from immediately responding to a child harm report.

Note: We sought responses from departments with mandatory responsibilities to report child harm.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Partially implemented	DCSSDS will explore systems to help professional notifiers provide quality information and enable integration of information from relevant agencies as part of Unify, its integrated client management system which is scheduled to be completed in 2024.
Department of Education	Not implemented	DCSSDS is the lead agency for this recommendation. The Department of Education will continue to collaborate with DCSSDS as required to support this recommendation.
Department of Health	Partially implemented	Department of Health (DoH) is working closely with the lead agency – DCSSDS to implement this recommendation. The first Unify product – Suspected Child Abuse and Neglect (SCAN) Program, was rolled out to all teams across Queensland in November 2022. This product enhances inter-agency information sharing and collaboration processes by Queensland Government SCAN core member agencies. DoH has trained and supports Unify Super Users within local hospital and health service (HHS) Child Protection Units. DoH continues to work closely with DCSSDS to support future Unify products. Further steps will be to engage with the Unify Technical Reference Group to progress the relevant Information Exchange Schedules.
Queensland Police Service	No longer applicable	The Department of Child Safety led this work and engaged with partner agencies, including Queensland Police Service (QPS). The department reviewed intake processes and implemented improvements. QPS developed a portal to provide child safety officers with direct access to police records. QPS is supporting the department's development of an integrated case management system.

Recommendation 5

The Department of Education provide greater support and training to principals and teachers to assist them in determining the appropriate pathway to report concerns about a child's safety.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Fully implemented	In 2021, Department of Education (DoE) updated mandatory student protection training materials and supporting resources with more detailed information about appropriate reporting and referral pathways. Regional Student Protection Principal Advisors offer regular training to all principals to provide clearer guidance about reporting pathways. DoE tracks and reports on mandatory student protection training completion. In 2022, DoE developed a flowchart which assists central and regional office staff to determine the appropriate pathway for reporting safety concerns about a child.

Recommendation 6

The Department of Child Safety, Youth and Women enhance its existing model for responding to alleged harm or risk of harm by:

- expanding its afterhours child safety protection service to ensure its child safety officers can better respond to child harm reports across the state in a timely manner
- providing adequate training, support and mentoring to child safety officers to enhance their decision-making skills, including an induction program for new staff.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS consulted with QPS, DoH, and the Aboriginal and Torres Strait Islander Community Health Service and concluded that expanding the out-of-hours service was not feasible. The department is implementing technology solutions. The department has provided training for child safety officers.

Recommendation 7

The Department of Child Safety, Youth and Women, in collaboration with the Queensland Family and Child Commission improve outcomes for children placed in out-of-home care. This includes:

- ensuring that children are placed in the most appropriate and stable type of care to meet their needs, rather than based on availability of care
- improving the quality and availability of out-of-home care options available to children requiring care
- reviewing the capability and capacity of carers, including the appropriateness of their experience, training, and qualifications
- reviewing the contracts of out-of-home care providers to ensure they include appropriate key performance indicators and clearly outline expectations
- identifying opportunities to increase the number of Indigenous children placed with kin, Indigenous communities, or Indigenous carers.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS implemented a range of improvements, including a co-designed kinship care program, revised child protection placement service specifications, and updated pre-service carer training. The department continuously seeks to improve outcomes for children in out-of-home care.

Recommendation 8

The Department of Child Safety, Youth and Women and the Department of the Premier and Cabinet, in collaboration with other relevant public sector entities more clearly define the roles, purpose, and interrelationship of the Interdepartmental Committee and the regional Child, Youth and Family Committees. This should include:

- expanding the role of the Interdepartmental Committee to provide greater leadership and strategic direction of the system
- ensuring the Interdepartmental Committee is working collaboratively with stakeholders and partners to resolve systemic issues and advance state and regional priorities, including through input from Regional Child, Youth and Family Committees.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	No longer applicable	The interdepartmental committee was discontinued as its original purpose had been delivered. DCSSDS has strengthened governance over child protection reform by expanding the role of the peak advisory group to engage external stakeholders and introducing biannual reporting.
Department of the Premier and Cabinet	No longer applicable	The interdepartmental committee referred to in this recommendation was discontinued as its original purpose had been fulfilled. The DCSSDS now leads work relevant to this recommendation.

Recommendation 9

The Department of Child Safety, Youth and Women enhance its performance management by:

- internally reporting the time taken to gather information and sight a child for all investigations (24-hour, five-day, and 10-day investigations)
- more clearly defining the criteria for assessing the time taken to commence an investigation
- improving its publicly reported performance data by clearly identifying the basis of its measurements, including whether it is using business days or calendar days.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS included additional footnotes in its public reporting to provide further detail about how investigation and assessment data are measured.



Effectiveness of audit committees in state government entities (Report 2: 2020–21)

In this report, we made 11 recommendations. All recommendations were addressed to Queensland Treasury. Six of these (recommendations 1 to 6) were addressed to all departments. We asked all departments to self-assess their progress in implementing recommendations from this report.

Related parliamentary committee:

- Economics and Governance Committee

Entity progress on implementation

Recommendation 1		
Audit committees review the language and responsibilities in the audit committee charter to clearly define the committee's role, ensuring it is appropriate and specific to the entity.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	Department of Agriculture and Fisheries (DAF) reviews its audit committee charter annually and has updated the charter to clearly define the committee's role and responsibilities.
Department of Child Safety, Seniors and Disability Services	Fully implemented	Department of Child Safety, Seniors and Disability Services (DCSSDS) reviewed its audit committee charter.
Department of Education	Fully implemented	Department of Education (DoE) reviews its audit committee charter and terms of reference annually or when changes are made to the guidelines by Queensland Treasury. The charter clearly describes the committee's duties and responsibilities.
Department of Energy and Public Works	Fully implemented	Department of Energy and Public Works (DEPW) updates its audit committee charter each year. The charter is endorsed by the committee and approved by the director-general.
Department of Environment and Science	Fully implemented	Department of Environment and Science (DES) annually reviews its audit committee's charter, which is endorsed by the committee and approved by the director-general.
Department of Health	Fully implemented	Department of Health (DoH) updated the 2022 audit and risk committee (ARC) charter with clear roles and responsibilities; it was approved by the director-general on 24 August 2022. A further review of the 2023 charter is expected to be cleared by the director-general by July 2023. The ARC charter is to be reviewed annually by the committee.
Department of Housing	Fully implemented	Department of Housing's (Housing's) audit committee reviews its charter annually and updates it when relevant.
Department of Justice and Attorney-General	Fully implemented	Department of Justice and Attorney-General (DJAG) annually reviews its audit committee's terms of reference and ensures the committee's workplan addresses the responsibilities outlined within it.
Department of Regional Development, Manufacturing and Water	Fully implemented	Department of Regional Development, Manufacturing and Water's (DRDMW's) audit committee charter sets out its roles and responsibilities, composition and membership requirements, and relationship with the director-general and managers. The charter is reviewed annually.
Department of Resources	Fully implemented	Department of Resources' (Resources') audit committee charter is reviewed annually. The charter is consistent with Queensland Treasury guidelines.

Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning's (DSDILGP's) audit committee charter is reviewed annually, endorsed by the committee, and approved by the director-general. The charter clearly defines the committee's role.
Department of the Premier and Cabinet	Fully implemented	The joint Department of the Premier and Cabinet (DPC) and Public Sector Commission's (PSC's) audit and risk management committee (ARMC) terms of reference clearly identifies the committee's roles and responsibilities. The committee's annual workplan includes a discharging of responsibilities tracker. The terms of reference are reviewed annually.
Department of Tourism, Innovation and Sport	Fully implemented	Department of Tourism, Innovation and Sport's (DTIS's) audit committee charter drives the work of its audit committee. The charter is reviewed annually and charter documents are continually improved to ensure relevance.
Department of Transport and Main Roads	Fully implemented	Department of Transport and Main Roads's (DTMR's) audit committee charter is reviewed annually. It clearly defines the committee's role.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA) reviewed the audit committee charter to ensure its appropriateness to the department. The charter will be reviewed annually and following any significant departmental change.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training's (DYJESBT's) audit committee meets quarterly. Its agenda is based on the committee's charter and the department's priorities. The committee reviews key risks and considers legislative compliance.
Public Sector Commission	Fully implemented	PSC and DPC reviewed the terms of reference for the DPC/PSC ARMC on 24 March 2023.
Queensland Corrective Services	Fully implemented	The charter of Queensland Corrective Services' (QCS's) audit and risk committee (ARC) provides for annual review of that charter. Annual review falls due in September 2023 and the ARC meeting on 19 September 2023 will determine future action.
Queensland Fire and Emergency Services	Fully implemented	In accordance with its charter, the Queensland Fire and Emergency Services (QFES) audit, risk and compliance committee (ARCC) reviews its charter annually. Changes to the committee's role and responsibilities are required to be approved by the board of management (BoM).
Queensland Police Service	Fully implemented	Queensland Police Service's (QPS's) audit committee charter articulates the committee's role and aligns with Queensland Treasury guidelines. QPS's Strategic Governance Manual is reviewed at least annually.
Queensland Treasury	Fully implemented	The role and responsibilities of Queensland Treasury's (QT's) ARMC, updated in May 2020, are clearly articulated in the charter. The charter will be updated annually.

Recommendation 2		
Audit committees remain informed of the entity's core functions, systems, and the key risks and issues facing the entity. Use this knowledge to focus the committee's attention throughout the year, and when developing the committee's annual workplan.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF's audit committee updates its workplan annually in line with its updated charter to ensure the committee responds to the department's core functions, systems, and risks.
Department of Child Safety, Seniors and Disability Services	Fully implemented	The DCSSDS audit committee receives updates about the department's priorities and performance as part of its agenda. From this, the committee develops and maintains its annual workplan.
Department of Education	Fully implemented	DoE's audit committee receives a risk and performance management update at each meeting. The committee's chair meets with the department's director-general at least twice each year and regularly meets with the department's head of internal audit. The director-general attends the committee's meetings. The audit committee refers to relevant maturity assessments, including QAO frameworks and tools, to inform its deliberations.
Department of Energy and Public Works	Fully implemented	DEPW's audit committee is kept informed about key risks and issues facing the department, and about the department's progress against key deliverables.
Department of Environment and Science	Fully implemented	DES's audit committee discusses options for self-evaluation and its appetite for qualitative discussions. Committee members are committed to identifying strengths and areas for improvement. An external committee member completed a self-assessment tool and agreed that leaders are engaged, the committee understands its role, and meetings add value. The department provides induction for new committee members.
Department of Health	Fully implemented	In its oversight of key responsible areas including financial statements, risk management, internal control, performance management, internal and external audit and compliance, the DoH's ARC determines its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats. Its charter and committee work plan are reviewed annually by the committee.
Department of Housing	Fully implemented	Housing's audit committee considers risks and emerging issues at each meeting.
Department of Justice and Attorney-General	Fully implemented	DJAG's audit committee aligns its workplan and meeting agendas with its roles and responsibilities. The committee rotates through key business areas and invites presentations about issues and developments from senior managers.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's audit committee charter informs the committee's annual workplan, meeting agendas, reporting standards, and approach to assessing performance.
Department of Resources	Fully implemented	Resources' audit committee considers risk management, integrity oversight, internal audit, finance, and cyber security. The department's divisions all report quarterly to the audit committee. The committee has an annual workplan.



Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP's audit committee has a 12-month rolling plan of activity based on Queensland Treasury's audit committee guidelines. The audit committee received senior management updates and risk management reports from internal auditors and other assurance providers. The committee has a standing agenda item to discuss its forward rolling plan.
Department of the Premier and Cabinet	Fully implemented	The joint DPC and PSC's ARMC workplan includes standard agenda items relating to risk management, corporate governance, and management updates. The committee chair communicates regularly with the director of audit and risk and the deputy director-general of people and services. A specific briefing about annual financial statements is provided to members before the statements are presented to the committee for endorsement. The workplan is reviewed annually.
Department of Tourism, Innovation and Sport	Fully implemented	DTIS's audit committee workplan is reviewed and updated annually, and includes a summary of key agenda items to be considered throughout the year.
Department of Transport and Main Roads	Fully implemented	DTMR's audit committee receives regular strategic updates from the director-general and maintains an annual workplan.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	DTATSIPCA reviewed its audit committee's workplan to ensure the committee was focused on providing appropriate oversight. The workplan will be reviewed annually and following any significant departmental change.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT's audit and risk committee meets quarterly. Its agenda is based on the committee's charter and the department's priorities. The committee reviews key risks and considers legislative compliance.
Public Sector Commission	Fully implemented	PSC has standing agenda items for its PSC risk management and corporate governance updates.
Queensland Corrective Services	Fully implemented	The QCS audit and risk committee's responsibilities are mirrored in its Forward Work Program which specifically includes the tabling of papers outlining the outcomes of the annual Statement of Assurance and Information Security Management System review. The ARC meeting on 19 September 2023 will determine future action.
Queensland Fire and Emergency Services	Fully implemented	The QFES ARCC workplan is reviewed annually and is based on the committee's responsibilities outlined in the charter. The annual workplan is prepared in consultation with key stakeholders, is endorsed by the committee and approved by BoM. An in-camera session, generally attended by the commissioner, is held prior to each meeting. The QFES commissioner will continue to attend the QFES ARCC in-camera meetings and committee meetings where possible.
Queensland Police Service	Fully implemented	QPS's audit committee workplan is reviewed each year to ensure alignment with the committee charter. The committee has introduced regular operational briefings to ensure it remains informed about the key risks and issues facing the organisation.
Queensland Treasury	Fully implemented	QT updated its ARMC charter to ensure the committee monitors risks on ICT projects and other material initiatives such as grants and funds. The ARMC charter incorporates additional requirements for risk management and material project updates. Regular risk updates is a standing agenda item for all ARMC meetings.

Recommendation 3		
Audit committees review the committee's performance annually and tailor the assessment to align with and measure its performance against the committee's annual work plan.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF conducts an annual self-assessment of its audit committee to improve the committee's operation and contribution to the department.
Department of Child Safety, Seniors and Disability Services	Fully implemented	The DCSSDS audit committee annually reviews its performance and updates its workplan.
Department of Education	Fully implemented	DoE's audit committee conducts an annual self-assessment of its performance and governance.
Department of Energy and Public Works	Fully implemented	DEPW's audit committee conducts an annual performance review and implements improvement activities when required.
Department of Environment and Science	Fully implemented	DES's audit committee chair and members discuss opportunities for optimising the internal audit function, reflect on key areas of success, and seek improvements.
Department of Health	Fully implemented	The charter of DoH's ARC requires the committee to undertake an annual self-assessment of its performance. The findings of the self-assessment are provided to the director-general through the Audit and Risk Committee Annual Report and the director-general provides the chair with feedback on the chair's performance.
Department of Housing	Fully implemented	Housing's audit committee undertakes an annual self-assessment and implements corrective actions where appropriate.
Department of Justice and Attorney-General	Partially implemented	DJAG's audit committee includes an annual performance review in its terms of reference. The review will be conducted after the final meeting scheduled for 2023. The review was not completed in 2022 because 2 external members left the committee.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's audit committee conducts an annual review of its operations and activities, and provides a report to the director-general.
Department of Resources	Fully implemented	Resources' audit committee conducts annual self-assessments and provides an annual summary to the director-general.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP's audit committee reviews its performance annually using a self-assessment process. The results are discussed at a committee meeting and action is implemented when required.
Department of the Premier and Cabinet	Fully implemented	The joint DPC and PSC ARMC has an annual self-assessment process aligned with its terms of reference and annual workplan. The self-assessment process includes obtaining feedback from management and key stakeholders.

Department of Tourism, Innovation and Sport	Fully implemented	The DTIS audit committee's effectiveness is reviewed annually, and committee members complete a performance assessment. The results of the committee's assessment survey are independently collated by the department's internal audit support team and are discussed at the next committee meeting.
Department of Transport and Main Roads	Fully implemented	DTMR's audit committee is evaluated annually and an action register is developed and monitored.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	The DTATSIPCA audit committee's performance is reviewed annually through a member survey.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT's ARC charter is reviewed annually and approved by its members.
Public Sector Commission	Fully implemented	DPC's Director of Internal Audit undertakes a review of PSC audit committee functions each year.
Queensland Corrective Services	Fully implemented	At Section 7, QCS's ARC charter provides for, at each September meeting, the evaluation of the committee's activities, including undertaking an annual self-assessment of its performance for the previous 12 months, and reporting to the commissioner. The BoM or the commissioner may direct that an external party review the performance of the committee.
Queensland Fire and Emergency Services	Fully implemented	The QFES ARCC annually self-assesses its performance against its charter and against the workplan. The BoM undertakes a biennial assessment of the committee and provides feedback to the ARCC chair. These assessments enable the committee to identify areas of improvement and implement processes and practices to enhance the committee's effectiveness.
Queensland Police Service	Fully implemented	QPS's audit committee guidelines are reviewed annually. Committee members evaluate the committee's performance annually.
Queensland Treasury	Fully implemented	QT's ARMC evaluates the performance of the committee on an annual basis.

Recommendation 4

Audit committee chairs and chief executive officers initiate and ensure regular, ongoing engagement with each other throughout the year outside of committee meetings, to discuss key risks, issues and other matters facing the entity. Discuss outcomes from committee meetings, particularly those not attended by the chief executive officer.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF has improved engagement between its audit committee and the director-general. Key issues from the audit committee are tabled with the department's leadership board.
Department of Child Safety, Seniors and Disability Services	Fully implemented	The DCSSDS audit committee has access to the director-general and meets annually with the director-general.

Department of Education	Fully implemented	DoE's audit committee presents a summary paper to each meeting of the department's executive leadership team. The committee chair and director-general meet at least twice a year. The department's internal auditors provide audit summaries and meeting papers to the director-general before each meeting.
Department of Energy and Public Works	Fully implemented	DEPW's audit committee chairperson updates the director-general after each meeting. The director-general provides updates to each committee meeting. The committee chairperson and director-general meet on an ad hoc basis.
Department of Environment and Science	Fully implemented	DES's director-general has pre-meeting briefs with the audit committee chair, and regularly attends committee meetings. As part of the committee induction, new members meet with the director-general and deputy directors-general.
Department of Health	Fully implemented	Regular meetings are established between the chair of the ARC and the director-general after ARC meetings to discuss key issues. The chair also meets with the director-general at the end of each year to review performance, achievements and key issues.
Department of Housing	Fully implemented	Housing's audit committee engages as required. The committee remains informed and engaged.
Department of Justice and Attorney-General	Fully implemented	DJAG's acting director-general advised the department's audit committee that it has a standing invitation to meet outside formal committee meetings.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's audit committee chair meets quarterly with the director-general, head of internal audit, and head of corporate. Informal catch-ups occur throughout the year between the committee chair and the department's executive and leadership teams.
Department of Resources	Fully implemented	Resources' director-general regularly attends audit committee meetings and meets regularly with the committee chair.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP's director-general is a standing partial invitee of each audit committee meeting. The committee chair meets with the director-general as required to discuss meeting outcomes, key risks, and issues.
Department of the Premier and Cabinet	Fully implemented	The joint DPC and PSC ARMC terms of reference outlines that the chair and external members of the ARMC will meet with the DPC director-general and the PSC commission chief executive biannually. The ARMC chair met with the DPC director-general in September 2022. Due to recent changes in committee membership, it will reinstate biannual meetings in 2023.
Department of Tourism, Innovation and Sport	Fully implemented	The CEO of DTIS has a standing invitation to audit committee meetings. The committee chair and director-general meet annually to discuss the committee's activities.
Department of Transport and Main Roads	Fully implemented	DTMR's audit committee chair meets with the director-general as required to discuss key risks and issues.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	DTATSIPCA's audit committee includes a standing agenda item around contentious issues and key risks. After each meeting, a brief is prepared for the director-general to summarise discussions, outcomes, and actions. The committee chair meets separately with the director-general as needed.

Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT's ARC chair meets regularly with the director-general. The director-general is aware of all significant risk and compliance management issues.
Public Sector Commission	Fully implemented	PSC fully implemented this recommendation in 2020–21. Due to changes in committee membership these meetings were paused. PSC has now liaised with DPC internal audit, and these meetings are being scheduled to resume in 2023–24.
Queensland Corrective Services	Fully implemented	The QCS commissioner is invited to participate in a 30-minute in-camera session with the ARC chair and appointed members prior to general meetings and to attend all quarterly meetings. The charter of the ARC provides for evaluation of its activities, including undertaking an annual self-assessment of its performance including quarterly and annual reports to the commissioner and board of management.
Queensland Fire and Emergency Services	Fully implemented	The QFES commissioner attends most of the QFES ARCC in-camera sessions prior to each committee meeting and attends meetings when possible. The QFES ARCC chair attends a BoM meeting annually to discuss key matters. The chair has direct access to the commissioner.
Queensland Police Service	Fully implemented	The chair of QPS's audit committee is a member of the service's board of management and provides a written submission to each board meeting. The audit committee chair meets annually with the QPS commissioner and provides the commissioner with an annual report.
Queensland Treasury	Fully implemented	QT's ARMC's independent chair holds executive sessions with the under treasurer (UT) after every ARMC meeting, with an emphasis on periods where the UT has been unable to attend committee meetings.

Recommendation 5

Chief executive officers demonstrate commitment to an entity's audit committee. Where practicable, attend all meetings agreed with the audit committee chair, as an observer.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF has improved engagement between its audit committee and the director-general. The director-general has a standing invitation to all audit committee meetings.
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS's director-general is invited to audit committee meetings and receives a summary of the discussions and actions. The committee chair has access to the director-general, and the head of internal audit provides feedback to the director-general.
Department of Education	Fully implemented	DoE's director-general attends audit committee meetings and provides updates to the committee about the department's strategic plan. The director-general meets separately with the audit committee chair at least twice each year.
Department of Energy and Public Works	Fully implemented	DEPW's director-general has a standing invitation to audit committee meetings, and attends when possible. When unable to attend, a proxy provides the director-general update to the committee.
Department of Environment and Science	Fully implemented	DES's director-general has pre-meeting briefings with the audit committee chair, and regularly attends committee meetings.
Department of Health	Fully implemented	DoH's director-general is a standing invitee and attends each quarterly committee meeting, as well as specific internal audit plan and financial statements meetings.
Department of Housing	Fully implemented	Housing's chief executive has a standing invitation to audit committee meetings, and attends when available.

Department of Justice and Attorney-General	Fully implemented	DJAG's acting director-general has a standing invitation to attend all audit committee meetings. The terms of reference will be updated to reflect this.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's director-general has a standing invitation to attend audit committee meetings.
Department of Resources	Fully implemented	Resources' director-general regularly attends audit committee meetings and meets regularly with the committee chair.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP's director-general is a standing partial invitee of each audit committee meeting and receives all meeting papers.
Department of the Premier and Cabinet	Fully implemented	The DPC director-general and the public sector commissioner have standing invitations to attend the joint DPC and PSC ARMC meetings.
Department of Tourism, Innovation and Sport	Fully implemented	The CEO of DTIS has a standing invitation to audit committee meetings and attends all meetings.
Department of Transport and Main Roads	Fully implemented	DTMR's director-general attends audit committee meetings when practical to provide a strategic overview at the beginning of the meeting. The director-general does not attend the entire meeting to ensure they do not direct or stifle discussion.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	DTATSIPCA's director-general attends audit committee meetings when possible.
Department of Youth Justice, Employment, Small Business and Training	Partially implemented	DYJESBT's director-general is an invited guest at each ARC meeting. When unable to attend, the director-general receives a meeting summary.
Public Sector Commission	Fully implemented	PSC commissioner has attended all AMRC meetings (June and August) since his commencement on 1 May 2023 and will continue to attend meetings.
Queensland Corrective Services	Fully implemented	The QCS commissioner is invited to participate in a 30-minute in-camera session with the ARC chair and appointed members prior to general meetings, all quarterly meetings, and the special meeting held in late August to endorse QCS's annual financial statements. The ARC charter provides for evaluation of its activities and reports including an annual report to commissioner and BoM summarising the performance and achievements for the previous year; and providing an annual work program of the planned activities for the coming year to the commissioner and BoM.

Queensland Fire and Emergency Services	Fully implemented	The QFES commissioner attends most of the QFES ARCC in-camera sessions prior to each committee meeting and attends meetings when possible. The QFES ARCC chair attends a BoM meeting annually to discuss key matters. The chair has direct access to the commissioner.
Queensland Police Service	Fully implemented	The QPS commissioner attends audit committee meetings when operational commitments allow. The deputy chief executive of strategy and corporate services attends each committee meeting and briefs the commissioner on emerging risks.
Queensland Treasury	Fully implemented	The under treasurer (UT) is invited to all ARMC meetings. Meeting papers and minutes including decisions and recommendations are shared with the UT. The chair reports to the UT on any significant risk issues. The chair meets with the UT formally after each audit and risk management committee meeting.

Recommendation 6

Chief executive officers support audit committee members to access appropriate training and other resources to ensure adequate knowledge of the role, and other subject matter areas relevant to committee discussions.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF's audit committee members have access to subject matter experts for specialist advice. Each committee member is responsible for ensuring they have the skills and knowledge relevant for their committee role.
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS's audit committee receives updates on department priorities, and training is provided if needed. Members are appointed because they have appropriate skills and knowledge.
Department of Education	Fully implemented	DoE developed an induction pack for new audit committee members, and new members are invited to meet with the department's executive. The induction pack will be reviewed regularly to ensure it is meeting committee members' needs.
Department of Energy and Public Works	Partially implemented	DEPW provides audit committee members with induction training and regular presentations on both topical and specialty issues. The department plans to amend the audit committee charter to specifically mention training and support.
Department of Environment and Science	Fully implemented	DES's audit committee discusses options for self-evaluation and its appetite for qualitative discussions. Committee members are committed to identifying strengths and areas for improvement. An external committee member completed a self-assessment tool and agreed that leaders are engaged, the committee understands its role, and meetings add value. The department provides induction for new committee members.
Department of Health	Fully implemented	DoH's ARC secretariat ensures that new members receive induction information. The ARC chair may discuss professional development and training needs for all members of the committee and, when needs are identified, the ARC secretariat facilitates the necessary arrangements.
Department of Housing	Fully implemented	Housing appoints audit committee members with adequate knowledge and experience.
Department of Justice and Attorney-General	Fully implemented	DJAG's audit committee rotates through the department's key business areas and invites senior managers to present on issues and developments.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's audit committee includes an independent chair and 2 independent members. All members are provided with an overview of the department's activities. Members are invited to request the opinion of an independent consultant if needed.

Department of Resources	Fully implemented	Resources provides training and induction for new audit committee members. New members meet with the director-general. The audit committee completed a skills assessment to ensure the committee includes members with appropriate skills.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP's director-general reviews and approves the audit committee charter, which supports members to access appropriate training and resources. The director-general approves the appointment of new committee members after considering their individual capability and experience. The head of internal audit provides an induction for committee members. All committee members are invited to annual training conducted by the Institute of Internal Auditors.
Department of the Premier and Cabinet	Fully implemented	The joint DPC and PSC ARMC has an induction pack for new members. The induction materials are reviewed regularly. New members attend a welcome session with DPC's executive leadership team.
Department of Tourism, Innovation and Sport	Fully implemented	DTIS's audit committee members receive a personal induction and documents to support them in their role. The department's internal audit service provider gives support to members as required.
Department of Transport and Main Roads	Fully implemented	DTMR's director-general supports relevant training for audit committee members and this has been facilitated through the ARC secretariat.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	DTATSIPCA's audit committee members receive induction information. To enhance the committee's cultural capability, it met in Cherbourg in November 2022. The committee will consider ongoing opportunities to enhance its knowledge and cultural capability.
Department of Youth Justice, Employment, Small Business and Training	Partially implemented	DYJESBT's director-general supports appropriate training and resources for audit committee members and will continue to encourage members to access appropriate training.
Public Sector Commission	Fully implemented	PSC's commissioner is aware of his obligations to support ARMC members in their professional development.
Queensland Corrective Services	Fully implemented	The charter of the QCS ARC provides for the chair giving each member feedback on their contribution to its activities at least once during that member's term of office.
Queensland Fire and Emergency Services	Fully implemented	QFES ARCC members are informed of their role and responsibilities, receive resources specific to their committee role and receive a mentoring session with the chair prior to their membership commencement. New independent members also receive a briefing on the operations of the department and a facilities tour.
Queensland Police Service	Fully implemented	QPS's audit committee workplan covers engagement between committee members and the business, including meetings with the finance division, internal audit, the risk officer, the inspections team in ethical standards command, and the executive leadership team.
Queensland Treasury	Fully implemented	QT's ARMC charter requires members to collectively possess and maintain a broad range of skills and experience relevant to the operations, governance and financial management of Treasury.



Recommendation 7		
Queensland Treasury mandate that all members of audit committees for Queensland state government entities, must be independent of management and not an employee of the entity or another Queensland state government entity.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Partially implemented	QT agreed in-principle with this recommendation. Requirements around independence were considered in reviewing the Audit Committee Guidelines – Improving Accountability and Performance, and were also informed by feedback from agencies during consultation. Revised guidelines will be published.
Recommendation 8		
Queensland Treasury coordinate with the Department of the Premier and Cabinet to actively promote the use of its Queensland Register of Nominees to prospective audit committee candidates, and to entities looking for new members.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Fully implemented	DPC conducted a public campaign in June–August 2022 to raise awareness of the Queensland Register of Nominees, and registrations increased as a result. The department will continue with 6-monthly promotion of the register.
Queensland Treasury	Partially implemented	QT, in reviewing the Audit Committee Guidelines – Improving Accountability and Performance, revised the guidelines in accordance with QAO's recommendation, and changes were informed by feedback from agencies during consultation. Revised guidelines will be published.
Recommendation 9		
Queensland Treasury support regional audit committees with clear guidance about how they can source suitable candidates and use technology to attract or connect with nominees.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Partially implemented	QT revised the guidelines in accordance with QAO's recommendation and changes were informed by feedback from agencies during consultation. Revised guidelines will be published.
Recommendation 10		
Queensland Treasury support audit committees and entities to access appropriate training and guidance materials.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Partially implemented	QT revised the guidelines in accordance with QAO's recommendation and changes were informed by feedback from agencies during consultation. Revised guidelines will be published.
Recommendation 11		
Queensland Treasury provide improved guidance to audit committees on how to effectively assess and improve their performance practices.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Partially implemented	QT revised the guidelines in accordance with QAO's recommendation which was informed by feedback from agencies during consultation. Revised guidelines will be published.

Queensland Health's new finance and supply chain management system (Report 4: 2020–21)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Health and the Hospital and Health Services redesign the project governance and accountability frameworks to ensure clear and unequivocal accountability for project delivery. The framework should ensure all designated parties take ownership of:</p> <ul style="list-style-type: none"> • completing project readiness activities in a timely manner and to a specified quality • understanding change implications to their entities and updating local guidance • correctly identifying user roles and ensuring the right staff are trained at the right time. <p>The framework should clarify that a senior executive from the department should be the senior responsible owner throughout future whole-of-system projects. The department needs to take a governance-leadership role and should continue to include the HHSs in the design and implementation of whole-of-system projects.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	The Department of Health's (DoH's) new integrated portfolio, program and project delivery framework outlines best practice portfolio, program, and project methodologies. Key documents were developed to provide guidance to the department and HHSs. The System ICT advisory committee provides oversight and assurance of the broader Queensland Health ICT Investment. The department's Health Delivery Services Branch is currently undertaking an independent review of the effectiveness of the program and project board against the approved eHealth Queensland portfolio, program, and project governance framework.
Recommendation 2		
<p>The Department of Health and the Hospital and Health Services undertake a cost benefit analysis to determine when and how to progressively convert appropriate inventory storage locations to fully managed inventory locations, to provide real-time insight into stock level and consumption. This should include facilities to be utilised for the newly established state clinical stock reserve.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH's distribution centres in Brisbane and Townsville and regional warehouses in Rockhampton and Cairns are extended warehouse management (S/4HANA module) sites and accordingly are fully managed inventory sites.



Responding to complaints from people with impaired capacity— Part 1: The Public Trustee of Queensland (Report 5: 2020–21)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 1		
The Public Trustee monitors complaint response times and reports regularly on how many complaints are finalised within target timeframes.		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Fully implemented	The Public Trustee of Queensland (QPT) provides weekly open complaints snapshot reports to executives, customer service delivery directors and other senior officers on the status of open complaints, including where responses might be overdue. A quarterly complaints report monitors and reports on response times.
Recommendation 2		
The Public Trustee makes its complaints management system easier to use, by:		
<ul style="list-style-type: none"> • making information clearer and easy to understand with alternative language or using video, audio or graphics • offering an on-line complaints form and options for those with hearing or speech difficulties. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Fully implemented	QPT has developed a suite of plain English materials, including website content, to support customers with impaired decision-making in understanding their rights and lodging a complaint. QPT website has an online enquiry form. A specific online complaints form assists customers to lodge complaints and has been used by customers with cognitive impairments.
Recommendation 3		
The Public Trustee makes the Complaints Management Policy easier to understand.		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Fully implemented	QPT has updated its brochure, and its complaints management policy and procedure and will continue to update these in line with the AU/NZ Complaints Management Standard and whole-of-government complaints management frameworks.
Recommendation 4		
The Public Trustee improves its complaints management information technology system by:		
<ul style="list-style-type: none"> • having better controls over data • using automatic notifications and reminders of due dates and overdue complaints • recording all information needed to manage complaints effectively. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Fully implemented	QPT has significantly improved the complaints management framework, system and practice and opportunities for improvement continue to be identified. QPT is participating in whole-of-government consideration of the Coaldrake report recommendations in relation to complaints management. QPT's framework system and practice will continue to be updated in line with national standards.

Recommendation 5		
<p>The Public Trustee improves complaints management training for staff including:</p> <ul style="list-style-type: none"> targeted training in handling complaints from customers with impaired capacity. reviewing training effectiveness to ensure it meets both organisational and staff needs. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Partially implemented	QPT's structured decision-making framework workshops are delivered to frontline and non-frontline staff, and customer clinical awareness and employee self-care to frontline staff. Internal review complaints training will be delivered to regional and assistant managers, directors, and other staff who deal with complex complaints. New staff are enrolled in the mandatory self-paced online course on the Human Rights Act and awareness of it. Staff will be required to complete training annually as part of mandatory compliance program. The online training module on complaints management is under review to include more interactive content and targeted information on handling complaints from customers with impaired decision-making capacity.
Recommendation 6		
<p>The Public Trustee improves system and process effectiveness, by:</p> <ul style="list-style-type: none"> seeking customer feedback on complaints handling developing better data to identify issues and to inform improvement measuring and reporting on performance. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Trustee of Queensland	Partially implemented	QPT's quarterly complaints report is presented to board of management on issues and trends and used to inform customer service improvements. An annual complaints report is published on QPT's website. QPT is participating in the development of the whole of-government complaints management customer experience measurement framework.



Awarding of sports grants (Report 6: 2020–21)

In this report, we addressed recommendations 2 and 4 to all departments. We asked relevant departments that award grants to self-assess their progress in implementing recommendations from this report.

Related parliamentary committee:

- Economics and Governance Committee

Entity progress on implementation

Recommendation 1		
Queensland Treasury should update the Financial Accountability Handbook to provide clarity on the role of a minister in the selection and approval of grant recipients. This could include practical guidance on the provision of advice and recording of decisions.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Fully implemented	Queensland Treasury (QT) revised Volume 6 – Grant Management of the Financial Accountability Handbook in accordance with QAO's recommendation and was informed by feedback from agencies during consultation. In August 2022, the Under Treasurer wrote to the Auditor-General, Economics and Governance Committee, and all directors-general advising of the amendments to Volume 6.
Recommendation 2		
Departments should ensure their processes are designed to achieve compliance with the <i>Financial Accountability Act 2009</i> and the Financial Accountability Handbook – such that complete records are kept to support all decisions made in awarding grants, there is clear responsibility for approval of grant recipients, and financial authority rests with the director-general.		
Note: We sought responses from all departments that award grants.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	Department of Agriculture and Fisheries (DAF) performed a grants maturity self-assessment, and achieved an overall rating between 'integrated' and 'optimised'. The department revised its grants policy in line with the latest guidelines from Treasury.
Department of Child Safety, Seniors and Disability Services	Fully implemented	Department of Child Safety, Seniors and Disability Services' (DCSSDS's) financial management practice manual includes a section on grants and refers to relevant legislation.
Department of Education	Fully implemented	Department of Education's (DoE's) grants and subsidies information confirms that providers are required to meet obligations under the <i>Financial Accountability Act 2009</i> and other applicable standards and legislation. The department issued a reminder about appropriate and compliant grant management and has established a grant management community of practice, which promotes appropriate and compliant grant management.
Department of Energy and Public Works	No longer applicable	Since the 2020 machinery of government changes, Department of Energy and Public Works (DEPW) is no longer responsible for this business area. Responsibility moved to the Department of Tourism, Innovation and Sport (DTIS).
Department of Environment and Science	Fully implemented	Department of Environment and Science (DES) reviewed and updated its grants administration framework and ensured compliance with relevant legislation. The framework clearly specifies that DES grant funding must be approved by the director-general.

Department of Health	Fully implemented	Most of Department of Health's (DoH's) grant funding is classed as service procurement and administered under service agreements. Service procurement follows well-established procurement processes, overseen by the System Procurement Branch. In other grant funding, DoH's Financial Management Practice Manual outlines grants management policy in accordance with Treasury's Financial Accountability Handbook.
Department of Housing	Fully implemented	Department of Housing (Housing) conducted an internal audit to assess its grant management processes and implemented recommendations from the audit report. The department will conduct periodic internal audits of its grant management processes.
Department of Justice and Attorney-General	Fully implemented	The Gambling Community Benefit Fund has a well-established governance framework. It was reviewed by internal audit, which confirmed that its processes are in line with relevant legislation. An independent committee advises the minister about grant funding. Department of Justice and Attorney-General (DJAG) will continue to ensure the independence of grant processes.
Department of Regional Development, Manufacturing and Water	Fully implemented	Department of Regional Development, Manufacturing and Water (DRDMW) has implemented grant management documentation which outlines roles and responsibilities. Grants are regularly audited to ensure processes comply with relevant legislation. The grants management framework is currently being audited.
Department of Resources	Partially implemented	Department of Resources (Resources) self-assessed its grants policy to ensure compliance with relevant legislation. The department is developing a grant management guideline to foster best practice.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning's (DSDILGP's) grants and contract management unit provides guidance and support about grant programs. The department's financial management practice manual supports decision-making and is aligned with relevant legislation. Grant delegations have been reviewed by management. The responsibility for approving grant recipients and financial authority rests with the director-general.
Department of the Premier and Cabinet	Fully implemented	Department of the Premier and Cabinet (DPC) Financial Management Practice Manual provides detailed policy and compliance guidelines. It clearly outlines responsibility for the approval and management of grants and contributions. The manual is reviewed annually to ensure continued compliance with relevant legislation.
Department of Tourism, Innovation and Sport	Fully implemented	Sport and Recreation has implemented a grants management framework, which includes a new grants policy and procedure. Grant delegations were approved by the director-general. The grants management framework will be reviewed and updated to ensure it remains current and complies with relevant legislation.
Department of Transport and Main Roads	Fully implemented	Department of Transport and Main Roads's (DTMR's) policy and guidance states that adherence is required with the Financial Accountability Handbook Volume 6 – Grants Management. All decisions are documented and approval is managed in accordance with department policy. Financial authority rests with the director-general.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Partially implemented	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts (DTATSIPCA) completed a grants management maturity assessment in 2022–23, which concluded that each component of grants management was established. The assessment confirmed that the department's internal controls comply with relevant legislation. The department has started to develop a guide to support consistency in decisions and practices.



Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training (DYJESBT) has a robust grant management framework, developed to comply with relevant legislation. The department captures data at each stage of the grant administration process and ensures that decision-making is transparent. The department has provided relevant training for staff. The department will conduct annual reviews of grants management.
Public Sector Commission	No longer applicable	Public Sector Commission (PSC) does not award grants.
Queensland Corrective Services	No longer applicable	This area is not relevant to the operational aspects of Queensland Corrective Services (QCS).
Queensland Fire and Emergency Services	Fully implemented	Rural Fire Brigades apply for Office of Liquor and Gaming Regulation (OLGR) grants through the Rural Fire Service (RFS) Grants Program. RFS manages the grant process to acquittal in conjunction with the respective brigades; all grant applications are retained on secure drives. The QFES State Emergency Services (SES) Grants Unit manages the SES Support Grant program. Responsibility for approval of grants and financial authority rests with the SES assistant commissioner, which role holds the financial delegation from the QFES commissioner. RFS will continue the existing grant applications process. SES is satisfied that the current grant approval process is sufficient and aligns to current QFES SES grant processes.
Queensland Police Service	Fully implemented	Queensland Police Service's (QPS's) Financial Management Practice Manual documents its systems for internal control and financial management, including grants management. QPS reviewed its policy and practice statements to ensure alignment with relevant legislation.
Queensland Treasury	Fully implemented	QT has a governance process that outlines the administration of specific grant programs and is in accordance with the Financial Accountability Act and QT's delegations.

Recommendation 3

Department of the Premier and Cabinet should support ministers and ministerial staff through training to ensure an understanding of ministerial and departmental responsibilities, including those included in the Financial Accountability Handbook.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Fully implemented	DPC has provided training to ministers, assistant ministers, and ministerial staff relating to compliance with the Financial Accountability Handbook and the recording of decisions made in ministers' offices. The training will be reviewed annually.

Recommendation 4

When a machinery-of-government change occurs and functions move between departments, departments should promptly conduct a review to ensure consistency of fundamental processes (such as approvals) and compliance with the *Financial Accountability Act 2009* and the Financial Accountability Handbook.

Note: We sought responses from all departments that award grants.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF updated its machinery-of-government change checklist and internal controls to ensure that fundamental processes and legislative compliance are promptly reviewed following a machinery of government change.
Department of Child Safety, Seniors and Disability Services	Fully implemented	DCSSDS will perform appropriate checks if divisions with grant-administering responsibilities join the department.

Department of Education	Fully implemented	DoE has a guide covering machinery of government changes. During machinery of government changes, the department's finance branch coordinates a review of processes and requirements to ensure consistency and compliance.
Department of Energy and Public Works	No longer applicable	Since the 2020 machinery of government changes, DEPW is no longer responsible for this business area. Responsibility moved to the Department of Tourism, Innovation and Sport.
Department of Environment and Science	Fully implemented	When machinery of government changes occur, DES takes immediate action to ensure consistency with fundamental processes, including compliance with the <i>Financial Accountability Act 2009</i> .
Department of Health	Fully implemented	DoH machinery of government changes would most likely involve a smaller department joining the department and using established systems, policies and delegation structures. To support this process, DoH would undertake a review to ensure consistency of established systems, policies and delegation structures of both entities.
Department of Housing	Fully implemented	Housing has a machinery of government project team to oversee delegations and policies, and update them as required.
Department of Justice and Attorney-General	Fully implemented	Corporate Services provides central coordination for any machinery of government changes affecting DJAG and ensures compliance with relevant legislation.
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW has a service level agreement with the DSDILGP, which complies with relevant legislation.
Department of Resources	Fully implemented	Resources follows machinery of government guidelines issued by Treasury.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP reviews delegations periodically and in response to significant change, including any machinery of government changes that impact the department.
Department of the Premier and Cabinet	Fully implemented	DPC ensures that machinery of government changes are in line with Treasury's guidelines and comply with relevant legislation.
Department of Tourism, Innovation and Sport	Fully implemented	DTIS ensures consistency and compliance during machinery of government changes. Actions taken when Sport and Recreation moved into the department form the basis of planning for future machinery of government changes.
Department of Transport and Main Roads	Partially implemented	DTMR's machinery of government project management group is coordinating a review of impacted finance processes and assessing grants programs to ensure they comply with existing legislation and policy guidance.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	Fully implemented	DTATSIPCA addresses all parts of the department's operation in its machinery of government checklist and sign-off arrangements. Internal controls and assurance processes comply with relevant legislation.



Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT worked to ensure consistency of fundamental processes and legislative compliance in recent machinery of government changes. New delegations will be developed for the department.
Public Sector Commission	Fully implemented	PSC has created 2 machinery of government related documents to assist and guide agencies when undertaking machinery of government activities; these are available upon request from the PSC.
Queensland Corrective Services	No longer applicable	This area is not relevant to the operational aspects of QCS.
Queensland Fire and Emergency Services	Fully implemented	RFS undertakes a briefing for the minister and chief executive officer in the event of any machinery of government change, to ensure transition of processes relating to grant processing and submission. In the event of a machinery of government change, SES briefs the minister on the SES grant process. Processes remain the same, ensuring compliance with the <i>Financial Accountability Act 2009</i> and the Financial Accountability Handbook. RFS procedures are reviewed and updated annually.
Queensland Police Service	Fully implemented	QPS has processes in place to ensure that machinery of government changes are processed in compliance with relevant legislation.
Queensland Treasury	Fully implemented	QT reviews its process and practices after a machinery of government change to ensure compliance with financial management practices as per the <i>Financial Accountability Act 2009</i> . All financial processes for the machinery of government functions are aligned with QT's established financial governance framework.

Delivering successful technology projects (Report 7: 2020–21)

In this report, we made recommendations to all public sector boards and executives. We sought responses from the 7 entities included in the scope of the audit. These are: Department of Housing; Department of Health; Queensland Corrective Services; Queensland Fire and Emergency Services; Department of Environment and Science; Department of Transport and Main Roads; and the Electoral Commission of Queensland.

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
<p>Public sector boards and executives review their current portfolio of technology projects to re-confirm priorities ensuring that:</p> <ul style="list-style-type: none"> • the projects they have underway at any one time reflect the entity's highest priorities and align with changes in its economic and business environments • they only take on the number, size, and nature of projects they have the capability to deliver • processes are in place to re-validate business cases to ensure that projects continue to be viable and the proposed benefits are still relevant • they actively challenge the progress and performance of projects – reports on benefits achieved are realistic and based on sound evidence. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Environment and Science	Fully implemented	Department of Environment and Science (DES) manages this work under the Digital Investment Sub-Committee and fully complies with this recommendation, which is now considered business as usual. The department regularly reviews and reprioritises digital investments, aligned with government priorities.
Department of Health	Fully implemented	Department of Health (DoH) operates within the Queensland Government Enterprise Architecture (QGEA) ICT Investment Review Process, which provides whole-of-government assurance over significant digital and ICT-enabled initiatives. DoH has a System ICT Advisory Committee (SICTAC) to monitor performance of its ICT Portfolio. eHealth Queensland's Strategic Portfolio Office supports SICTAC and uses a digital portfolio management system to enable effective management of DoH's digital portfolio. eHealth Queensland's ICT infrastructure asset replacement was enhanced and is now subject to the asset planning and prioritisation process. The prioritised list of initiatives is approved by the EMT and once approved, is subject to the eHealth Queensland project delivery pathways and to the QGEA Program and Project Assurance Policy requirements where business cases are re-validated by the program and project boards prior to each key decision gate. Expected benefits from each project and program are independently identified, quantified, tracked and reported in the eHealth Queensland Digital Delivery Portal.
Department of Housing	Fully implemented	Department of Housing (Housing) developed an ICT Resources Strategic Plan and associated documents, and published an investment performance dashboard. The department will assess impacts from the Administrative Arrangements Order (No.1) 2023.



Department of Transport and Main Roads	Fully implemented	Department of Transport and Main Roads (DTMR) has a continuous improvement approach to portfolio management and recently conducted an annual review of technology projects to reassess priorities, their links to strategic outcomes, and their deliverability. The department works closely with the Office of Assurance and Investment Review under the Queensland Government Customer and Digital Group within DTMR to ensure transparency and openness in the delivery of initiatives. The department has been a leader in implementing the Queensland Information Technology Contracting (QITC) Framework and developing a process for flexible and agile procurement.
Electoral Commission of Queensland	Fully implemented	Electoral Commission of Queensland (ECQ) has governance committees that have these functions embedded. The commission has a suite of technology projects, which are evaluated as part of quarterly governance and risk meetings.
Queensland Corrective Services	Fully implemented	Queensland Corrective Services (QCS) has internal offices and commands which share responsibility for delivery and oversight of all IT projects, for development of an enterprise view of all projects and programs, and for challenging the progress and performance of projects. The Digital Services and IT Command's Digital and IT Strategy 2023–2026, with associated roadmap, has recently been approved. QCS will continue its portfolio management approach to QCS-wide projects.
Queensland Fire and Emergency Services	Fully implemented	Queensland Fire and Emergency Services (QFES) has established an ICT Portfolio Management and Governance capability. QFES has an ICT Investment Plan aligned to the investment priorities of QFES and the broader Queensland Government. Delivery and resource plans for the 2023–24 Investment Plan ensure that QFES has capacity to deliver. QFES monitors the delivery of the Investment Plan, and all projects, programs and initiatives have the oversight of a Project Board. To further enhance the governance and assurance functions, the Portfolio, Program and Project Delivery Unit are currently recruiting new roles in the disciplines of assurance and risk, methods and tools, and program and project reporting.

Recommendation 2

Public sector boards and executives ensure that for future projects involving external suppliers:

- the contracts provide incentives to deliver the right outcomes for the business and share the risks and rewards across all parties.
- the contracts clearly describe the solution and the performance measures to achieve the outcomes
- there are strong relationships at all levels of internal and external teams to facilitate the delivery of projects.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Environment and Science	Fully implemented	DES provides IT procurement support on a case-by-case basis to relevant project boards.
Department of Health	Fully implemented	DoH's Corporate Services Division released new and updated system procurement resources which includes advice on how to implement and manage contracts. DoH's Global Integrated and Communication Technologies (GITC) customer contract template includes provision to describe the scope of services and performance measures including the working relationship with suppliers. All procurement is independently managed by procurement specialists within the Delivery Services Branch and/or by eHealth Procurement and Contracts, Operations and Performance Branch. For significant and high-risk contracts, the services of independent legal and probity advisors are used.
Department of Housing	Fully implemented	Housing implemented a new strategy and engagement function, which includes vendor management. All digital and ICT-enabled initiatives are required to engage an ICT procurement team to ensure compliance with relevant procurement policies.

Department of Transport and Main Roads	Fully implemented	DTMR has a continuous improvement approach to portfolio management and recently conducted an annual review of technology projects to reassess priorities, their links to strategic outcomes, and their deliverability. The department works closely with the Office of Assurance and Investment Review under the Queensland Government Customer and Digital Group to ensure transparency and openness in the delivery of initiatives. The department has been a leader in implementing the Queensland Information Technology Contracting Framework and developing a process for flexible and agile procurement.
Electoral Commission of Queensland	Fully implemented	ECQ employs staff to provide rigour to contract arrangements. Relationship management is a core part of contract management.
Queensland Corrective Services	Fully implemented	QCS maintains strict adherence to the Queensland Government Procurement Policy when engaging external suppliers. The Digital Services and IT Command (DSITC) regularly monitors the performance and outputs of external suppliers. DSITC will continue to ensure external suppliers provide value for money and deliver on required services and outcomes. DSITC project teams employ best practices in ensuring requirements, scope, deliverables and expected outcomes of any ICT solutions and initiatives are clearly defined and communicated to external ICT vendors or suppliers. The soon-to-be established ICT Category Manager within the QCS Financial Services and Strategic Sourcing Command will collaborate in this.
Queensland Fire and Emergency Services	Fully implemented	QFES's Procurement Services undertakes contract development and contract management activities and engages specialised consultants and contractors to assist with development of market documentation, probity and contract development. QFES has a Portfolio, Program and Project Delivery unit to develop strong relationships across the department and with service delivery partners in delivery of projects. All ICT procurement is undertaken in accordance with the Queensland Information Technology Contracting (QITC) Framework. The Portfolio, Program and Project Delivery Unit will include contract management awareness sessions in its annual planning with QFES Procurement Services.

Recommendation 3

Public sector boards and executives ensure that current and future technology projects are set up with the right mix of skills and resources.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Environment and Science	Fully implemented	DES manages this work under the Digital Investment Sub-Committee and fully complies with this recommendation, which is now considered business as usual. The department regularly reviews and reprioritises digital investments, aligned with government priorities.
Department of Health	Fully implemented	DoH's eHealth Delivery Services Branch has tools and processes in place allowing those charged with governance of projects and programs the ability to optimise the identification, acquisition, scheduling and allocation of resources to ensure that project objectives are achieved.
Department of Housing	No longer applicable	Housing is not currently implementing a technology project. Any future projects will include the appropriate mix of skills and resources.
Department of Transport and Main Roads	Fully implemented	DTMR has a continuous improvement approach to portfolio management and recently conducted an annual review of technology projects to reassess priorities, their links to strategic outcomes, and their deliverability. The department works closely with the Office of Assurance and Investment Review under the Queensland Government Customer and Digital Group to ensure transparency and openness in the delivery of initiatives. The department has been a leader in implementing the QITC Framework and developing a process for flexible and agile procurement.

Electoral Commission of Queensland	Fully implemented	ECQ will ensure that new technology projects include the right mix of skills and resources. The commission currently has no planned technology projects.
Queensland Corrective Services	Fully implemented	QCS ICT projects typically include QCS employees and contingent labour. Contingent labour brings technical skills to projects; QCS staff as well have an intricate knowledge of the requirements of the product or solution being built. Project personnel have a mix of a high level of technical ICT expertise and subject matter expertise.
Queensland Fire and Emergency Services	Fully implemented	QFES works with the QPS Frontline and Digital Division to estimate resource requirements for ICT Projects. A mix of public service and contract resources has been the standard model to ensure both knowledge development within the QFES business and the acquisition of skilled workers with contemporary ICT skill sets. QFES ensures technology projects have the correct skills and resources and, where applicable, requirements are incorporated into business-as-usual processes.

Recommendation 4

Public sector boards and executives reflect on why projects have failed in the past and take timely actions to avoid making those mistakes again. Prior learnings must form part of the key considerations in managing project risks.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Environment and Science	Fully implemented	DES manages this work under the Digital Investment Sub-Committee and fully complies with this recommendation, which is now considered business as usual. The department regularly reviews and reprioritises digital investments, aligned with government priorities.
Department of Health	Fully implemented	DoH's eHealth Delivery Services Branch undertakes periodic portfolio, program and project management maturity model (P3M3) assessments and deep dive reviews in line with the Queensland Government Enterprise Architecture (QGEA) Portfolio, Program and Project Management Policy advice. Outcomes from implemented processes are shared with relevant stakeholders to allow lessons learned to be considered in future projects.
Department of Housing	Partially implemented	Housing developed an ICT initiative learning repository to capture and share project learnings. The process for capturing lessons learned is still to be finalised.
Department of Transport and Main Roads	Fully implemented	DTMR has a continuous improvement approach to portfolio management and recently conducted an annual review of technology projects to reassess priorities, their links to strategic outcomes, and their deliverability. The department works closely with the Office of Assurance and Investment Review under the Queensland Government Customer and Digital Group to ensure transparency and openness in the delivery of initiatives. The department has been a leader in implementing the QITC Framework and developing a process for flexible and agile procurement.
Electoral Commission of Queensland	Fully implemented	ECQ reflects on previous projects as a core element of project planning and change management procedures.
Queensland Corrective Services	Fully implemented	The QCS Transformation Office maintains lessons-learned records, which are reviewed and considered by business units undertaking projects where previous learnings can be incorporated, thus providing assurance that continuous business improvement is embedded in ICT projects.
Queensland Fire and Emergency Services	Fully implemented	Post-implementation review is a standard component of ICT project practices within QFES. Tools for improved project management lessons capture have been assessed and developed. QFES will continue to improve and mature lessons management in projects and ensure requirements are incorporated into business-as-usual processes.

Regulating firearms (Report 8: 2020–21)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 1		
Queensland Police Service evaluates system options to provide a fit-for-purpose Weapons Licensing Management System (firearms register) to ensure timely and accurate recording and transfer of all firearms and licence holders' information.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Partially implemented	Queensland Police Service (QPS) established a Weapons Licensing Management System replacement project, which has completed a Gate 2 business case assurance review.
Recommendation 2		
Queensland Police Service implements appropriate controls to ensure firearm licence decisions are consistent and made in accordance with relevant standards.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS created a quality assurance role in weapons licensing. It reviewed and updated the guidelines and processes used to assess licence applications and renewals, benchmarked against other jurisdictions.
Recommendation 3		
Queensland Police Service reviews the <i>Weapons Act 1990</i> to identify opportunities for improvement and provide greater focus on public safety.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Partially implemented	QPS continually reviews portfolio legislation, including the <i>Weapons Act 1990</i> , to ensure legislation is fit for purpose and meeting its strategic priority of a safer Queensland. Proposed legislative amendments remain Cabinet in Confidence until introduced into the Legislative Assembly.
Recommendation 4		
Queensland Police Service develops clear policy on the role firearm regulation plays in balancing community safety with the rights of applicants and licence holders, particularly regarding public interest.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS reviewed the operational policy applied to weapons licensing and provided training to staff who assess applications, resulting in more applications being rejected.
Recommendation 5		
Queensland Police Service enhances integration of its weapons licensing systems with its Queensland Police Reporting Information Management Exchange System to enable it to monitor firearm licence holders more effectively.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS developed a dashboard to help monitor firearm licence holders. The dashboard supports several reports, including reports based on location, licence type, movement into and out of Queensland, and events that may influence the suitability of licence holders.

Recommendation 6		
Queensland Police Service supplements its random firearm inspections with targeted risk-based inspections.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS updated systems and developed a dashboard to support targeted, risk-based inspections. A statewide weapons storage inspection is currently underway.
Recommendation 7		
Queensland Police Service expands the focus of its compliance monitoring program to include a more comprehensive assessment of firearm owners and their ongoing suitability to possess firearms.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS provided training for weapons licensing staff and increased the frequency of suitability assessments. It introduced a task management system to prioritise tasks based on community risk. As a result, licence suspensions have increased.
Recommendation 8		
Queensland Police Service establishes processes to ensure all identified non-compliance and licence holder suitability is monitored, reported, and actioned within a reasonable timeframe.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS updated its systems and time frames, and developed a dashboard to support effective monitoring of weapons data. It improved the time frames and processes for weapons removal. QPS also updated disclosure documents to enable health professionals to notify it of individuals deemed unsuitable to possess a firearm. The strengthened processes ensure that non-compliance and suitability are monitored, reported, and acted on within a reasonable time frame.
Recommendation 9		
Queensland Police Service proactively inspects shooting ranges to ensure compliance with relevant standards. This should include creating an electronic register of persons that use firearms at shooting ranges to ensure they are appropriately vetted.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS introduced a schedule for range inspections to ensure that 20 per cent of ranges are inspected each year.
Recommendation 10		
Queensland Police Service ensures that it is immediately notified electronically of the sale, transfer, and disposal of firearms by amending the Weapons Regulation 2016 to:		
<ul style="list-style-type: none"> • allow electronic notification of ownership and disposal transactions • require all dealers to implement electronic systems to facilitate the electronic transfer of firearms sales, transfers, acquisitions, and disposals. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	The Weapons Amendment Regulation 2022 facilitates the electronic transfer of transaction information between dealers and the QPS.
Recommendation 11		
Queensland Police Service develops a proactive compliance program for audits and inspections to ensure it regulates dealers effectively.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS allocated resources to enable a coordinated, proactive approach to dealer inspections and developed an annual dealer compliance program.

Recommendation 12		
Queensland Police Service monitors the transfer of interstate firearms to ensure the location and ownership of firearms in Queensland is accurately captured in the firearms register.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Partially implemented	QPS integrated its firearms data with the Australian Firearms Information Network and implemented automated cross border data collection processes with New South Wales. QPS developed a firearms dashboard that reports on firearms moving into and out of Queensland. It is supporting efforts to establish a National Firearms Register.
Recommendation 13		
Queensland Police Service eliminates the backlog of firearm transfer forms to ensure the location of firearms in the firearms register is up to date and accurate.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	QPS addressed weapons licensing backlogs, reviewed its weapons licensing processes and structures, and updated its online information about weapons licensing. The number of transfer forms to be processed has returned to normal levels.



Responding to complaints from people with impaired capacity— Part 2: The Office of the Public Guardian (Report 14: 2020–21)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 1		
The Office of the Public Guardian (OPG) measures and monitors complaint response times and reports regularly on how many complaints are finalised within target time frames.		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	The Public Guardian (OPG) has increased monitoring of complaints with a monthly complaints analysis report for discussion at the Senior Leadership Group meetings and a quarterly complaints management focus report.
Recommendation 2		
The Office of the Public Guardian (OPG) makes its complaints management system easier to use, by		
<ul style="list-style-type: none"> • making information clear and easy to understand with alternative language or using video, audio, or graphics • offering an online complaint form. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	OPG has a complaints and feedback website section including information about how to make a complaint, complaints journey flyers and fact sheets, an online complaint form and contact information.
Recommendation 3		
The Office of the Public Guardian (OPG) makes the <i>Complaints Management Policy and Procedure</i> easier to understand.		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	OPG has updated its Complaints Management Policy and Practice Direction. An internal SharePoint page comprises relevant complaint practice documents, complaint templates, scripting, and general frequently asked questions for staff to utilise.
Recommendation 4		
The Office of the Public Guardian (OPG) ensures all complaints received are recorded accurately and on time, including complaints received and resolved at a local level. To do this, OPG should:		
<ul style="list-style-type: none"> • clearly define all data fields in the complaints management system so that staff understand their use and purpose • provide staff with specific guidance and training on recognising and assessing complaints, and recording them in the system • carry out quality assurance checks and record the results, to make sure staff manage complaints appropriately and record the complaint accurately. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	OPG has enhanced the case management database, now a robust system that can accurately receive, record, monitor and manage complaints, which assists in identifying trends and opportunities for service improvements. This has allowed staff to acquire the necessary skills, tools and knowledge to manage complaints.

Recommendation 5

The Office of the Public Guardian (OPG) improve complaints management training and support for staff including:

- targeted training in handling complaints from clients with impaired decision-making capacity
- finalising and implementing its internal complaints management procedure to provide staff with better guidance and support
- reviewing training effectiveness to ensure it meets both organisational and staff needs.

Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	OPG staff have received targeted training in complaints management and have a clear understanding of their roles and responsibilities when managing a complaint.

Recommendation 6

The Office of the Public Guardian (OPG) improves system and process effectiveness, by:

- seeking client feedback on complaints handling
- developing better data to identify issues and to inform improvement
- measuring and reporting on performance.

Entity	Status	Entity's self-assessment response or where necessary a summary
The Public Guardian	Fully implemented	OPG's monthly and quarterly complaints reporting provides the Senior Leadership Group and OPG Executives with a robust analysis of complaints data including performance efficiency and effectiveness, analysis of issues, and improvements to system and processes. A process for obtaining client complaints feedback has been implemented.



Planning for sustainable health services (Report 16: 2020–21)

We addressed recommendations 1 to 4 to the Department of Health and recommendations 5 to 7 to all hospital and health services (HHSs). We asked the department and HHSs to self-assess their progress in implementing these recommendations. The Gold Coast HHS did not accept recommendation 5 from this report; as such, we did not ask it to self-assess its progress against it.

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Health implements a comprehensive integrated planning framework in collaboration with hospital and health services.</p> <p>This framework should:</p> <ul style="list-style-type: none"> • explain and demonstrate the interrelationships between health service plans, enabling plans (for example workforce, infrastructure, and funding plans), and other plans (such as strategic and operational plans) • provide a common understanding of what a sustainable health system is • provide guidance on collaboration within Queensland Health and on best-practice consultation approaches with clinicians, consumers, and other stakeholders • provide guidance on best-practice implementation planning and design of appropriate evaluation techniques • provide guidance on appropriate reporting arrangements and governance structures to monitor and report progress against plans. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	A draft terms of reference for Department of Health's (DoH's) new Integrated Planning Committee has been prepared for consultation, which includes discussion at the HHS Executive Directors Planning Forum. The first meeting of the Integrated Planning Committee to endorse the draft Integrated Planning Framework is planned for mid- to late-August 2023.
Recommendation 2		
<p>The Department of Health develops a rolling, medium-term implementation roadmap to provide direction on how the outcomes in <i>My health, Queensland's future: Advancing health 2026</i> will be achieved (Chapter 4) This roadmap should:</p> <ul style="list-style-type: none"> • clearly articulate the priorities at a system-wide level for a sustainable health system • allocate actions to agencies, with clear time frames • regularly evaluate success against clear performance indicators • learn from previous plans and respond to changes in the external environment. <p>This should be undertaken in conjunction with implementing recommendation 14 of the Queensland Health governance review, which is about developing integrated plans for health services, workforce, and capital works.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	In May 2023, the then Minister for Health and Ambulance Services launched HEALTHQ32, establishing the vision and priorities for the future of healthcare in Queensland to 2032. HEALTHQ32 provides a framework to guide future strategy and planning priorities across 7 key system priorities – Reform, First Nations, Health Services, Workforce, Public Policy, Research, and Consumer Safety and Quality. These system strategies will be implemented through Action Plans across 3 horizons to 2032. HEALTHQ32 is aligned to DoH's 4 agreed system outcomes and has been developed to address learnings and opportunities in response to the COVID-19 pandemic. The 7 system strategies and related action plans are anticipated to be finalised by July 2023. The DoH will develop reporting and outcomes evaluation measures to demonstrate achievement of HEALTHQ32 priorities.

Recommendation 3		
The Department of Health prepares, implements, and evaluates statewide workforce plans for all critical employee groups.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	The Queensland Health Workforce Strategy 2032 and Workforce Action Plan to 2024, developed for critical employee groups, are being progressed to the minister for endorsement.
Recommendation 4		
The Department of Health works with hospital and health services to strengthen the capability and capacity of the staff who support the planning process across the state.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	DoH's System Planning Branch is developing the Foundation Health Service Planning Course and the Guide to Health Service Planning. Capacity and capability support was discussed with HHS Executive Directors' Planning Forum chairs. System Planning Branch (SPB) also established a key contact model for all HHSs for support, guidance and advice. Secondments between SPB and the HHSs are underway. DoH will continue to promote opportunities for SPB and HHS staff to undertake secondments between the 2 areas.
Recommendation 5		
All hospital and health services develop a set of priorities with clearer alignment to the statewide priorities. Note: We sought responses from all HHSs except Gold Coast HHS.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Partially implemented	Cairns and Hinterland Hospital and Health Service (CHHHS) developed a new strategic plan that aligns the HHS strategies with the HEALTHQ32 vision. The HHS developed new performance measures, with baseline measures collected before the new strategic plan commenced in July 2023. The HHS will align with the DoH's 7 system priority strategies and implementation plans, which are currently being finalised.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS is operationalising statewide priorities. The HHS has completed a local area needs assessment and promotes consumer involvement in planning. The HHS will continue to identify opportunities to integrate statewide priorities in its planning and activities.
Central West Hospital and Health Service	Partially implemented	Central West HHS faces barriers related to size, scale, and staff retention. The HHS is the sole provider of GP services in the region. The HHS has improved efficiency and activity reporting. It will continue to improve sustainability through virtual care initiatives and integrating primary care.
Children's Health Queensland Hospital and Health Service	Fully implemented	Children's Health Queensland Hospital and Health Service (CHQHHS) improved its strategic and operational planning process as relevant to the HEALTHQ32 Plan. CHQHHS aligned its strategic and operational planning with DoH priorities and whole-of-government priorities, and this alignment is now built into the strategic planning cycle.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS completed a local area needs assessment to understand community health priorities, which was integrated into the statewide healthcare service priorities.
Mackay Hospital and Health Service	Partially implemented	Mackay HHS is reviewing its plans in line with their renewal time frames and updating them where appropriate with clear reference to statewide priorities.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS priorities are included in its Strategic Plan 2020–24, its Health Service Strategy 2021–26, and published clinical service plans and annual activity plan.

Metro South Hospital and Health Service	Fully implemented	Metro South HHS works with DoH and others in developing sustainable systems to maximise patient outcomes and continues to work with DoH to maximise capacity and care delivery. Metro South HHS will continue to engage in future planning with government agencies.
North West Hospital and Health Service	Fully implemented	North West HHS developed a local area needs assessment and a health equity strategy aligned to statewide priorities.
South West Hospital and Health Service	Fully implemented	South West HHS has completed, and in December 2022 published, a Local Area Needs Assessments which analysed the health and service needs of communities and identified where available resources should be directed. This needs assessment included consultation with communities, health professionals and wider partners. South West HHS will continue to review the Local Area Needs Assessment (LANA) in line with identified community needs.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS aligns its priorities with statewide priorities from the DoH. This work is part of the annual planning process and 4-yearly strategic planning. The HHS developed a local area needs assessment.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS reports its priorities have clearer alignment to the statewide priorities.
Townsville Hospital and Health Service	Fully implemented	Townsville HHS has performed a gap analysis between statewide and Townsville HHS priorities, which demonstrated a material alignment of statewide and local priorities. Improved service collaboration and integration has resulted. Further health service planning actions will improve service collaboration, alignment and integration.
West Moreton Hospital and Health Service	Fully implemented	West Moreton Health has embedded strategic alignment into key planning documents, including alignment to My Health, Queensland's Future Advancing Health 2026, Unite and Recover and Queensland Health's System Outlook to 2026. These include Service Development Planning, and the newly published West Moreton Health Strategic Plan 2021–25 (2022 revision), and the West Moreton Health 2022–23 Operational Plan which is currently in development. This has resulted in strengthened alignment of HHS planning with system priorities.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS has priorities in the Local Areas Needs Analysis; the DoH has set their priorities. Wide Bay HHS business case looks to identify all priorities in business case development.

Recommendation 6

All hospital and health services expand the scope of implementing recommendation 14 of the Queensland Health governance review by developing integrated plans at their level, also incorporating environmental action plans that align with the proposed framework in our recommendation 1 and statewide plans.

Note: We sought responses from all HHSs.

Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Partially implemented	CHHHS is developing an environmental strategy and implementation plan, and a committee has been established to oversee its implementation. Environmental sustainability is included as a key strategy in the HHS's Strategic Plan, with a performance indicator for reduced environmental impact. The HHS develops an Annual Strategic Asset Management Plan and is developing a Workforce Plan.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS completed a local area needs assessment and a Health Equity Strategy. It is currently developing its Clinical Services Plan. The HHS will develop an integrated planning framework and review key planning documents, including its infrastructure masterplan.

Central West Hospital and Health Service	Partially implemented	Central West HHS regularly reviews and updates its Health Service Plan, and is reviewing its resourcing to support governance and planning. The HHS faces barriers related to size, scale, and staff retention, and is not able to support a dedicated planning function.
Children's Health Queensland Hospital and Health Service	Fully implemented	CHQHHS published an integrated planning framework, which is used to ensure that new strategies align with the broader strategic paediatric framework of both the HHS and the DoH. A statewide paediatric plan is currently being developed. Once this plan is complete, CHQHHS will review its integrated planning framework to ensure the plan and framework align.
Darling Downs Hospital and Health Service	Partially implemented	Darling Downs HHS has started the work needed to develop integrated planning.
Gold Coast Hospital and Health Service	Partially implemented	Gold Coast HHS updated its planning hierarchy as part of its new 5-year health services strategy to show links between strategic, enabling, and operational plans, and identify reporting and evaluation loops. The HHS has conducted a local needs assessment and delivered its health equity strategy. The HHS is finalising an environmental sustainability action plan and developing its new strategic plan.
Mackay Hospital and Health Service	Partially implemented	Mackay HHS is reviewing its planning framework and will align with the integrated framework being finalised by the DoH.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS has fully implemented an integrated planning framework which covers many areas of health service sustainability, and which guides its progress towards health service sustainability. The service measures progress using KPI reporting and is developing an integrated planning digital dashboard.
Metro South Hospital and Health Service	Partially implemented	Metro South HHS works with DoH to develop a comprehensive statewide plan for governance review and is developing plans for its future operations within that statewide plan. The service continues to work with DoH as part of the broader system for sustainable health care delivery.
North West Hospital and Health Service	Fully implemented	North West HHS engaged with staff and the community to develop its health equity implementation plan and environmental action plan. All health services plans are integrated with the environmental action plan.
South West Hospital and Health Service	Fully implemented	South West HHS has established a broad planning framework to address population health and service needs of the region through its Local Area Needs Analysis, First Nations Health Equity Strategy, and forthcoming Implementation Plan, Master Plan, internal Health Service Plan and other strategic publications. South West HHS service directions continue to be progressed in accordance with identified strategic priorities, and in collaboration with its partners. A scheduled 3-year refresh of the Health Service Plan is anticipated to commence during the 2023–24 financial year.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS's integrated planning framework is aligned with statewide priorities. This includes workforce planning, an environmental sustainability strategy, and an environmental action plan.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS has expanded the scope of implementing recommendation 14 of the Queensland Health governance review.
Townsville Hospital and Health Service	Partially implemented	Townsville HHS reviewed legislative planning requirements and best practice integrated planning approaches and revised its draft integrated planning framework. Future action is consultation, finalisation and implementation of Townsville HHS integrated planning framework.

West Moreton Hospital and Health Service	Fully implemented	West Moreton Health has an HHS-level Integrated Planning Framework which supports both the vertical and horizontal integration and cascade of plans and strategies, including alignment to DoH-level strategies. The Strategic Projects & Planning team has reviewed the Strategic Plan and operational reporting process to streamline reporting and integrate and create meta-data for alignment to National Safety & Quality Health Service Standards (NSQHS), West Moreton Health Local Area Needs Assessment (LANA), and other key enabling plans. This has resulted in a more streamlined approach to integrated planning with alignment to DoH-level strategies.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS will progress this recommendation with appointment of a designated position. A climate risk training workshop has been held to help with developing a sustainability plan. Wide Bay HHS is recruiting for a project officer to develop sustainability plans for Wide Bay HHS.

Recommendation 7

All hospital and health services develop appropriate performance indicators for health service and enabling plans, regularly evaluate the success of long-term plans, and use learnings in future plans.

Note: We sought responses from all HHSs.

Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	CHHHS annually reviews its performance indicators against its Strategic Plan and Clinical Services Plan. It reports outcomes to the board.
Central Queensland Hospital and Health Service	Not implemented	Central Queensland HHS is currently reviewing its strategic planning document. It will ensure that key plans are reviewed, with relevant key performance indicators (KPI) and reporting frameworks.
Central West Hospital and Health Service	Partially implemented	Central West HHS has worked to develop its financial, workforce, and activity reporting capability, with a new suite of performance reporting tools. The HHS plans to streamline its activity measures. The HHS faces barriers related to size, scale, and staff retention, and is not able to support a dedicated reporting function. The HHS is not a FirstNet site, and continues to use many paper-based reporting systems.
Children's Health Queensland Hospital and Health Service	Partially implemented	CHQHHS has implemented higher quality success measures in its recent strategies and plans. These measures will be considered in its updated integrated planning framework, which is due for completion in 2023.
Darling Downs Hospital and Health Service	Partially implemented	Darling Downs HHS has started to design and develop performance indicators and enabling plans. This work is part of a 3-year program to develop balanced scorecard performance reporting.
Gold Coast Hospital and Health Service	Fully implemented	Gold Coast HHS reports strategic and operational measures and targets to the executive and board at least twice a year. Enabling plans and project progress are reported via their relevant executive committee. There is further opportunity for the HHS to review targets and measures to ensure they are meaningful.
Mackay Hospital and Health Service	Partially implemented	Mackay HHS has reviewed and enhanced its KPIs and associated reporting.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS reports annually on measurement of all strategies and plans.

Metro South Hospital and Health Service	Fully implemented	Metro South HHS has in place formal governance to collaborate with and strengthen partnerships with the private sector, general practitioners (GPs) and the community sector. Metro South HHS has a health equity and consumer engagement plan and an infrastructure plan to increase capacity for patients to access care. Metro South HHS continues to maximise opportunities to work with and develop partnerships to improve patient outcomes.
North West Hospital and Health Service	Partially implemented	North West HHS developed draft long-term health service plans. Performance indicators and evaluation and review processes are currently being developed.
South West Hospital and Health Service	Fully implemented	Progress against key South West HHS enabling plans is regularly reviewed and reported to the board. Biannual updates against legislatively required Consumer and Community Engagement and Clinician and Employee Engagement Strategies are published online. South West HHS has commenced publication of a Quality-of-Care Report and, through its First Nations Health Equity Implementation Plan, is committed to regular public reporting.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS has performance indicators for strategic and operational plans. All new and updated plans include measurable KPIs.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS reports developing appropriate performance indicators for health service and enabling plans, regularly evaluating the success of long-term plans, and using learnings in future plans as 'fully implemented'.
Townsville Hospital and Health Service	Partially implemented	Townsville HHS has reviewed its existing service and enabling plans and accompanying performance indicators/progress measures to ensure alignment with strategic objectives, and regularly reviews performance against target indicators/measures to ensure insights and learnings inform future planning. A revised integrated planning framework which proposes that all major plans are evaluated at least annually is progressing through consultation, finalisation and implementation stages.
West Moreton Hospital and Health Service	Fully implemented	West Moreton Health is in the final stages of developing and implementing a revised approach to operational planning, including a performance and reporting framework. This provides greater integration with enabling plans by embedding relevant actions and measures into operational reporting, ensuring greater transparency of implementation. The Strategic Projects, Planning and Engagement (SPP&E) team will go live with the Chief Operating Officer (COO) Division with the revised framework from 1 July 2023.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS has developed KPIs for existing plans and projects which are to be integrated into a single platform.

Note: Gold Coast HHS did not accept recommendation 5 from the *Planning for sustainable health services* (Report 16: 2020–21) report.



Enabling digital learning (Report 1: 2021–22)

Related parliamentary committee:

- Education, Employment and Training Committee

Entity progress on implementation

Recommendation 1		
The Department of Education reviews its targets for internet speeds and actively explores new types of services to increase internet speeds in schools in order to support equitable access to digital learning.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Fully implemented	Department of Education (DoE) partnered with Telstra to deliver increased bandwidth over 2 stages. As at June 2023, 92 per cent of students had received a Stage 1 upgrade to 1 Mbps per student. Stage 2 will deliver an increase to an average of 5 Mbps per student by the end of 2026, contingent on required technical improvements.
Recommendation 2		
The Department of Education collaborates and shares information with the Queensland Government Chief Customer and Digital Officer to ensure the regions where schools need improved infrastructure for high-speed internet are considered in any relevant whole-of-government initiatives.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Fully implemented	DoE is participating in the Regional Connectivity Program, including the Mobile Black Spot Project. The department is ensuring that schools with the most digital disadvantage are appropriately represented in submissions.
Recommendation 3		
The Department of Education collaborates with schools and continues to provide guidance materials and support for students' access to devices. It could review its funding model to ensure all students have access to a device.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Fully implemented	DoE provides guidance and support to schools relating to decisions about device programs. Schools make local decisions in consultation with their communities, based on the needs of students and the school's approach to the curriculum. Some schools provide devices for students (and may seek a cost contribution from families); some schools operate a bring-your-own-device program. Ensuring that all students have access to a device is an action of the department's Equity and Excellence Strategy.
Recommendation 4		
The Department of Education reviews its current policies for maintaining its technology infrastructure to better support digital learning outcomes in schools. New policies could include:		
<ol style="list-style-type: none"> replacing hardware on a regular basis or with services that keep the technology up to date implementing processes for regular updates to software and operating systems. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Fully implemented	DoE has published its Digital Strategy 2022–26. DoE has reviewed relevant policies and procedures to develop a revised Digital Services and Support Plan 2023–27, which is currently under consultation.

Recommendation 5		
<p>The Department of Education supports schools to manage their technology including:</p> <ul style="list-style-type: none"> a. setting clear guidelines on how schools use the funding they receive from the department for information technology b. monitoring that schools develop and fund plans for maintaining their technology. 		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Education	Fully implemented	DoE reviewed the current process for IT planning and reporting, and addressed these issues with state schools. The department is developing a digital dashboard to help schools identify their digital devices and infrastructure assets. This will assist with planning for use and replacement. DoE provides guidance to schools on the appropriate use of targeted technology funds.
Recommendation 6		
<p>The Department of Education reviews its:</p> <ul style="list-style-type: none"> a. digital strategy, including targets for upgrading its technology infrastructure and internet speeds in schools b. portfolio of projects, with an investment plan and project delivery dates that align with the revised strategy c. monitoring processes, to enable effective delivery of the revised strategy and related projects. 		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Education	Fully implemented	DoE has published the Digital Strategy 2022–26 and the Digital Services and Support Plan 2023–27 is currently undergoing consultation.
Recommendation 7		
<p>The Department of Education supports schools to have:</p> <ul style="list-style-type: none"> a. a clear digital component in their strategic plans, which could include how they will embed digital literacy into daily learning practices and their preferred digital technologies in the contexts of their teaching and learning methods b. monitoring processes in place to enable effective delivery of their strategic plans, including the digital component. 		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE is assessing the feasibility of a digital maturity self-assessment for schools to complement the digital dashboard and curriculum planning tools. A recent review highlighted the need for school strategic plans to include the role of technology in supporting digital pedagogies.



Measuring emergency department patient wait time (Report 2: 2021–22)

We made recommendations to the Department of Health and all 16 hospital and health services (HHSs) in this report. We sought responses from the Department of Health and all HHSs, except 2 HHSs that did not accept a recommendation. These were North West HHS and Central West HHS.

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Health (including the Queensland Ambulance Service (QAS), and hospital and health services (HHSs)): improves the accuracy of emergency department (ED) data recorded, and quality of data checks and corrections (data cleansing) required by HHSs.</p> <p>This should include:</p> <ul style="list-style-type: none"> • implementing system controls in FirstNet (a module of Queensland Health's integrated electronic medical record system) to prevent or alert users to invalid data entry • ensuring a consistent approach in scope and resourcing across hospitals to the cleansing of ED data, including a focus on the accuracy of all data, not just that relating to instances that do not meet targets. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	Cairns and Hinterland Hospital and Health Service (CHHHS) employed staff to improve the consistency and accuracy of emergency department data collection. The HHS monitors and reports on transfer of care measures and will implement real-time data sharing between the emergency department (ED) and Queensland Ambulance Service (QAS). Patient off-stretcher time is currently not available in real time and is reported one month after.
Central Queensland Hospital and Health Service	Fully implemented	Central Queensland HHS has data validation and quality control processes with monthly reporting. These processes will be continually improved, with a focus on data standardisation and quality control. The statewide management information system being implemented in August 2023 will place increased emphasis on the need for data accuracy.
Central West Hospital and Health Service	Fully implemented	Central West HHS is not a FirstNet site, and uses the Rural Emergency Department Information System to capture data with paper-based records. The HHS has local processes for managing data integrity, and provides monthly reporting. Data discrepancies are checked and corrected within the HHS.
Children's Health Queensland Hospital and Health Service	Fully implemented	Children's Health Queensland Hospital and Health Service (CHQHHS) uses FirstNet and a custom-built dashboard to monitor and manage data cleansing. Both systems identify and provide alerts for potential data errors and invalid data. The systems are monitored by assigned staff.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS employs a business practice improvement officer who monitors the quality and accuracy of ED data. A team within the HHS collects and cleans dashboard data.
Department of Health	Fully implemented	Department of Health (DoH) has enhanced FirstNet system controls to prevent or alert users to invalid data entry for many fields and improve overall accuracy of data. Resourcing and training have been provided to all sites. Data dashboards and extract reports are available to data managers at digital sites to identify potential data entry errors and rectify as required. Data quality is an ongoing, continuous process.

Gold Coast Hospital and Health Service	Fully implemented	Gold Coast HHS has dedicated ED data officers who ensure timely rectification of data errors. The HHS established this team to support the changes made to the FirstNet system by the DoH.
Mackay Hospital and Health Service	Fully implemented	Mackay HHS is working with the DoH to improve the accuracy and quality of ED data. FirstNet data administrators conduct data cleansing. Dashboard reporting and extract reports help data managers to identify and rectify errors.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS has published, or has pending publication, procedures which meet the recommendation. A Data Quality Reference Group is active.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS has implemented ED Optimisation roles at each facility as well as appointing FirstNet Officers with a range of responsibilities. Governance is established to ensure ongoing improvement and evaluation. The HHS will continue working with DoH for system-wide improvement opportunities.
South West Hospital and Health Service	Partially implemented	South West HHS does not have the Integrated Electronic Medical Record system (ieMR); accordingly FirstNet has not been implemented. A dashboard is in use that highlights potential data validation issues which are then reviewed by South West HHS Data Managers. Processes have been developed to improve the validity of the data reported, and instruction manuals and training support data entry officers and data managers. South West HHS will partner with further ieMR development and implementation once available.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS implemented DoH processes to standardise Integrated Electronic Medical Record (ieMR) data collection, cleansing, and reporting. Data accuracy will always be limited by the way it is recorded – by busy clinicians as a secondary role. The HHS has staff education and data cleansing processes.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS uses EDIS not FirstNet. The HIM performs audit checks and training on ED data. Torres and Cape HHS has implemented quality improvements to ensure correct time and triaging is occurring in ED in its small hospitals.
Townsville Hospital and Health Service	Fully implemented	Townsville HHS has implemented ongoing data controls and cleansing to improve data quality and determine areas for improvement or change.
West Moreton Hospital and Health Service	Partially implemented	West Moreton Health's ED is the only setting in the acute hospital system where clinical codes, directly entered into the clinical record by clinicians and not reviewed by professional coders, are used for statutory reporting and funding purposes. From an Activity Based Funding (ABF) perspective the ED is funded based on Urgency Related Groups (URG) which is driven by 3 key data elements. There is opportunity to improve the assignment of Emergency Diagnosis codes which may improve data quality for research, clinical analytics, ABF allocation and technical efficiency. A trial commenced in May 2023, of implementing a Business Process Improvement Opportunity (BPIO) and team to optimise emergency diagnostic coding.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS continues to use the ED Information System as the clinical information system and data source for ED wait times; it does not have FirstNet. The HHS is implementing a centralised data governance model whereby all data is managed consistently in terms of standardisation, quality and reporting regardless of reporting lines or service domains. Business Practice Improvement Officer roles exist within ED with a consistent approach to data accuracy in keeping with DoH guidelines. Work continues on finalisation of data quality governance documents for Wide Bay HHS education and roll out of same to data custodians and data managers. Wide Bay HHS has implemented SystemView to provide patient level data for ED, specialist outpatient department, elective surgery, and bed availability.

Recommendation 2		
<p>The Department of Health (including the Queensland Ambulance Service (QAS), and hospital and health services (HHSs)): improves how patient off stretcher time is recorded or reported, including:</p> <ul style="list-style-type: none"> implementing validation controls for recording arrival and handover times resuming the system integration project to improve real-time (instant) sharing of QAS data with Eds. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	CHHHS has implemented the DoH's standardised real-time transfer of care measure, and exceeded target seen-in times measure for the financial year to May 2023. The HHS will continue to monitor ED performance and implement improvements as needed.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS regularly reviews patient off-stretcher time and has escalation processes for delays. Monthly meetings between the HHS and QAS include discussions about lost time reports. The HHS will continue to improve measures and data quality.
Central West Hospital and Health Service	Fully implemented	Central West HHS has local processes for checking data integrity and provides monthly reporting. Data discrepancies are checked and corrected within the HHS.
Children's Health Queensland Hospital and Health Service	Fully implemented	CHQHHS has completed the parts of this recommendation that are within its control. Patient off-stretcher time is recorded in the ED and starts when the patient is triaged. The HHS depends on the DoH for system integration of the data, and this work is underway.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS established a new QAS triage area and has seen a significant improvement in patient off-stretcher time (POST) performance. POST and waiting time data are collected from the emergency data dashboard.
Department of Health	Partially implemented	DoH's POST KPI interval recording now incorporates validation criteria for manual entry of data in the electronic Ambulance Report Form (eARF). Resourcing and training was provided to all sites as part of the data validation officer initiative The QH-QAS Integration Project (QQIP) was recommenced in March 2022, focusing on system integration, clinical handover and business processes. The project has 3 key deliverables for end-September 2023: design, develop, and test the patient record matching solution; integrate the QAS eARF into the ieMR; integrate the QAS eARF into the Viewer. The QQIP project is evaluating data matching requirements to advise on the next stage of the project.
Gold Coast Hospital and Health Service	Partially implemented	Gold Coast HHS relies on QAS data and processes. The HHS supports a statewide rollout of the Digital Ambulance Report application and other improvements to integrate DoH and QAS applications and datasets.
Mackay Hospital and Health Service	Partially implemented	Mackay HHS records patient off-stretcher time in line with current processes and will implement a consistent statewide process when it is confirmed.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS has published procedures, systems and reports which meet the recommendation, and which record or measure activities. The HHS has made a review of Transfer Initiative Network work instructions.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS includes validation criteria in the electronic Ambulance Report form and captures KPIs and timing data reports. Staff focus on data integrity and quality. Metro South HHS continues to work with DoH and QAS to integrate systems to provide real-time data to frontline clinicians and managers.
North West Hospital and Health Service	Fully implemented	North West HHS continually reviews and improves processes that influence patient off-stretcher time.

South West Hospital and Health Service	Partially implemented	South West HHS's ED Data Collection guidelines set out processes for managing and submitting data. Further scoping work is undertaken to integrate systems and provide real-time data sharing of QAS data.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS has implemented the transfer of care KPI as an alternative to patient off-stretcher time. The HHS is working towards integrating its real-time data with data from QAS.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS does not have issues with or measure patient off-stretcher time.
Townsville Hospital and Health Service	Fully implemented	Townsville HHS implemented this recommendation per Queensland Health business rules and processes. Townsville HHS's Townsville University Hospital's ED implementation of the Transfer of Care process is working effectively, with the Transfer of Care performance in 2022–23 from Queensland Ambulance Service to the emergency department currently exceeding 95 per cent.
West Moreton Hospital and Health Service	Fully implemented	West Moreton Health's ED Data Collection guidelines outline appropriate processes for managing and submitting data to ensure accuracy of data submission; clear data definitions are available via the data manual. Improvements in real-time data sharing with ED has occurred.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS contributes to the Queensland Health-Queensland Ambulance Service Integration Project (QQIP) through member participation in the QQIP Business Working Group. The HHS accesses and reports a variety of data and is piloting a patient matching solution. Monthly meetings with local QAS continually look at process improvement and review data quality. Wide Bay HHS will continue to contribute to QQIP.
Recommendation 3		
The Department of Health (including the Queensland Ambulance Service (QAS), and hospital and health services (HHSs)): continues with the current initiatives to promote measures of performance and outcomes in all parts of care affecting ED performance, and implements measures that provide a more holistic view of ED performance.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	CHHHS reports and analyses performance measures each month. Real-time ED performance data are available through dashboard reporting, and local performance initiatives continue to be implemented and evaluated. Various working groups support continual improvement to the ED patient flow.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS reviewed its ED processes and implemented several initiatives to improve performance and patient flow. The HHS will continue with a whole-of-hospital approach to identify and implement improvements. The statewide management information system being implemented in August 2023 will place increased emphasis on the need for data accuracy.
Central West Hospital and Health Service	Fully implemented	Central West HHS considers past trends as part of its planning processes, particularly in relation to tourist numbers.
Children's Health Queensland Hospital and Health Service	Fully implemented	CHQHHS developed business intelligence tools and dashboards to monitor ED performance, quality assurance, and control activities. Monthly reports are provided to its board for continuous improvement and monitoring.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS gathers daily and monthly data. The HHS and QAS meet monthly to discuss performance and address emerging issues.

Department of Health	Fully implemented	DoH's updated suite of KPIs provides a holistic view of ED performance and prompts HHSs performance framework discussions on local strategies that support improved patient outcomes. The Queensland ED Strategic Advisory Panel draws the state's EDs together to utilise their combined knowledge, clinical and operational expertise and share initiatives for EDs to reap the efficiencies for better patient outcomes. Successful ED initiatives are acknowledged and showcased through Promoting Value-based care in ED's (PROV-ED) with the aim to avoid reinventing the wheel. This has demonstrated improvements in metrics such as times to be seen, left after treatment commenced and reduction in unnecessary procedures.
Gold Coast Hospital and Health Service	Fully implemented	Gold Coast HHS continues to collaborate with the Health Improvement Unit, Clinical Excellence Queensland, and the Queensland Emergency Department Strategic Advisory Panel to improve ED performance.
Mackay Hospital and Health Service	Fully implemented	Mackay HHS has improved ED performance and implemented dashboards to support patient flow and performance monitoring.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS has published procedures which meet the recommendation and which record, measure, or analyse activities. Further initiatives are pending endorsement. Expanded capacity has enabled a significant increase in patients admitted to the Emergency Department/Short Stay Treatment Area (STTA). For the longer term, a capital build project is in progress to expand the adult ED/SSTA at The Prince Charles Hospital.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS analyses DoH KPIs internally, and with DoH. Initiatives to promote improvement and innovation are shared with Clinical Excellence Division and QAS. Metro South HHS provides a holistic approach to improved patient outcomes, will continue to share improvement strategies with DoH and other HHSs and work collaboratively with DoH and QAS for collective improvement of patient care delivery.
North West Hospital and Health Service	Fully implemented	North West HHS allocated resources to review performance outcomes and created a dashboard with KPIs linked to ED performance. These KPIs are consistently shared and improved.
South West Hospital and Health Service	Fully implemented	South West HHS has a suite of KPIs, in addition to the existing broader system KPIs, that support a more holistic view of the ED and its relationship with both the QAS and inpatient hospital capacity. Performance of ED activities have measures that provide a holistic view of ED. South West HHS will partner with DoH and QAS to implement KPIs and measurement of ED performance.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS reports on all recommended KPIs. These do not necessarily provide a holistic view of performance.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS does not have issues with or measure patient off-stretcher time.
Townsville Hospital and Health Service	Partially implemented	Townsville HHS's Townsville University Hospital reviews data quality on a regular basis however does not utilise audit logs as described in recommendation 3. Improved data quality has enabled the Hospital ED to undertake business process improvement initiatives and promote better practice, as part of continuous improvement.
West Moreton Hospital and Health Service	Fully implemented	West Moreton Health's Ipswich Hospital ED KPIs have been established in the department and these performance measures are used as part of the fortnightly and monthly leadership performance meetings. Along with existing broader system KPIs, this suite of KPIs supports a more holistic view of the ED and its relationship with both QAS and inpatient hospital capacity.

Wide Bay Hospital and Health Service	Partially implemented	The Wide Bay HHS morning hospital-wide huddle discusses reports of Emergency Length of Stay (ELOS), RAMPING, ED Short-term Treatment Areas (EDSTTA) performance. This has raised hospital-wide awareness and response to ED performance. Weekly flow meetings review whole-of-hospital response to ED performance. The HHS is working towards real-time monitoring of ED performance and hospital-wide flow.
Recommendation 4		
The Department of Health (including the Queensland Ambulance Service (QAS), and hospital and health services (HHSs)): develops and implements guidelines for HHSs to identify measures of success before starting improvement initiatives and to evaluate the effectiveness of initiatives to improve ED performance.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	CHHHS's initiatives to improve the ED follow the HHS's governance processes. The HHS reported an 11 per cent improvement in its emergency access target statistics in the previous 12 months. The HHS plans to add 6 beds to its short-term treatment unit.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS aligns its guidelines and monthly reporting with statewide approaches. All improvement projects include and report against KPIs. Learnings from improvement projects are included in future planning.
Central West Hospital and Health Service	Fully implemented	Central West HHS works with QAS and facilities within the HHS to identify success measures and evaluate effectiveness.
Children's Health Queensland Hospital and Health Service	Fully implemented	CHQHHS has not specifically developed guidelines to identify measures of success, however, its ED has a history of projects/activities designed to improve patient flow with a continuous quality improvement focus.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS has guidelines and procedures for ED functioning and escalation processes. The HHS uses statewide data to compare its ED effectiveness against other hospitals and to consider whether improvement is needed.
Department of Health	Fully implemented	DoH developed and published guidelines for all staff to identify measures of success for new initiatives through the Healthcare Evaluation process. The Healthcare Evaluation resources provide guidance to staff on collecting and analysing information about a healthcare program or technology, to form evidence-based judgements about how well it is working. These resources help staff to know if the program they are implementing, funding, or supporting, is producing the intended outcomes.
Gold Coast Hospital and Health Service	Fully implemented	Gold Coast HHS works with the DoH and other HHSs to improve ED performance and has incorporated guidance from the DoH healthcare evaluation process into its operations.
Mackay Hospital and Health Service	Fully implemented	Mackay HHS identifies measures of success as part of its planning for initiatives. The HHS complies with relevant project evaluation and reports to the DoH.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS has recognised clinical reporting via Metro North Hospital Healthcare Emergency Excellence and Innovation (HEI) Emergency Medicine Dashboard as the single source of truth, which has resolved the audit issue.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS implemented a standardised improvement framework following DoH guidelines and measures and evaluates initiatives undertaken across the service. Metro South HHS's Clinical Improvement Unit supports improvement and innovation within the ED.

North West Hospital and Health Service	Fully implemented	North West HHS developed an ED dashboard to measure success and evaluate performance.
South West Hospital and Health Service	Fully implemented	South West HHS includes guidelines for identification of measures of success in its policy: Safety and Quality Performance Reporting and Monitoring. Key indicators include clinical governance and patient safety and quality improvement systems.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS has quality improvement training available to staff. Quality improvement is followed within the limitations of busy staff and ongoing service provision.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS does not have issues with or measure patient off-stretcher time.
Townsville Hospital and Health Service	Partially implemented	Townsville HHS's Townsville University Hospital ED staff undertake quality improvement initiatives using appropriate project methodologies to assist in improving ED performance in line with the stated measures of success. Where there is evidence that an initiative has improved performance, it is implemented as a work practice to embed and sustain it.
West Moreton Hospital and Health Service	Partially implemented	West Moreton Health in late 2022 engaged the Health Improvement Unit to review the ED and recommend improvements. A steering committee has been established and sub-working groups formed to oversee improvement initiatives. The project is expected to be completed by end-2023.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS has weekly flow meetings to plan initiatives and review outcomes associated with them. Improved communication, uptake of community teams and utilisation of private sector have improved flow and facilitated early supported discharge from across ED and across the patient continuum. A number of improvement initiatives have been or are being trialled. ED Senior Nurse Flow roles are being implemented 24/7 to improve patient off-stretcher time/emergency length of stay/patient flow that were funded through the Putting Patient First Plan. In addition, the Bundaberg Hospital and Hervey Bay Hospital Transit lounges will be open 7 days per week with extended hours.

Recommendation 5

The Department of Health (including the Queensland Ambulance Service (QAS), and hospital and health services (HHSs)): monitors and reports on the use of short-term treatment areas within EDs (such as short stay units, clinical decision units, and any other equivalent units that stop the clock on measuring emergency length of stay).

Entity	Status	Entity's self-assessment response or where necessary a summary
Cairns and Hinterland Hospital and Health Service	Fully implemented	CHHHS monitors and reports on its ED performance and transfer of care measures. The HHS will implement real-time sharing of data between its ED and QAS, when the system integration project is completed by the DoH. Patient off-stretcher time is reported monthly.
Central Queensland Hospital and Health Service	Partially implemented	Central Queensland HHS has comprehensive reporting on ED performance, which is used to inform planning and decision-making. The HHS reviewed its ED, and the recommendations are under review. The HHS will identify opportunities for further reporting in the ED.
Children's Health Queensland Hospital and Health Service	Fully implemented	CHQHHS monitors its short-term treatment area, which is governed in line with statewide and local guidelines.
Darling Downs Hospital and Health Service	Fully implemented	Darling Downs HHS has guidelines for using short-term treatment spaces within the ED. ED performance in short-term treatment spaces is reported daily.

Department of Health	Fully implemented	DoH's Healthcare Improvement Unit sponsored an Emergency Department - Admission Interface (ED-AIR) project to examine contemporary ED-admission processes, identify opportunities for improvement and standardisation and define metrics to enable optimal quality and efficiency outcomes for patients. An area of focus was patients admitted to short-term treatment areas. This led to the development of the Emergency Department Short Term Treatment Areas Guideline superseding the ED Short Stay Unit Guideline. It outlines the suite of business rules and processes for ensuring best practice and equity of access for patients requiring admission from the ED to Short Term Treatment Areas at Queensland public hospitals and providing consistency in care and reporting.
Gold Coast Hospital and Health Service	Fully implemented	Gold Coast HHS provides monthly reporting on the use of short-term treatment areas within the ED.
Mackay Hospital and Health Service	Fully implemented	Mackay HHS monitors and reports on the use of its short-term treatment areas.
Metro North Hospital and Health Service	Fully implemented	Metro North HHS's Patient Flow Intensive Program is optimising Short Stay Treatment Area activity in an interim area. Planning and preparation for the design and assessment of capital works has continued with the intent to procure contractors. The capital build project is in progress with an expected completion date of September 2023. Standards, mapping and reporting are implemented.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS monitors and reports on short-term treatment areas and focuses on improvement opportunities. Metro South HHS maximises collaboration with DoH and QAS for improvement opportunities and system technology uplift.
North West Hospital and Health Service	Fully implemented	North West HHS's short-term treatment areas adhere to guidelines and report within the emergency department dashboard.
South West Hospital and Health Service	Not implemented	South West HHS does not have any short-term treatment areas within EDs. If a short-term treatment area within ED is considered for South West HHS, the recommendation of monitoring and reporting will be implemented.
Sunshine Coast Hospital and Health Service	Fully implemented	Sunshine Coast HHS is awaiting advice from the DoH about its ED-AIR report and guidelines about short-term treatment areas.
Torres and Cape Hospital and Health Service	Fully implemented	Torres and Cape HHS does not have issues with or measure patient off-stretcher time.
Townsville Hospital and Health Service	Fully implemented	Townsville HHS's Townsville University Hospital monitors and reports on short-term treatment areas with the Queensland Emergency Access Target and ED monthly reporting process and undertaking targeted audits. A recent ED audit reviewed admissions to short stay and those that progress to referral and confirmed that the current patient flow strategies within the Townsville University Hospital ED and Short-term Treatment Areas are working effectively.
West Moreton Hospital and Health Service	Partially implemented	The West Moreton Health's local dashboard has assisted in creating a more efficient and effective method of monitoring STTAs performance. West Moreton Health will continue to monitor performance.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS fully complies with ED Short Term Treatment Areas Guidelines and will continue to monitor compliance.

Notes: Two HHSs did not accept a recommendation from our report *Measuring emergency department patient wait time* (Report 2: 2021–22). North West HHS did not accept recommendation 1 and Central West HHS did not accept recommendation 5.



Managing Queensland's transition to renewable energy (Report 5: 2021–22)

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
The Department of Energy and Public Works publicly communicates its overall vision and objectives for the transition to renewable energy and sets out more information on its desired end state in its ten-year energy plan.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Fully implemented	Department of Energy and Public Works (DEPW) released the Queensland Energy and Jobs Plan in September 2022, which sets out the overall vision and objectives for Queensland's transition to renewable energy.
Recommendation 2		
The Department of Energy and Public Works conducts an interim review by 2025 to formally assess its progress towards the target and to consider further actions to support its achievement of the target. These could include additional investment on network infrastructure, increased support for renewable generators or other actions to address external factors.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	This action is not due until 2025.
Recommendation 3		
The Department of Energy and Public Works publishes a detailed public statement of how Queensland's renewable energy target is defined and measured.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Fully implemented	DEPW published information online about how Queensland's renewable energy target is defined and measured.
Recommendation 4		
The Department of Energy and Public Works updates its calculations of progress against the target to fully account for all relevant renewable energy, such as small-scale renewable, and non-renewable energy, such as diesel generation.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Fully implemented	DEPW updated its calculations using the QAO methodology and published the information online.
Recommendation 5		
The Department of Energy and Works reports more information on: <ul style="list-style-type: none"> • actual renewable generation including, for example, the amount of energy generated from wind, solar and other sources and • the assumptions which support its renewable energy forecast. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Fully implemented	DEPW published information online about renewable generation and the renewable energy forecast.

Regulating animal welfare services (Report 6: 2021–22)

In this report, we recommended that all public sector regulators and oversight bodies self-assess against better practices identified in Appendix C of the report (Recommendation 5). We made this recommendation to all public sector regulators and oversight bodies (not just those responsible for regulating animal welfare services) because the learnings were relevant to all entities with regulatory and oversight responsibilities.

In December 2021, we wrote to relevant entities informing them of the recommendation and advising that we would follow up on their progress in 2023. This year, we asked all government departments, 30 larger local governments (with regulatory responsibilities and populations over 20,000), and 18 statutory bodies with regulatory and oversight responsibilities to self-assess against the recommendation.

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
<p>In reviewing the <i>Animal Care and Protection Act 2001</i> (the Act) and associated regulations, we recommend the Department of Agriculture and Fisheries amends the legislation to:</p> <ul style="list-style-type: none"> • clarify the accountabilities and accreditation of inspectors • have oversight of recommendations from inspectors for prosecutions and any related proposals for charge and plea negotiations between the defendants and prosecutors before presenting the case in the court • provide it with access to all information that inspectors collect as part of their investigations and prosecutions • include requirements for managing conflicts of interest • require it to approve a fee schedule of reasonable cost recovery and make it publicly available. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	Department of Agriculture and Fisheries (DAF) amended the <i>Animal Care and Protection Act 2001</i> in relation to the appointment of inspectors, oversight of prosecutions, access to information held by the Royal Society for the Prevention of Cruelty to Animals (RSPCA), and conflict of interest management. DAF developed a schedule of fees in consultation with the RSPCA.
Recommendation 2		
<p>The Department of Agriculture and Fisheries:</p> <ul style="list-style-type: none"> • establishes minimum performance and re-accreditation requirements for inspectors, and oversees inspectors' performance against the requirements • maintains a register of current inspectors and implements controls over identity cards • establishes minimum standards for the welfare of the majority of animal types RSPCA Queensland regulates • increases its oversight and support of RSPCA Queensland investigations by regularly reviewing the investigations and providing feedback for improvement • increases its oversight, and participates with RSPCA Queensland in decisions to prosecute • actively monitors the outcomes of complaints about RSPCA Queensland investigations and inspectors • oversees how RSPCA Queensland is managing conflicts of interest relating to its enforcement function. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Partially implemented	To date, DAF has introduced minimum performance standards and reporting requirements for inspectors, with new employment conditions. The department is creating annual accreditation requirements for all inspectors. DAF is on track to develop minimum standards for the welfare of animals regulated by the RSPCA by June 2025, which will include amendments to the Animal Care and Protection Regulation 2012.



Recommendation 3		
The Department of Agriculture and Fisheries assigns responsibility and accountability for overseeing the engagement with RSPCA Queensland to a person with appropriate authority.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF has appointed a director and a manager to liaise with the RSPCA's inspectorate and management.
Recommendation 4		
The Department of Agriculture and Fisheries partners with RSPCA Queensland to: <ul style="list-style-type: none"> • develop effectiveness measures and use them to assess the enforcement activities against intended outcomes • develop and use financial reports to ensure accountability for funds the department provides. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	DAF has introduced effectiveness measures for RSPCA inspectors, and reviews closed RSPCA investigations to determine whether the measures are met. The effectiveness measures form part of a new learning and development program.
Recommendation 5		
All public sector regulators and oversight bodies self-assess against better practices in Appendix C – Good regulatory practices and, where necessary, implement changes to enhance their regulatory performance. Note: We sought responses from all departments, selected councils, and statutory bodies with a regulatory or oversight role.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Brisbane City Council	Not implemented	Brisbane City Council does not have a role in regulating animal welfare services under the <i>Animal Care and Protection Act 2001</i> and the Animal Care and Protection Regulation 2012.
Board of Professional Engineers of Queensland	Fully implemented	The Board of Professional Engineers of Queensland (the Board) has fully implemented this recommendation. Over the last 2 years, there have been comprehensive reviews and an overhaul of the Board's procedures, policies, and processes. The Board has established a risk and audit committee. In addition to the procedural and process changes, a new case management system has been deployed in the compliance area, which has enhanced the Board's intelligence driven investigations, efficiency, and risk and compliance prioritisation.
Bundaberg Regional Council	Not implemented	In May 2023, Bundaberg Regional Council (BRC) agreed to work with Fraser Coast Regional Council and Mount Isa City Council to develop operational procedures for all regulatory services work, including animal management. This work will consider the QAO recommendations, as appropriate. BRC's manager of health and regulatory services only recently became aware of this audit recommendation.
Cairns Regional Council	Partially implemented	Cairns Regional Council reviewed its regulatory functions under relevant legislation. Council's internal audit function has a project scheduled for October 2023 – Compliance Framework Review. Council will make its auditors aware of this recommendation and instruct them to include all regulatory functions of council in the overarching audit.
Cassowary Coast Regional Council	Partially implemented	Cassowary Coast Regional Council has implemented more structured plans and procedures to monitor compliance and is better able to measure success. Council is still working to implement some of the better practices, including report transparency and improved IT solutions.

Central Highlands Regional Council	Partially implemented	Central Highlands Regional Council self-assessed against the better practices and identified areas for improvement. The council has improved animal management and better integrated its animal management activities. Formal compliance and monitoring are not currently in place, but standard operating procedures support consistent case management. A risk register is being developed. The council will implement continual improvement in its animal welfare practices.
Department of Agriculture and Fisheries	Fully implemented	DAF developed standards for regulatory performance and new core learning and development modules.
Department of Child Safety, Seniors and Disability Services	Fully implemented	Department of Child Safety, Seniors and Disability Services shared the better practice guidelines with parts of the department that carry out a regulatory function. Their processes implement the guidelines.
Department of Education	Partially implemented	The Office of Industrial Relations provides an annual regulatory performance report to the Office of Best Practice Regulation in Queensland Treasury (QT). Reports for all Queensland Government regulators are published on the QT website. The Department of Education (DoE) director-general is responsible for the regulation of home education and the international secondary school exchange program, and shares responsibility for the Commonwealth Register of Institutions and Courses for Overseas Students program. DoE will undertake a self-assessment of this regulatory activity.
Department of Energy and Public Works	Fully implemented	Department of Energy and Public Works conducted a self-assessment, and identified areas for improvement and enacted these. Regulatory practice is captured as a 'low risk' in the energy division's risk register.
Department of Environment and Science	Fully implemented	Department of Environment and Science completed a review and submitted results to the director-general with its annual report on regulatory best practice.
Department of Health	Fully implemented	DoH's Queensland Public Health and Scientific Services (QPHaSS) self-assesses and reports against 5 regulatory model practices of the performance framework, which are closely aligned to the good regulatory practices. The 2021–22 Regulatory Performance Report/self-assessment is available in the department's 2021–2022 Annual Report. QPHaSS is committed to building a Centre for Regulatory Excellence to continue to drive this important work.
Department of Housing	Fully implemented	Department of Housing conducted a self-assessment and revised relevant processes. Further review was conducted to ensure consistent levels of risk maturity. The department will annually revise its monitoring compliance and enforcement processes.
Department of Justice and Attorney-General	Fully implemented	Department of Justice and Attorney-General completed a self-assessment on the regulatory practice of Liquor, Gaming and Fair Trading (LGFT), which confirmed LGFT complies with the better practices listed in Appendix C. Self-assessments against better regulatory practices will be conducted annually.
Department of Regional Development, Manufacturing and Water	Fully implemented	Department of Regional Development, Manufacturing and Water self-assessed against the better practices and updated its practices in response. The department will review its action plan related to enhancing compliance capability, and strengthen its regulatory approach.
Department of Resources	Not implemented	Department of Resources has referred the self-assessment to the department's regulatory leadership group, which will report to the director-general by 31 December 2023.

Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning self-assessed against the better practice guidelines, and relevant group heads reviewed and endorsed the assessment results. No improvements to regulatory practices were identified for action.
Department of the Premier and Cabinet	No longer applicable	This recommendation is not relevant to the Department of the Premier and Cabinet as the department is not a public sector regulator and does not oversee public sector regulators.
Department of Tourism, Innovation and Sport	No longer applicable	Department of Tourism, Innovation and Sport is not a public sector regulator, and this recommendation is not applicable.
Department of Transport and Main Roads	Fully implemented	Department of Transport and Main Roads's director-general approved an assessment by the department's internal auditors. Assessments have been completed for Maritime Safety Queensland and Translink. Assessment for the Land, Transport, Safety and Regulation and the Customer Service Branch have begun. Internal audit will continue with assessments across the department.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	No longer applicable	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts does not have a regulatory function.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training self-assessed against the better practice guidelines to ensure compliance, and developed responses that will enhance regulatory performance.
Fraser Coast Regional Council	Partially implemented	Fraser Coast Regional Council self-assessed its key regulatory activities against good regulatory practices and identified some areas where further action is required. Regulatory frameworks are in place, but further education and embedding of practice is required.
GasFields Commission Queensland	Fully implemented	GasFields Commission Queensland (GFCQ) has a comprehensive risk management framework and risk management culture, a regulatory review framework, and supporting mechanisms to ensure it is intelligence-led. Opportunities for further improvement in GFCQ's practices are continually identified and embedded.
Gladstone Regional Council	Fully implemented	Gladstone Regional Council self-assessed against the better practices and identified opportunities for improvement. The council will improve data analysis, establish new KPIs, and implement an enforcement manual that encompasses all regulatory areas.
Gold Coast City Council	Partially implemented	Gold Coast City Council will self-assess against the better practices as part of a proposed merge of regulatory functions expected to take effect in November 2023. The better practices will be reconsidered after any changes to the city's regulatory functions are complete and embedded.
Gold Coast Waterways Authority	Fully implemented	The Gold Coast Waterways Authority (GCWA) has fully implemented recommendation 5 of the Regulating animal welfare services report. GCWA has self-assessed its progress against the better practices in Appendix C and adopted mechanisms to encourage compliance when performing regulatory functions. The development of a compliance framework is underway.
Gympie Regional Council	Partially implemented	Gympie Regional Council (GRC) has developed a draft plan. GRC's actions will be determined when the plan is finalised.

Ipswich City Council	Fully implemented	Ipswich City Council self-assessed against the better practices in Appendix C and has established principles of good regulatory practice. The council uses a cycle of continuous review and improvement. All regulatory and enforcement activities are prioritised based on risk and risk assessment tools, which are used to guide decision-making and resourcing allocation. These practices enable the council to undertake regulatory activities in the public interest in a consistent and timely manner.
Isaac Regional Council	Partially implemented	Isaac Regional Council has completed an internal audit focusing on legal and compliance for regulatory services. Findings were captured in action registers for appropriate management action.
Livingstone Shire Council	Partially implemented	Livingstone Shire Council (LSC) has self-assessed against the better practices and reviewed local laws, including the enforcement framework and animal welfare. LSC will continue to consider the broader monitoring and enforcement framework role in its future actions and work towards continued improvement.
Lockyer Valley Regional Council	Partially implemented	Lockyer Valley Regional Council's desktop review identified that council's current animal management processes and practices principally align to identified good regulatory practices.
Logan City Council	Fully implemented	Logan City Council adopted an animal management plan in March 2023, to be implemented over a 3-year period. Council's fully resourced animal management program is staffed by 54 personnel. Council significantly increased marketing, outreach, and school-based education programs to promote responsible pet ownership. Over the past 18 months, council has implemented a range of operational enhancements across its regulatory services; significant improvements are noted. All actions of its Animal Management Plan 2023 are to be implemented over a 3-year period from 2023. An annual report card showing progress against action items will be produced and shared with the public. Council will fully operationalise its new Animal Management Centre in 2024.
Mackay Regional Council	Partially implemented	Mackay Regional Council has developed processes to align with legislation, reviewed 6-monthly, and integrated into council's Enterprise Content Management system (ECM). The majority of recommended actions are fully implemented; however, several further actions are set out in the annual business plan, including continual improvement and refinement of the compliance monitoring documentation and enforcement plan.
Mareeba Shire Council	Fully implemented	Mareeba Shire Council has a suite of procedures in relation to animals, whereby council officers are able to carry out their duties and services efficiently and effectively. Training will continue to be provided to upskill officers, and council will continue to liaise with relevant local bodies to support them in their duties.
Moreton Bay City Council	Partially implemented	Moreton Bay City Council (MBCC) regularly reviews its local laws to ensure they align with the council's objectives and respond to the community's needs. Council uses risk-based compliance and enforcement planning and monitoring processes. This includes a proactive and reactive enforcement approach. The council has a suite of operational procedures and tools to guide officers in their compliance activities. MBCC has commenced the implementation of a 5-year Legislative Compliance Maturity Roadmap that will support continuous improvement and maturity of all areas of compliance across the organisation. Regulatory services will be a key focus.
Noosa Shire Council	Not implemented	Noosa Shire Council will conduct a review against the better practices in Appendix C once a local laws manager has been recruited.
Public Sector Commission	No longer applicable	Public Sector Commission has taken no action as it is not a regulatory agency.

Professional Standards Council of Queensland	Partially implemented	Professional Standards Council of Queensland performed a self-assessment of its regulatory approaches against the better practices identified in the Regulating animal welfare services report and set out possible areas for action. The council rated its performance as having a moderate-to-high level of maturity in regulatory practices in the 'plan to be intelligence-led', 'report transparently for accountability', and 'learn through continuous improvement' domains. The council has identified opportunities for improvement in compliance practices and included these in its risk management mitigation and monitoring.
Queensland College of Teachers	Partially implemented	Queensland College of Teachers (QCT) has undertaken a self-assessment against recommendation 5 of the Regulating animal welfare services report. QCT has identified some areas for improvement and is currently implementing changes to enhance regulatory performance. The QCT board has endorsed a 3-year regulatory performance plan.
Queensland Competition Authority	Fully implemented	The Queensland Competition Authority (QCA) has self-assessed against the good regulatory practices in Appendix C and concluded that it has fully implemented recommendation 5 of the Regulating animal welfare services report. The QCA's enforcement and compliance monitoring framework is clearly set out in the relevant legislation, including the QCA Act. The QCA's regulatory processes include a follow-up to ensure compliance. QCA has adopted processes to provide transparency in reporting and accountability and continuous improvement.
Queensland Curriculum and Assessment Authority	Partially implemented	Queensland Curriculum and Assessment Authority (QCAA) has partially implemented recommendation 5 of the Regulating animal welfare services report. QCAA has published guidelines and procedure documents to encourage compliance with the QCAA's requirements. QCAA has frameworks, systems, and processes in place to support it in performing its regulatory activities, one of which is a risk management framework.
Queensland Corrective Services	No longer applicable	This area is not relevant to the operational aspects of Queensland Corrective Services.
Queensland Family and Child Commission	Fully implemented	The Queensland Family and Child Commission (QFCC) is not a regulator, but is an oversight body, and has fully implemented recommendation 5 of the Regulating animal welfare services report. The QFCC has self-assessed its progress against the better practices in Appendix C of the report and has published the 2023–27 Oversight Framework, Risk Management Framework and 2023–24 Oversight Forward Workplan to support its oversight function and to enable transparency and objectivity.
Queensland Fire and Emergency Services	Fully implemented	Queensland Fire and Emergency Services (QFES) has completed a self-assessment against the better practices in the good regulatory practices (Appendix C) and confirmed that its regulatory practices are aligned with best practice. QFES will continue to carry out its regulatory responsibilities as benchmarked against the self-assessment.
Queensland Human Rights Commission	Partially implemented	Queensland Human Rights Commission (QHRC) has partially implemented recommendation 5 of the Regulating animal welfare services report. QHRC has self-assessed against the good regulatory practices in Appendix C and has systems and processes in place to suit its oversight role. QHRC is reviewing and enhancing its risk management processes.

Queensland Law Society	Partially implemented	The Queensland Law Society (QLS) has partially implemented recommendation 5 of the Regulating animal welfare services report. The QLS has performed a self-assessment against Appendix C and has processes in place to carry out its regulatory responsibilities and monitor risk and compliance. Work is underway to develop technologies and systems to improve data collection and analysis.
Queensland Police Service	Fully implemented	Queensland Police Service (QPS) has a regulatory role in relation to firearms and other weapons. QPS has substantially implemented 13 recommendations made by the QAO in its 2020–21 performance audit report on regulating firearms. QPS will use the better practices identified in Appendix C to ensure the good regulatory practices established through the implementation of recommendations made in the performance audit report on regulating firearms are maintained.
Queensland Racing Integrity Commission	Fully implemented	The Queensland Racing Integrity Commission (QRIC) has completed the self-assessment and concluded it has fully implemented the recommendation. As QRIC continues to implement priority activities from its regulatory strategy and framework and its enabling strategies, it aims to align with the best practice regulatory approach outlined in the Auditor-General's report when supporting the Queensland racing industry and its participants.
Queensland Rural and Industry Development Authority	Partially implemented	Queensland Rural and Industry Development Authority (QRIDA) has self-assessed against the good regulatory practices in Appendix C and concluded it has fully implemented 7 and partially implemented 3 categories of recommendation 5 of the Regulating animal welfare services report. For the 3 partially implemented categories, QRIDA is establishing: <ol style="list-style-type: none"> 1. a project management office capability to ensure effective project and program delivery 2. a project to improve data integrity and insights capabilities 3. a review of workforce capability, workforce structures, and recruitment and retention strategies.
Queensland Treasury	Fully implemented	Queensland Treasury's (QT's) Office of Best Practice Regulation (OBPR) administers the regulator performance framework, which aligns with the practices in Appendix C. The OBPR publishes annual regulator performance reports. Regulators whose regulatory activities impact business, particularly small business, are required to publicly report annually on their regulatory performance.
Racing Queensland Board	Fully implemented	The Racing Queensland (RQ) Board undertook a self-assessment against the better practices in Appendix C and has fully implemented recommendation 5 of the Regulating animal welfare services report. Actions implemented from the self-assessment include an annual review of relevant policies by the responsible business units, and further maturation of RQ's risk framework. This framework includes collaboration between relevant business units and the risk and compliance team, with oversight provided by the risk steering committee and the audit and risk committee. RQ does not manage compliance and enforcement; this is the responsibility of the Queensland Racing Integrity Commission. RQ supports and collaborates with the Queensland Racing Integrity Commission in discharging its animal welfare functions.
Redland City Council	Partially implemented	Redland City Council has established the majority of the elements related to this recommendation in council's operations and will give further consideration to public reporting and appropriate communications to provide context to data and statistics.



Residential Tenancies Authority	Partially implemented	The Residential Tenancies Authority (RTA) has fully implemented all but one of the best practice objectives of recommendation 5 of the Regulating animal welfare services report. The Strategic Plan 2022–26 outlines the authority's objectives, the strategies to achieve them, and key performance indicators to measure how well the objectives have been achieved. The RTA published its Compliance and Enforcement Strategy 2021–23, which aims to improve the rate of compliance and collaboration with other agencies, and annually reports publicly on its regulatory performance.
Resources Safety and Health Queensland	Partially implemented	Resources Safety and Health Queensland has self-assessed against Appendix C and concluded that it has partially implemented the practices in recommendation 5 of the Regulating animal welfare services report. These are self-assessed as partially implemented, as due to their nature the practices and detailed dot points explaining each item in Appendix C are continually changing and evolving; accordingly, despite having frameworks/plans and systems in place, they are considered as ongoing and not fully implemented.
Rockhampton Regional Council	Fully implemented	Rockhampton Regional Council has implemented an enforcement strategy and manual, which provides clear direction on action taken as part of its regulatory functions. Council provides sufficient training to officers to ensure a comprehensive understanding of legislation as well as policies, procedures, and practices.
Safe Food Production Queensland	Partially implemented	Safe Food Production Queensland (SFPQ) has systems and processes that support delivery of its regulatory role and is developing innovative approaches to improve data collection and analysis. SFPQ's commitment to advancing food safety practices has been characterised by strategic collaboration with industry stakeholders.
Scenic Rim Regional Council	Partially implemented	Scenic Rim Regional Council has completed a preliminary review of practices in terms of the Better practice guide – Insights for regulators; recognising there are opportunities for improvement. Working with management, the internal audit function will conduct a review to complete a more detailed assessment and make recommendations for improvements.
Somerset Regional Council	Fully implemented	Somerset Regional Council has assessed its operations in terms of the good regulatory practices outlined in Appendix C in the performance audit Regulating animal welfare services (Report 6: 2021–22) and is satisfied that good regulatory practices are being achieved consistent with Appendix C. An internal audit reviewed council's customer complaints processes; the March 2023 report raised no findings about council's complaints processes.
South Burnett Regional Council	Not implemented	South Burnett Regional Council will consider this recommendation when resourcing is available for further governance around animal management.
Southern Downs Regional Council	Not implemented	Southern Downs Regional Council's internal audit reviewed some regulatory services functions. In 2020–21, some of its recommendations have been implemented. Council will continue to review regulatory functions' processes and procedures. Business as usual focuses on meeting legislative requirements.
Sunshine Coast Regional Council	Partially implemented	Sunshine Coast Regional Council has a suite of regulatory practices across a range of policies, processes, and activities. Council has progressed processes for improvement and review of current practices to ensure that the community is informed and that it is acting within legislative requirements and within a risk assessment matrix. Council will continue these processes.
Surveyors Board of Queensland	Partially implemented	The Surveyors Board of Queensland has partially implemented recommendation 5 of the Regulating animal welfare services report. The board has adopted processes and systems to support it in assessing risks, data collection, reporting, and monitoring compliance. The board is currently in the process of documenting its risk management framework and compliance and monitoring plan.

Tablelands Regional Council	Partially implemented	Tablelands Regional Council has reviewed existing practices and identified improvement opportunities; these will be incorporated into a broader local laws improvement project.
Toowoomba Regional Council	Fully implemented	Toowoomba Regional Council has adequate policies, procedures, and plans in place to ensure good regulatory practices, with yearly review of regulatory enforcement plans and policies; adjustments are made when required. Council provides training and development of authorised persons.
Townsville City Council	Fully implemented	Townsville City Council upholds its legislative requirements, ensuring that standards are met across its business operations to protect the environment and ensure community and staff safety. Council has a risk management plan that informs the management of risk and compliance, resource allocation processes, and council's decision-making processes. Standard measures track and report through corporate performance reports. Council conducts face-to-face and online training for staff. Where the council is audited by both internal and external agencies, recommended actions are tracked in an automated system and reported on to the risk and audit committee.
Valuers Registration Board of Queensland	Fully implemented	The Valuers Registration Board of Queensland (VRBQ) has fully implemented recommendation 5 of the Regulating animal welfare services report. VRBQ has self-assessed its progress against Appendix C and has adopted a practical approach to meet its regulatory objectives, aligned with its size and resources. The board has developed systems, processes, and performance measures to meet its regulatory objectives and to support transparency and accountability. VRBQ actively monitors compliance with its directives.
Western Downs Regional Council	Fully implemented	Western Downs Regional Council has issued, to all managers, a self-assessment tool based on Appendix C of the report. A broad understanding of organisational maturity around regulatory compliance is now established. Self-assessment tool results have been analysed and an improvement plan will be used to assist in building awareness of regulatory frameworks across the organisation.
Whitsunday Regional Council	Fully implemented	Whitsunday Regional Council's (WRC's) instruments of appointment and delegations are issued to all compliance officers in accordance with legislation, regulation, and local laws. WRC has implemented systems and processes that enable proactive and reactive compliance monitoring. Council's compliance manual outlines how to investigate alleged non-compliance and issue enforcement. Electronic workflows help ensure non-compliance is followed up and priority is based on risk and health and safety to the community. WRC also receives feedback from both internal and external stakeholders to provide continuous improvement of its regulatory practices.
Workcover Queensland	Fully implemented	WorkCover Queensland (WorkCover) has oversight responsibilities to ensure employers in Queensland hold insurance and that the insurance premium is appropriate. WorkCover has fully implemented recommendation 5 of the Regulating animal welfare services report and has self-assessed against the good regulatory practices in Appendix C, from an employer compliance perspective. WorkCover has robust risk management and compliance frameworks, systems, and processes in place to encourage customer compliance and data sharing with relevant agencies.

Improving access to specialist outpatient services (Report 8: 2021–22)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
The Department of Health work with hospital and health services to embed proven, innovative models of care and more integrated health solutions across the state to help increase capacity and optimise benefits more broadly.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	Through the Connecting Your Care initiatives, Department of Health (DoH) works with hospital and health services to embed innovative models of care and integrated health solutions across the state. These initiatives have helped to improve patient outcomes due to improvement in patient wait times and less patient travel and has allowed specialists to focus on more complex cases.
Recommendation 2		
The Department of Health implement initiatives to stream non-urgent referrals, where clinically appropriate, to alternate pathways to address priority pressure areas and early intervention.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH's Central Excellence Queensland (CEQ) identified pressure point areas through reviewing data around long waits and issues relating to specialty groups and liaised with Business Practice Improvement Officers in the HHSs. CEQ also engaged the Health Contact Centre (HCC) to undertake clinical waitlist auditing in a planned, systematic and strategic manner at the state-wide level. HCC monthly progress reports determine specialty pressure points and helps to ensure equitable access to specialist outpatient services. Initiatives have been trialled, tested and implemented to streamline non-urgent referrals, where clinically appropriate, in areas of pressure points. These initiatives have improved patient outcomes and patient wait times and have allowed specialists to deal with more urgent cases.
Recommendation 3		
The Department of Health engage with general practitioners (GPs) and Primary Health Networks to identify and deliver any required training and support needed to achieve more widespread use of GP smart referrals.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH's Smart Referrals team developed resources and led engagement with General Practitioners (GPs) and Primary Health Networks to deliver training and support in various ways and to resolve identified issues and lead system enhancements. A suite of documents has been developed to assist GPs. A greater uptake of smart referrals for eligible GP Practices supports a quicker, easier and more secure way of referring patients to specialist public health services.

Recommendation 4		
The Department of Health develop clear and measurable objectives for future projects, including the Connecting your Care project, to assess whether intended benefits have been realised.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Health	Fully implemented	<p>DoH has a clear governance model to oversee project development, implementation, and evaluation, involving the System Management Committee (SMC), System Strategy, Policy and Reform, First Nations Health Improvement, and Rural and Remote Advisory Committees. With the Business Case for Change in October 2022, a revised governance structure is in place to continue to oversee project development, implementation and evaluation.</p> <p>In respect to the Connecting Your Care program, a program board reporting to the SMC was established to drive the program forward and ensure delivery of expected outcomes and benefits of the program as outlined in the endorsed business case. Following implementation of the business case, outcomes will continue to be monitored via the normal performance management arrangements with the HHSs.</p>



Regulating dam safety (Report 9: 2021–22)

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Regional Development, Manufacturing and Water improves the implementation and application of its regulatory framework and approach to dam safety to embed better compliance. This should include:</p> <ul style="list-style-type: none"> • better understanding the level of non-compliance • acting on non-compliance, using the full range of enforcement measures at its disposal to address serious or persistent non-compliance • assessing its performance to determine outcomes • adopting a continuous improvement approach. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	Department of Regional Development, Manufacturing and Water (DRDMW) allocated resources to monitor, manage, and respond to non-compliances. The department now has a better understanding of the level of compliance of regulated entities, and has improved its capacity to assess the effectiveness of the regulatory approach. The department will continue to monitor, assess, and improve its regulatory framework.
Recommendation 2		
<p>The Department of Regional Development, Manufacturing and Water revises the acceptable flood capacity guidelines, requiring dam owners to advise it how and when spillways scheduled for upgrade will be completed and report progress.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW published revised acceptable flood capacity guidelines, requiring owners of dams that require an upgrade to submit an annual upgrade project report. The department will continue to monitor the progress of dam upgrade projects.
Recommendation 3		
<p>The Department of Regional Development, Manufacturing and Water reviews frequencies for conducting risk assessments and/or flood capacity for dams, particularly those conducted more than a decade ago that may have underestimated flood risk.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW has conducted flood capacity reports on 4 privately owned dams, which found that dams meet acceptable flood capacity. The department will continue to monitor industry practice in relation to the frequency of risk assessments, and will adjust regulatory obligations if required.

Recommendation 4		
The Department of Regional Development, Manufacturing and Water maximises the engineering expertise available by adopting appropriate work processes, systems, and team structure to enable consistency across all areas of compliance.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW has appointed staff to manage audits and investigations and support projects and engineering work. A new engineering manager is responsible for ensuring that engineering activities are consistently applied across all dam owners.
Recommendation 5		
The Department of Regional Development, Manufacturing and Water revises and documents its process for selecting the number and priority of dam site audits to ensure it is reflecting industry good practice. This should balance the value of on-site inspections and face-to-face dialog with dam operators with the time needed to cycle through the audit population.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	An external independent review recommended adjustments to audit prioritisation. DRDMW implemented the recommendations. In 2022–23, the audit priority was adjusted so that 25 per cent of the portfolio of dam owners will be audited each year. The department will continue to review audit prioritisations annually and monitor industry practice relating to dam safety management.
Recommendation 6		
The Department of Regional Development, Manufacturing and Water revises its risk factors to include consideration of a dam owner's capacity to pay, based on forward budgets and plans, when prioritising compliance activities for dam upgrades.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	An external independent review confirmed that the frequency, detail, and technical rigour applied to site audits are reasonable and comparable with other jurisdictions. The reviewed Guidelines of Safety Assessment for Referable Dams clarify that capacity to pay should not be considered as a factor when justifying a different time frame within which a dam owner must upgrade a dam. The guidelines were revised to require an annual upgrade report be submitted to the department, with evidence of financial provisioning by the dam owner. The department will continue to monitor dam upgrade projects and upgrade reports.
Recommendation 7		
The Department of Regional Development, Manufacturing and Water better aligns the Referable Dams Register (which is its dam monitoring system) with the compliance outcomes needed, to ensure a more centralised and consistent way to accurately capture owners' compliance information.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW resolved outstanding legacy coding and workflow errors, and incorporated compliance fields to improve dam safety compliance monitoring and reporting. The department updated the Referable Dam Register to provide accurate compliance data in a timely and useable way.



Recommendation 8

The Department of Regional Development, Manufacturing and Water improves its records management processes and practices, including accurately documenting when inspections and reports are due and received.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW completed a data validation check of the Referable Dam Register and provides a monthly non-compliance report. The department updated the Referable Dam Register to provide accurate compliance data in a timely and useable way.

Recommendation 9

The Department of Regional Development, Manufacturing and Water sets clear escalation thresholds and acts in a timely and effective manner to address identified noncompliance and record outcomes of enforcement.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Regional Development, Manufacturing and Water	Fully implemented	DRDMW's director of dam safety approved a non-compliance workflow process, which outlines the steps and escalation time frames for dam safety officers. Escalation time frames are aligned with the department's strategic compliance strategy.



Contract management for new infrastructure (Report 16: 2021–22)

In this report, we made recommendations to the Department of Energy and Public Works and the Department of Education. We addressed recommendation 11 to all departments to review their contract management policies and procedures. We sought responses from all departments.

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
Department of Energy and Public Works strengthens its whole-of-government framework to ensure it clearly states the minimum requirements for managing infrastructure contracts and provides supporting guidelines to public sector entities in applying the framework.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Partially implemented	Department of Energy and Public Works (DEPW) developed a draft guideline to support the Building Policy Framework. The guideline will be finalised and forwarded to the director-general for approval following feedback from government agencies.
Recommendation 2		
Department of Energy and Public Works reviews and where necessary updates its whole-of-government framework at least every 3 years to ensure it reflects contemporary better practices and lessons learned from contract management activities.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	This action is not due until 2025.
Recommendation 3		
Department of Energy and Public Works and the Department of Education revise their internal policies, procedures, and guidance for managing infrastructure contracts by:		
<ul style="list-style-type: none"> • outlining specific contract management processes and requirements to complement the government frameworks for managing infrastructure contracts • clearly defining and communicating the roles and responsibilities for managing contracts • providing appropriate training and support to staff managing contracts • improving contract registers to ensure a complete record of all awarded contracts. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	Department of Education (DoE) has developed documentation about managing capital works projects. Procurement delegations have been updated, with relevant training. DoE has revised its templates and guidelines to support procurement and contract management of infrastructure contracts. DoE now has additional documented processes in place to produce a quarterly single-source-of-truth contract register through combining the multiple contract sources.
Department of Energy and Public Works	Not implemented	DEPW is reviewing internal policies, procedures, and guidance, and will clarify roles and responsibilities for managing contracts. Once this is complete, the department will provide training and enhance contract registers. This recommendation is not yet due.

Recommendation 4

Department of Energy and Public Works and the Department of Education review their internal policies, procedures, and guidance for managing infrastructure contracts at least every 3 years to ensure they reflect contemporary better practices and lessons learned.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE and the Department of Energy and Public Works are developing a document register and a document change board is being established. The board will be responsible for ensuring documents are reviewed at least every 3 years.
Department of Energy and Public Works	Not implemented	This action is not due until 2025.

Recommendation 5

Department of Energy and Public Works and the Department of Education strengthen their contract management by ensuring their planning is in line with the government frameworks and reflects better practice approaches.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023.
Department of Energy and Public Works	Not implemented	DEPW will develop an improved planning toolkit for project teams to guide contract selection and plan contract management activities. This recommendation is not yet due.

Recommendation 6

Department of Energy and Public Works and the Department of Education implement clearly defined processes and procedures to ensure all contract risks and issues are identified and effectively managed.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE included risk management in additional training for infrastructure procurement delegates. DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023.
Department of Energy and Public Works	Not implemented	DEPW has included 'contract' and 'contract management' as risk categories in the <i>Project Management Framework</i> . Work is underway to further address this recommendation, which is not yet due.

Recommendation 7

Department of Energy and Public Works and the Department of Education apply standardised processes and procedures for recording, evaluating, approving, and reporting on contract variations.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE reviewed its contract variation processes and implemented additional assurance activities. DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023.
Department of Energy and Public Works	Not implemented	DEPW is developing a contract management and contract administration manual and a variation management guideline. This information will be published when finalised, and supported with training and awareness activities. Reviews will ensure the revised processes are embedded into business as usual. This recommendation is not yet due.

Recommendation 8		
Department of Energy and Public Works and the Department of Education implement clearly defined processes and procedures for developing project design briefs (including specifying what the contract is expected to deliver) and for undertaking stakeholder consultations during the project design stage.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023. The project includes ensuring that all policies and procedures align with the whole-of-government framework.
Department of Energy and Public Works	Not implemented	DEPW is working to address this recommendation, which is not yet due.
Recommendation 9		
Department of Energy and Public Works and the Department of Education assess, report, and where necessary act on contractor performance.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023. The project includes ensuring that contractor performance is actively monitored and appropriately aligned with whole-of-government guidelines.
Department of Energy and Public Works	Partially implemented	DEPW has incorporated better practice into the Project Management Centre of Excellence, including prompts to assess and report on the performance of prequalification contractors and consultants at 50 per cent and 100 per cent project completion. The assessment and reporting of contractor performance will be embedded into business as usual. This recommendation is not yet due.
Recommendation 10		
Department of Energy and Public Works and the Department of Education implement appropriate processes and procedures for sharing lessons learned and better practices from contract management activities.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Education	Partially implemented	DoE has commenced a project to improve portfolio and contract management practices, which is scheduled for implementation from September 2023. The project includes structured contract management and a lessons-learned review process.
Department of Energy and Public Works	Not implemented	DEPW has developed plans and toolkits addressing lessons learned and included these in the Project Management Centre of Excellence. Further work is required to enable sharing of lessons learned and better practice. The department is implementing a community of practice for project delivery and contract management. This recommendation is not yet due.
Recommendation 11		
All government departments review their internal policies, procedures, and guidance for managing infrastructure contracts at least every 3 years and, where necessary, implement changes to enhance their contract management performance. Note: We sought responses from all departments.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Agriculture and Fisheries	Fully implemented	Department of Agriculture and Fisheries' procurement is conducted according to Queensland Government guidelines and complies with the capital works management framework. Contracts are managed by the relevant business area or, for contracts over \$1 million, by the Department of Energy and Public Works. QBuild projects involve monthly meetings between QBuild and the department.

Department of Child Safety, Seniors and Disability Services	Fully implemented	Department of Child Safety, Seniors and Disability Services reviewed its contract management policies and procedures, including its guidance on managing infrastructure contracts.
Department of Education	No longer applicable	This recommendation is not in scope for DoE, refer to recommendation 4 which relates to DoE.
Department of Energy and Public Works	Not implemented	This recommendation is a duplication of recommendation 4, which is specific to DEPW, and is due for completion in 2025.
Department of Environment and Science	Fully implemented	Department of Environment and Science reviewed its contract management framework in 2021 and 2022 and conducted training and awareness activities to support better practice. The department takes a continuous improvement approach to its procurement and contract management practice.
Department of Health	Partially implemented	DoH's Health Capital Division (HCD) has made significant progress in updating policies and standards relating to health capital infrastructure and is progressing them for HCD sign-off. Upon approval, policies and standards will be published. HCD continues to review policies and standards to ensure an effective, efficient and economical use of public monies in managing capital investment.
Department of Housing	No longer applicable	Department of Housing's construction contracts are administered and managed by QBuild.
Department of Justice and Attorney-General	Fully implemented	Department of Justice and Attorney-General (DJAG) has overall responsibility for its asset management program, with delivery managed by the Department of Energy and Public Works (DEPW). The agreement between DJAG and DEPW is renewed every 3 years.
Department of Regional Development, Manufacturing and Water	Fully implemented	Department of Regional Development, Manufacturing and Water has an established procurement framework which follows the whole-of-government contract management framework. Procedural and guidance documents within the framework are reviewed annually.
Department of Resources	Fully implemented	Department of Resources will annually review its policies, procedures, and guidelines for managing infrastructure contracts to ensure compliance with the Queensland Procurement Policy and contract management framework.
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning reviewed contract management policies and procedures. The legal services unit provides contract review services, and the department has a team that provides business partner support.
Department of the Premier and Cabinet	Fully implemented	Department of the Premier and Cabinet does not manage infrastructure contracts. However, the department's procurement and contract management policy and guideline were updated in 2022 to align with the Queensland Government Procurement Strategy and Queensland Procurement Policy.

Department of Tourism, Innovation and Sport	Partially implemented	Department of Tourism, Innovation and Sport's financial delegation includes grant and contract management delegation, which is regularly reviewed and updated. Contracts are managed at a divisional level. The department has a procurement framework, which includes a procurement policy, procedure, guidelines, templates, and process flows. These are all underpinned by the Queensland Government Procurement Policy. Projects are managed by an appointed Program Management Office. The department's approach to contract management is aligned with best practice and is continually reviewed and monitored. Financial delegations, policies, and procedures will be periodically reviewed, and training will be implemented when needed.
Department of Transport and Main Roads	Fully implemented	Department of Transport and Main Roads's internal policies, procedures, and guidance for managing infrastructure contracts have been reviewed.
Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts	No longer applicable	Department of Treaty, Aboriginal and Torres Strait Islander Partnerships, Communities and the Arts engages QBuild for its capital works program.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training partners with DEPW for the delivery of capital programs. DEPW provides project and contract management services.
Public Sector Commission	No longer applicable	Public Sector Commission has not taken any action, as it is not responsible for infrastructure contracts.
Queensland Corrective Services	Partially implemented	Queensland Corrective Services has engaged an external consultant to undertake a process review of capital works delivery to better understand how to govern projects in an efficient and effective manner. A separate unit in the Infrastructure Command is dedicated to infrastructure and asset governance as it pertains to financial and procurement management.
Queensland Fire and Emergency Services	Partially implemented	Queensland Fire and Emergency Services (QFES) maintains a contract management manual that provides staff and volunteers with clear guidance on establishment and management of contracts delivering infrastructure. All major QFES infrastructure projects are managed on behalf of the agency by Department of Energy and Public Works (DEPW). The engagement with DEPW is longstanding and is scheduled for review over the next 18–24 months. Asset management policies and procedures are to be evaluated to ensure alignment with the new Queensland Fire Department. Engagement with DEPW is longstanding and is scheduled for review over the next 18–24 months. Contract management is identified on the QFES internal audit plan for 2024–25.
Queensland Police Service	No longer applicable	Queensland Police Service (QPS) engages the Department of Energy and Public Works to administer contracts for its major capital works. QPS will consult with the department to ensure transparency in project management.
Queensland Treasury	No longer applicable	Queensland Treasury (QT) does not deliver infrastructure projects and therefore does not require an internal policy for managing infrastructure contracts. QT periodically reviews internal policies, procedures and guidance including for managing specific contracts.



Appointing and renewing government boards (Report 17: 2021–22)

In this report, we addressed recommendation 5 to 4 departments that manage the recruitment process for ministers responsible for large government boards. These are: Department of Health; Department of Youth Justice, Employment, Small Business and Training; Department of Regional Development, Manufacturing and Water; and Queensland Treasury.

Related parliamentary committee:

- Economics and Governance Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of the Premier and Cabinet collects consistent information on the diversity characteristics of all people appointed to boards to allow it to analyse the diversity of members and report publicly on how boards reflect the diversity in the broader community.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Partially implemented	<p>Department of the Premier and Cabinet (DPC) conducted a public campaign in June–August 2022 to raise awareness of the Queensland Register of Nominees and encourage Queenslanders from diverse backgrounds to register. Registrations increased as a result of the campaign. The department will undertake 6-monthly promotion of the register from 2023–24. DPC consulted with key diversity agencies in April–May 2023 about diversity cohorts and definitional questions to support the collection of diversity data. The department is currently liaising with agencies to collect diversity data, and is developing options to enable electronic collection and reporting of diversity data.</p>
Recommendation 2		
<p>The Department of the Premier and Cabinet develops, in collaboration with Queensland Treasury and relevant departments, a whole-of-government, overarching framework (aligned to better practice as outlined by the ASX Corporate Governance Council and the Australian Institute of Company Directors) for the appointment process for large boards that includes:</p> <ol style="list-style-type: none"> requiring departments to request boards complete a formal skills matrix (including qualifications) to inform performance evaluation, succession planning and to determine the skills needed for each vacancy requiring departments to request board members have a performance evaluation completed prior to reappointment providing advice to boards on how to determine if a member's long tenure has affected their independence providing advice to ministers and departments on the benefits of improving transparency and the applicant pool, by publicly advertising vacancies requiring checks of the academic qualifications of candidates involving board chairs more closely in the appointment and renewal process, to allow candidates to conduct their own due diligence and discuss potential conflicts of interest and determine if they can be successfully managed proposing indicative time frames for each phase of the appointment process, including for approval setting timeliness performance targets to evaluate the effectiveness of the appointment process. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Partially implemented	<p>DPC reviewed the Welcome Aboard Guide for members of government boards, committees, and statutory authorities, including its guidance on appointees' public duties and accountability requirements, and its information about conflicts of interest and codes of conduct. A draft appointments framework is being developed to provide best practice guidance on appointment processes.</p>

Recommendation 3		
The Department of the Premier and Cabinet evaluates the effectiveness of the Queensland Register of Nominees database to readily identify people with the skills needed.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Fully implemented	DPC consulted with agencies to identify possible enhancements to the Queensland Register of Nominees database. No significant issues were raised. Feedback was received about the search and reporting functionality. The department is considering options to enhance the searching and reporting functionality of the database.
Recommendation 4		
The Department of the Premier and Cabinet sets fair and competitive remuneration rates for board members, commensurate with size, complexity and responsibility.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of the Premier and Cabinet	Partially implemented	DPC reviewed remuneration rates for board members and identified options for amending remuneration procedures. Government approval is being sought for the preferred option.
Recommendation 5		
Departments managing the recruitment process for ministers responsible for large government boards implement the whole-of-government framework developed by the Department of the Premier and Cabinet in Recommendation 2.		
Note: We sought responses from the relevant departments that manage the recruitments process for ministers responsible for large government boards.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Not implemented	Department of Health has advice from DPC that development of a whole-of-government overarching framework for the appointment process for large boards is still in progress. DPC will undertake formal consultation on both the remuneration review and framework development prior to the anticipated delivery date of September 2023.
Department of Regional Development, Manufacturing and Water	Not implemented	Department of Regional Development, Manufacturing and Water has not received updated guidance about the whole-of-government framework requirements. The department is using its existing requirements for board appointments.
Department of Youth Justice, Employment, Small Business and Training	Partially implemented	Department of Youth Justice, Employment, Small Business and Training will work with DPC to implement applicable changes.
Queensland Treasury	Partially implemented	Queensland Treasury (QT) has provided officer-level feedback on a draft framework and continues discussions with DPC regarding the proposed draft framework. QT is working collaboratively with DPC to develop a framework which allows for specific requirements of government owned corporations.



Enhancing government procurement (Report 18: 2021–22)

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
<p>Queensland Treasury and Queensland Government Procurement work together to:</p> <ul style="list-style-type: none"> • develop performance measures and targets that monitor whether departments are collaborating on procurement. These should be designed to drive department collaboration to achieve increased efficiency, effectiveness, and economy in procurement activity at a whole-of-government level • report on performance against the targets, at a whole-of-government and department level • require departments to report to Queensland Government Procurement on these measures. Where possible, reporting should be automated to minimise the workload on departments. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	Department of Energy and Public Works (DEPW) has developed an implementation plan, which is to be submitted to the Queensland Government Procurement Committee for endorsement.
Queensland Treasury	Partially implemented	Queensland Treasury (QT) facilitates opportunities to collaborate and share data between QT and Queensland Government Procurement (QGP), the lead agency. QT will support the QGP recommendation. This matter will be considered within the scope of the Financial Reporting and Management Enhanced Systems (FRAMES) Project which aims to modernise the whole-of-government financial reporting and management systems, and supports the vision of providing trusted advice to improve decision making, visibility and accountability via greater access to financial, program and outcome information.
Recommendation 2		
<p>Queensland Treasury and Queensland Government Procurement engage with departments to understand the costs and benefits (at a whole-of-government level) of moving to a universal and consistent system for classifying expenditure (such as the United Nations Standard Products and Services Code).</p> <p>The introduction of new financial systems offers an opportunity to implement it, but it can also be used with existing financial systems.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	DEPW has commenced work to define in-scope systems and high-level requirements. This recommendation is due for completion in June 2024.
Queensland Treasury	Partially implemented	QT facilitates opportunities to collaborate and share data between QT and QGP, the lead agency, to improve procurement outcomes across government. QT will support the QGP recommendation. This matter will be considered within the scope of the FRAMES Project which aims to modernise the whole-of-government financial reporting and management systems.

Recommendation 3		
<p>Queensland Treasury and Queensland Government Procurement:</p> <ul style="list-style-type: none"> • identify opportunities to collaborate and share departmental expenditure data between the 2 agencies, to improve procurement outcomes and budget monitoring across government • formalise the data sharing arrangement between the 2 agencies • where additional data (such as on suppliers, prices, and usage) is needed to make informed procurement decisions, Queensland Government Procurement and the category councils should collect it and share it with departments. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	Queensland Government Procurement is working with the Queensland Government Customer and Digital Group to develop a standard government data sharing framework. This recommendation is due in June 2024.
Queensland Treasury	Partially implemented	QT facilitates opportunities to collaborate and share data between QT and QGP, the lead agency, to improve procurement outcomes across government. QT will support the QGP recommendation. This matter will be considered within the scope of the FRaMES project which aims to modernise the whole-of-government financial reporting and management systems.
Recommendation 4		
<p>Departments should use existing whole-of-government procurement arrangements (designed to streamline and improve procurement for specific goods or services), and Queensland Government Procurement should monitor and report on this.</p> <p>Departments should:</p> <ul style="list-style-type: none"> • use whole-of-government arrangements • report when they are not using these arrangements and the reasons why to Queensland Government Procurement. <p>Queensland Government Procurement should:</p> <ul style="list-style-type: none"> • monitor and report if departments are using existing whole-of-government arrangements • identify where departments have instead engaged with the same suppliers outside of these arrangements • engage with these departments to better understand why this has occurred. <p>Queensland Government Procurement should then use this information when negotiating future whole-of-government arrangements to drive better supply and price.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Not implemented	DEPW has not yet implemented this recommendation, but an implementation plan has been developed and is to be submitted to the Queensland Government Procurement Committee for endorsement.
Recommendation 5		
<p>Queensland Government Procurement Committee endorses the most recent data strategy.</p> <p>We also recommend that Queensland Government Procurement develops an implementation plan that outlines how it will achieve all of its objectives within its most recent data strategy. This plan should include appropriate key performance measures that monitor progress against the objectives and milestone dates.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Energy and Public Works	Fully implemented	The Queensland Government Procurement Committee endorsed the data strategy and a plan for achieving its objectives. DEPW will monitor implementation of the plan.



Queensland public hospital operating theatre efficiency (Report 15: 2015–16)

We made recommendations to all 16 hospital and health services (HHSs) in this report. We sought responses from 12 HHSs that perform more than 300 elective surgeries each quarter. We excluded 4 HHSs that perform very little elective surgery. We received the responses below from HHSs that had outstanding recommendations.

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
All Hospital and Health Services facilitated by the Department of Health, develop and implement a single suite of agreed upon definitions, performance measures and targets to support HHSs and hospitals to manage, benchmark and improve theatre performance.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Sunshine Coast Hospital and Health Service	Partially implemented	Sunshine Coast HHS has an operating theatre efficiency dashboard and reports against indicators in the operating theatre efficiency guideline. The operational performance committee receives monthly reports. Data are shared with all teams working in the perioperative environment. The HHS will continue to monitor and improve this data and benchmark against peers.
Recommendation 3		
All Hospital and Health Services clarify and formally communicate roles, responsibilities and accountability for delivering efficient surgical services, both operationally and strategically.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	Fully implemented	Metro South HHS has accurate updated position descriptions and has allocated responsibility for strategic leadership to efficiently deliver surgical services. Looking for opportunities for improvement, the HHS reviews communication and accountability for delivery.
Recommendation 8		
All Hospital and Health Services improve the framework supporting coding in hospitals by:		
<ul style="list-style-type: none"> • ensuring their hospitals develop a comprehensive internal coding audit program, in conjunction with the HHS's internal audit function, that focuses on quality and standardisation • undertaking a formalised and structured peer reviewing program. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	Fully implemented	Metro South HHS has an internal coding audit process in place and engaged external auditors to enhance and assist with the Metro South HHS audit program. A program of internal audits is standardised practice.
Sunshine Coast Hospital and Health Service	Partially implemented	Sunshine Coast HHS has mechanisms to ensure coding quality and conducts internal coding quality audits. The HHS will implement a clinical coding optimisation audit plan in 2024.
Recommendation 9		
All Hospital and Health Services improve the accuracy and timeliness of patient-level costing of hospital services and provide meaningful reports to directors and to the theatre management committee.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	Fully implemented	Metro South HHS reports at facility and local level on accuracy and timeliness of patient-level costings and has a program for continuous improvement in reporting and accuracy of data for this activity.

West Moreton Hospital and Health Service	Fully implemented	West Moreton Health provides directors with cost per weighted activity unit of surgical patients as part of regular monthly reporting. Improvements have been made in reporting of patient-level costing, and standardisation of ordering and prosthetics has occurred. Special orders required for patient surgery need approval by nursing director and clinical director.
Wide Bay Hospital and Health Service	Partially implemented	Wide Bay HHS utilises PowerHealth solution as the product costing application; costs are assigned and reported at the Diagnostic Related Groups level. Costing activity is updated on a monthly basis. The availability of the data allows broader access to costing information, leading to increased ability to track patient level costing at a micro (departmental/facility) level. The more detailed costing platform offers the ability to test the accuracy of costing input information and narrow down error management activities to specific business areas. Further work is required across the HHS to improve the socialisation and use of the available data and the dashboard at governance committees.



Flood resilience of river catchments (Report 16: 2015–16)

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 3		
The four councils develop floodplain management plans in accordance with Recommendation 2.12 of the Final Report of the Queensland Floods Commission of Inquiry.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Lockyer Valley Regional Council	Fully implemented	Lockyer Valley Regional Council has engaged consultants to prepare a Local Floodplain Management Plan: an overarching local approach to floodplain management which will inform disaster management procedures and evacuation route planning, strengthen local resilience to flooding, and inform the greater Brisbane River Flood Study.
Scenic Rim Regional Council	Fully implemented	Scenic Rim Regional Council (SRRC) has undertaken significant work to understand the risk posed by flooding and steps have been taken to ensure this risk is appropriately managed. Council's acute understanding of the impacts of flooding in the region has allowed for greater disaster management and planning/development decisions, taking into account the need for greater resiliency. Other projects are expected in future years where needs are identified and funding is available.
Recommendation 4		
The Department of Natural Resources and Mines and the four councils work together to effectively and economically regulate levee banks.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Scenic Rim Regional Council	Fully implemented	SRRC has a continuing partnership with the Department of Resources in obtaining the technical advice required on the effective and economic regulation of levee banks.

Forecasting long-term sustainability of local government (Report 2: 2016–17)

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
Councils improve the quality of their long-term forecasts and financial planning by maintaining complete and accurate asset condition data and asset management plans.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cook Shire Council	Fully implemented	Cook Shire Council (CSC) renewed and adopted a long-term asset management plan in February 2023, and completed comprehensive revaluation of all asset categories. Council is seeking to appoint an asset coordinator to continue this work but is affected by both staffing and financial constraints.
Lockyer Valley Regional Council	Fully implemented	Lockyer Valley Regional Council (LVRC) in 2022–23 finalised its Asset Management Policy, Asset Management Framework, and an overarching Strategic Asset Management (SAM) Plan. The SAM Plan assists in ensuring LVRC's assets are developed, operated, maintained, and renewed in a sustainable and cost-effective manner. Asset condition data for council buildings and facilities has been incorporated into asset management plans (AMPs). During 2023–24 LVRC will conduct further detailed asset condition assessments.
Paroo Shire Council	Fully implemented	Paroo Shire Council (PSC) has an up-to-date forecasting process and will ensure its continuance.
Redland City Council	Partially implemented	Redland City Council (RCC) makes a formal review of asset condition every 4 years for all the major infrastructure asset classes as part of the revaluation cycle. To supplement this, as part of the Asset and Services Management Plan process, an annual review takes place whereby the asset managers and owners are given the opportunity to update the asset condition. These measures have improved asset management culture and focus across the council. A council-wide condition assessment and performance framework has been developed in line with Institute of Public Works and Engineering Australasia guidelines; where applicable. Detailed condition assessment guidelines for each asset class will be developed. A capability assessment will be undertaken to assess any additional training requirements.
Southern Downs Regional Council	Partially implemented	Southern Downs Regional Council (SDRC) has improved asset lifecycle planning and financial forecasting. Asset management plans (AMPs) are progressively reviewed, condition assessments are completed every 2 years. IT modules are being implemented to assist with asset management.
Recommendation 2		
Councils improve the quality of their long-term forecasts and financial planning by implementing a scalable project decision making framework for all infrastructure asset investments.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Cook Shire Council	Partially implemented	CSC developed a project delivery template and holds monthly project update briefings. Some senior staff have been trained in using the Queensland Treasury's decision-making framework. Ongoing professional development is needed in this area.

Lockyer Valley Regional Council	Fully implemented	LVRC has a Project Management Framework (PMF) to assess whether a proposed capital project provides a benefit, measured in terms of the project's economic, social and environmental outcomes. The PMF is used to scope council's Reconstruction of Essential Public Assets program from the 2021 and 2022 flood events. Council will further integrate the PMF with asset management planning and the service levels provided by council assets.
Paroo Shire Council	Partially implemented	PSC is in the process to improve decision-making ability and understanding of longer-term impacts, to ensure full project planning and costing is implemented prior to committing to or undertaking a new activity/project. Council will continue this process.

Recommendation 3

Councils improve the quality of their long-term forecasts and financial planning by engaging directly with their communities on future service levels.

Entity	Status	Entity's self-assessment response or where necessary a summary
Cook Shire Council	Partially implemented	CSC consults with the community about its draft budget. In 2020–21, the council consulted with the community about its new 10-year community plan. While the council has improved its understanding of community expectations about service levels, it has insufficient own-source funds to meet those expectations.
Lockyer Valley Regional Council	Fully implemented	LVRC will consider a framework for engaging the community on future service levels in the near future. However detailed asset conditions assessments and asset maturity assessments will be completed during the 2023–24 financial year along with a 3-year roadmap to further enhance council's asset management systems and processes.
Paroo Shire Council	Partially implemented	PSC has improved planning, scoping and costing which will be further developed to ensure more efficiency in building, and better use of, public resources. A customer service level review is planned.
Redland City Council	Partially implemented	RCC's budget is now underpinned by the elected members' appetite for service levels. The elected members work in the communities to understand the appetite and expected service levels. Effective 1 July 2022 the council created an Advocacy, Major Projects and Economic Development Department and in March 2023, an Expenditure Review Committee. Council recently employed a Chief Procurement Officer to further improve whole-of-life costs, efficiencies and synergies. Council will further align the Project Management Office and the Strategic Asset management portfolios by continued resourcing of Advocacy, Major Projects and Economic Development.
Southern Downs Regional Council	Partially implemented	SDRC has completed this work in water and drought management and will continue with it in respect of other council functions.

Recommendation 4

Councils improve the quality of their long-term forecasts and financial planning by developing financial plans to explain their financial forecasts and how they intend to financially manage the council and its long-life assets.

Entity	Status	Entity's self-assessment response or where necessary a summary
Cook Shire Council	Not implemented	CSC does not have the resources needed to improve its long-term forecasts and financial plans. Council is seeking additional untied funding to support compliance obligations.
Lockyer Valley Regional Council	Fully implemented	LVRC adopts a Long-Term Financial Plan (LTFP) as part of its budget each year. This is not the legislated Long Term Financial Forecast, but a best practice strategic plan. The LTFP provides direction for council's financial sustainability and establishes a framework for decision-making.

Paroo Shire Council	Partially implemented	PSC has a review and update of asset management plans underway, to improve the ability to create more detailed and accurate budgets, planned maintenance and asset replacement schedules.
Southern Downs Regional Council	Partially implemented	SDRC has implemented robust needs analysis and delivery assessment in preparing the 10-year financial plan, and has completed price paths for water and sewerage. Review of AMPs and condition data is planned. An asset management IT suite is to be implemented.

Recommendation 5

The Department of Infrastructure, Local Government and Planning allow councils to set their own financial sustainability targets where they can justify that a different target is more appropriate for their long-term sustainability.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning (DSDILGP) developed the Financial Management (Sustainability) Guideline, which was approved by the minister and released in July 2023. Its operation will be supported by a continuous improvement process.

Recommendation 6

The Department of Infrastructure, Local Government and Planning strengthen their governance role, including analysing long-term planning documents, to allow the minister to identify councils in, or becoming, financially stressed.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP has worked with councils and other stakeholders to develop a new approach to monitoring and responding to sustainability challenges. The Local Government Sustainability Framework was approved by the director-general and published on the department's website. The department has categorised councils for sustainability and monitoring purposes, and identified targets for each monitoring measure. The department is building capacity and systems to monitor and evaluate the sustainability of councils.

Recommendation 7

The Department of Infrastructure, Local Government and Planning support councils to strengthen their strategic planning by building their capability and capacity to produce 10-year financial forecasts and asset management plans that can be relied on, and are integrated with their annual budgetary processes. They should be renewed and updated at least every four years.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP implements capacity-building initiatives with councils and is offering financial management training. Template financial reporting tools are available via the department's online portal, and a learning centre is available to elected officials and council staff.

Recommendation 8

The Department of Infrastructure, Local Government and Planning require councils to include in their annual budget or annual report statements:

- the long-term financial forecasts for at least three subsequent years after the budget year
- reporting analysis of actual to budget figures.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Partially implemented	The existing Local Government Regulation 2012 requires long-term financial forecasts to be included in council budgets. Legislative amendments requiring budget-to-actual reporting are part of a broader set of reforms due for completion in September 2024.

Recommendation 9

The Department of Infrastructure, Local Government and Planning broaden the number of ratios required to be calculated over 10 years to include the asset renewal funding ratio, once councils have improved their asset condition data.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP developed the Financial Management (Sustainability) Guideline, which was implemented in July 2023. It includes the asset renewal funding ratio, which will be implemented over a phased transition to recognise the different circumstances and capacities of councils. During the transition, the department will work with councils to improve their asset management capability.

Efficient and effective use of high value medical equipment (Report 10: 2016–17)

In this report, we made recommendations to all 16 hospital and health services (HHSs). We defined high value medical equipment as that which has an acquisition value of \$1 million or more. We analysed the responses of 7 HHSs that have 5 or more pieces of equipment of this value. Given some HHSs have no high value medical equipment, or very few pieces, we excluded them from our analysis. We received the responses below from HHSs that had outstanding recommendations.

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 4		
Hospital and Health Services develop or augment their strategic asset management plans according to the specific needs of their operational environment.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Sunshine Coast Hospital and Health Service	Partially implemented	Sunshine Coast HHS developed asset management plans (AMPs) for its medical equipment assets, with a replacement prioritisation model and asset class report. Processes ensure that the highest risk equipment is selected for replacement. Further integration with the DoH and Health Service Planning is required.
Recommendation 5		
The Department of Health and Hospital and Health Services collaborate to develop guidelines to strategically plan for high value medical equipment assets, addressing key elements of the asset life cycle.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Sunshine Coast Hospital and Health Service	Partially implemented	The DoH consulted with HHSs and released a sustaining capital program framework with guidelines about capital maintenance, asset renewal, and information technology. This framework will support Sunshine Coast HHS in better planning for equipment replacement.
Recommendation 6		
The Department of Health and Hospital and Health Services collaborate to consider standardising waitlist templates so all Hospital and Health Services are capturing and reporting on the same information – to enhance high value medical equipment planning.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Children's Health Queensland Hospital and Health Service	Fully implemented	Children's Health Queensland Hospital and Health Service (CHQHHS) contributes to the statewide medical imaging committee and implemented the parts of this recommendation that are within its control. CHQHHS continues to work with the DoH on associated activities and processes.
Gold Coast Hospital and Health Service	No longer applicable	Gold Coast HHS has implemented the Enterprise Scheduling Manager as part of the Integrated e-Medical Record (ieMR) system. This module is being implemented as standard across Queensland Health.
Metro South Hospital and Health Service	Fully implemented	Metro South HHS continues to work with DoH on standardising waitlist templates, as part of the broader system.
Sunshine Coast Hospital and Health Service	Not implemented	Standardisation across the HHSs is driven by the DoH.

Recommendation 7

The Department of Health and Hospital and Health Services collaborate to standardise definitions for key data points (such as start and completion times) when using high value medical equipment.

Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	Fully implemented	Metro South HHS partners with DoH in standardising and streamlining processes for reporting to ensure decision-making for imaging equipment is aligned with clinical need and service-level planning. Metro South HHS will continue to work with DoH as part of the broader system to standardise processes.
Sunshine Coast Hospital and Health Service	Not implemented	Further work around data definitions and application for high-value medical equipment needs to be coordinated by the DoH.

Recommendation 8

The Department of Health and Hospital and Health Services collaborate to identify key baseline performance metrics for high value medical equipment so the relevant data can be captured and reported on – to identify available equipment capacity and potential system-wide improvements.

Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	Fully implemented	Metro South HHS collaborates with DoH on reporting and forecasting asset management for high-value equipment. The HHS will continue to work with DoH as part of the broader system to standardise processes.
Sunshine Coast Hospital and Health Service	Partially implemented	The DoH is working with HHSs to address the capture and reporting of information. Further work is required in this area to capture and report information for MRI and CT scanning devices.

Criminal justice system—reliability and integration of data (Report 14: 2016–17)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 5		
<p>The Queensland Police Service and the Public Safety Business Agency include in reported crime statistics detail of what is included and excluded from the statistics. For example, noting that cleared offences includes both solved and withdrawn offences will improve the reader's understanding of what this measure is reporting.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Police Service	Fully implemented	Queensland Police Service's (QPS's) published crime statistics include all relevant caveats, data definitions, inclusions, exclusions, and contact details for further information. All crime statistics and metrics are now included in the QPS data catalogue.



Finalising unpaid fines (Report 10: 2017–18)

Related parliamentary committee:

- Economics and Governance Committee

Entity progress on implementation

Recommendation 4		
All entities, led by the Penalty Debt Management Council develop processes and practices to provide magistrates with access to offender debt history to inform magistrates about a person's capacity to pay a fine, consistent with their obligations under the <i>Penalties and Sentences Act 1992</i> .		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Justice and Attorney-General	Fully implemented	Department of Justice and Attorney-General contributed to discussions about the complexities of this recommendation. Magistrates can access information through a court services officer, including information about offender debt history (debts recorded with State Penalties Enforcement Registry) through the Queensland Wide Interlinked Courts System.



The National Disability Insurance Scheme (Report 14: 2017–18)

Related parliamentary committee:

- Community Support and Services Committee

Entity progress on implementation

Recommendation 6		
<p>The Department of Communities, Disability Services and Seniors, as lead agency for Queensland Government's National Disability Insurance Scheme implementation establishes the framework, key performance indicators, and data it needs to monitor the outcomes of Queensland National Disability Insurance Scheme participants and value for money.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Child Safety, Seniors and Disability Services	Fully implemented	The Queensland National Disability Insurance Scheme (NDIS) Assurance Framework has been finalised. It provides an evidence base for Department of Child Safety, Seniors and Disability Services to monitor NDIS implementation. The department will continue to consult across Queensland Government agencies to update the framework as additional data sources become available.
Recommendation 7		
<p>Agencies affected by the National Disability Insurance Scheme in Queensland strengthen internal governance and reporting arrangements at the service level so heads of agencies can provide the lead agency with accurate assessments about their agencies' readiness for the National Disability Insurance Scheme and any emerging risks.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Corrective Services	Partially implemented	Queensland Corrective Services (QCS) has experienced significant delays caused by unresolved internal agency issues in the National Disability Insurance Agency (NDIA). QCS will consult and negotiate with the NDIA to finalise the information-sharing schedule, subject to the NDIA's internal issues being resolved.



Follow-up of Managing water quality in Great Barrier Reef catchments (Report 16: 2017–18)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 3		
The Department of Environment and Science work with the Commonwealth Department of Environment and Energy, to refine over time the land management targets in the <i>Reef 2050 Water Quality Improvement Plan 2017–2022</i> to define the increase in the percentage of riparian vegetation and the increase in stakeholder engagement targeted.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Environment and Science	Partially implemented	Department of Environment and Science is developing draft revised riparian targets, which will be finalised by the end of 2023. This recommendation will be considered as part of the review of the Reef 2050 Water Quality Improvement Plan.



Managing local government rates and charges (Report 17: 2017–18)

All recommendations about the *Local Government Act 2009* and the Local Government Regulation 2012 apply to the equivalent provisions in the *City of Brisbane Act 2010* and the City of Brisbane Regulation 2012 as relevant.

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Local Government, Racing and Multicultural Affairs amends the Local Government Regulation 2012 (or equivalent) to:</p> <ul style="list-style-type: none"> • require councils to include in their revenue policies a long-term rates strategy • require councils to include in their revenue statements how annual decisions on rates and charges support financial sustainability • require a council's chief executive officer to certify to the mayor (in a prescribed form) that the council's final adopted budget complies with all legislative requirements. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Partially implemented	Department of State Development, Infrastructure, Local Government and Planning (DSDILGP) is addressing this recommendation within a wider package of reforms linked to a review of the Local Government Regulation 2012 and the City of Brisbane Regulation 2012. The target completion date is September 2024.
Recommendation 3		
<p>The Department of Local Government, Racing and Multicultural Affairs develops resources and tools for councils on:</p> <ul style="list-style-type: none"> • best practice community engagement approaches to strengthen community understanding of, and input into, the rates decisions required to ensure continuation of services • the budget documents and overdue rates and charges provisions of the <i>Local Government Act 2009</i> (or equivalent) and the Local Government Regulation 2012 (or equivalent) • chapter 4 part 12 of the Local Government Regulation 2012 (or equivalent) 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Partially implemented	DSDILGP prepared guidelines and checklists for councils to address best practice community engagement on budgets and rating decisions. Further guidelines are being developed to cover the sale or acquisition of land for overdue rates and charges. The target completion date is September 2024.



Recommendation 4

All Queensland councils document the actions they are taking to support their financial forecast that are required to achieve or maintain sustainability:

- the actions should be specific, measurable, achievable, realistic, and time-bound, and be allocated to responsible officers
- the document should have a long-term focus (10 years) and include the assumptions on which the forecast is based, the risks that may impact on achieving the forecast, and the factors driving the forecast (including links to strategic asset management plans).

Entity	Status	Entity's self-assessment response or where necessary a summary
Douglas Shire Council	Partially implemented	Douglas Shire Council (DSC) has started to integrate its capital works forecast and asset management plans with its long-term financial forecast. This work will be completed in the next 3 years. The council has implemented a new asset management system.
Isaac Regional Council	Fully implemented	Isaac Regional Council (IRC) records and reports decisions, which are confirmed through the budget process.
North Burnett Regional Council	Partially implemented	North Burnett Regional Council (NBRC) is implementing a continuous improvement program linked to its corporate plan. It holds regular workshops with councillors to review financial forecasts and future strategies. The council is currently reviewing its asset management plans.
Richmond Shire Council	Partially implemented	Richmond Shire Council (RSC) continues to work on financial sustainability, however reliance on road funding makes long-term planning difficult. Council will make an internal review of budget and long-term sustainability for all projects.
Toowoomba Regional Council	Fully implemented	Toowoomba Regional Council's (Toowoomba RC's) Long Term Financial Forecast Model developed by Queensland Treasury Corporation, models actual and forecasted financials over a 10-year period. This model supports the annual budget modelling and is updated quarterly.

Recommendation 5

All Queensland councils implement an appropriate costing model to gain a clear understanding of the full cost of delivering utilities and use this information to annually review pricing.

Entity	Status	Entity's self-assessment response or where necessary a summary
Richmond Shire Council	Partially implemented	RSC is working on understanding the full cost of delivering utilities, and on making sure costs are correctly allocated to services.
Toowoomba Regional Council	Partially implemented	Toowoomba RC's full cost recovery model has been implemented for water and wastewater services. The cost recovery model for waste services is being finalised for council review and approval. The Long Term Financial Forecast Model is utilised to provide a clear understanding of the full cost of delivering utilities and the general rate pricing for the following year/s.

Recommendation 6

All Queensland councils implement appropriate community engagement approaches to strengthen community understanding of, and input into, the rates decisions required to ensure continuation of services.

Entity	Status	Entity's self-assessment response or where necessary a summary
Douglas Shire Council	Partially implemented	DSC implemented a project decision-making framework, including community consultation. This framework applies for all future capital works. Councillors hold regular workshops to obtain feedback from the community.
Isaac Regional Council	Fully implemented	IRC undertakes stakeholder engagement throughout the budget process.
Richmond Shire Council	Partially implemented	RSC planned a public meeting for end-July to discuss water charges for 2023–24. Council will continue to have community engagement.

Toowoomba Regional Council	Fully implemented	Toowoomba RC conducts a biannual community survey with the results provided for review and action if required. The community provides feedback directly to council. These surveys will continue to be conducted.
Recommendation 7		
All Queensland councils publish a hardship policy to assist ratepayers to seek a concession for hardship as allowed by section 120(1)(c) of the Local Government Regulation 2012 (or equivalent).		
Entity	Status	Entity's self-assessment response or where necessary a summary
North Burnett Regional Council	Not implemented	NBRC reviewed its debt collection policy and allocated resources to draft a hardship policy. Council has identified this as a priority project.
Richmond Shire Council	Not implemented	RSC will look to implement a hardship policy in the 2023–24 financial year budget.
Recommendation 9		
All Queensland councils train staff on all relevant requirements in the Local Government Regulation 2012 (or equivalent), and on better practice debt collection techniques.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Richmond Shire Council	Not implemented	RSC will look to train relevant staff into the requirements on better debt collection techniques.



Monitoring and managing ICT projects (Report 1: 2018–19)

In this report, we addressed recommendations 3 to 6 to all departments. For this report, we asked relevant departments that have digital projects to self-assess their progress. We received the below responses from departments that had outstanding recommendations.

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 3		
All departments implement efficient and automated processes for collecting, collating, approving, and publishing dashboard data.		
Note: We sought responses from all major departments that have digital projects.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Justice and Attorney-General	Fully implemented	Department of Justice and Attorney-General's (DJAG's) reporting mechanisms are standardised across all ICT projects. Appropriate checks are in place for the deputy director-general to approve project data.
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training (DYJESBT) has an established process for publishing data about ICT projects. The department publishes regular updates on the digital projects dashboard. All projects that meet publishing criteria are published in line with the guidelines.
Queensland Fire and Emergency Services	Fully implemented	Queensland Fire and Emergency Services (QFES) has in place a non-automated process for publishing project dashboard data both internally and externally, providing increased oversight of project performance and issues or risks. A Project Program Portfolio Management Tools project is in the 2023–24 Investment Plan. QFES will continue the publishing and maturation of the data to the dashboard for the increasing number of projects that meet required criteria.
Recommendation 4		
All departments publish data to the dashboard that is consistent with the Queensland Government Chief Information Office publishing criteria and guidelines and provide sufficient detail in the explanatory notes when changes are made to projects' scope, time, or budget.		
Note: We sought responses from all major departments that have digital projects.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Fire and Emergency Services	Fully implemented	QFES has in place a non-automated process for publishing project dashboard data both internally and externally. Data is published consistent with the Queensland Government Chief Information Office publishing criteria and is updated at least every 8 weeks. QFES will continue publishing the data to the dashboard for the increasing number of projects that meet required criteria.
Recommendation 5		
All departments consider the need for projects with high business impact to undergo periodic health checks in addition to gate reviews and that the focus of these health checks includes the financial management.		
Note: We sought responses from all major departments that have digital projects.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Fire and Emergency Services	Fully implemented	All in-flight QFES projects have an approved Assurance Plan, providing reviews and health checks in line with project assurance plans. Periodic health checks, gate reviews and assurance activities will continue to be undertaken in line with project assurance plans.

Recommendation 6

All departments use learnings (including the Queensland Government Chief Information Office's summary of systemic issues) from project health checks and gate reviews in monitoring and managing programs and projects.

Note: We sought responses from all major departments that have digital projects.

Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Fire and Emergency Services	Fully implemented	QFES projects undertaking assurance reviews are required to develop actions plans for approval by the Project Executive regarding implementation of recommendations. Recommendations, actions and learnings are applied to future projects.



Delivering shared corporate services in Queensland (Report 3: 2018–19)

In last year's report, recommendations 1 to 4 and 10 were allocated to the Department of Communities, Housing and Digital Economy. It reported that these recommendations were partially implemented. As a result of the machinery of government changes that occurred in May 2023, responsibility for Queensland Shared Services was transferred to the Department of Transport and Main Roads (DTMR). As such, we asked DTMR to self-assess its progress in implementing the recommendations from this report. It reported that these recommendations were not implemented.

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Housing and Public Works leads an initiative to prepare a proposal for government on a cross-government governance arrangement for the direction and performance of the Queensland Government's shared corporate services.</p> <p>The role of this arrangement should include monitoring performance, promoting collaboration and best use of resources, and developing the cultural change agenda required to complement technological advances.</p> <p>Interactions with existing governance arrangements, like the Chief Executive Leadership Board, the Government Shared Services Customer Board, and the responsibilities delegated to Chief Executives through the <i>Financial Accountability Act 2009</i>, should be considered as part of this process.</p> <p>We acknowledge that this is a whole-of-government initiative and therefore input from central agencies and all directors-general will be required.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Transport and Main Roads	Not implemented	This recommendation is scheduled for implementation by December 2023. Department of Transport and Main Roads (DTMR) will develop a draft shared corporate services model for consideration by its executive leadership group.
Recommendation 2		
<p>The Department of Housing and Public Works leads an initiative to prepare a proposal to government to reset the vision, strategy, and principles guiding shared corporate services delivery in Queensland. This should include all Queensland Government shared corporate services operations, not just the shared corporate service providers included within the scope of this audit.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Transport and Main Roads	Not implemented	This recommendation is scheduled for implementation by December 2023. DTMR will develop a draft shared corporate services model for consideration by its executive leadership group.
Recommendation 3		
<p>The Department of Housing and Public Works works with Queensland Treasury to propose options for a revenue and investment model for shared corporate service providers and customers.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Transport and Main Roads	Not implemented	This recommendation is scheduled for implementation by December 2023. DTMR will engage with Queensland Treasury regarding a mechanism to redistribute funding.

Recommendation 4		
The Department of Housing and Public Works coordinates the alignment of the government’s technology (digitisation) strategy with shared corporate service providers plans for improvements and people strategies.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Transport and Main Roads	Not implemented	This recommendation is scheduled for implementation by December 2023. DTMR is developing this strategy and working with internal audit to monitor progress.
Recommendation 10		
Each Queensland Government shared corporate service provider, for each service it provides works with the cross-government governance arrangement for the Queensland Government’s shared corporate services to establish and maintain business, technology, and people strategies that are aligned to the ongoing success of shared corporate services at the whole-of-government level.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Department of Transport and Main Roads	Not implemented	This recommendation is scheduled for implementation by June 2024. Governance arrangements will be finalised, and the department’s internal audit function will perform assurance maps to develop a holistic view of information and communication technology (ICT) processes.



Managing transfers in pharmacy ownership (Report 4: 2018–19)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 2

The Department of Health re-designs its internal controls so it can effectively administer the Act.

This should include:

- revising the *Pharmacy Ownership Business Rules* document and the notification checklist to include all relevant information relating to the notification process
- determining whether decision support tools such as the Monitoring of Drugs of Dependence System (MODDS) database can be modified to better support its notification process or if new tools are required
- defining checks to detect whether pharmacists have undeclared ownership interests in a pharmacy through a corporation.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	Department of Health (DoH) published Pharmacy Business Ownership in Queensland Guidelines on its updated Pharmacy Ownership website. The Pharmacy Business Notification Procedures Manual and work instructions were developed. Internal controls have been revised in line with the current Act. The Pharmacy Business Ownership Act System Project – Business Requirement Statement and the Pharmacy Business Ownership Act (PBOA) System – went live in April 2021 with a portal allowing electronic submission of notifications. All new notifications must have complete and validated information. The Pharmacy Business Ownership Unit carries out administration functions of the <i>Pharmacy Business Ownership Act 2001</i> .



Delivering coronial services (Report 6: 2018–19)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 1

The Department of Justice and Attorney-General, in collaboration with the Department of Health, Queensland Police Service, the Department of the Premier and Cabinet, and the coroners establish effective governance arrangements across the coronial system by:

- creating a governance board with adequate authority to be accountable for coordinating the agencies responsible for delivering coronial services and monitoring and managing the system's performance. This board could be directly accountable to a minister and could include the State Coroner and Chief Forensic Pathologist
- more clearly defining agency responsibilities across the coronial process and ensuring each agency is adequately funded and resourced to deliver its services
- establishing terms of reference for the interdepartmental working group to drive interagency collaboration and projects, with consideration of its reporting and accountability. This should include its accountability to the State Coroner and/or a governance board if established.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Justice and Attorney-General	Partially implemented	Department of Justice and Attorney-General (DJAG) established the Coronial System Coordination Group and the Coronial System Board as ongoing governance mechanisms. Through this framework, partner agencies have endorsed strategies and frameworks related to apparent natural causes and healthcare related deaths, backlog reduction, family engagement and case management, and system governance. Partner agencies have developed a plan based on learnings from mapping the roles and responsibilities, to deliver sustainable improvements to Queensland's coronial system. As part of the 2023–24 budget, the government invested in strengthening coronial system services, including funding for 3 permanent coroners.

Recommendation 4

The Department of Justice and Attorney-General, Department of Health, and the Queensland Police Service, in collaboration with coroners improve processes and practices across the coronial system by:

- ensuring the Coroners Court of Queensland appoints appropriately experienced, trained and supported case managers to proactively manage entire investigations and be the central point of information for families. This should include formal agreement from all agencies of the central role and authority of these investigators
- ensuring there is a coordinated, statewide approach to triaging all deaths reported to coroners to help advise the coroner on the need for autopsy
- establishing processes to ensure families receive adequate and timely information throughout the coronial process. This should include notifying families at key stages of the process and periodically for investigations that are delayed at a stage in the process
- ensuring sufficient counselling services are available and coordinated across agencies to support families and inquest witnesses.



Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	Provision of dedicated case managers was not possible within available funding. A Coronial System Family Engagement Strategy 2022–2025 has been endorsed by the 3 partner agencies. Case management across the systems has been mapped and agreed by partner agencies to reflect current practice and procedures. Department of Health (DoH) will commit a resource to collaborate across the partner agencies to map an end-to-end process from the time of death through to autopsy and coroner's report. The project will determine what a world-class Queensland coronial system looks like and the resources the agencies need to create sustainable and effective change. Senior executives from agencies will work with the Coronial System Board and Coronial System Coordination Group to plan implementation of improved coronial services based on the findings from the mapping project.
Department of Justice and Attorney-General	Partially implemented	The Coronial System Family Engagement Strategy 2022–2025 was developed and endorsed by partner agencies. It outlines system approaches to case management, vicarious trauma, and family and witness engagement and support. It ensures a consistent cross-agency approach to case management. Information for next of kin has been established with further information to families and inquest witnesses to be developed. The partner agencies are working to implement the engagement strategy as part of the plan to deliver sustainable improvements to Queensland's coronial system.
Recommendation 6		
The Department of Justice and Attorney-General implements a strategy and timeframe to address the growing backlog of outstanding coronial cases. In developing and implementing this strategy it should collaborate with the Department of Health, Queensland Police Service, and coroners.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Justice and Attorney-General	Partially implemented	The Coronial System Backlog Reduction Strategy 2021–2025 was endorsed by partner agencies. Pilot implementation identified that the strategy successfully removes data integrity issues and provides accurate backlog data. This work will inform a sustainable long-term strategy to address the backlog in the system. Partner agencies are working to deliver this as part of the plan for a sustainable improvement to Queensland's coronial system.

Digitising public hospitals (Report 10: 2018–19)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 12		
All hospital and health services participating in the ieMR program report dis-benefits to the program so the program can learn from these and if necessary, modify the solution or implementation approach.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Metro South Hospital and Health Service	No longer applicable	Metro South HHS participated in the Integrating Electronic Medical Records (ieMR) program until the function was decommissioned.



Managing consumer food safety in Queensland (Report 17: 2018–19)

Related parliamentary committee:

- Health and Environment Committee

Entity progress on implementation

Recommendation 1		
<p>The Department of Health, in collaboration with hospital and health services conducts a legislative review of the <i>Food Act 2006</i> (the Act) to ensure the Act enables effective responses to food safety risks.</p> <p>This should include:</p> <ul style="list-style-type: none"> • clarifying Queensland Health's overall administration role of the Act and enforcement powers • evaluating the food safety risks, costs, and benefits of the current exemptions to the Act • making the definition of licensable food businesses clearer and aligning it more to food safety risks • establishing competency standards and availability requirements for food safety supervisors • considering public reporting of poor food safety practices or offences. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	Department of Health's (DoH's) Health Protection Branch (HPB) developed the Monitoring and enforcement of the Food Act 2006 guideline to provide clarity of DoH's role in administering the Act. The HPB reviewed the <i>Food Act 2006</i> and made a cabinet submission with proposed amendments to the Act and a public consultation discussion paper. Competency standards for Food Safety Supervisors have been established through the National Work, Food Standards Australia New Zealand, Standard 3.2.2A.
Recommendation 3		
<p>The Department of Health, in collaboration with hospital and health services in consultation with the Department of Local Government, Racing and Multicultural Affairs, implements a consistent statewide risk-based framework and standards for classifying and inspecting food businesses and for making enforcement decisions.</p> <p>This should include:</p> <ul style="list-style-type: none"> • minimum standards for inspecting food businesses, investigating complaints, assessing inspection results, and making enforcement decisions, including documentation standards • redesigning the check audit regime including sampling methodology, timeframes, and capability of check auditors. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH has consulted Department of State Development, Infrastructure, Local Government and Planning on implementation of a consistent statewide risk-based framework and standards for classifying and inspecting food businesses and making enforcement decisions. A risk-based framework including standards for classifying and inspection of food businesses has been drafted and submitted to Cabinet; legislation approval is pending. Guidelines for monitoring and enforcement of the <i>Food Act 2006</i> have been developed and published. The check audit regime has been reviewed, redesigned and included in Queensland Food Safety auditor training.

Recommendation 4		
The Department of Health, in collaboration with hospital and health services designs and implements a set of performance measures for statewide food safety outcomes such as reduction in foodborne illnesses over time, results of enforcement actions, and quality of compliance activities.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH, with key state government bodies, has developed the National Foodborne Illness reduction strategy and the Foodborne Illness Risk Reduction Implementation Plan 2022–25 to manage and mitigate key risk areas. It identifies priorities and measures of success, and annual reporting of performance measures and outcomes. The Senior Officers Working Group has added the review of performance measures relating to the Foodborne Illness Plan (FBI) Plan as a standing agenda item. Annual reporting of performance measures and outcomes by local government has been established. Working groups have enhanced roles in surveillance of foodborne illnesses. DoH participates in the National Working Group for Data Analytics to coordinate sharing, collation and analysis of data to strengthen intelligence in the food regulatory system to reduce foodborne illnesses in Australia.
Recommendation 5		
The Department of Health, in collaboration with hospital and health services rectifies its data collection and reporting issues, including:		
<ul style="list-style-type: none"> • providing local governments with better access to update the statewide mobile food business register • publishing annual reporting of local government food safety activities within a reasonable timeframe • improving the functionality and the timeliness, quality, and consistency of data capture of the Monitoring, Applications, Permits and Licensing Events (MAPLE) system • improving project governance and reporting for statewide compliance plan projects. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH redesigned and made available the Mobile Food Business Register to all local governments in January 2023 to enable regular update of licences. The local government reporting process was reviewed and improved, and reporting of new performance measures commenced for the 2022–23 financial year. The DoH consulted with hospital and health services (HHSs) to improve the Monitoring, Applications, Permits and Licensing Events (MAPLE) system's functionality to enhance timeliness, quality and consistency of data capture. The MAPLE User Group established user guides to provide consistency of data capture. A number of automated improvements were implemented. Data collection and publication methods require further groundwork to deliver consistent, timely data.
Recommendation 6		
The Department of Health, in collaboration with hospital and health services investigates long-term technology solutions that can support a consistent statewide approach to detecting and managing foodborne illness outbreaks.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH participates in the National Working Group for Data Analytics to share and analyse data to strengthen intelligence in the food regulatory system so as to detect, manage and reduce foodborne illness in Australia. Ongoing communication strategies are in place.



Recommendation 7

The Department of Health, in collaboration with hospital and health services identifies training requirements for authorised people to promote consistent regulatory outcomes. The requirements should include skills in gathering evidence, managing a prosecution event, and conducting a check audit.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Fully implemented	DoH reviewed and updated the <i>Food Act 2006</i> training content for authorised persons to promote consistent regulatory outcomes. DoH's HPB revised the auditor training modules package to include refresher training for food safety auditors and third-party auditing.

Recommendation 8

The Brisbane City Council reviews the risks associated with its licensing inspection processes for new food premises. It should consider whether additional procedures such as follow-up inspections are required within a reasonable timeframe after the food business becomes operational.

Entity	Status	Entity's self-assessment response or where necessary a summary
Brisbane City Council	Not implemented	The COVID-19 pandemic disrupted the industry and prevented implementation of this recommendation. In May 2023, DoH released a consultation paper about the <i>Food Act 2006</i> , which may impact council's regulation of the food industry. Brisbane City Council will continue to consider this matter in future process reviews or changes in legislation.



Delivering forensic services (Report 21: 2018–19)

Related parliamentary committee:

- Legal Affairs and Safety Committee

Entity progress on implementation

Recommendation 1		
<p>The Queensland Police Service and Queensland Health implement a governance structure to effectively coordinate and provide accountability for managing forensic services across agencies.</p> <p>The terms of reference should include:</p> <ul style="list-style-type: none"> • identifying current and future demand and the required resources for forensic services • establishing processes to capture the extent and impact of delays from forensic services, including the impact on courts • implementing a performance framework to measure and report on the effectiveness and efficiency of forensic services. This should include ensuring each agency has appropriate performance targets • ongoing consultation with the Department of Justice and Attorney-General about the delivery of forensic services and impact on the justice system. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	Department of Health (DoH) led a working group with members of the Queensland Police Service (QPS) and Forensic Scientific Services (FSS) to draft a MOU. However, due to a revised strategic role for Forensic Science Queensland (FSQ), the draft MOU needs to be rewritten and negotiations recommenced. Discussions have started; a number of key strategic considerations require further consultation at senior levels across government. It is anticipated that a further or final ongoing MOU will need to be entered into once FSQ moves to Department of Justice and Attorney-General (DJAG) in 2024.
Queensland Police Service	No longer applicable	Based on a recommendation of the 2022 Commission of Inquiry into Forensic DNA Testing, an independent statutory body, Forensic Science Queensland, is being established. This transition will be complete in 2024. An interim advisory board is overseeing the implementation of the commission's recommendations. Queensland Police Service (QPS) is a member of the advisory board, and is responsible for providing advice about service demand and performance criteria.
Recommendation 2		
<p>The Queensland Police Service and Queensland Health implement a process to coordinate and manage collecting, transporting, prioritising, and destroying illicit drugs. The revised process should reduce the risks to security, occupational health and safety, and the cost of unnecessary handling.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	DoH and QPS audited current illicit drug exhibit holdings to assist with reducing the backlog of illicit drugs submitted for testing; identified key collaborative Forensic Register software developments in the illicit drugs area; and increased communication sharing regarding illicit drug samples requiring testing. The QPS and DoH will work on ensuring this communication is in place for all illicit drug cases submitted for testing. A new client portal delivers information into the Forensic Register (FR) and allows QPS officers to advise if testing is required. DoH and QPS will work together on an efficient process for the destruction of illicit drugs identified through the audit, and identify enhancements to the FR software and improve communication processes.
Queensland Police Service	Partially implemented	QPS is working with DoH to improve illicit drug analysis, develop an electronic form for submitting items for forensic examination, and develop an information portal.

Recommendation 5

The Queensland Police Service, Queensland Health and the Department of Justice and Attorney-General improve the prioritisation and timely sharing of case information between agencies. This should include establishing systems and processes (and where possible automation) to ensure there is real-time notification of changes in priority or status to avoid unnecessary analysis.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Health	Partially implemented	DoH is actively working with relevant agencies to develop an automated case-sharing portal with QPS and the Department of Public Prosecutions through the established Streamlining Criminal Justice working group. A secure worksheet containing details of selected autopsy cases, pending reports, QPS Prosecutions information and the Office of the Director of Public Prosecutions court information is in use. Responsibility for implementation of the recommendation will be transferred to Forensic Science Queensland (FSQ) through a Business Case for Change which is being finalised. Information-sharing processes will be streamlined through Forensic Register updates when funding has been approved and FSQ has moved to DJAG in 2024.
Department of Justice and Attorney-General	Fully implemented	DJAG has established forensic pathology and forensic DNA spreadsheets to keep all parties aware of updated court results involving pathology and DNA services. DoH will enter into a MOU to access the databases held by DJAG, Corrective Services, and the QPS. The Commission of Inquiry into Forensic DNA Testing in Queensland made recommendations to government which may affect the timing of further improvements.



Investing in vocational education and training (Report 1: 2019–20)

Related parliamentary committee:

- Education, Employment and Training Committee

Entity progress on implementation

Recommendation 4		
The Department of Employment, Small Business and Training improves transparency over investment decision-making by clearly documenting information, data, and analysis used in developing and reviewing the annual investment plan and subsidy lists.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	Department of Youth Justice, Employment, Small Business and Training (DYJESBT) published a priority skills list factsheet to explain the factors considered in subsidy levels, including a calculation example for a high-volume qualification. The subsidy lists are compiled based on a published methodology and are regularly reviewed.
Recommendation 5		
The Department of Employment, Small Business and Training increases the effectiveness of the Skilling Queenslanders for Work program by:		
<ul style="list-style-type: none"> • improving the grant process with the aim of reducing the time frame between the funding round opening and the announcement of the successful applicants – to help grant recipients better plan resources and service delivery • requiring community-based organisations to provide evidence with their application that they have agreed on training delivery expectations with the selected pre-qualified supplier. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT documented internal funding round timelines, with set dates for grants to open, close, and be announced. The application form was updated to require applicant organisations to confirm their partnership agreements.
Recommendation 6		
The Department of Employment, Small Business and Training improves the efficiency and quality of the pre-qualified supplier contract-renewal process by:		
<ul style="list-style-type: none"> • renewing the contracts at least one month before the new financial year start date to help suppliers better plan resources and training delivery • extending the time frames of contracts for low-risk suppliers. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Youth Justice, Employment, Small Business and Training	Fully implemented	DYJESBT has an annual renewal process, with renewal contracts issued one month prior to the new financial year. The process allows the department to discontinue agreements with no training delivery. The Queensland VET Strategy will inform the future delivery of the VET sector in Queensland. Longer-term contracts are being considered.

Recommendation 7

TAFE Queensland, in consultation with the Department of Employment, Small Business and Training finalises specific and measurable strategies and plans to improve the financial sustainability of its training delivery, including:

- strategies for increasing its student revenue and market share
- workforce management plans that support program delivery outcomes and financial sustainability.

Entity	Status	Entity's self-assessment response or where necessary a summary
TAFE Queensland	Partially implemented	TAFE Queensland (TAFEQ) has: an Admissions & Enquiry project; strategies to ensure long term financial sustainability; core business plans for major business operations aligned with training markets; the Foundation Educator classification supporting the professional academic framework and a new Senior Tutor classification; the first phases of a Customer Contact Centre Technology Refresh project, a Direct Applications project, and an Educational Planning system. A Customer Record Management System centralises and standardises TAFEQ's customer service teams. In 2023–24 TAFEQ will work on a revised funding model to formally clarify and codify its role, identify government Community Service Obligations which TAFE Queensland is best placed to deliver and identify efficiencies, and will continue implementation of the Customer Centre Technology Refresh and Direct Applications projects and Education Planning System.



Managing the sustainability of local government services (Report 2: 2019–20)

In this report, we made recommendations to all 77 councils. We sought responses from the 5 councils included in the scope of the audit. These were: Bundaberg Regional Council, Longreach Regional Council, Noosa Shire Council, Western Downs Regional Council, and Whitsunday Regional Council. We received the responses below from councils that had outstanding recommendations.

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1		
<p>All councils, especially those with a focus on improving sustainability consider whether they include sufficient details about their services within their existing planning documents or consider developing individual service plans.</p> <p>Details about services should be scaled to the size and complexity of council and include:</p> <ul style="list-style-type: none"> • how the service aligns to council's strategy • the service level (for example, operating hours) • the assets used to deliver the service • operational risks for the service • operating costs and overhead costs. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Longreach Regional Council	Partially implemented	Longreach Regional Council (LRC) reports financial performance of services against budget on a monthly basis and will create more detailed service level plans that provide data on cost drivers and actual resources used.
Western Downs Regional Council	Partially implemented	Western Downs Regional Council (WDRC) Executive Leadership Team has approved a broad plan to address high-level analysis of service delivery and develop service mapping for externally focused service offerings. WDRC has commenced pricing reviews for 4 business activities (Gas Supply, Water, Wastewater, and Waste Management). It intends to implement service delivery plans as part of its 2023–24 budget process.
Whitsunday Regional Council	Partially implemented	Whitsunday Regional Council's (WRC's) services are reviewed progressively and challenged during budget processes. Council conducted a community satisfaction survey in 2022. A service planning project is planned over 3 years; each phase will be undertaken as scheduled to increase council's maturity in this space. Once service catalogues are developed and the community engaged, performance monitoring and reporting will be addressed.
Recommendation 2		
<p>All councils, especially those with a focus on improving sustainability consider whether all existing services meet their community's current and future service needs and they deliver them at affordable levels by developing and undertaking regular reviews of existing services.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Longreach Regional Council	Partially implemented	LRC reports financial performance of community services against budget for each service, on a monthly basis. Future services planning will include an assessment of the levels of service provided and the ability to assess costs against community benefits.



Noosa Shire Council	Partially implemented	Noosa Shire Council (NSC) reviews its service catalogues as part of the annual budget process. Service catalogues will be further reviewed and refined under the council's new corporate plan.
Western Downs Regional Council	Partially implemented	WDRC Executive Leadership Team has approved a broad plan to address high-level analysis of service delivery and develop service mapping for externally focused service offerings. It will be used to establish baseline service data and allow regular review of services. WDRC has commenced pricing reviews for 4 business activities (Gas Supply, Water, Wastewater, and Waste Management). Implementation of the plan will be progressed. WDRC is currently working with the Queensland Government to transition out of community housing (a service which could be better delivered by industry specialists) and it has completed a transition out of aged care.
Whitsunday Regional Council	Partially implemented	WRC has a scope of works for a service planning project over the next 3 years. Each phase will be undertaken as scheduled to increase council's maturity in this space. Once service catalogues are developed and the community engaged, performance monitoring and reporting will be addressed.

Recommendation 3

All councils, especially those with a focus on improving sustainability consider whether budget owners develop consistent individual business unit and service budgets by providing documented budget guidelines, templates, and training.

Entity	Status	Entity's self-assessment response or where necessary a summary
Longreach Regional Council	Fully implemented	LRC's budgeting process includes templates used through the planning processes. Council will improve understandings of cost drivers and resource allocation to enable a zero-based budgeting approach.
Noosa Shire Council	Fully implemented	NSC adopts a build-from-base approach to annual budgeting. Costs are reviewed annually, and the council conducts community consultation as part of the budget process. The council plans to improve budget templates and its monitoring and reporting mechanisms.
Western Downs Regional Council	Fully implemented	Council implemented a Budget Process Overview framework for the 2022–23 budget. It establishes roles and responsibilities, principles, financial and operational parameters, service enhancements and other important information. The framework will be used for future budgets.

Recommendation 4

All councils, especially those with a focus on improving sustainability consider whether they benchmark their corporate overheads and allocate a reasonable proportion to services by developing and approving a corporate overhead methodology appropriate to the size and complexity of council.

Entity	Status	Entity's self-assessment response or where necessary a summary
Longreach Regional Council	Not implemented	LRC only fully-allocates corporate overheads where full cost pricing is required by regulations.
Western Downs Regional Council	Fully implemented	This has been undertaken across the organisation where appropriate and is now being further refined for the 4 business activities of gas supply, water, wastewater, and waste management.

Recommendation 5		
<p>All councils, especially those with a focus on improving sustainability consider whether they make decisions to deliver new services or amend existing services (associated with new major capital projects) with an understanding of the whole-of-life costs and any impact on corporate overheads.</p> <p>Councils could develop their own or adopt an existing project decision framework that includes community engagement on the need for and level of new services. They could use the Queensland Treasury Corporation project decision framework and whole-of-life costing tool to develop their own framework or work together to share existing frameworks and tools.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Bundaberg Regional Council	Fully implemented	Bundaberg Regional Council (BRC) established a project decision framework based on the Queensland Treasury Corporation (QTC) framework, which is used to assess capital projects. Whole-of-life costs are included in the long-term financial forecast. BRC will review the framework to ensure it remains fit for purpose.
Longreach Regional Council	Partially implemented	LRC has adopted the project decision framework and whole-of-life costing tool provided by the QTC. Council will further develop the framework and develop a pipeline of shovel-ready projects ready for grant opportunities and budget considerations.
Noosa Shire Council	Fully implemented	NSC uses the QTC's project decision framework and whole-of-life costing to assess major projects. Community consultation is conducted as part of the annual budget process. The council has improved its project initiation documentation, and all submissions are reviewed and ranked by a panel. The council is implementing an integrated project lifecycle management module, which will support project oversight.
Western Downs Regional Council	Fully implemented	WDRC Executive Leadership Team has approved a broad plan to address high-level analysis of service delivery and develop service mapping for externally focused service offerings. Council utilises whole-of-life costing models and has adopted a new community engagement strategy. Council has introduced its own project decision framework. The project decision framework and Pipeline of Projects is intended to drive the delivery of projects on-time, on-budget, and in accordance with agreed scope. Projects are prioritised to ensure they are in line with council's strategic goals and objectives and that council focuses on the right projects.
Whitsunday Regional Council	Partially implemented	WRC commenced an asset management maturity project in 2021 and adopted an asset management strategy and management plan. A scope of works has been drafted, and a project management framework endorsed, to better prioritise projects including analysis of whole-of-life costs, which features in several elements of this framework. A service planning project, to include more detailed understanding of the cost of providing current services, is planned over 3 years; each phase will be undertaken as scheduled to increase council's maturity in this space.
Recommendation 6		
<p>All councils, especially those with a focus on improving sustainability consider whether they collect reliable and accurate information on the effectiveness and efficiency of their services.</p> <p>Councils could develop a performance monitoring and reporting framework to support both internal management reporting to council and external reports to their communities.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Bundaberg Regional Council	Partially implemented	BRC audited its corporate planning and reporting framework and identified opportunities to support efficiency and effectiveness. Council is in the process of implementing the recommendations from this audit and is developing an integrated business planning framework.



Longreach Regional Council	Partially implemented	On a monthly basis, LRC reports, against budget, on the financial performance of programs, and on its project delivery performance. Council will develop a method of determining required service level KPIs and a method of measuring program effectiveness.
Noosa Shire Council	Partially implemented	NSC is developing a reporting framework that will help it to assess the effectiveness and efficiency of services.
Western Downs Regional Council	Partially implemented	WDRC Executive Leadership Team has approved a broad plan to address high-level analysis of service delivery and develop service mapping for externally focused service offerings. It will allow analysis of appropriate service performance metrics and reporting frameworks. Implementation of the plan will be progressed.
Whitsunday Regional Council	Partially implemented	WRC commenced a project for business intelligence reporting in 2022–23, including basic system functionality training for 5 key staff. Business analytics training has been scheduled for key staff in August 2023. This is to be followed by drafting of a project to identify stakeholders, and putting in place a planned approach and management reporting dashboards to allow the business to monitor and manage live reporting.

Recommendation 7

The Department of Local Government, Racing and Multicultural Affairs supports councils to develop models, benchmarks, and tools that are scalable for differently sized councils to allocate their corporate overheads to their services.

The department could, where appropriate, provide examples (templates), access to technical expertise and facilitate the development of tools for groups of councils.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	Department of State Development, Infrastructure, Local Government and Planning (DSDILGP) provides financial reporting tools on its online portal, LG Central, plus online training and policy templates.

Recommendation 8

The Department of Local Government, Racing and Multicultural Affairs supports councils to develop a set of measures of effectiveness and efficiency to help councils monitor the performance of their services.

The department could develop a set of standard measures of councils' common services for reference. It could also facilitate groups of similar councils to share existing resources or coordinate the development of new resources in partnership with existing council networks.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Fully implemented	DSDILGP funded Local Government Managers Australia to employ an advisor to assist councils with governance policies and procedures. Resources are now available to councils via the online portal, LG Central, including a financial sustainability training package with a service planning focus, which was developed in conjunction with QTC and The University of Queensland Business School.

Managing cyber security risks (Report 3: 2019–20)

We did not name the entities involved in this audit to avoid compromising their security by publicly identifying their vulnerabilities. We also wanted all entities, not just those included in the audit, to consider the recommendations and where necessary, take action to strengthen their systems. We received the responses below from the entities that had outstanding recommendations.

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
<p>All entities self-assess against the findings of this report, and where relevant develop a framework for managing cyber security risks consistent with the Information security policy (IS18:2018). They should also have information security standards to ensure the framework is consistently applied throughout the entity at an operational level.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E has an approved framework for managing cyber security risks. Although not mandated to comply with IS18, Entity E aligns to government standards and frameworks, guided by Information Security Policy (IS18) including the Essential 8. The framework is being updated.
Entity F	Partially implemented	Entity F is building a new information security management system, based on ISO27001.
Recommendation 2		
<p>All entities self-assess against the findings of this report, and where relevant develop and implement policies and procedures to identify and classify information assets, so they can effectively manage all their information assets that are at risk. This should include policies and procedures for:</p> <ul style="list-style-type: none"> • identifying and maintaining an inventory of information assets • classifying information assets as per the 2018 <i>Queensland Government Information Security Classification Framework</i>. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E has work in progress on information asset classification and consolidation. Entity E has developed an Information Classification Framework which is currently being presented to the entity's Steering Committee for endorsement. An inventory register is being resourced and will leverage the classification program.
Recommendation 3		
<p>All entities self-assess against the findings of this report, and where relevant develop and implement a methodology for identifying and assessing cyber security risks to their information assets. This should include:</p> <ul style="list-style-type: none"> • developing a risk assessment process for cyber security that integrates with their enterprise risk management framework • developing risk appetite statements for cyber security • identifying and assessing cyber security risks to their key information assets. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E incorporates mitigation controls in the form of security assessment processes in all IT change management. Cyber risk is managed through its Cyber Security Team, Risk and Liability Team, and risk management practices. Further review and enhancement of practices is dependent on resourcing, budget and prioritisation.
Entity F	Fully implemented	Entity F developed a cyber risk procedure that is consolidated with other IT and enterprise risks and is part of the enterprise risk register.

Recommendation 4

All entities self-assess against the findings of this report, and where relevant review how they manage their ICT assets by:

- reviewing their list of ICT assets and checking if they are assigned to employees who no longer work there and, if necessary, recovering any ICT assets that have not been returned
- reviewing their employee separation process to ensure it includes updating the ICT asset register whenever an employee's employment ends.

Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E has work in progress to strengthen controls over access to information and communication technology (ICT) assets particularly when staff are being off-boarded. Further development of asset management process and auditing is planned.
Entity F	Partially implemented	Entity F is reviewing its asset management procedure.

Recommendation 6

All entities self-assess against the findings of this report, and where relevant design and implement an application whitelisting strategy.

Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Fully implemented	Entity E has developed a whitelisting policy and implemented technical controls applied through Microsoft 365 Defender and Attack Surface Reduction. This function provides application whitelisting.
Entity F	Partially implemented	Entity F applies a whitelisting process to key assets.

Recommendation 8

All entities self-assess against the findings of this report, and where relevant ensure they effectively minimise and restrict administrative privileges.

Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E has implemented automated auditing of administrative privileges for relevant IT-controlled systems. Further work is being considered as part of ERP modernisation to ensure privileged access management to systems in the IT platform.

Recommendation 9

All entities self-assess against the findings of this report, and where relevant implement risk management practices for their use of third parties to deliver information technology services.

Entity	Status	Entity's self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E is improving contract management for use of third parties to deliver IT services and has procurement and contract practices which assess and manage risk. All software procurement is assessed by entity's Cyber Security Team. Information Management Group is working to mature our engagement in procurement and contract management regarding cyber risk. Review and enhancement of practices depends on resourcing, budget and prioritisation.
Entity F	Fully implemented	Entity F completes a cyber security assessment of third parties as part of procurement activities.

Recommendation 11		
All entities self-assess against the findings of this report, and where relevant implement multi-factor authentication as a minimum on external services that allow login with their domain accounts, and for sensitive internal systems.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Entity F	Fully implemented	All Entity F accounts use multi-factor authentication.
Recommendation 13		
All entities self-assess against the findings of this report, and where relevant implement encryption on online services that communicate via an unencrypted channel.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Entity E	Partially implemented	Entity E has updated the operating system and infrastructure to include encryption and is progressing further improvements. It will review enhancement of secure encryption and update of systems.
Entity F	Partially implemented	Some Entity F legacy services communicate over non-encrypted channels. A project to improve security on all applications is underway, with a risk assessment used to identify the most critical.
Recommendation 14		
All entities self-assess against the findings of this report, and where relevant segregate workstations located in publicly accessible areas from their corporate network.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Entity F	Fully implemented	Entity F has reduced the number of publicly available workstations. Remaining workstations reside on different network VRFs (virtual routing and forwarding).
Recommendation 15		
All entities self-assess against the findings of this report, and where relevant develop cyber security training and deliver it to all staff, with more targeted training to users who have access to sensitive data.		
Entity	Status	Entity’s self-assessment response or where necessary a summary
Entity F	Fully implemented	Entity F provides extensive cyber security training, including a minimum set that all staff must complete annually. Entity F has improved cyber security measures, particularly for senior staff and staff who work with sensitive data.



Effectiveness of the State Penalties Enforcement Registry ICT reform (Report 10: 2019–20)

Related parliamentary committee:

- Economics and Governance Committee

Entity progress on implementation

Recommendation 6		
Queensland Treasury updates its <i>Audit Committee Guidelines – Improving Accountability and Performance</i> for departments and statutory bodies to ensure audit committees are required to monitor and receive reports from management on risks for major ICT projects.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Treasury	Partially implemented	Queensland Treasury included implementation of this recommendation in the work undertaken to implement the recommendations in the Auditor-General's report <i>Effectiveness of audit committees in state government entities</i> (Report 2: 2020–21). The <i>Audit Committee Guidelines – Improving Accountability and Performance</i> were revised in accordance with QAO's recommendation and informed by feedback from agencies during consultation. Revised guidelines are to be published. Refer to Queensland Treasury's response to recommendation 11 in the <i>Effectiveness of audit committees in state government entities</i> .

Managing coal seam gas activities (Report 12: 2019–20)

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 4		
The Department of Natural Resources, Mines and Energy, the Department of Environment and Science, and the GasFields Commission Queensland work with key stakeholders to further evaluate the adequacy of remedy for property owners neighbouring coal seam gas activities.		
Entity	Status	Entity's self-assessment response or where necessary a summary
GasFields Commission Queensland	Partially implemented	GasFields Commission Queensland (GFCQ) preliminarily reviewed the adequacy of the framework and conducted research to identify potential enhancements relating to subsidence. It released a report in December 2022 with 8 recommendations. In May 2023, the Queensland Government accepted 6 recommendations in full and 2 in principle, and committed to develop a new framework to assess, manage, and compensate for CSG-induced subsidence. Planned changes will provide a clear pathway for landholders to access compensation and remedy for impacts of CSG-induced subsidence. GFCQ will focus on increasing landholder awareness of existing protections for neighbouring landholders and developing new guidance material.
Recommendation 9		
The Department of State Development, Manufacturing, Infrastructure and Planning determines the scope, future function and role of the GasFields Commission Queensland, taking into consideration industry maturity and consultation with the commission, regulators and industry.		
Entity	Status	Entity's self-assessment response or where necessary a summary
Department of Resources	Partially implemented	Department of Resources released a discussion paper and is considering the feedback received. Further consultation is planned for late 2023.



Evaluating major infrastructure projects (Report 14: 2019–20)

In June 2021, Building Queensland (BQ) transitioned into the Department of State Development, Infrastructure, Local Government and Planning (DSDILGP). As such, we asked DSDILGP to self-assess its progress in implementing the recommendations from this report.

Related parliamentary committee:

- State Development and Regional Industries Committee

Entity progress on implementation

Recommendation 1

Building Queensland improves the design and application of its frameworks for developing business cases and providing assurance activities on business cases.

This should include:

- reviewing and refining its assurance framework to better reflect its current practices (that is, ensuring there is clearer alignment between Building Queensland's assurance framework and its actual assurance activities)
- improving how it manages any risks to its independence when it both leads the development of a business case and performs project assurance activities
- improving the process for quantifying and monetising benefits for social infrastructure projects that have less-developed datasets available
- improving timing and conduct of its assurance activities on business cases, to enable comprehensive reviews and timely resolution of issues before finalising a business case
- providing clear protocols for agencies to follow during the early stages of developing an infrastructure proposal to ensure announcements occur once sufficient assessment has been undertaken to determine the project is suitable and sufficiently viable
- establishing and applying internal guidelines for developing business cases for investment proposals where the government has already decided to deliver a project.

Entity	Status	Entity's self-assessment response or where necessary a summary
Department of State Development, Infrastructure, Local Government and Planning	Partially implemented	Department of State Development, Infrastructure, Local Government and Planning (DSDILGP) developed and released the Infrastructure Proposal Development Policy, which is designed to ensure a consistent and rigorous approach to infrastructure proposal development. It is supported by the Infrastructure Proposal Assurance Framework, which supports agencies to prepare robust and independently verified analysis of infrastructure proposals. The department is working with agencies to build and mature their infrastructure and proposal development capabilities. DSDILGP adopts a risk-based approach in applying the framework to determine the support it provides to agencies. Further consideration is being given to what guidance should be made available to agencies about the timing of announcements during the development of infrastructure proposals.

Licensing builders and building trades (Report 16: 2019–20)

Related parliamentary committee:

- Transport and Resources Committee

Entity progress on implementation

Recommendation 1		
<p>The Queensland Building and Construction Commission allocates enough resources to finalise and implement the steps needed to become an insights-driven regulator to enable it to prioritise regulatory effort where and when it is needed, including:</p> <ul style="list-style-type: none"> • identifying areas of greatest risk and potential harm • focusing on high-value, high-complexity tasks. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Building and Construction Commission	Partially implemented	Queensland Building and Construction Commission (QBCC) has implemented a project to establish an analytics platform and has a team in place to undertake data analytics. Dashboards created to date support risk-based decision making. Final testing and documentation will enable handover of dashboards to the business. A business case to support establishment of the ongoing data management and data analytics capability is planned for Q4, 2022–23.
Recommendation 5		
<p>The Queensland Building and Construction Commission ensures the QBCC Quality Assurance Framework and program of quality assurance reviews are implemented across all business units covered by the framework.</p>		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Building and Construction Commission	Partially implemented	QBCC has developed a regulatory assurance framework with elements including supervision and audit. A substantive increase in quality assurance (QA) is expected following development of a new QA policy and procedure by end-December 2023. The regulatory audit function will build on its initial work to assess QA activities by conducting audits of samples of regulatory decisions.
Recommendation 10		
<p>The Queensland Building and Construction Commission develops and implements further elements of its performance management framework to improve accountability and adequately measure and report on its efficiency and effectiveness, including:</p> <ul style="list-style-type: none"> • using the activity-based costings developed to implement an internal costing framework, so that consistent, reliable, and timely cost information is available on its resources and service activities • identifying clear service outcomes and measures to track the status and effectiveness of those goals, and management-level efficiency indicators to monitor and report on its operations and services • having clear accountabilities for all senior officers. 		
Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Building and Construction Commission	Partially implemented	QBCC has revised its strategic plan and operational plan. These will be underpinned by performance measures, reported quarterly. An executive performance management framework sets out accountabilities of the senior leadership team. Activity based costing is to be considered following a restructure and taking into account the governance review recommendations. A complete review of cost allocation model is planned. During the 2023–24 financial year, agreed cost-to-serve measures to activities across the organisation will be rolled out.



Recommendation 11

The Queensland Building and Construction Commission develops the evaluation skills, capability, and processes needed for the formal assessment of the appropriateness, relevancy, process, effectiveness and/or efficiency of a program, service, initiative, or strategy.

Entity	Status	Entity's self-assessment response or where necessary a summary
Queensland Building and Construction Commission	Partially implemented	QBCC is preparing a compliance strategy; expected by end of July 2023. With the operational plan and this strategy, the regulatory services division will have a suite of outcome measures. These measures will be monitored and reported, and performance against those measures will be used to make required changes to future service delivery.



C. Types of recommendations

We grouped the recommendations we issued to entities in 2020–21 and 2021–22 into 10 categories, which are explained in Figure C1. For this year's report, we added a new category 'regulation and oversight' and removed a category 'complying with and reviewing legislation' based on the types of recommendations that we made between 2020–21 and 2021–22. Our interactive dashboard captures all recommendation categories from prior years is available on our website at www.qao.qld.gov.au/status-auditor-generals-recommendations-dashboard.

Figure C1
Recommendation category and description

Recommendation category	Description
Governance	For entities to be transparent and accountable, and to drive improvement, they must have effective governance arrangements. This includes clearly defining roles and responsibilities, documenting policies and procedures, and establishing robust audit functions.
Interagency coordination and information sharing	To deliver quality services efficiently across government, entities need to coordinate their activities effectively. This includes collaborating to achieve shared outcomes and the timely sharing of information.
Information systems and data management	To gain insights that can help inform decision-making, entities need to collect, analyse, monitor, and report on their data. This may include improving integration of data, both within and across information systems, to gain a more holistic and complete picture.
Performance monitoring and reporting	To increase accountability and drive improvement, entities require strong performance monitoring and reporting practices. This includes setting performance measures and targets, measuring performance against targets, and regularly reporting on performance.
Procurement, contract, and project management	For entities to achieve value for money, they must manage their contracts, projects, and procurement activities effectively and efficiently. This can include undertaking cost-benefit analyses, setting goals, developing plans, and regularly monitoring deliverables.
Regulation and oversight	For entities to provide effective regulation and oversight, they need to ensure minimum prescribed standards are met and regulatory practices are risk-based and intelligence-led.
Reviews and evaluations	For entities to determine the effectiveness of their projects and programs, and to identify opportunities for improvement, they must undertake robust evaluations.
Risk management	To reduce the likelihood and potential impacts of risks, entities require mature risk management practices. This includes identifying and assessing risks, developing appropriate mitigation controls, and monitoring and reporting on risks.
Strategic planning	For entities to improve their performance and respond to challenges as they emerge, they must plan strategically. This may include developing a plan; setting goals or objectives; and assessing their strengths, weaknesses, opportunities, and threats.
Workforce capability and planning	For entities to deliver on their priorities (both now and in the future) and respond to challenges, they need to ensure they have a capable workforce. Workforce planning can include assessing their workforce capability, enhancing their training and development programs, reviewing organisational structures, scheduling resources to areas of priority, and implementing strategies for recruitment and retention.

Source: Queensland Audit Office.



Figure C2 shows the status of the 532 recommendations issued to public sector entities in 2020–21 and 2021–22, by recommendation type.

Figure C2
Status by recommendation type

Recommendation type	Fully implemented	Partially implemented	Not implemented	No longer applicable	Total
Governance	163	17	2	5	187
Regulation and oversight	48	29	6	5	88
Performance monitoring and reporting	57	18	3	–	78
Procurement, contract, and project management	32	12	8	7	59
Information systems and data management	32	12	–	–	44
Strategic planning	24	17	–	–	41
Interagency coordination and information sharing	1	5	4	3	13
Reviews and evaluations	8	1	1	–	10
Workforce capability and planning	4	3	–	–	7
Risk management	3	1	1	–	5
Total	372	115	25	20	532

Source: Queensland Audit Office using data self-reported by entities.



D. How we prepared this report

About this report

This is the third report we have tabled on the status of recommendations. For this report, we asked 98 public sector entities to self-assess their progress implementing recommendations from:

- 18 reports tabled in 2020–21 and 2021–22
- 23 reports from earlier years that had outstanding recommendations.

These 41 reports to parliament included 205 unique recommendations. However, we made some of these recommendations to multiple entities, so overall we made 678 individual recommendations. [Appendix B](#) contains a list of the reports to parliament against which we asked entities to self-assess.

We have not audited the action they have taken, and therefore cannot provide assurance over their responses. We have always asked entities to self-assess their progress in addressing our recommendations and have collated and assessed the information they provide to determine which audits we would select to follow up.

Scope and methods

We did not ask entities to self-assess their progress against any financial audit recommendations. We may ask for this in the future.

We also did not ask entities to self-assess their progress against the following reports to parliament:

- *Queensland Government response to COVID-19* (Report 3: 2020–21) – we did not make any recommendations in this report to parliament.
- *Establishing the Queensland Future Fund* (Report 11: 2021–22) – we did not make any recommendations in this report to parliament.

We asked entities to assess the status of each recommendation using the criteria in Figure D1 below.

Figure D1
Assessment criteria

Status	Definition
Fully implemented	The recommendation has been implemented or alternative action has been taken that addresses the underlying issues and no further action is required. Any further actions are business as usual.
Partially implemented	Significant progress has been made in implementing the recommendation or taking alternative action, but further work is required before it can be considered business as usual. This also includes where the action taken was less extensive than recommended, as it only addressed some of the underlying issues that led to the recommendation.
Not implemented	No or minimal actions have been taken to implement the recommendation, or the action taken does not address the underlying issues that led to the recommendation.
No longer applicable	Circumstances have fundamentally changed, making the recommendation no longer applicable. For example, a change in government policy or program has meant the recommendation is no longer relevant.

Source: Queensland Audit Office.



We asked entities to summarise the actions they had taken to address each of the recommendations, the outcome of those actions, and any plans for future action. Where they had not taken any action to address a recommendation, we asked them to explain why this was the case. Our self-assessment system included mandatory fields to ensure they assessed their progress using the criteria above and explained the action they had taken.

The chief executive officer of each entity was responsible for authorising and submitting their entity's self-assessment.

We received responses from entities in June and August 2023. [Appendix B](#) contains a summary of the self-assessment responses we received for each recommendation.

Future self-assessments

Next year, we intend including recommendations from reports tabled in 2022–23, and we will continue to request information from entities on the progress of outstanding recommendations.





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