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SENATE

SENATE SELECT COMMITTEE ON COVID-19

Tuesday, 4 August 2020

Members in attendance: Senators Davey, Gallagher, Lambie, Paterson, Siewert, Watt.
WITNESSES

ANDERSON, Ms Janet, PSM, Commissioner, Aged Care Quality and Safety Commission

COLbeck, the Hon. Richard, Minister for Aged Care and Senior Australians, Commonwealth Parliament

LAFFAN, Ms Amy, Acting First Assistant Secretary, Aged Care Reform and Compliance, Department of Health

LYE, Mr Michael, Deputy Secretary, Ageing and Aged Care, Department of Health

MURPHY, Professor Brendan, Secretary, Department of Health
ANDERSON, Ms Janet, PSM, Commissioner, Aged Care Quality and Safety Commission

COLBECK, the Hon. Richard, Minister for Aged Care and Senior Australians, Commonwealth Parliament

LAFFAN, Ms Amy, Acting First Assistant Secretary, Aged Care Reform and Compliance, Department of Health

LYE, Mr Michael, Deputy Secretary, Ageing and Aged Care, Department of Health

MURPHY, Professor Brendan, Secretary, Department of Health

Evidence from Senator Colbeck was taken via teleconference—

Committee met at 10:00

CHAIR (Senator Gallagher): I declare open this hearing of the COVID-19 Select Committee. It's actually the 25th hearing of this committee today. At the outset of this hearing, can I say on behalf of the committee that we acknowledge how difficult and distressing this time is for many residents, families and staff working in aged care. We send our thoughts out to all Victorians who are doing it tough at the moment. To those families that have lost loved ones, to those in hospital and to the essential workers who are providing care in the most difficult of circumstances: we are thinking of you.

In light of the very serious events unfolding in Victoria and elsewhere, I wish to emphasise the committee's gratitude to all the witnesses for giving evidence today. The committee acknowledges that witnesses have other important calls on their time. We have endeavoured to work with witnesses to appropriately facilitate their appearance today and we appreciate their good faith contributions to this process. Yesterday, the committee published a program in the afternoon which saw the hearing going from 8.30 am until 2 pm. Following the publication of that program, I was formally requested by Minister Hunt to shorten the hearing to allow officials to undertake their responsibilities in light of the situation, particularly in aged care in Victoria. The committee agreed with that request and has adjusted the program accordingly.

I would remind the government, though, that the Senate has asked this committee to undertake an inquiry into the government's response to the COVID-19 pandemic. The committee has a direct and ongoing interest in the government's response and considers our inquiry as central to and not separate from pandemic related commitments. The committee will continue to work with witnesses to hold hearings which work for both the public servants, who are undertaking what are intense work pressures, and the parliament. I would add that parliament was due to sit today. When it was cancelled, the government agreed with the opposition that additional hearings of this committee would be held to provide some scrutiny in what would normally have been a full sitting week. We do appreciate the time that has been made available by witnesses, but I flag for the Department of Health the intention that we will be recalling you for a further hearing over the next two weeks to cover issues we do not have time for today. In light of some of the issues raised in scheduling this hearing, it may be preferable for the department to provide a list of times and dates which work for the department, and the committee will endeavour to schedule a hearing within or around those times.

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Information on procedural rules governing public hearings and claims of public interest immunity has been provided to departments and agencies and is available from the secretariat.

The extract read as follows—

Public interest immunity claims

That the Senate—

(a) notes that ministers and officers have continued to refuse to provide information to Senate committees without properly raising claims of public interest immunity as required by past resolutions of the Senate;

(b) reaffirms the principles of past resolutions of the Senate by this order, to provide ministers and officers with guidance as to the proper process for raising public interest immunity claims and to consolidate those past resolutions of the Senate;

(c) orders that the following operate as an order of continuing effect:

(1) If:

(a) a Senate committee, or a senator in the course of proceedings of a committee, requests information or a document from a Commonwealth department or agency; and

(b) an officer of the department or agency to whom the request is directed believes that it may not be in the public interest to disclose the information or document to the committee, the officer shall state to the committee the ground on which the officer believes that it may not be in the public interest to disclose the information or document to the committee, and specify the harm to the public interest that could result from the disclosure of the information or document.
(2) If, after receiving the officer's statement under paragraph (1), the committee or the senator requests the officer to refer the question of the disclosure of the information or document to a responsible minister, the officer shall refer that question to the minister.

(3) If a minister, on a reference by an officer under paragraph (2), concludes that it would not be in the public interest to disclose the information or document to the committee, the minister shall provide to the committee a statement of the ground for that conclusion, specifying the harm to the public interest that could result from the disclosure of the information or document.

(4) A minister, in a statement under paragraph (3), shall indicate whether the harm to the public interest that could result from the disclosure of the information or document to the committee could result only from the publication of the information or document by the committee, or could result, equally or in part, from the disclosure of the information or document to the committee as in camera evidence.

(5) If, after considering a statement by a minister provided under paragraph (3), the committee concludes that the statement does not sufficiently justify the withholding of the information or document from the committee, the committee shall report the matter to the Senate.

(6) A decision by a committee not to report a matter to the Senate under paragraph (5) does not prevent a senator from raising the matter in the Senate in accordance with other procedures of the Senate.

(7) A statement that information or a document is not published, or is confidential, or consists of advice to, or internal deliberations of, government, in the absence of specification of the harm to the public interest that could result from the disclosure of the information or document, is not a statement that meets the requirements of paragraph (1) or (4).

(8) If a minister concludes that a statement under paragraph (3) should more appropriately be made by the head of an agency, by reason of the independence of that agency from ministerial direction or control, the minister shall inform the committee of that conclusion and the reason for that conclusion, and shall refer the matter to the head of the agency, who shall then be required to provide a statement in accordance with paragraph (3).

(d) requires the Procedure Committee to review the operation of this order and report to the Senate by 20 August 2009.

(13 May 2009 J.1941)

(Extract, Senate Standing Orders)

I welcome the Department of Health and the Minister for Aged Care and Senior Australians. I have one opening statement from Ms Anderson, which has been provided to the committee. I'm not sure, Minister, whether you had any opening comments you would like to make.

Senator PATERSON: Chair, could I ask your indulgence very briefly before that.

CHAIR: Sure, Senator Paterson.

Senator PATERSON: Just to add to your comments in the opening, on behalf of the government senators, as the deputy chair and as the only Victorian senator on the committee, can I thank the committee for its flexibility in rearranging the program today. Victorians certainly want answers, as all Australians want answers, and they will get answers from this committee and the other inquiries taking place, but the only thing they want more than answers is solutions. It is very important that this committee and other inquiries don't detain the people who are working on those solutions for a moment longer than is necessary to get the legitimate answers we're seeking. So I'm grateful for the committee's flexibility today.

CHAIR: Thank you, Senator Paterson. I think we do try to work as collegiately as possible. Minister Colbeck, did you have an opening statement you would like to make?

Senator Colbeck: Thanks, Chair: just a few things to start with, if I can.

CHAIR: Just before I hand to you, we have opening statements from Professor Murphy and Ms Anderson. In light of the two-hour hearing, I am wondering if a shortened version of those could be given; they are both comprehensive and we need to maximise time for questions. Sorry, Minister Colbeck. Over to you, and then I'll go to Professor Murphy and Ms Anderson.

Senator Colbeck: Firstly, can I also thank the committee for its consideration of time today. There is a lot happening in Victoria, as you all know. Can I also associate myself with the comments you made with respect to the families and their loved ones. This is a very, very traumatic time for many of them. I have had quite a few conversations with families myself. I think it's important that we do acknowledge what these families are going through at the moment. I don't have a long opening statement, acknowledging that both the Aged Care Quality and Safety Commissioner and the Secretary have both tabled documents that I think probably cover the things that need to be said anyway.

Again I thank the committee for its consideration today. I acknowledge the importance of the work that it's doing at this point in time because it is important that the parliament gets to ask the government questions with respect to the work that it's doing. It is important work, so I respect and acknowledge that. Again, my thanks to
the committee for its consideration of the time today because it does remain quite intense in Victoria at the moment and the officials are quite actively involved in the operations dealing with what is happening in Melbourne.

CHAIR: Thank you very much, Minister. Colleagues, can we agree that the circulated opening statements of Professor Murphy and Ms Anderson be published. Thank you. Professor Murphy?

Prof. Murphy: Can I also thank the committee for its indulgence and flexibility. We will undertake to provide you with some times when officials can be available over the next few weeks. We do understand the need for scrutiny of the government's response. I will cover some parts of my opening statement, at your request. There are some sections that I will just take as read, but I think some bits need to be said.

The most important thing is to note the terrible tragedy of the current outbreak of COVID-19 in Victorian residential aged-care facilities. There have been a very significant number of residents and staff infected, and there have been and there will be more deaths, tragically. The most important thing to note is that in every country with COVID-19 outbreaks the size of those in Victoria at present substantial aged-care outbreaks are inevitable. No country and no city with that sort of outbreak has been able to avoid substantial aged-care infections and deaths when community transmission is as widespread as it is in Victoria. That has been our major driver all through this pandemic: to reduce community transmission to zero. As in other countries and in previous New South Wales outbreaks, the Victorian outbreaks do seem to be caused by infected staff members who have acquired infection in the community and brought it into the facility whilst asymptomatic or minimally symptomatic. A single staff member can spread the infection to a large number of residents.

Victoria has 768 facilities across 276 providers, and 465 of those are in the main outbreak area in metropolitan Melbourne and Mitchell Shire. The outbreaks in Victoria are involving nearly 100 facilities, nearly all of which are in metropolitan Melbourne. Most facilities have very small numbers of cases in both staff and residents—some with only one staff member and no transmission because it's been got on top of very quickly—but now, unfortunately, about 20 per cent have significant outbreaks.

I think there is one comment I need to address. There is a suggestion that government-run aged-care facilities have better prevented COVID-19 outbreaks. There is no evidence to support that contention. When adjusted for exposure risk, there is no evidence of difference between government and private sector charitable facilities. The main reason for that is that government facilities are largely outside of Melbourne, where the risk of transmission is low.

I will leave the section on who is accountable for aged-care outbreak prevention and response, other than to say that it is a partnership. The provider is primarily responsible for the facility, the state and territory public health unit is primarily responsible for the public health response, but the Commonwealth is clearly very involved as the regulator and funder in supporting that response. We can talk more about how those protocols have been developed.

I'll also note briefly the preparation by the Commonwealth: very substantial deployment of personal protective equipment; very substantial online training and other training approaches with the commission ensuring that people have pandemic plans; very substantial protocols to protect facilities by a range of restrictions on visitors, staff screening and contracted testing made available by Sonic Health Care; and obviously a lot of investment in surge workforce and first responder workforce.

I think it is relevant to discuss the lessons learnt from the two major New South Wales outbreaks. Both of those outbreaks, which were very rapidly responded to, give evidence to the fact that, even when there is a very rapid and prompt response, widespread infection can occur before that is able to be deployed. The lessons learnt were that early cohorting, rapid surge response workforce and a strong embedded team from the public health unit were very effective in preventing ongoing transmission. There is little evidence that ongoing transmission occurred in those two major outbreaks, but the die was cast initially, and significant numbers of tragic deaths ensued. The reviews highlighted that communication with families is a very important issue, as is strong facility management.

In Victoria, the early experience with these outbreaks was generally positive, like it has been in most outbreaks in the country, with rapid lockdown, widespread testing of staff and residents, and good PPE practice preventing most of them becoming significant. But, in recent weeks, there have been some huge challenges. As we know, there have been some high-profile failures to meet the standards of care and communication. There are some drivers for this. The most critical driver to the situation in Victoria is workforce shortage. This affects both the health system and the aged-care system. With the scale of community transmission—transmission in hospitals, in aged care and in every part of the Victorian community—we now have over 1,000 healthcare staff and over 1,000
aged-care staff in isolation or quarantine. This has led to a very, very significant workforce challenge, despite huge efforts, including—as I will come to later—brining in workforce from interstate.

The other big challenge has been the Victorian public health response which has been under understandably huge pressure with the scale of the transmission. This has led, in some cases, to delays in detection and response to COVID-19 incursions and some delays in testing turnaround times. On occasions, this has led to ongoing transmission before the public health unit is involved or before the Commonwealth is notified, and, on some high profile occasions, the need to quarantine most or, in one case, all of the workforce on the one day, leading to a completely new workforce and the complexity of managing a service without the existing management or any real continuity in the staffing. The other challenge that we have faced in Victoria is that, with the huge scale of the community transmission, the demands on public health unit time has meant that the intensity of public health unit support that New South Wales was able to provide has not been able to be provided by Victoria, although we have recently supplemented that very substantially with inreach services from public health services.

Finally, I will mention the new Aged Care Response Centre which we have been setting up over the last two weeks to respond to the unprecedented scale of transmission and aged-care outbreaks. This is a collaborative endeavour between Victoria and the Commonwealth—as are all responses to aged care—Emergency Management Australia and the commission, supported substantially by the ADF and the National Critical Care and Trauma Response Centre. I won't go through the staffing, but, essentially, we are aiming to provide a strong parallel public health response unit, parallel and working in partnership with the Victorian public health unit, and a workforce unit. We've already sourced nurses from interstate. We've deployed AUSMAT medical assistance teams. There are now five AUSMAT teams going to facilities to make them safe across Victoria. We have also developed very strong partnerships with the local health services in Victoria, so that, where workforce is simply not able to be provided from the normal sources, they have been closing beds and sending workforce into the facilities. Now that Victoria has ceased elective surgery, we have been using their private hospitals to transport residents from facilities that are under pressure to private hospitals. We've done several hundred transfers over the last few weeks. The centre is still scaling up and, again, we are deploying more interstate nurses and more AUSMAT teams. It is an ongoing challenge.

The only way we will control completely this outbreak in Victoria is to control community transmission, and that's why we so strongly welcome the Victorian government's decision to impose those very, very serious lockdowns over the last few days because the community transmission must be brought under control before we can protect our aged-care residents. I will finish there.

CHAIR: Thank you very much, Professor Murphy. Ms Anderson.

Ms Anderson: Others have already reflected on the state of disaster which has been declared in Victoria and the worrying really high levels of community transmission. This experience in Victoria underscores two points which Professor Murphy has already made: first, as long as there are elevated levels of community transmission of COVID-19, there will be a heightened risk that the virus will enter into residential aged-care services; and secondly, everyone working in the aged-care sector must remain on high alert and be ready to act promptly and decisively. The Aged Care Quality and Safety Commission has used, and continues to use, the full range of our regulatory powers to ensure that providers are doing everything possible to mitigate the risks that COVID-19 presents to their aged-care consumers, working both to prevent an outbreak and to respond effectively in the event of an outbreak.

My statement goes to the range of activities that the commission has been undertaking since March. I will allow that detail to be read by you. We have undertaken site visits where we identify heightened levels of risk of noncompliance with the infection standards, for example. We have undertaken remote assessment contacts across Australia to all residential and home-care services. We have undertaken a number of self-assessment surveys—and one is underway as I speak—ensuring that providers are looking very closely at their level of readiness for an outbreak and their ability to respond rapidly if an outbreak were to occur. Where services have not met the expected standards for quality and safety, we have taken proportionate enforcement action. Since May 2020, we have issued 10 notices to agree, relating to approved provider responses to COVID-19 outbreaks to ensure that necessary actions are taken to manage risks and provide safe, quality care to residents.

We have also reflected deeply on lessons that can be learned from the New South Wales experience and, now, the Victorian experience. Indeed, we have amplified our opportunities for learning by engaging with regulators in other countries and are looking forward to doing more of that work to share our experiences and take on board their lessons. The three key lessons that I want to distil at the moment relate largely to approved providers. The first is that an effective response in controlling, mitigating, managing or limiting an outbreak in a residential aged-care service is underpinned by, firstly, solid planning and preparation by a provider to minimise the risks and
impact of an outbreaks; secondly, strong leadership and organisational governance by a provider, including capable onsite management of the service and clearly defined and well-rehearsed roles and responsibilities, systems and processes; and, thirdly, effective coordination among the multiple organisations, services and individuals with a role in the outbreak response. We continue to work in close partnership with the Commonwealth Department of Health, state health authorities and clinical experts in all jurisdictions where risk of an outbreak is present or realised.

The commission is a learning organisation, constantly assessing our own performance and adjusting our regulatory approach as necessary to optimise our impact as the situation evolves. We remain on duty, vigilant and focused on undertaking our important regulatory role in the aged-care sector as the pandemic continues to impact all Australians. Thank you.

CHAIR: Thank you very much, Ms Anderson. Colleagues, we have an hour and 40 minutes of the hearing left now. My intention for the first hour is to have opposition senators for half an hour, then I'll go to Senator Siewert for 15 minutes, then to Senator Lambie and Senator Patrick, who will share 15 minutes, and then we'll reassess the remaining time, including checking in with government senators. Thank you very much, everybody, for being here. I will start by getting some of the numbers correct, because I think there has been a little confusion in the reporting. Even today, Ms Anderson, you say there are now over 100 aged-care services with active cases, while Professor Murphy says the outbreaks now involve nearly 100 residential aged-care facilities. I don't know who has got the exact number as of today, but can we perhaps settle how many outbreaks there are occurring across Victorian aged-care facilities?

Ms Anderson: I'll start, but I'll defer to my departmental colleagues. My number was for home services and residential services.

CHAIR: Alright. So let's break that down.

Mr Lye: It might be best if Ms Laffan does the call of the board for you. I think she has got the latest.

Ms Laffan: My figures are as at 9.30 am yesterday. This is in Victoria. There are 97 residential aged-care facilities, in which 657 residents and 594 staff members are positive. There are 25 home-care services.

CHAIR: In Victoria?

Ms Laffan: Yes. In those, 17 care recipients and 24 staff members are positive. Sadly, of those, 108 care recipients have passed away.

CHAIR: That's across both home care and residential aged care.

Ms Laffan: Correct. Two were home-care recipients, so the remaining 106 were residential aged-care recipients.

CHAIR: How many care recipients have been transferred to hospital?

Mr Lye: My suspicion is that we should take that on notice, only because the last lot of residents in the decisions taken yesterday were moving this morning. There'll be more today and so—

CHAIR: You don't have a figure from yesterday at 9.30?

Ms Laffan: I don't have a complete figure for all of those 97 services, but in excess of 250 residents have been moved to hospital.

Mr Lye: We might get our people, who will be watching, to check our figures and come back to you before the end of the session so you have the figure.

CHAIR: How many facilities have had people removed to hospital? Is it all of the 97?

Ms Laffan: It would be difficult to say. Some would be moved to public hospitals as part of acute needs, and others would be moved to private hospitals, for example, as part of our decanting strategies.

Mr Lye: It's worth emphasising that hospitalisation for anybody who requires it is happening on an individual basis under the ordinary criteria upon which a person is admitted to public hospital, and the use, largely, of private hospitals, in what we might call 'decanting' or 'transfer', is also being used for people who might not necessarily have met those criteria. That is to enable effective cohorting on the site of a facility or to relieve pressure where, obviously, you have people with dementia who are wanderers or where management is struggling with workforce to manage a site. Those are the reasons generally that we're using transfer to private hospitals.

CHAIR: Do you have the number of people who've passed away across Australia? I think the figure you gave me was 108 in Victoria.

Senator Colbeck: My figure is 142.
Ms Laffan: Yes, that's correct.

CHAIR: So it's 142 across Australia. That would include Newmarch House and Dorothy Henderson Lodge.

Ms Laffan: It does.

CHAIR: Minister, from my looking at the reports out of Victoria, the first aged care related COVID case was identified around 7 July this year. Does that accord with your advice?

Senator Colbeck: Not out of Victoria—there were cases well before that in Victoria.

CHAIR: In terms of what has been called the second wave, is 7 July correct?

Senator Colbeck: It probably goes back to the first week in July, that we were having cases. That would be my recollection. I don't have dates of each particular event as part of my list of where they started, but the last three weeks of July were probably when the intensity started to ramp up. Probably the first one of reasonable scale would've been Menarock at Essendon.

CHAIR: I think the DHHS records it being on 7 July, so within that first week. Thirty days later the figures exceed 1,000 cases over 97 residential facilities. On Friday morning you told Channel Nine, 'We didn't get it completely right.' What didn't you get right in responding to this outbreak?

Senator Colbeck: That was in response to a question about the transfer out of the staff at St Basil's, where things didn't go as we would've liked. On Tuesday we were advised that all staff would have to be furloughed. We effectively had 24 hours to find new staff before the handover on the Wednesday morning. We obviously did considerable work overnight to facilitate that. There was a handover that occurred. Early on Wednesday morning, the St Basil's staff went on furlough, but clearly some of the residents didn't receive the care that they should've received, particularly during that Wednesday and Thursday. While we were able to stabilise the facility, there were considerable issues that we were confronted with. Residents weren't in the rooms that they were usually in because of the cohorting process within the facility. There were some issues with identification which we had to work to manage. Some of the residents didn't get the care that they should've received as a part of that changeover process until we got it stabilised. There's no point me trying to pretend that it all went as it should've done, because it didn't.

CHAIR: Was that in terms of not having enough staff to go in when the previous staff had to leave? Was it resources?

Senator Colbeck: Resources were part of it. If you look at some of the other things that we've said, the structure of the intervention is important and the leadership that we have is important. Once we were able to find a good nurse unit manager who came in to provide some oversight to the facility, that improved considerably, and the site stabilised. The other thing that occurred at St Basil's was that the entire administrative staff was also furloughed, so that left a range of other problems, which you would regard as back office, that were difficult as well. Communication with families was problematic. We stood up a communications team that started work on Thursday but, during that first day, families were genuinely concerned about what was happening within the facility and information coming out was difficult. Once we got that communications process working more satisfactorily, those concerns reasonably subsided.

CHAIR: I will come back to that. Communication concerns were a feature of the Newmarch House and Dorothy Henderson Lodge outbreaks where families were unable to get information in reasonable time about their loved ones. Why wasn't this known in responding to St Basil's? It's not like it wasn't understood from previous outbreaks.

Senator Colbeck: Well, it was known, which is why we stood up the unit. But, as I said to you a moment ago, we also had issues around identification of residents within the facility, which also made communication difficult. Making sure we provided the correct information to the right family was important. The communications were going to the designated contact in the files. Some of the information in those files—we did haven't the correct numbers. We had to do a bit of work to make sure that we had the correct contact details. Of course, there were some family members who weren't the designated contact, so they weren't being directly contacted. That also, in a couple of circumstances, quite understandably, created some angst because the information wasn't coming to them direct, as they weren't the designated family contact.

CHAIR: If we just stay with St Basil's for a moment, I think the first case identified at St Basil's was on 10 July, from my reading of the information that's public. If that's incorrect, I'm sure—

Prof. Murphy: I think it was 9 July.

CHAIR: 9 July?

Prof. Murphy: Yes.
CHAIR: Minister, I think you've been on the public record saying you weren't aware of it until 14 July and that testing was arranged the next day. Is that correct?

Senator Colbeck: That is correct. The department can confirm that, but we were advised of the outbreak by DHHS on 14 July, and we immediately stood up our systems, which is what we do in any circumstance of an outbreak, and testing was arranged for the 15th. That is correct.

CHAIR: So there was that five-day window where the Commonwealth had no line of sight, no understanding, that there was an outbreak occurring in St Basil's?

Prof. Murphy: Correct.

CHAIR: So it wasn't raised through the AHPPC, which was getting daily briefings on the Victorian situation?

Prof. Murphy: No. The AHPPC obviously would get overall briefings. There were several outbreaks in Victoria. I suspect that the Victorian AHPPC official was not aware of this outbreak either. I think the challenge was, with the huge and overwhelming amount of community transmission, the Victorian public health unit had some delays in getting tests back and analysing and identifying that this was an aged-care outbreak, and that was a significant factor in this case. It was merely a reflection of the scale of transmission and the literally hundreds of outbreaks that they were managing. So I don't think they were aware that it was an aged-care outbreak until the 14th. Once they were made aware of that, they notified us. We understand the staff member at the facility was told of positivity and did communicate that with the facility. We believe that, but we haven't confirmed that with the facility. The facility manager has been in the media saying that he was aware on the ninth, but he—or the board chair—did not raise that with the Commonwealth.

Mr Lye: Senator, we have a process of redundancy, if you like, that the Victorian government would be aware of, where we ask aged-care providers who have a positive case to contact us immediately at the same time that they contact the local public health unit. In this case, as Dr Murphy said, the Victorians might have been under a lot of pressure, but the service didn't notify us.

CHAIR: I was going to say that. The guidance the Aged Care Quality and Safety Commission has issued says that within 30 minutes of an outbreak the approved provider should notify the Commonwealth department and provide the email address. You're saying that didn't happen at any stage from St Basil's? It didn't come through that process at all?

Mr Lye: Another case? No.

CHAIR: Okay. In a media conference on 10 July, Professor Kelly said:

But in terms of aged care facilities in particular, yes, we are remaining very vigilant with that. I get a daily report, our Victorian colleagues and also the Commonwealth officials in Victoria are very closely monitoring the situation. We have regular contact with the aged care sector and specifically with aged care facilities in those areas of concern, so Greater Melbourne.

That was on the 10th of the seventh. Was that happening? He was saying, 'I get a daily report'.

Prof. Murphy: And he does and did get a daily report. We have a daily situation sheet of what the known aged-care outbreaks are and our responses. Unfortunately, St Basil's would not have been on that on 10 July because it wasn't on our radar. But every day since early July Mr Lye and his team have been running a daily meeting and getting a daily situation report. And the minister has been getting daily, and sometimes three or four times daily, briefings on the situation. But we have to know about it to be able to include it and respond.

Mr Lye: And the compliance with that requirement is very, very good. Aside from St Basil's, I can't think of a situation where we haven't immediately been made aware by a provider of their situation. It's well worked through, it's well communicated with the sector and compliance has been very, very good.

CHAIR: So you're not aware of any similar breakdown?

Mr Lye: Another case? No.

CHAIR: I think that Aspen went into St Basil's. Is that right? Aspen Medical?

Prof. Murphy: They did. They did some testing in St Basil's and I think they provided some first responders as well.

CHAIR: Were they brought in as the replacement workforce or was there someone in-between that?

Prof. Murphy: Aspen don't have the capacity to completely replace the workforce. We're talking about the entire workforce for this facility. We have never hitherto seen this situation in—
CHAIR: So it wasn't part of any sort of pandemic/outbreak planning that you might lose a whole workforce?

Prof. Murphy: No. It's very unusual for every single member of the staff to be classed as a close contact, and that's only the case because the infected worker had worked a number of shifts. In Dorothy Henderson Lodge and in Newmarch it was only a proportion of the workforce that were furloughed, so the surge workforce could come in and replace them. When you lose the entire workforce, particularly in a facility which is culturally and linguistically diverse—the workforce was mainly Greek-speaking and the first language of many of the residents was not English—it's a challenge. A workforce had to be brought together from a variety of sources: agency workforce, some from Aspen and some from the health service. We recruited nurses from private hospitals. There was a huge burst of activity to bring a workforce together to staff that facility.

CHAIR: Can you give me any details of the cost and the contract with Aspen Medical in terms of going into St Basil's, or is it part of a bigger contract with them?

Mr Lye: It's part of a bigger contract.

CHAIR: Okay—well, whatever information you can provide to the committee on that would be useful.

Ms Laffan: The value of that contract is $15,675,779.20.

CHAIR: And is that to cover a period of time and a range of services?

Ms Laffan: A range of services. Where funding is not used, it can be returned under that contract.

CHAIR: And that is specifically in relation to aged care?

Ms Laffan: It is.

CHAIR: How many facilities are Aspen working in at the moment?

Ms Laffan: I'd have to take that on notice.

CHAIR: Okay.

Ms Laffan: Sorry, but each of the facilities would have received a visit from an Aspen clinical first responder.

Mr Lye: And St Basil's.

CHAIR: In each of the 97 facilities?

Ms Laffan: Correct.

CHAIR: So they were going in to do an overview, were they?

Mr Lye: An account of it.

Ms Laffan: An assessment, yes.

CHAIR: Is that part of your team, Ms Anderson? You're doing that as well? You're doing an assessment, aren't you, of outbreak preparedness?

Ms Anderson: Yes, but that's not at the point of an outbreak. The clinical first responder tasked—

CHAIR: They do it at the outbreak; you do it before. Ms Anderson, you weren't aware of the situation in St Basil's until the 14th either. Is that correct?

Ms Anderson: That's correct.

CHAIR: Are you looking at why that system broke down to make sure it doesn't happen again, because it would seem to me that's five pretty important days that were lost there?

Ms Anderson: My understanding is Professor Murphy is looking at standing up a team.

Prof. Murphy: We're doing a formal review of the St Basil's outbreak. It is the same review team that have done the reviews of Dorothy Henderson Lodge and Newmarch. Minister Colbeck has been very clear that when we have an outbreak where there are significant issues he wants a formal review. The families of the St Basil's residents are also very concerned. We've engaged Mr Alan Lilly and Professor Gilbert, who did the two big reviews in New South Wales. Mr Lilly is engaging in a Zoom call with the families, I think tomorrow night, to get their initial feedback. He will be doing a formal review of all of the circumstances and the response for the minister.

CHAIR: Are any of those reviews going to be public, Minister? I know Dorothy Henderson Lodge has been completed. I understand Newmarch House is due to be completed this week. Are they going to be released for the public?

Senator Colbeck: The commitment to Newmarch has already been to release it. The DHL, Dorothy Henderson Lodge, went to national cabinet and has been provided to the aged care royal commission, which means it will be publicly released. But I'm happy to provide that to the committee.
CHAIR: That would be excellent. When will the Newmarch House review be released?

Senator Colbeck: The reviewers have asked for an additional week to finalise the review, so it won't be finalised this week. It will be finalised next week. Obviously we'll consider it, but we will publicly release it.

Mr Lye: I have an update. You asked the question about Victorian residents of aged care facilities who'd been transferred to hospital in COVID impacted services. That answer is 339.

CHAIR: That's as of this morning, is it?

Mr Lye: Yes. That number will change today.

CHAIR: Do you have the numbers that remain in hospital?

Mr Lye: That's currently in hospital, I think.

Ms Laffan: Some of those may have passed away.

CHAIR: But, in total, since the second wave, 339 people have been transferred to either a private or tertiary hospital?

Ms Laffan: Yes.

Senator WATT: Minister, you probably remember that after the St Basil's incident with the loss of the workforce the Prime Minister made some comments along the lines that this situation, where a workforce had to be removed entirely, couldn't have been anticipated. Do you share that view, that the situation there couldn't have been anticipated?

Senator Colbeck: Not in the way that we saw it at St Basil's. As the secretary said a moment ago, the expectation that every member of staff, including administration, would be considered close contacts is not what we've seen in other circumstances. So, in the way that we're dealing with the COVID-19 outbreak, I would say that is correct. I would agree with the Prime Minister's statement.

Senator WATT: Because I must admit, as someone in Queensland who's pretty active on the Gold Coast, this incident at St Basil's was eerily familiar, because we went through a very similar example of a nursing home having to shut down and losing its entire workforce only a year ago at the Earle Haven nursing home. I've asked you lots of questions about Earle Haven. Others have asked you lots of questions about Earle Haven. We've had reviews into Earle Haven that made recommendations that deal with situations where, for one reason or another, a workforce isn't available and residents are left stranded. So how is it possible that one year on we have another situation that couldn't have been anticipated?

Senator Colbeck: I would regard the circumstance that we have now as very, very different to what happened at Earle Haven. We effectively had a constructed situation where the Queensland government declared that the facility should be evacuated. At that point in time the Commonwealth came in and moved the residents and found facilities to take the residents at short notice. They were all moved to other aged-care facilities.

This is very, very different. You have circumstance where a significant number of residents were infected with COVID-19. It wasn't a matter of you could just move them out to another facility. There wasn't the availability of private hospital beds, which there are now because of the Victorian government's important decision to cease elective surgery and free up capacity. That has enabled us to move people to private hospital beds to free up capacity and to take up the slack, which we've utilised in quite a few aged-care facilities now. So I would regard it as very different circumstances. At this point in time we're in the middle of a pandemic [inaudible] where we had to find new places for people to go and we successfully did that—

Senator WATT: Obviously, when the Earle Haven incident happened a year ago no-one had heard of COVID-19. That wasn't a factor. Of course the Earle Haven incident wasn't based on the COVID-19 epidemic. What happened at Earle Haven was that due to a contractual dispute staff were not available to care for people and residents were left stranded. We see at St Basil's, due to COVID—I agree it's a different circumstance—is a situation where a workforce isn't available and residents are left stranded. Why did that happen again? We've been through a similar situation only 12 months ago and a review was conducted with major recommendations.

Senator Colbeck: At Earle Haven there were still staff on site. Queensland Health were told that staff had been withdrawn which created their decision to evacuate the facility. Yes, there was a contractual dispute. One of the positive outcomes from the Earle Haven experience is that neither of the two partners to that particular circumstance are providing aged-care services anymore, as a result of both the actions of the government and the actions of the Aged Care Quality and Safety Commission. I don't want to get into an argument about this, but I would see this as a very different circumstance. We had to find a new workforce. We did that. We brought people in within 24-hours notice to provide the workforce that we wanted. We discussed the fact that rather than just bringing in a replacement workforce we would over cater. Some of the organisational and structural issues that we
saw at St Basil's, where, as I said, the entire management capacity of the facility was also taken out, so no access to IT systems, very limited access to—

Senator WATT: Minister, we don't have a lot of time, so if we could just get some brief answers, please. The review that was conducted into the Earle Haven closure made over 20 recommendations. One of them, recommendation 21, was that the Department of Health should develop a response plan for emerging situations where there is a risk of an imminent closure in the provision of aged-care services. Has that recommendation been implemented? Has the department prepared a response plan?

Mr Lye: What we're doing day in and day out is our COVID response plan. It will be up to the independent reviewers to make their judgement about St Basil's. The critical issue that we faced there was that we had a window of time where we didn't know that was happening and presumably it led to the high furlough rate of staff. In each outbreak site we have a plan. We bring the clinical first responder in who assesses the likely workforce need and then we move in and we identify people to provide that. That's our standard response. In Victoria, we're under a lot of pressure with—

Senator WATT: Mr Lye, again, in the interests of time, could we get you to table—even if it's afterwards—a copy of that response plan that has been developed in response to that recommendation from the Earle Haven review?

Mr Lye: Probably the best document to table for you is the that protocol we have, which we agreed with New South Wales—we've circulated it to all states—which we're using in relation to COVID outbreaks. I think the issue we have in Victoria is that we have a capacity to quickly stand up a workforce—and, as the minister said, we also now have a capacity to help people transfer to private hospitals, to take pressure out of sites—but that we have a situation in Victoria where every health and aged-care service, and related service, is where we might find a ready workforce under pressure because of community transmission. There are some real limits to the identification of a replacement workforce, and it's unique to the situation we have in Victoria. It's very important to say all the plans in the world are not going to help you when you get to that situation and you have that intense pressure. We have had to innovate as we've gone along. That is the very unique set of circumstances we face today.

Senator WATT: If you could table that protocol, that'd be helpful. Minister, in the remaining time that I've got, the point I'm trying to make is that we've seen this aged-care crisis happen all around Australia, not just in Victoria. People are shaking their heads, because yet again we see an example of the aged-care system in crisis and people suffering. Minister, are you aware of how many reviews of or reports on the aged-care system have been commissioned and reported on, even just over the last three years?

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Senator WATT: Of course I'm aware of those things.

Senator WATT: It's 12 reviews just since 2017.

Senator Colbeck: Many of the things we've been doing over the last 12 months or so are implementing the recommendations out of those reports, to improve the aged-care sector.

Senator WATT: How many of those recommendations have been fully implemented?

Senator Colbeck: I'd have to take that on notice, but I'm happy to provide that to the committee. We've also—

Senator WATT: Do you know how many recommendations have been made in those reviews? It's about 150.

Senator Colbeck: Can you let me answer the question. We've also, as you would be well aware, put in place a royal commission to do a forensic review of the entire sector. Off the back of that, there will be significant reform that continues. One of the things that the royal commission has said to us is that, even though we said we will continue to implement reforms as the royal commission started, it doesn't want a moving target. So we are being courteous to the wishes of the royal commission but continuing to implement things like the Serious Incident Response Scheme, a system for registration of employees and the new quality-care standards. There are a range of things that we have continued to implement over the last 12 to 18 months to improve the aged-care system; for example, the quality and safety commission is now under the auspices of one organisation rather than split between two. We have continued with all of those things to improve the sector.

We are in a circumstance now where we're dealing with a pandemic. The reason that we're having infections within aged-care facilities and the reason that we've got the number of deaths we have, tragically, is the high level of community transmission. As the secretary said in his opening statement, none of us are immune from the virus—particularly aged-care workers. We've got a situation in Victoria where we have over 1,000 healthcare workers as well as close to 600 aged-care workers infected with the virus. Nobody is immune from this and it's putting an immense amount of stress on the entire healthcare system, which is why the decisions made by the
Victorian government to suspend elective surgery, to provide capacity within the private hospital sector and to take residents out of facilities that have staff shortages to release the pressure were so important. In one circumstance we were dealing with, there was a hospital right next door to an aged-care facility. We went next door to see if we could assist them (a) with staff or (b) by taking some residents. They had 100 healthcare workers off themselves with COVID. This is the wide circumstance.

Senator WATT: My basic question, Senator Colbeck, is: how long have people got to wait for your government to get the aged-care system working properly? We've had 12 reviews in the last three years. They've made 150 recommendations, many of which have not been implemented. Every month we see a new breakdown of the system. At the moment it's COVID. In the past it was Earle Haven. Other times it's been about the workforce. How long have people got to wait for this system to be fixed?

Senator Colbeck: As I said to you a moment ago, we have continued to implement reforms to improve the system. We said we would do that all along, even though the royal commission was continuing. The royal commission is due to report to us on 26 February next year. We will continue to do the work we're doing to reform and improve the system until we get to that date, and then we will respond to the royal commission and start implementing the recommendations it makes to us. We will continue to improve and reform the system. It's what we said we will do, and we will continue to do it.

CHAIR: Thank you, Minister. Can I go now to Senator Siewert.

Senator SIEWERT: I think this question is to the department. Is it possible, please, to get a list of all the current outbreaks in Victoria, along with the numbers—so naming all of the providers, all of the residences, and how many of those are infected and how many deaths have occurred in each. At the moment, as far as I can find, only a shortened list has been made publicly available. Is that possible?

Prof. Murphy: We would be happy to provide that, but we would like to provide it to the committee in camera. Some of the facilities don't want it publicly known that they have outbreaks. Many of them have been open about it, and it's in the media. But some of them have just had one staff member infected, and the facility's been locked down and it's been controlled, and they're worried about reputational issues. We could provide it to the committee in camera.

Senator SIEWERT: I'm concerned about that. I think the public have a right to know which facilities have been infected.

Senator Colbeck: Can I make a point there. One of the things that we have been stressing to the facilities is that all families who have a family member in their facility are advised of that—so the families engaged with those facilities are aware of what's happening. I think that is appropriate and quite reasonable. But I am concerned about the stress placed on facilities by some of the public elements of this approach. I understand where you're coming from in one sense, but the capacity particularly some of the smaller facilities to deal with a huge influx of media inquiries can severely impact on the facility. In circumstances where they're doing well and the families have been appropriately advised, I think that as long as the families know what is going on—and we're ensuring that that is the case; part of our daily case management is to ensure that families know what's going on—I'm reluctant to have a public hit list of facilities that have been unfortunate enough to have a COVID outbreak within them. I understand—

Senator SIEWERT: Minister, I've only got a short amount of time, sorry. I hear where you're coming from. Are any of these facilities that have any level of infection still accepting new residents? If they are, the community have a right to know.

Senator Colbeck: No; the facilities are closed down.

Senator SIEWERT: All of them?

Senator Colbeck: They are all locked down. They aren't receiving visitors.

Senator SIEWERT: Not visitors—new residents.

Senator Colbeck: They are all effectively locked down.

Prof. Murphy: And to new residents—they don't take new residents when they've got an outbreak. That is a fundamental rule.

Senator SIEWERT: Even one?

Prof. Murphy: Even one. They won't take new residents.

Senator SIEWERT: Can you provide the list?

CHAIR: The committee can consider the matter you've raised further.
Senator SIEWERT: Yes. I'm not prepared at this stage to accept that the whole list be given in camera. I think we need to have a further discussion about that.

CHAIR: Yes.

Senator SIEWERT: I will move on, because I have limited time. How can a facility have passed accreditation either last year or earlier this year and now, six months later, be found to be in breach of a number of criteria? I'm going on what is reported in the media. Is that correct, for example, for Epping Gardens?

Ms Anderson: There are a number of parts to that answer. Firstly, the stealth-bomber-like qualities of COVID-19 mean that it can be brought into an aged-care service even if they have been meticulous in their attention to infection prevention and control and in screening of all people coming to the service.

Senator SIEWERT: Ms Anderson, that's not the question I asked.

Ms Anderson: I'm coming to that, Senator. Thank you. I'm assuming what you're asking about is the justification for a regulatory response that the commission has given.

Senator SIEWERT: No. My understanding is that Epping Gardens passed its most recent accreditation, and then you've done another process—I'm only going on what's reported in the media—and they do not pass some of their criteria. How can that happen?

Ms Anderson: We see it occasionally across the sector. It is specific to the COVID-19 circumstances. We have issued a notice to agree to 10 residential aged-care services in Victoria who have experienced an outbreak. That is a subset of the much larger number of services about which you've heard this morning. The reason those particular services have received notices to agree is that we had evidence available to us that their response to the outbreak was slower and less decisive than desirable and left the residents of those services at increased risk of harm.

Senator SIEWERT: Is Epping Gardens in that group?

Ms Anderson: Yes.

Senator SIEWERT: Are you saying it's purely in relation to COVID and infection control? I would have thought that that was a broader issue than just COVID.

Ms Anderson: It is the circumstances of their response to an outbreak at that site, so it is definitely COVID related, but it's not just about infection prevention and control; it's actually about organisational governance.

Senator SIEWERT: If their organisational governance is not adequate, how did they pass in the first place? This reminds me of Oakden, where exactly the same thing happened. They had recently been accredited, and then we saw what happened subsequent to that.

Ms Anderson: What we're finding is that, if there are subtle weaknesses in organisational governance or the clarity about responsibilities in systems and processes, or if there's any degree of distance between the corporate centre and the on-site management, or if the onsite management are acting in that position or may not have fully understood the scope and scale of their roles, then those fault lines crack more broadly and that weakness becomes a problem.

Senator SIEWERT: That takes me to a number of other questions. One of them is: what are you doing about that? I appreciate you've got the emergency situation now, but how will the commission improve their processes to ensure that in the future this doesn't happen? Secondly, how many residents are there now with COVID in the 10 facilities, and how many deaths have there been in those particular facilities?

Ms Anderson: I'll have to take the second part of that question on notice. The numbers do change. As Mr Lye indicated, there are people moving to hospital.

Senator SIEWERT: Obviously, we have to do a point in time.

Ms Anderson: Yes.

Senator SIEWERT: As of the latest figures you've got?

Ms Anderson: Yes.

Mr Lye: It's worth saying that, in those 10 situations, it could be because the organisations have lost critical personnel to furlough. This is a lesson out of Newmarch and Dorothy Henderson Lodge: where we get a sense that the organisation's not coping or not able to respond quickly, it gives the commission an ability to then say, 'I want somebody who I can be assured is going to exercise the right leadership in the position quickly.' So, in some ways, that's as much preventive of the crisis as it is responsive to it. We've learnt that from Newmarch, where we were concerned about the organisation's capacity, in very difficult circumstances, to respond quickly to the things that needed to be addressed. I wouldn't say that, because the commission's issued action in those 10 locations,
We need to adjust this quickly: that's why we have the AUSMAT teams that are going in as well. The, — as undertaken. Can I clarify, Ms Anderson, that self-assessment process was undertaken by all aged-care facilities in Australia?

Ms Anderson: Yes, that's correct.

Senator SIEWERT: Does that mean that the hundred that now have infections in Victoria undertook self-assessment?

Ms Anderson: Yes.

Senator SIEWERT: Did any of those self-assessments for those hundred identify that they had issues?

Ms Anderson: We haven't looked specifically at that. I can certainly come back to you with that information.

Senator SIEWERT: What was the process undertaken to look at those self-assessments, and did you go into those facilities that you didn't think were adequate and have another look at them?

Ms Anderson: Yes, we did. We looked at all the responses across Australia, we rated them and we risk assessed them. We identified a subset where we were concerned about the responses they'd provided and we either contacted them again and had a further conversation or, in some instances, we went and visited them.

Senator SIEWERT: Were any of these hundred that now have infections —

Ms Anderson: I would need to do that reassessment daily with the numbers—which are growing—of affected facilities. I'm more than happy to come back to you with a point-in-time assessment of that.

Senator SIEWERT: Thank you. You've moved to face-to-face infection control training. Is that specifically just in Victoria? In answer to one of my questions on notice, it seemed to me the uptake of the online processes was pretty low.

Ms Anderson: The online training is a departmental initiative. Would you like to pick that up, Mr Lye?
Mr Lye: Yes. The take-up has been very good. There are 151,000 aged-care workers who've taken up the online training. That's out of a total take-up of more than a million workers in the disability, hospital, primary care and aged-care workforces. There are nine specific modules that relate to aged care. I'll just give you a bit of a sweep of the topics covered: personal safety; families and visitors; COVID-19 and aged-care outbreak management; PPE; laundry; cleaning and some specific modules for residential and home care. The completions, for most of them, are in excess of 100,000. We can give you a table of this. So the take-up has been good.

Senator SIEWERT: If you could. Is it compulsory?

Mr Lye: No. It's not compulsory, but it's strongly encouraged. This goes above and beyond the requirement that people have competence in infection control as a proof provider. This is over and above that. In Victoria, over and above that—and in addition to some very practical materials, videos and stuff that we've provided around donning and doffing and PPE—we're initiating face-to-face training as well.

Senator SIEWERT: Is that just in Victoria at the moment?

Mr Lye: At this stage. But we have spoken, through AHPPC, to the other jurisdictions around some of the things—if we, together, need to do some further preparation, in light of Victoria—that we can do to go above and beyond what we've already done.

CHAIR: Senator Siewert, I'll have to leave it there. Senator Lambie.

Senator LAMBIE: Minister, about two months ago, the Prime Minister was pressuring aged-care homes to loosen up their social distancing restrictions and allow more visitors. He told providers that if he didn't see an improvement under voluntary arrangements, he would force them to seek Commonwealth approval to set their own rules. Does what has happened in Victoria show that the providers were in the right?

Senator Colbeck: No. The Prime Minister was articulating advice that had been provided to national cabinet by the AHPPC. One of the concerns that we've had—and we're seeing the results; when you read the Dorothy Henderson Lodge report you'll see some reference to it as well—is that the isolation of residents within aged-care facilities, and the fact that they had no access to their loved ones, was starting to cause some quite concerning mental health issues. There were a number of providers who had basically said, We don't want any visitors at all.' The AHPPC did an assessment of that and provided that advice to the national cabinet. That was what the Prime Minister was actually talking about.

Following that conversation, I engaged with the provider peaks and also the consumer peaks in the aged-care sector. They negotiated a set of guidelines, which took only a matter of a week to resolve, pleasingly, that provided guidance to every aged-care provider in the country as to how they might manage visitation. The AHPPC subsequently provided updated advice, which was then incorporated into those guidelines—again, to provide guidance to providers as to how they might facilitate that visitation. Victoria didn't accept the second round of guidance. They maintained the first round of AHPPC guidance, which maintained much stricter visitation limits, based on the fact that they were starting to see community transmission. Our action, the Prime Minister's action, was purely based on the advice of the AHPPC. I think that served us well. That's where that happened. So, I wouldn't agree with the statement that they were right. In fact, there is no evidence that I've seen of any infections from visitors. All the infections that I've seen in aged care so far—and the officials at the table might be able to pick any out, if there are—have come in from the staff.

Senator LAMBIE: We have gone through this twice now. How many times do we need to go through this before the government is going to get this right? Let's stop blaming Daniel Andrews and go straight to the federal government. How come the medical advice waits for a crisis to start before we do anything and why are we wanting the virus to get into aged care homes before we act? We knew this was hitting Victoria three or four weeks ago. Why, first off, as soon as this was hitting, weren't you in those aged care homes wrapping them up in cotton wool and shutting them off? How many times do we need sheep going through this rotation, Minister, before you actually get on the front foot with this?

Senator Colbeck: As the secretary said in his opening statement, the reality is that while there is community transmission of COVID-19, there will be the risk of transmission into aged care facilities. Aged care workers aren't immune from the virus, just as health care workers aren't, or any others. The only way to stop the virus getting into aged care facilities is to stop community transmission. That is the only way you will prevent it. It's not a matter of blame. I'm not wanting to push this to Daniel Andrews or any other person or jurisdiction, but the only way you will stop any incidence of COVID-19 in an aged care facility is to stop community transmission. That's the evidence everywhere else in the world.

Senator LAMBIE: We can do the name and blame. The people at the top here are the federal government—let's be honest here. It is command and control and you have lost it. Were you listening to the providers?
consultations were done with industry to hear about their concerns? Were you hearing concerns from the residents? Were you hearing concerns from the workers who have to go in there every day and put themselves and their families at risk? When do we start consulting? How far back were you doing that?

Senator Colbeck: I have been meeting with the providers, their peaks, and also consumer peaks since back in, I think, March. We've had weekly meetings, or sometimes two or three a week, to talk to providers, both residential and home care. So we've been in constant contact with the sector, from both the consumer perspective and the provider perspective, on a very, very regular basis, sometimes two or three times a week, with completely open access. Any questions that they want to ask and any concerns that they want to raise have been available to them on a very regular basis, all through this process, all through the outbreak.

Senator LAMBIE: Since the outbreak at Newmarch House—and I don't want to hear about review—what changes and what recommendations have been put in place in the last, what, eight to 10 weeks? What actual changes were put into place in the two and a half to three months since the Newmarch House break-out? Exactly what has been put in place? I don't want to hear about the recommendations or the review. I want to know exactly what has been put in place.

Senator Colbeck: Particularly, learnings from Newmarch House would have been things we have already discussed, which is the speed of action with respect to leadership and oversight of the facility. There has been a number of new pieces of advice that have come from the AHPPC. On 13 July, the decision was made to ask all aged care workers in metro Melbourne to wear masks, for example. That was expanded to all of Victoria. The issues around communications and the speed of setting up communications, so that families could understand what's going on, were established and have been implemented in a number of the facilities that were found to have struggled with those sorts of things. There is the work that the quality commissioner's doing with the second round of research around infection control preparedness, and that started, I think, back at the beginning of July or in early July. So, there's been a number of things that we've not only continued but we've done a second round of to ensure that facilities are up to speed with what's going on, but we're providing some oversights and checking to make sure that those things are actually in place. It has been a continuous process of applying the learnings of what's happened at Newmarch House, but also that we have systems in place, and we are incorporating those learnings into the systems, so that action can be prompt and quick, to maintain a level of service.

Senator LAMBIE: Did you start sending sick patients straight to hospital?

Senator Colbeck: It's dependent on the facility. If you look at the first cases that came up, which was with Menarock, we made a decision quite early, because of the layout of the facility, it being one where there were shared bedrooms and shared bathrooms, it wasn't possible to properly cohort and isolate people within the facility. So, we made a decision quite early in the piece that we needed to move the residents out of Menarock. That was done. We've been talking to the Victorian government and, through the cessation of elective surgery—as the officials said to you earlier in the hearing—quite a number of people have been moved out of facilities for a couple of reasons. First, they may have needed it for clinical purposes, so those people who have required clinical treatment have all gone to hospital. But in some circumstances, relieving the pressure on a facility that's got a huge staff loss has been very helpful—that we can take people to hospital and they can be cared for there and the remaining staff, or the surge staff, can continue to operate onsite—

Senator LAMBIE: Let me get this right: the Commonwealth did nothing again and you have left it up to the providers to take action. Is this right?

Senator Colbeck: No, that's completely wrong. In fact, the reason that hospital space is available is that we worked with the Victorian government on the cessation of elective surgery to free up that hospital space, which wasn't available earlier in the outbreak. All of these are things we have done to make those facilities available to the providers—

Senator LAMBIE: But didn't Newmarch House show that not sending them to hospital didn't work—it did not have the results? Once again, why are you not removing them?

Senator Colbeck: No, that was a very different circumstance. Some of the things that happened in Newmarch House, in terms of in-room from public hospitals, are occurring at some of the facilities in Victoria. So, what we did at Newmarch and what was the circumstance at Newmarch was that we had what we call a 'hospital in the home' that was provided by the local public health unit. We had a rotating roster of GPs. We had an infectious diseases specialist who was actually physically working in Newmarch House the whole time with the residents. In some circumstances in Victoria, that's a similar circumstance to what's happening. The local hospital is providing an in-room service to the facility to provide the appropriate level of health service onsite. If someone needs to go to hospital, they are sent to hospital. In some circumstances where the staff loss is so significant that the facility
can't manage it on its own, as the official said earlier we are decanting people out of the facility to a private hospital so that it relieves pressure on the facility with its remaining staff or the staff that we can organise to support it while it's got staff on furlough. The residents who are moved out are cared for in hospital. So, there is very active engagement here between DHHS, the private hospital system, the quality and safety commissioner and the government to ensure that things are coordinated to be able to provide the level of care that residents need—

**Senator LAMBIE:** But just a moment. Newmarch House showed that it didn't work. They don't have clinical nurses—correct me if I'm wrong—unless you've put them in there in the last 24 hours. They don't have the training. Why are we going around in circles with this? Apparently they don't have the PPE gear either—once again. Is that the case, Minister? You guys have been lying to us for months, because you told us you stacked up on the PPE gear. That is why we all went into lockdown in the first place. It is now starting to come to the surface. We are still not ready with the PPE gear.

**Senator Colbeck:** Senator, every aged-care facility with an outbreak has been supplied by the government with PPE.

**Senator LAMBIE:** Not beforehand. What about supplying them beforehand? This is what I mean. You are inactive. It is inactive. You should have these ready to go so they're not waiting; they're already covering their butts to save lives. What are you waiting for?

**Senator Colbeck:** Every single aged-care facility is required by the quality standards to maintain an adequate supply of PPE. In the circumstance—

**Senator LAMBIE:** Was that adequate? Has that supply changed? What have you done with changes to that since the first round of COVID-19 hitting aged care? What have you done? Don't tell me it's given a limited number. I want to know how much more you've got so they're ready so we can move immediately.

**Senator Colbeck:** As I was saying, every aged-care provider is required under the quality standards to have an adequate supply of PPE. In the circumstance they have a COVID-19 outbreak, we immediately come in and supply a range of things, including PPE. That's provided immediately and on demand, paid for by the Commonwealth.

**Senator LAMBIE:** How soon after—

**Senator Colbeck:** In the context of a facility with COVID-19 there is a continuous supply of PPE.

**Senator LAMBIE:** How soon after the Victorian outbreak did someone give orders to get everyone in those nursing homes in that PPE gear immediately? How long did it take? Or are they still mucking around with that now and you're still deciding which ones are going to wear face masks and which ones are going to do what? What's the go here?

**Senator Colbeck:** As I said to you earlier, Senator, on 13 July this year AHPPC gave us advice, as government, that all nurses in the Melbourne metro area should wear a face mask. We instituted that direction to the sector immediately. On the Wednesday of that week we extended that to all aged-care facilities in Victoria and we immediately supplied five million masks into the aged-care sector in Victoria to meet that need. So we paid for it. We subsequently supplied an additional four million masks—so that makes nine million masks—into the sector. On top of that, Minister Hunt then supplied disposable face shields to supplement the masks for all aged-care workers in Victoria.

**CHAIR:** When was that?

**Senator LAMBIE:** Too slow. Jesus.

**CHAIR:** When did the masks come?

**Senator Colbeck:** The masks were supplied immediately into Victoria, and there is no shortage of masks.

**CHAIR:** But I'm specifically asking when they were supplied. In the second wave, when did the face masks arrive in aged care?

**Senator Colbeck:** As the facilities ordered them—

**CHAIR:** Once an outbreak had been identified?

**Prof. Murphy:** Can I intervene? Facilities have always had a stock of PPE to respond to an outbreak immediately.

**Senator LAMBIE:** Enough for everybody? That's what I'm asking you.

**Prof. Murphy:** Yes.
Senator LAMBIE: You do not have enough for everybody. That's rubbish.

Prof. Murphy: Yes, and, if there is a need once they've had an outbreak, they immediately contact, but they always have stock to be able to use it from the outbreak, and then we replenish. What the minister is talking about is, across facilities even without outbreaks, we now have masks and face shields for every aged-care worker in Victoria.

CHAIR: As you'd hope.

Prof. Murphy: That was an additional thing. But we have provided PPE for every facility so that they have a stock when there's an outbreak. I'm not aware of a situation where a facility has had an outbreak where there wasn't PPE on hand to put it on immediately.

Senator LAMBIE: You weren't down in Tasmania, I can tell you right now, because we were not ready.

CHAIR: Senator Lambie, we're going to have to leave it there. I'm going to go to Senator Paterson, who has a few questions.

Senator PATERSON: Thanks, Chair. Could we go to Senator Davey first and then to me—five minutes each?

CHAIR: Okay. Senator Davey.

Senator DAVEY: I want to go some way to better understanding the outbreak in aged-care facilities as it has occurred in regional Victoria. Of the 97 residential aged-care facilities that currently have an outbreak, how many are outside Melbourne and the Mitchell Shire regions?

Ms Laffan: We'd have to take that on notice, but, just from my memory, a large proportion are in those areas that you mentioned.

Prof. Murphy: I'm only aware of one significant outbreak at the moment, and that's in Geelong. We can take that on notice to be certain. The only outbreak that is of any concern to us is the one in Geelong.

Senator DAVEY: I've also read about a case—an isolated case, admittedly—in Bendigo and a small amount of community transmission in Ballarat. I want to understand why those outbreaks in the regional residential homes don't appear to be having the same significant level of internal transmission as what we're seeing in the metro Melbourne centres. Is that because they notified early? Do we have an understanding of how they're being managed differently?

Prof. Murphy: I don't think there's any evidence that they're being managed differently. As we said before, most of the outbreaks in metropolitan Melbourne have been like the ones in the regions—very small outbreaks that are controlled early. It's just simply a matter of numbers. The outbreaks in regions have been small in number. Since the majority of outbreaks are readily controlled, we've had only the one significant outbreak in Geelong. It's just a reflection of the degree of community transmission in the regions versus metropolitan Melbourne.

Mr Lye: Also Dr Murphy said that the vast majority of outbreaks sites—I think 80 per cent—are really where one person is infected and they're isolated and that doesn't then transmit through a service. That is the dominant kind of presentation. We obviously have a significant minority of cases where we've had much more extensive outbreak.

Senator DAVEY: So early identification and early isolation actually works within the centre or within the community to really prevent further transmission. You said in your opening statement, Professor Murphy, that, without controlling community transmission, we've got issues. For many people in regional areas who have concerns about their healthcare facilities and capacity to cope with the outbreaks the clear message is: if we can control community transmission and keep community transmission out of regional areas, we will prevent it getting into regional aged-care facilities.

Prof. Murphy: That's exactly right, Senator. That's why we also support the Victorian government's decision to introduce level 3 restrictions across regional Victoria even though the community transmission is low and limited. Stopping that scale of community transmission is the most important thing we can do to protect residential aged-care residents.

Senator DAVEY: Thank you. I'll pass to James.

CHAIR: Senator Paterson?

Senator PATERSON: Thank you, Chair. Given the limited time, I'll put on notice: what is the total PPE and the total staff supplied to Victorian aged-care centres? Thank you. Dr Murphy, you've referred to delays in the Victorian public health unit in following up cases in contact tracing. How serious have those delays been?
**Prof. Murphy:** It's getting a lot better now, but I think they were significantly under pressure. We had more than 500 cases a day. They did have a period of time when their contact tracing was delayed. They've made a range of very substantial improvements. We believe that they are now contacting every trace every day. It's nobody's fault. They had a huge number of cases. I think their systems did suffer from the pressure of that and there were some delays and there were a number of cases under investigation that took longer than they would agree should have been taken to identify, isolate and contact trace.

**Senator PATERSON:** How long was that going on for?

**Prof. Murphy:** We don't have exact data on that, but it was probably for a couple of weeks. Obviously, they will be doing a review of all of that down the track, but I think there was a period of a couple of weeks where the case growth was so great that they were under enormous pressure.

**Senator PATERSON:** In your view, did that contribute to broader community transmission than would otherwise have occurred?

**Prof. Murphy:** I think it has to have been a factor. If you have people who aren't isolated and contact-traced immediately, in some cases they can continue to spread before they or their contacts are isolated. So I suspect it was a factor, yes. But there are also a number of very significant factors. I think the demography of this second outbreak in Victoria has been very different from early on, and actually getting in contact and making connection with the communities involved has been challenging too.

**Senator PATERSON:** I will come to that. Just to wrap up that thought: if this has contributed to wider community transmission, by definition it would also have contributed to wider transmission in aged care, because, as your earlier evidence indicates, if you have community transmission, inevitably it's going to interact with aged care as well.

**Prof. Murphy:** Undoubtedly. If you look at the UK, they have had over 20,000 deaths in government-run aged-care facilities because they had widespread community transmission. So it is a universal phenomenon: widespread community transmission leads to aged-care outbreaks. Some of the best-run and best protected facilities in Melbourne—nobody would argue—have had significant outbreaks. So it is just a consequence of that transmission.

**Senator PATERSON:** There's no jurisdiction in the world that has been able to have community transmission with no impact on aged-care facilities?

**Prof. Murphy:** Not that I'm aware of—nowhere in the world.

**Senator PATERSON:** Just coming back to that point about demography, we know from the case fatality rate data that there now appears to be very widespread transmission among young people but it's not as severe for young people; it's very severe for elderly people. If you have significant transmission among young people, they're likely spreading it to the elderly, as you say, through aged-care workforce and others.

**Prof. Murphy:** Correct. I think that's one of the most wicked challenges with this virus: the people who spread it are not unwell, mostly. They can be mildly symptomatic or asymptomatic, and they don't take it seriously until they infect an elderly relative. That is one of the biggest challenges. It's not a virus that is transmitted by people who are generally unwell.

**Senator PATERSON:** This is just on your indulgence, because I know this has been aged care focused. You might be able to assist me, but, if not, please feel free to take it on notice. It's been of interest to me that in New South Wales, where they've had relatively low levels of community transmission, they've been able to use the app to identify some positive cases, but in Victoria, where there's been much more widespread community transmission, they haven't been able to use the app to identify cases. Do you know the reason for that discrepancy between Victoria and New South Wales?

**Prof. Murphy:** I think that in Victoria, for a period of time, they were feeling so pressured that they decided not to use the app. They tried it initially in the outbreak. The community that were involved had a low download rate, and most of the early transmissions were in family gatherings where they identified the contacts anyway. So, because they were so pressured, they kept going without using the app. They have now started using the app again, and we hope to see some of the successes we've seen in New South Wales recently with identifying otherwise unidentified contacts. But I think we're having an app hearing in the future.

**CHAIR:** Yes, we are.

**Senator PATERSON:** Yes. To be very clear, the Victorian government made a decision to stop using the app.
**Prof. Murphy:** The public health unit, because they felt they hadn't found value in it in those early cases, did stop using it for a while, we believe. But they have been very clear that they are committed to using it at the moment.

**Senator PATERSON:** Finally, do you know how long that was for?

**Prof. Murphy:** I will have to take that on notice.

**Senator PATERSON:** Okay. If you could take on notice how often they access the data from the app, that would be very helpful.

**CHAIR:** Senator Colbeck, how many staff in aged care are still working across multiple sites in Victoria?

**Senator Colbeck:** I don't know the specific details of that but, at the request of the Australian and Victorian governments a couple of weeks ago, the sector came together with the union movement to negotiate a set of principles that would facilitate workers working at just one site. That process came into effect at the beginning of last week. I understand from my discussions with the sector that they're still working to minimise the number of people who are working across more than one site so that they can maintain workforce and rosters. So I'm not sure that it would be exclusive at this point in time, but, largely, that's the case. I know that there was considerable work being undertaken by the sector to roster people only at one site and of course we've indicated that we would support workers to ensure that they weren't disadvantaged.

**CHAIR:** You're going to have some support funding, and that was going to be announced in coming days. Has that been announced and what are the details of that?

**Senator Colbeck:** I think that the grant guidelines for that were put onto the department's website last night.

**CHAIR:** Last night—it must have been late. How much money is associated with that?

**Senator Colbeck:** That will be dependent on the demand from the providers and the workers. It's not a limited sum, if that's the question.

**CHAIR:** So it's a demand-driven grant program?

**Senator Colbeck:** Correct.

**CHAIR:** Minister, Victoria announced a further 11 deaths today, all linked to aged care. I'm sure you've probably seen those reports coming in. That would make the total of lives lost from aged care about 153, based on the numbers that officials have given us today. That's two-thirds of all deaths in Australia. We've heard reports this morning of the number of reviews that have been done. We know that hundreds of people have been dislocated from their homes into hospitals. We know that, essentially, in the space of three weeks we've gone from an outbreak of a very small number of cases to well over 1,100 now in aged care across 100 different facilities and that we've got failures to notify the regulator. What has gone wrong? I don't think you can just sit here and say, 'It was St Basil's.' The system is clearly in crisis and under enormous pressure; what has gone wrong which has led to these numbers that we've seen today?

**Senator Colbeck:** As I've said a number of times, and as the secretary has said, the fundamental reason that we're seeing the outbreaks within aged care—and, unfortunately and tragically, the deaths that we're seeing—is the fact that we have community transmission of COVID-19 rampant through Victoria. That is the fundamental reason that we're seeing—

**CHAIR:** So nothing in your area—nothing could have prevented these outbreaks from growing? The numbers are growing every day across a number of facilities and even within facilities. In St Basil's, the second workforce started getting it. So what is going wrong there? There have to be failures in the areas that you have regulatory responsibility for.

**Senator Colbeck:** Nobody is saying that the aged-care sector is perfect; that's why we're having a royal commission. But the fundamental reason for all of this is the fact that we've got COVID-19 and a large level of community spread. I think it's worth pointing out that there are over 1,000 healthcare workers in Victoria who also have COVID-19 and that over the weekend I learned of two aged-care recipients who had contracted COVID-19 in hospital. So the fact that we have this level of transmission in the community is the direct driver of what we're seeing.

**CHAIR:** Are there some failures of the systems in some facilities? Yes, there are. That's why I asked for an inquiry into what occurred at St Basil's, so that we could all understand—the families, in particular—what occurred in that facility. That's why we conducted the review into Newmarch. But, at the end of the day, despite any of our desires or wishes, the only thing that's going to stop COVID-19 appearing in residential aged-care facilities is stopping the community transmission. Workers are picking it up in the community and, overwhelmingly, the path for the virus into the facilities is workers going to work, asymptomatic and not realising that they have the virus. As an
infectious diseases expert said to me over the weekend, 'The problem with this virus is that by the time we make our first detection in the facility the infection has already occurred and we don't know about it because the worker has been asymptomatic and it's not until they test positive that we realise there's a connection.' That's the fundamental problem we're dealing with here. Until we get that under control, we are not going to stop it. As the secretary said, some of the best facilities with the best procedures and practices in Melbourne are having outbreaks.

CHAIR: So is it your view that all of the aged-care-approved providers you have regulatory responsibility for were prepared for an outbreak of COVID-19?

Senator Colbeck: Some have been prepared better than others, I think, and that's been demonstrated in some of the things we're seeing, and that's why we put measures in place to support them.

CHAIR: But they're reactionary measures, aren't they? They're reacting to an outbreak once they occur.

Senator Colbeck: As I said to you a moment ago, by the time we get notification of an infected worker, the infection of the facility has already occurred. That's one of the problematic principles we're seeing with this virus. This is how it works. Before people know they're infected, they're still at work. That's why we asked for screening, that's why we have supplemented the advice we have given to the sector on a number of occasions with respect to screening workers and that's why we put in the requirement for them to wear face masks and face shields. We're trying to put in place any possible barrier we can to prevent the ingress of the virus into the facilities because we know, tragically, what the impact will be if the virus gets into a facility. The numbers speak for themselves.

CHAIR: Senator Colbeck, if you look at the second wave that has gone through Victoria and how that has occurred over a number of weeks, do you think the Commonwealth did everything it could to prevent the situation we are in now? Do you think your actions were timely? Do you think they were urgent enough? Did you intervene soon enough to prevent the loss of life that we have seen in aged care?

Senator Colbeck: I think we've intervened in every single outbreak immediately we've become aware of it. As the secretary and Mr Lye said, as soon as we become aware of an outbreak, we send in an Aspen first responder, we do an assessment of the facility, we immediately supply PPE to the facility, and we look at the workforce to see if it needs supplementation. There's a whole process we go through immediately something comes to light. In some circumstances things have escalated, like we saw at St Basil's, for example, where the entire workforce was furloughed with 24 hours' notice and so we brought in additional resources to deal with it.

CHAIR: Can I break in here? Are you telling the committee that under all of the pandemic planning preparedness that you would have done in light of international learnings, that there was no assessment done of the potential for the loss of an entire workforce within a facility? I find it very hard to believe that was not one of the scenarios that was planned in relation to an outbreak in aged care.

Senator Colbeck: Well, that hasn't been the evidence we've seen at this point in time—that every single staff member, both care workforce and administration, has been determined to be a close contact.

CHAIR: I'm not saying it's evidence; I am saying I'm finding it hard to believe it wasn't seen as part of the scenario planning around pandemic preparedness. From a worst-case scenario to a best one and everything in between, would that not have been seen as one of the potential situations that people would find themselves in? It didn't form part of your thinking?

Senator Colbeck: Based on the evidence that we've seen through quite a number of outbreaks in aged-care facilities in Australia to date, and there have been quite a few and clearly that's escalated at a fairly extraordinary rate in the last three or four weeks, we haven't had a circumstance because we've been able to move on it very quickly, where every worker at the site, administration and care worker, had been identified as a close contact.

Senator WATT: I want to pick up on Senator Gallagher's questioning. She asked you a number of times now: is there anything that could have been done to prepare better, to prevent these things happening? Every time you answered the question, you talked about what you did in response to an outbreak. Isn't that the entire point—that is, you and your department have been reactive; you've waited for outbreaks to occur and then scrambled around to try to fix things. Surely it would have been better to act on the recommendations of the God knows how many reviews of aged care we've had over the last few years and make sure that these things didn't happen in the first place. Why was that not possible to do?

Senator Colbeck: As the secretary and Mr Lye said before, off the back of the circumstances in New South Wales we set up a set of parameters and an agreement with the New South Wales government, which [inaudible] to everyone else, to all other states, a set of processes to manage a COVID-19 outbreak. But as this pandemic has evolved, new circumstances have evolved. We've reacted to those, I think appropriately, including the
establishment of the Victorian Aged Care Response Centre, which has brought together the resources of the Commonwealth and the state government to manage the demand that we've seen in dealing with the pandemic. The scale that it has grown to, because of the scale of the community outbreak, has demanded we consider new things. Rather than having a static approach to what we're dealing with, it's appropriate we continue to look at what else we might do to deal with the growth in demand.

**Senator WATT:** Minister, it's not just me asserting that you've been slow off the mark and reactive. Professor Pollaers, who did the aged-care workforce review for you, has said in the last few days:

They—

being your government—

have known about these issues … There's plenty of reports that have told them, but they have ducked it.

It wasn't really until the royal commission in November, it really became very clear that the government has made no progress … they've sat on the report.

That's not me, an opposition politician, saying this. These are the people who you've commissioned to do your review saying that you're sitting on reports and not implementing the recommendations. What is it going to take?

**Senator Colbeck:** I would disagree with the statement of Professor Pollaers, and I disagree with your statement. We are implementing—

**Senator WATT:** He's the independent expert!

**Senator Colbeck:** Well, we are implementing the recommendations of the Pollaers review, and the first element of that has been up and running for about 12 months. It's the workforce council, which is actually directed, run and operated by the sector. Now, there are other elements of work that we're continuing to talk to Professor Pollaers about. In fact, I've had a couple of conversations with him recently about some of the curriculum issues that are handled in a separate department to ours. We continue to implement those reforms. We haven't sat on them, as you might infer, but we continue to implement them as we believe they are required to be implemented.

**Senator WATT:** Okay, let's return to this point about preparation. Minister, in answer to questions on notice to this committee, in evidence that has been provided, we've learned that the Aged Care Quality and Safety Commission only performed 107 proactive visits to aged-care providers regarding their preparedness for COVID. That's out of more than 3,000 providers. So 107 proactive visits out of more than 3,000. We know that in early May more than 1,300 providers had made requests to the National Medical Stockpile for PPE, which surely should have set off warning bells that providers didn't have the PPE they needed. We know from evidence that of 66,000 employees, only about one-fifth of the workforce had done the training on how to use PPE. Was no-one monitoring any of this to see that we just weren't ready?

**Senator Colbeck:** The training for PPE use is supplementary training; it's over and above what providers are required to provide to their staff. I've spoken to many providers, including here in Tasmania, who've said to me that the training that they had done served them very, very well in their dealing with the COVID—

**Senator WATT:** They would say that. And now dozens of them have got infections.

**Senator Colbeck:** The three providers here in Tasmania who did have an infection handled it very well. To refute the comment of Senator Lambie saying they weren't prepared, I think they were and they did exceptionally well. Providers do have a requirement to train their staff. For supplementary training, that number is now over 151,000 completions. So I think the sector—particularly the workforce, who've undertaken this training—has engaged exceptionally well and understood their responsibilities and dedication to the role in their workforce training. I think that the workforce and the sector have responded quite well, but you are trying to conflate two things. I go back to the point I made before: while there is ever community transmission of this virus, there will be incursion into aged care. When there's an incursion into aged care, you are going to see tragic results because of the mortality rates that unfortunately occur in this cohort of Australians.

**Senator SIEWERT:** I wanted to go to the issue, firstly, of the retention of staff. You said earlier that the grant has just been put up on the site. I've just gone to have a look. What I can see is that there's one grant. Where do we find the details of how you apply and what the maximum value you can apply for is? How many grants have been given to date?

**Mr Lye:** There are two separate processes. There's the retention bonus, which is in the field. I think we've had around 1,500 applications for that. Separate to that, as the minister outlined, we have another process which is available. It's quite flexible for providers in the hotspots in Victoria to essentially get a top up so that no worker is
disadvantaged by working at a single site, and there are some guidelines for that. We can give you the link or a copy of that so you've got that—for providers.

**Senator SIEWERT:** How much is available for the multiple sites?

**Mr Lye:** It's for a range of different purposes. One thing is to provide assistance back to the aged-care facility to recompense an employee who is working at one site. It's available in circumstances where an aged-care facility decides that they want to hotel their employees to keep them isolated from the community. There are a range of purposes for which they can apply. It's quite flexible to all to achieve greater safety.

**Senator SIEWERT:** How many have applied, and what is the value?

**Mr Lye:** That's being negotiated. The sector is rostering, and they will begin to make applications now for that. They can apply for some funding upfront to help them with their cash flow to make sure that they can provision for their staff for the next eight weeks, and then we will reconcile that and, if necessary, top that up at the end of that period of time so they're not out of pocket.

**Senator SIEWERT:** Do we know if workers are still working across multiple sites now?

**Mr Lye:** There will be, and the rostering is still being worked through. As you would understand, it's complicated. Providers are trying to work cooperatively to identify a way of making sure a person works with one provider, but we don't leave individual facilities without a workforce. That's been the complication in this—that we've had to rely on the goodwill of the industry, and they've been fantastic in showing leadership in Melbourne, to work through between them to get that sorted.

**Senator Colbeck:** I need to correct something. I've just had a note put under my nose to say that those guidelines didn't go up because of their interactions with the paid pandemic leave announcements last night. I will provide you with advice as soon as they do. I just want to correct that.

**CHAIR:** I thought it must have been very late last night, because I was on the website.

**Senator SIEWERT:** I've just been on it to look at it as well.

**Senator Colbeck:** I was in a conversation at about eight o'clock last night to say that I wanted it to go up.

**Mr Lye:** The Victorian government had a similar payment. The way we're trying to work this is to say: 'You can access those entitlements that are out there. Then, to the extent that you have costs that aren't met, the grant program will absorb those costs for you,' so that people aren't out of pocket.

**CHAIR:** Thank you, Senator Siewert. We will have to leave it there. We will come back to this, no doubt. Senator Lambie, you told me you had one question.

**Senator LAMBIE:** Two.

**CHAIR:** Two, quickly.

**Senator LAMBIE:** Thank you, Chair. Minister, aged care has been a mess for a long time. It's a mess under your watch. You can't blame any of this on a virus. You can't blame it on the providers. It's about problems with the workforce, problems with the regulators and problems with the regulator. I know aged-care workers are out there doing their very best under the circumstances, but quite frankly you have set them up to fail since you came into office in 2013. One of your own fellow senators, Senator Fierravanti-Wells, has said your own government, your own party, chose to shift papers around and have a talkfest about aged care instead of actually doing reform in this sector. Could you tell me whether Senator Fierravanti-Wells is actually wrong in her statement in the paper this morning?

**Senator Colbeck:** I understand Senator Fierravanti-Wells's concerns. She spent four years as shadow minister and has done a lot of work in this sector. She feels about it passionately. There's an old saying that if you are heading to Dublin you wouldn't start from here, but the reality is I have come into this portfolio, we have a royal commission on [inaudible]. My determination is to ensure that we have a strong response in the interests of the people who are now serving in residential aged care out of the back of that process. It's going to take significant
resourcing. The Prime Minister has acknowledged that. We have put a significant resource into the sector now. During COVID, in fact, over $850 million has been allocated to the sector just to deal with COVID.

Senator LAMBIE: Do you think that any of this—

Senator Colbeck: [inaudible] is to ensure that off the back of the royal commission we have a transformative change to the sector that ensures that the sector provides the care that senior Australians deserve.

Senator LAMBIE: It will be nice to see the coalition actually take recommendations from a royal commission and put them into action. That will be fabulous.

CHAIR: Senator Lambie—

Senator LAMBIE: Do you think any elderly Australian would want to go into an aged-care home right now?

Senator Colbeck: There are and there continue to be demands. In fact, I have an aunt in an aged-care facility here in Tassie, and she's very happy. I have another aunt who actually went into an aged-care facility in Victoria last week. I'm very concerned by some of the aspersions cast on the sector more broadly. There is a lot that's good about the aged-care sector in this country. Does it need to be improved? Yes, it does. That's the determination I have as minister, and I know that the Prime Minister does from a government perspective.

CHAIR: Minister, we are out of time. I just had a couple of questions on the retention bonus. That was due to be paid in June, I think, or July—the $800 and $600. I don't want to get into the before-tax or after-tax issue; I think that point has been made. Can you tell me how much has been spent of that $444 million?

Mr Lye: I think there have been 1,500 applications to date. I will take that on notice and come back to you with—

CHAIR: From 1,500 facilities?

Mr Lye: Applications, yes. Not 1,500 individual people, but facilities. I will check that—

CHAIR: Out of how many that would be eligible?

Ms Laffan: I understand that from our calculations around 584 who we're expecting to apply are yet to apply.

CHAIR: So there's a number who haven't applied for it at all and then 1,500 who have applied. Do you know how much has gone out the door?

Mr Lye: I think we need to take that on notice.

CHAIR: I just want to understand, Minister, why chefs, cooks, cleaners, gardeners and people like that who are providing essential services to people living in residential aged care are not eligible for the retention bonus. What's different between a direct care worker and someone who cooks the lunch?

Senator Colbeck: Well, the description that you make is the point. What we found with Dorothy Henderson Lodge in the early days of the COVID-19 outbreak was that people were very reluctant to come to work because of concerns about engaging with residents who had COVID-19. So, it was a direct response to those particular workers who were providing direct care and were in direct contact with the residents of the facilities. That was the point of applying the retention bonus to those people, and they are still the people who we're finding are reluctant to come to work. Those providing direct care to the residents are those who are saying to us, 'We're not comfortable coming to work, because we're worried about the periods of time personally interacting with the resident, who might be COVID-positive, and therefore we're reluctant to come to work.' So, it was in direct response to what we were seeing in the facilities, to those who were saying, 'Sorry, we don't want to come to work because we're worried about our contact with those who are COVID-positive.'

CHAIR: But doesn't it again set two standards for workers? In a facility some are worthy of a retention bonus and others aren't. What's the difference for someone preparing breakfast, lunch, dinner and snacks that are needed for aged care? What's not direct about that level of care? The risk for them of being in the working environment would be similar to the risk for direct-care workers.

Senator Colbeck: Well, it's the direct level of care, and it is different.

CHAIR: Okay. Will you reconsider it, in light of the fact that only 1,500 have applied? There's a number that haven't applied. There must be money in that budget to extend it to people who are providing care to residents.

Mr Lye: To clarify on that issue: we will be engaging with the sector further around ensuring that people who haven't taken it up do so. Obviously we want to see facilities apply that haven't yet applied. I think Ms Laffan's got a figure for how much money's gone out.
Ms Laffan: As at 31 July, $54.7 million has gone out, and a further 500 applications have been approved for payment. That's an additional value of $48.3 million, and those payments are expected to be made around 14 August.

CHAIR: So, on my quick addition, that's just over $100 million of a $445 million program. Is that right?

Senator Colbeck: It's $234 million; I think that's the number.

CHAIR: $234 million? I thought it was bigger than that.

Ms Laffan: It's $234.9 million.

CHAIR: So, it was part of a bigger package that was announced—

Ms Laffan: Correct.

CHAIR: of $440 million. So, you've spent just under half of it. Okay.

Senator Colbeck: And that would be the first round of claims.

CHAIR: Yes, I understood that. And you'll take on notice for me whether you'll consider extending that payment to others providing care in a residential aged-care facility?

Senator Colbeck: I will, but I'll also make the point that we provided an extra $78 million directly to providers to assist them with workforce retention. So, the providers probably already do have capacity to pay other workers. Some I know have. But we provided an extra $78 million directly to the providers to—

Senator LAMBIE: Do you think we could have the details on exactly what that money is doing—exactly what you've told them to do with that money? It's no good telling us you've just chucked money out there. Exactly what is it stipulated for?

Senator SIEWERT: Is it tied funding? What we've seen in the past is that it hasn't been tied to wages.

CHAIR: Okay—the chair's trying to regain control of this in the dying minutes. Senator Colbeck, on behalf of the committee, I think it would be useful if we had an update on the funding that's been announced to support aged care, how much has been spent and what it's been spent on.

Senator Colbeck: I'm happy to provide that.

CHAIR: Thank you. And I appreciate that we have run over time today. This concludes today's proceedings of the committee's inquiry into the Australian government's response to the COVID-19 pandemic. I thank the minister and other witnesses who gave evidence to the committee today. I look forward to getting some dates from the Department of Health, Professor Murphy. As I said, we will work with you to make sure it's as convenient as possible. Officers are reminded that answers to questions taken on notice are due in 10 working days. Thank you.

Committee adjourned at 12:09