Question	Response
1. Name(s) of the person(s) or group that made the final decision not to take up the offer from Salesforce in March 2020 – as noted on page 13 of the transcript	The Chief Information Officer, Dr Steve Hodgkinson, is responsible for technology projects across the Department of Health and Human Services (department). Salesforce emailed the department on 24 March and 30 March with offers of support for COVID-19. The department's technology and COVID-19 response environment was, and still is, complex and rapidly evolving. A wide range of projects were underway and being mobilised at the same time as testing and contact tracing operations were being mobilised. Salesforce is one of the department's strategic technology platforms. At the time there were a range of existing Salesforce systems in the department – so Salesforce was well known to the CIO and the DHHS IT teams. The department received many offers of assistance from technology vendors. Each was assessed in terms of their relevance and utility in the pandemic response. Assessment of the Salesforce CRM system, including input from discussions with our WA and SA colleagues, indicated that implementation in the department would be a major project requiring significant resourcing and input from the testing and contact tracing teams. A major IT project was impractical because the teams were very stretched by the need to scale up testing and contact tracing operations to respond to the rapidly growing number of cases. The key system used for COVID-19 contact tracing is called the Public Health Event Surveillance System (PHESS). This specialised Conduent Maven infectious disease management software is used in NSW and Victoria for surveillance and outbreak management of 70+ different notifiable diseases. A program of tactical improvements and augmentations of PHESS was implemented to better support COVID-19 testing and case volumes using the department's strategic Microsoft platforms. This work stabilised PHESS performance issues and implemented digital solutions for COVID-19 testing, reporting of lab results, the conduct of contact tracing interviews and reporting dashboards. The tactical systems enabled the Public Health team to handle the growing case numbers in the second wave and to plan implementation of a more strategic contact tracing system. Salesforce was selected after a competitive evaluation process on 28 August. The decision not to commence a Salesforce project in April was appropriate for two reasons:

		1. The tactical Microsoft systems provided fully secure online access to digitised end-to-end support for testing and contact tracing. These systems were used by over 1300 staff in the department, the external call centres and in metro and rural health services to process over 2 million COVID-19 tests and over 3500 positive cases.. 2. The project to implement the Salesforce CRM was a major undertaking. A team peaking at over 200 people (around 80 from DHHS) has been required to build a system capable of replacing PHESS and the tactical systems for COVID-19 cases. In summary, a project to implement a strategic contact tracing system replacement for PHESS using Salesforce was mobilised at the earliest practical opportunity.
2.	A request for the Committee to receive the Telstra Health Review – as noted on page 13 of the transcript	Documents relating to the Telstra Health Review may be Cabinet-in-Confidence or protected by Executive Privilege. The department is considering whether the documents are able to be provided and will respond at the earliest possible opportunity.
3.	Exact dates that the Department was aware there was a problem stemming from Hotel Quarantine that was going to be problematic for the community – as noted on page 16 of the transcript	The first case linked to the Rydges hotel was notified on 26 May. A summary of this case was provided by Case, Contact and Outbreak Management to the Public Health Commander and Chief Health Officer that evening. An update on the situation at Rydges was provided to the Chief Health Officer, Public Health Commander and senior departmental staff every day as part of the daily outbreaks summary email from 27 May. Contact tracing of all known cases linked to the outbreak at the time was conducted in a timely manner, however, there were challenges in getting accurate information from some cases and their close contacts. The genomic sequencing data that linked recent outbreak samples to the Rydges hotel was provided to Case, Contact and Outbreak Management and the Chief Health Officer on 29 June 2020.
4.	Reasons why the COVIDSafe app not used prior to lockdown? – as noted on page 16 of the transcript	Victoria began using the COVIDSafe app on 25 May 2020.
5.	The average number of contact tracers per case – as noted	The number of contact tracers engaged for each confirmed case of COVID-19 has evolved throughout the response and varies depending on the number of close contacts and exposure sites identified.

on page 17 of the transcript	A confirmed case in hotel quarantine at the time of diagnosis, for example, is interviewed by a single contact tracer with very little further engagement as it is unlikely there has been any close contacts or exposure sites. Members of the existing cases team engage with this case to monitor their symptom progression and establish when they can be cleared. In contrast, a case that is diagnosed in the community with an unknown acquisition source, multiple close contacts and numerous exposure sites involves many contact tracers. A single contact tracer interviews the case, identifying the primary close contacts and known exposure sites. Each exposure site is contacted and managed by the relevant specialist team – for example the education team works with exposed schools, the workplaces team works with exposed workplace settings. Working with these settings continues over several days to gather the initial close contact details, direct immediate public health actions (such as required cleaning) and support appropriate communication. Each primary close contact is interviewed – this could be tens of contacts, or even more in some circumstances – to identify secondary close contacts. Recent developments in the contact tracing team have introduced a client services coordinator role to help coordinate the engagement with each case and their household through each of these touchpoints, and to minimise the number and frequency of calls from different areas of the response. As the local public health units have been established these activities have been transitioned to the local teams of contact tracers which engage a similar number of staff. A single case with very many close contacts and exposure sites could easily involve up to 100 contact tracers over several days. As such, it is not possible to provide a clear average for the number of contact tracers engaged in working on an individual case as there are many factors that impact on that number.
6. The date that the Department commenced use of the Genesys PureCloud Telephony System – as noted on page 25 of the transcript	17 March 2020.

7. The number of Cedar Meats employees that went into hotel quarantine and the date(s) they entered quarantine – as noted on page 31 of the transcript	The department's records show that 8 cases linked to the Cedar Meats cluster isolated in hotel accommodation, beginning their hotel isolation between 03/05 and 07/05.	

* 7 went to Rydges on Swanston hotel, and
* 1 went to RNR Serviced Apartments.

Cases linked to the Cedar Meats outbreak that isolated in hotel accommodation

Date entered hotel isolation	Number of cases
3/05/2020	1
5/05/2020	3
6/05/2020	1
7/05/2020	3
Total	**8**

8. The time frame for how long it took to resolve the duplication process - as noted on page 31 of the transcript	The majority of duplicate case records were merged the day of or the day after notification of the duplicative event. Due to the way case records are merged in the Public Health Events Surveillance System (PHESS) it is not possible to retrospectively report on this timeframe.	

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