

Submission to the Victorian Parliamentary Inquiry

Covid 19 Contact Tracing and testing

Individual Submission – 18 November 2020

My name is Thomas Voigt and I would like to submit the following information to the above Parliamentary Inquiry, having been the Manager of the Victorian Department of Health and Human Services (DHHS), Communicable Disease Prevention and Control (CDPC) team for the period September 2018 until May 2019, whilst Dr Annaliese Van Diemen was on maternity/parental leave.

In essence my role during this time was to manage Victoria's Contact Tracing team whilst also being given a specific task to review the functions, staffing, workload and resource adequacy of Victoria's Contact Tracing team. At the time I believe that I was appointed to the locum relief role for a 9-10 month period due to my extensive Public Health background and expertise having managed various Public Health and Community Health teams and programs across Victoria, Queensland, New South Wales and Tasmania over a period of more than 20 years.

As an outsider to the Victorian government and also DHHS, I was fully independent in that I was not an existing Victorian public servant and had been appointed to a temporary role and had no desire or intent to continue on in this role. In this regard I approached the task of reviewing the Victorian CDPC program and Contact Tracing team using an independent and evidence-based framework.

As will be highlighted throughout the following submission, I completed and submitted a final report titled 'Communicable Disease Prevention & Control – A Review of CDPC Staffing and Workload, May 2019 (Growth in service demand versus changes in staffing) prior to leaving the Department at the end of my locum appointment in May 2019, some 6 months prior to the emergence of Covid-19.

At the time I recommended a two stage increase in staffing for the Contact Tracing team from its existing baseline number of 14 Public Health Officers (PHO's) to 24 Public Health Officers (an increase in staffing of approximately 60%) to allow existing workload demand to be met and to better prepare the CDPC unit for future outbreaks or surges in activity.

Whilst approached by the ABC News to talk to my report in May 2020, I chose not to, and to allow my report to do the talking as I did not wish to get caught up in a political blame game, whilst DHHS was actively seeking to manage and control the Covid-19 outbreak. However, the ABC did obtain a copy of my report released in May 2019 through an FOI request to DHHS and produced a media article on 29 July 2019 titled 'Top bureaucrats warned a year ago Victoria's key public health team was starved of money and staff'.

There are a number of parts to my report which I would like to identify and highlight for the Parliamentary Inquiry as it looks to move forward around Contact Tracing and testing in Victoria.

After contacting and following up with different Public Health Units and Teams across Australia it was evident to me in early 2019, that Victoria had the least staffed and least resourced Public Health and Contract Tracing service across Australia.

'The number of Public Health Officers (PHO's) in Victoria responsible for investigating and responding to notifiable conditions is half the size of the next least resourced jurisdiction (New South Wales). This is despite Victoria having the highest population increase of all States and Territories since 2013'.

Since 2005 the number of notifiable conditions reported to DHHS and requiring follow-up action including contact tracing through the CDPC team had increased from 32,000 to 87,400 in 2018 representing an overall increase of 173%. At the same time, staffing levels in the CDPC team for the 2005 to 2018 period had only increased by 40%.

After reviewing existing CDPC workload and identifying key areas of work that were either not being done or were being placed on hold due to workload exceeding existing staff capacity, it was evident that there needed to be an immediate increase in Public Health Officer staffing of 2.8 FTE or 20% simply to allow current workload to be addressed.

'It is recommended that there be a immediate increase in staffing of 2.8 FTE (PHO's) within the CDPC unit to enable the team to continue to investigate and respond to signed out notifications in keeping with the level of activity reported in 2018'.

Furthermore in an attempt to address long standing gaps and work that had been placed on hold or which was not being investigated adequately, it was then recommended that there be a further increase in staffing during 2019 of an additional 7.2 FTE (PHO's).

'It is further recommended that based on complexity of cases and increasing numbers of outbreaks allocated to the CDPC unit, that a further 7.2 FTE (PHO's) are funded during 2019. This is further supported by workload effort attribution data and analysis of 2018 workload undertaken by the CDPC unit'.

At the same time that an urgent and significant increase in additional staffing was being recommended for the Contact Tracing team in May 2019, it was also noted that Victoria's capacity to address and deal with respiratory outbreaks (Covid-19 is a respiratory illness) was less than optimal.

'Victoria does significantly less in respiratory (influenza) outbreaks than most jurisdictions and is subsequently unable to comply with recommended national guidelines, due to low capacity/insufficient staffing resources.'

With the benefit of hindsight it is very clear that alarm bells were ringing loudly and that Victoria was not well placed to deal with its existing notifiable disease workload including contact tracing and that an outbreak, epidemic or pandemic would immediately overwhelm the CDPC unit and bring it to its knees.

In this regard it is perhaps salient to note that there had been a number of previous reviews and/or reports which over a number of years had looked at the capacity and/or adequacy of CDPC staffing and resources. These were undertaken in 2016, 2018 and again in January 2019 and all identified the need for additional Public Health Officers (PHO's).

At the time that my reports (January 2019 and May 2019) were produced and released I worked alongside Dr Brett Sutton (Chief Health Officer) in presenting my findings and recommendations. Dr Sutton was in full support of the need for additional Public Health Unit staffing and was a very strong advocate for a stronger Public Health team and presence. Unfortunately when this information was put before the appropriate DHHS Deputy Secretary the response was a very firm and direct 'no' and that no additional funding was available or would it be sought as the Public Health team was a low priority at that point in time.

Whilst not suggesting that a significant increase in CDPC PHO staff numbers from 14.0 FTE to 24 FTE would necessarily have changed the course of Victoria's Covid-19 story it may have, and certainly points to the fact that there would have been greater capacity and responsiveness within the CDPC Contract Tracing team if those additional resources were available at the beginning of the Covid-19 pandemic outbreak in January 2020 rather than after the pandemic had begun.

As a Department and government which prides itself and its current suppression decision making process around Covid-19 as being evidence-based and based on best practice, it is unfortunate that DHHS did not apply the same logic and thinking at such a critical time before the Covid-19 pandemic hit.

The benefits of having an appropriately funded, staffed and resourced Public Health Unit and Contact Tracing team is perhaps best demonstrated by the NSW Health experience who through adequate staffing numbers were able to more smoothly manage their investigation, contact tracing and follow-up in comparison to Victoria.

Therefore the issue for me in my submission to the Victorian Parliamentary Inquiry is not to apportion blame, but is to draw to the Parliamentary Inquiry the woeful inadequacy in the existing baseline level of funding and staffing of the DHHS CDPC Unit and Contact Tracing team prior to the Covid-19 outbreak, compared to all other jurisdictions across Australia and to ask the Inquiry to note this when looking to make its recommendations, especially in looking ahead, to make Contact Tracing changes or improvements.

Whilst it appears that with the support of the ADF and various other agencies, DHHS Victoria now has adequate Contact Tracing staff and resources in place while the media is focusing in on the contact tracing function, my concern is what happens post Covid or under a new 'Covid Norm'.

As someone who has worked in government across a number of jurisdictions it is my experience of over 20 years or more that once the cameras are turned off and the media interest and glare has gone, it is all too simple to once again revert back to the previous status quo or position that was in place before the Covid-19 pandemic.

This simply should not and could not be allowed to happen! It is vital, in my view, that there needs to be an immediate and ongoing increase in staffing numbers in the CDPC Contact Tracing team from its previous baseline number of 14 Public Health Officers to 24 Public Health Officers, with some additional team leader management and administrative support as well.

The Victorian Parliamentary Inquiry has been given a Terms of Reference – *'to inquire into, consider and monitor the capacity and fitness for purpose of the Victorian Government's COVID-19 contact tracing system and testing regime'*. In looking at capacity, it would be remiss not to look at the adequacy, staffing and resourcing of the CDPC Contract Tracing team prior to Covid-19 which paints a grim picture of a poorly resourced and inadequately supported Contact Tracing team.

By default and through necessity, the Victorian Parliamentary Inquiry is now better placed to make forward looking recommendations based on a solid evidence-base which DHHS had previously chosen to ignore. The Victorian Parliamentary Inquiry is now able to do what a number of public-servants and bureaucrats were unable to do or were unwilling to do.

Whilst funding may be a constraint, decisions have consequences and opportunity costs. The wisdom of Henry David Thoreau now more than ever reminds us that there is a cost to everything and inaction itself has a cost – *'The price of anything is the amount of life you exchange for it'*.

I wish you all the best with your endeavours and look forward to reading your final report, findings and recommendations.

Yours sincerely

Tom Voigt