

Public Accounts and Estimates Committee

Inquiry into the Victorian Government's response to the COVID-19 Pandemic

Second Hearing: Tuesday 11 August 2020

Witnesses:

- Ms Jenny Mikakos MLC – Minister for the Coordination of Health and Human Services: COVID-19
- Professor Brett Sutton – Chief Health Officer, Department of Health and Human Services
- Professor Allen Cheng – Deputy Chief Health Officer, Department of Health and Human Services
- Ms Kym Peake – Secretary, Department of Health and Human Services
- Mr Terry Symonds – Deputy Secretary, Health and Wellbeing, Department of Health and Human Services
- Mr Greg Stenton – Deputy Secretary, Corporate Services, Department of Health and Human Services
- Professor Euan Wallace – Chief Executive Officer, Safer Care Victoria

QUESTIONS ON NOTICE

1. Provide the Committee with the range of modelling scenarios considered for decision-making.

Mr RIORDAN: During our first hearing your department or your area presented to the committee that 'if we did not take those initial actions with the first wave, we could have expected up to 57,000 cases a day being reported to yourself. The report that we have seen both from the Premier and from the health minister today has a figure of 20 000 under what are clearly much, more serious circumstances than we faced early on.

Could you provide to us that changed scenarioing that you have done, so that we can understand how we have sort of got less than half the projected cases under what are clearly far worse circumstances?

Prof. SUTTON: Yes, of course. Very happy to provide that.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 5

Answer: The most recent scenario modelling graphs were included in my presentation. It builds on modelling developed by the Victorian Department of Health and Human Services, Monash University and the Peter Doherty Institute for Infection and Immunity (based on the same transmission model used by the Commonwealth Government) and it found that had Stage 3 restrictions not been reintroduced in Metro Melbourne and Mitchell Shire, a large-scale outbreak was almost a certainty. In this scenario, more than 18,500 individuals would be infected per day. Approximately 8250 individuals would require hospitalisation, of which 1770 would require intensive care.

Refer **Attachment A**.

2. On what date did the Chief Health Officer first know about the outbreaks of COVID-19 in hotel quarantine?

Mr RIORDAN: Okay. Well, we will move on. **What date did you first know about the outbreaks of COVID-19 in hotel quarantine?** We know you and the Premier talked about it. Is that the first you knew of outbreaks in hotel quarantine?

Prof SUTTON: No, I would have been informed very early on in those outbreaks of the initial cases. I can go to the specifics.

Mr RIORDAN: I am happy for you to take that on notice – if you can supply us with the date that you were first aware.

Prof. SUTTON: Of course.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 5

Answer:

I was first informed of COVID-19 cases in staff members, which were subsequently linked to outbreaks, on the following dates:

- Rydges Hotel: 26 May 2020
- Stamford Plaza: 16 June 2020.

3. Provide a comprehensive list of all legal directions issued since 12 May 2020.

Mr MAAS: [...] Minister, would you be able to explain why each of these steps was necessary and what the projections are for the next few weeks?

Ms MIKAKOS: Well thank you very much for that important question. And just for completeness, for the committee to undertake its work, **I will ask my department to provide the committee with a comprehensive list of all the legal directions that were issued since I last appeared before the committee.**

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 7

Answer:

Date made	Date ended	Name of Direction/s	Summary
12 May 2020	31 May 2020	Restricted Activity Directions (No 7)	This direction extends the restrictions in the Restricted Activity Direction (No 6) , but introduces various easing of restrictions.
12 May 2020	31 May 2020	Stay at Home Directions (No 6)	This direction extends the restrictions in the Stay at Home Direction (No 5) , but introduces various easing of restrictions.
24 May 2020	31 May 2020	Stay at Home Directions (No 7)	This direction sought to gradually ease the restrictions set in place by Stay at Home Directions (No 6) to take effect from 12 May 2020.
24 May 2020	31 May 2020	Restricted Activity Directions (No 8)	This direction continued the same restrictions in the Restricted Activity Directions (No 7) but removed prohibitions on restrictions in relation to certain recreational facilities.
31 May 2020	21 June 2020	Stay Safe Directions	This direction revoked the Stay at Home Directions (No 7) to gradually ease restrictions by permitting Victorians to leave their premises, so long as they do not leave to gather in groups of more than 20 or for work or higher education that could have been done from the home. It also lifts the limits on funerals to 50 and weddings to 20.
31 May 2020	21 June 2020	Restricted Activity Directions (No 9)	This direction revoked the Restricted Activity Directions (No 8) while easing restrictions on a wide range of prohibited premises, subject to strict restrictions, including: an open retail facility, a community facility, a place of worship, an open entertainment venue, a food or drink facility providing seated service or a swimming pool that is operating. The restrictions for licensed premises remain the same, except to the extent that a licensed premises is operating as a food and drink facility.
31 May 2020	21 June 2020	Diagnosed Persons and Close Contacts Directions (No 2)	This direction continued the same restrictions in the Diagnosed Persons and Close Contacts Directions into the extended state of emergency.
31 May 2020	16 June 2020	Hospital Visitor Direction (No 4)	This direction continued the same restrictions in the Hospital Visitor Directions (No 3) into the extended state of emergency, with a minor revision to permit more visitors into the hospital in very limited circumstances.

Department of Health and Human Services

31 May 2020	21 June 2020	Care Facilities Directions (No 4)	This direction continued the same restrictions in the Care Facilities Directions (No 3) into the extended state of emergency, with a minor revision to permit more visitors into the care facility in very limited circumstances.
31 May 2020	21 June 2020	Direction and Detention Notice (No 4)	This direction continued the same restrictions in Direction and Detention Notice with minor changes to reflect the references to the state of emergency.
16 June 2020	21 June 2020	Hospital Visitor Directions (No 5)	This direction continued the same restrictions in Hospital Visitor Direction (No 4) into the extended state of emergency, but with revisions to (amongst other things) permit persons diagnosed with COVID-19 (and who have not been given clearance from self-isolation) to visit hospital patients in very limited circumstances.
21 June 2020	1 July 2020	Stay Safe Directions (No 2)	This direction continued the same restrictions in the Stay Safe Directions into the extended state of emergency, but with revisions to (amongst other things) increase restrictions on private gatherings (from up to 20 people to 5 people) and public gatherings (from up to 20 people to 10 people).
21 June 2020	1 July 2020	Restricted Activity Directions (No 10)	This direction continued the same restrictions in the Restricted Activity Directions (No 9) into the extended state of emergency, but with revisions to (amongst other things) permit the limited operation of certain physical recreational facilities; play centres and toy libraries; cinemas, theatres, musical halls, concert halls and auditoriums; licensed premises and retail betting venues. It also allowed community sport and recreation to take place indoors (previously outdoors only), and for people aged 18 years and under to resume full contact community sport competition.
21 June 2020	1 July 2020	Diagnosed Persons and Close Contacts Directions (No 3)	This direction continued the same restrictions in the Diagnosed Persons and Close Contacts Directions (No 2) into the extended state of emergency, but with revisions to expand self-isolation and self-quarantine requirements. It also permits the Chief Health Officer or Deputy Chief Health Office to grant exemptions to the requirements of the direction where appropriate on a review.
21 June 2020	1 July 2020	Hospital Visitor Directions (No 6)	This direction continued the same restrictions in the Hospital Visitor Directions (No 5) into the extended state of emergency, but with revisions to (amongst other things) permit additional categories of persons who might visit hospital patients in limited circumstances.
21 June 2020	1 July 2020	Care Facilities Directions (No 5)	This direction continued the same restrictions in the Care Facilities Directions (No 4) into the extended state of emergency, but with revisions to (amongst other things) clarify that persons providing functional and well-being support services are allowed to provide these services to residents.
21 June 2020	27 July 2020	Direction and Detention Notice (No 5)	This notice contained the same restrictions in the previous Direction and Detention Notice with minor technical revisions.

4. Provide a copy of the letter of 29 March from the Chief Health Officer to the commissioner of Victoria Police requesting assistance in the enforcement of CHO directions.

Ms PEAKE: [...] On 29 March the Chief Health Officer wrote to the commissioner of Victoria Police requesting assistance in the enforcement of CHO directions, which is a requirement under the *Public Health and Wellbeing Act*. That was agreed, and there was work that was done in the next few days about protocols to deal with the escalation of any non-compliance by authorized officers to Victoria Police. Those protocols were finalized on or about 4 April, and the program operated under those protocols.

[...]

Mr D O'BRIEN: Okay. You have just mentioned a letter that was written by the CHO. **Could the committee please have a copy of that letter?**

Ms PEAKE: Certainly. It is a pretty standard form that is under the Public Health and Wellbeing Act. Under the Public Health and Wellbeing Act, Victoria Police cannot act as authorised officer, so for enforcement purposes. For any of the government directions there is a role for both the authorized officers and VicPol. So that was a standard form under the Act.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 13-14

Answer:

Response is detailed in **Attachment B**.

5. How many public hospital staff are currently off work either because they are infected or a contact of someone who is infected with COVID-19?

- **Data to be provided as a percentage of the hospital workforce, with a breakdown of cases by hospital and by workplace.**
- **Data to be provided that gives a breakdown of infections for healthcare workers according to the source of acquisition – either from work or the community.**

Mr HIBBINS: Thank you, Minister, can I ask about the data that you are providing in regard to healthcare workers, and can I ask: as of now, **how many public hospital staff are currently off work either because that are infected or are a contact of someone who is infected?**

[...]

Mr HIBBINS: I am sorry, Minister. I am aware of that. I am just asking about public hospital workers.

[...]

Mr HIBBINS: Okay, thank you. If that information on those could also be provided as a percentage of the hospital workforce that would be very helpful to the committee. Can I also ask: **can we have a breakdown of cases by hospital and by workplace as well.**

[...]

Mr SYMONDS: Mr Hibbins, how about we go away and look at what data we can provide and come back to you?

[...]

Mr HIBBINS: Take this as a comment: I think it would inspire confidence in the public if we knew that the government could break down that data by individual hospital or multiple hospitals if they work at those. **Can I also ask: can data be provided in terms of the breakdown of infections for healthcare workers whether they were acquired either in a hospital or in the workplace or were a community-acquired infection?**

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 21-22

Answer:

Information provided to the Committee on 12 August that approximately 10-15% of healthcare worker cases were believed to have been acquired in the workplace, was based on advice from the Chief Medical Officer and Safer Care Victoria.

An analysis of cases up to 18 July 2020, showed that of those cases investigated, 11% of healthcare worker cases were workplace acquired. Importantly, 46% of cases were still under investigation. This data was provided by the Public Health Intelligence Team and endorsed by the Chief Health Officer.

More recently, the Department has undertaken a further detailed review and analysis of the available data for 2,497 healthcare worker cases acquired from 1 January to 19 August. In wave one, 22 per cent of healthcare workers who acquired COVID-19 acquired it at work. In wave two, at least 69 per cent of all healthcare worker cases have been or were likely to have been workplace acquired, noting a number remain under investigation. Further breakdown of acquisition of COVID-19 in a healthcare setting, by healthcare occupation is currently available on the DHHS website.

We established the Healthcare Worker Infection Prevention and Wellbeing Taskforce to bring together infection control experts and worker representatives to better understand the drivers of infections amongst healthcare workers and provide guidance and advice on strategies to minimise these risks.

The Government has committed to releasing data, which will include where and, to the extent possible, how healthcare workers are contracting the virus, a breakdown of the numbers and disciplines of positive healthcare workers and lessons learned from hospital outbreaks (collated and disseminated by Safer Care Victoria).

The number of healthcare workers on furlough changes rapidly as more cases are identified and more are cleared to return to work.

6. How many student doctors and nurses have been infected in the workplace?

Mr HIBBINS: [...] Minister, we have had reports of student nurses and student doctors stepping up and plugging some of the gaps in our public healthcare system. **Do you have any data on how many student doctors and nurses have been infected in the workplace?**

Ministers MIKAKOS: I am not sure if we have that figure today, but I do have some data around nurses overall. In terms of the active cases amongst healthcare workers, the department estimates that approximately 37 per cent of those cases are amongst nurses. I should say that is as an occupational group. That does not tell me whether they are students or not. It does not tell me whether they are in a public or private hospital. It does not tell me if they are in an aged-care setting.

Mr HIBBINS: Thank you, Minister

Ministers MIKAKOS: We have that data, and we are happy to make it available to you, Mr Hibbins.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 23

Answer:

There are 67 confirmed cases of COVID-19 in Victoria that are recorded as studying a medical or care profession. Of these, 58 cases worked at a clinical placement with healthcare contact during their acquisition (14 days prior to symptom onset date) or infectious period (within 48 hours of symptom onset time).

The disciplines are shown in Table 1.

Table 1: Confirmed cases of COVID-19 who attended clinical placement by discipline (28/08/2020)	
Discipline	Number of cases
Nursing	31
Medical Practitioner	5
Other healthcare worker	22
Total	58

7. The Public Accounts and Estimates Committee asks the department to provide the name of the person appointed as the deputy health coordinator to manage Operation Soteria.

Ms VALLENCE: Secretary, my questions are to you. Thank you, Chair. Secretary, **who was the health coordinator appointed to Operation Soteria?**

Ms PEAKE: Thank you, Ms Vallence, for your question. There were a number of positions that were created, so which was the position that you—

Ms VALLENCE: **Specifically, the deputy health coordinator that was appointed to manage hotel Soteria.**

Ms PEAKE: Initially there was a deputy state controller who was appointed who was someone who had been heavily involved in the bushfires during the summer period. He was an experienced emergency management leader from DELWP. I will have to get you details for—

Ms VALLENCE: Can you provide me their name? That is the state—

Ms PEAKE: I can certainly provide you with that. I do not have it with me, but I can provide you with that.

Ms VALLENCE: You do not have the name with you. **So, can you please let me know the name of the person that Mr Crisp appointed as the deputy health coordinator to manage Operation Soteria?**

Ms PEAKE: I certainly can. And as I indicated in the previous conversation with Mr O'Brien, that position was in place for the first month to help set up the governance arrangements. The governance group was then created, and an accommodation commander was then appointed.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, pp. 26-27

Answer:

Under Operation Soteria, an overarching governance group was established to share intelligence, monitor the progress of the program and respond to any issues that emerged that could not be managed by the individual agencies.

The governance group was initially chaired or co-ordinated by a Deputy Controller Class 2 – Health, a role filled by Chris Eagle and Scott Falconer from the Department of Environment, Land, Water and Planning.

8. Provide the organisational chart of the governance structure, and details of chains of responsibility and command for Operation Soteria.

Ms VALLENCE: You have referred to the governance group. Could you please let me know who was the chair of the governance group?

Ms PEAKE: So initially it was the deputy state commander and then from the middle of April it was chaired by the accommodation commander. One of the other examples perhaps that is useful to think about in this arrangement would be a multi-agency panel. So we have a lot of these sort of structures for services and programs where you really are drawing on the expertise of many different parts of government, and their roles and responsibilities are defined alongside their expertise. In this particular program, clearly there were a set of responsibilities around the hotels and security arrangements that were contracted. There were responsibilities around the health—

Ms VALLENCE: Ms Peake, I am not asking about the roles and responsibilities; I am specifically asking for a name. So far in the evidence today you have talked a lot about these positions, so it certainly sounds like you know a lot about them. We are asking for the names. These are publicly held positions. Victorians deserve to know who is actually sitting in these positions. Could you please release their names?

Ms PEAKE: I actually do not have the name of the—

Ms VALLENCE: **Can you take their names on notice?**

Ms PEAKE: I am certainly happy to take that on notice.

Ms VALLENCE: Thank you very much. **Also, on notice, will you provide an organisational chart for the governance group and Ministers secondment at any point during the pandemic to Operation Soteria?**

Ms PEAKE: I am very happy to do that. As I indicated, we had particular responsibilities in relation to the health and wellbeing supports and also in relation to the development of the legal directions and administration of those directions, so there were two functions. I am very happy to provide a structure that shows—

Ms VALLENCE: Yes, provide the org structure and all of that detail that you just referred to then. Did the governance group address problems of hiring untrained security staff in hotel quarantine?

[...]

Ms PEAKE: Ms Vallence, sorry, so that I can answer your question appropriately, are you talking about the governance for the decision-making on contracting or are you talking about the governance actually once Operation Soteria was established and the ongoing operation?

Ms VALLENCE: Both. You have said that you will provide it on notice, **so if you could please provide that org chart and all of those details associated on notice—and what is the chain of responsibility, chain of command, as you have said.** Thank you.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 27-28

Answer:

Under Operation Soteria, an overarching governance group was established to share intelligence, monitor the progress of the program and respond to any issues that emerged that could not be managed by the individual agencies.

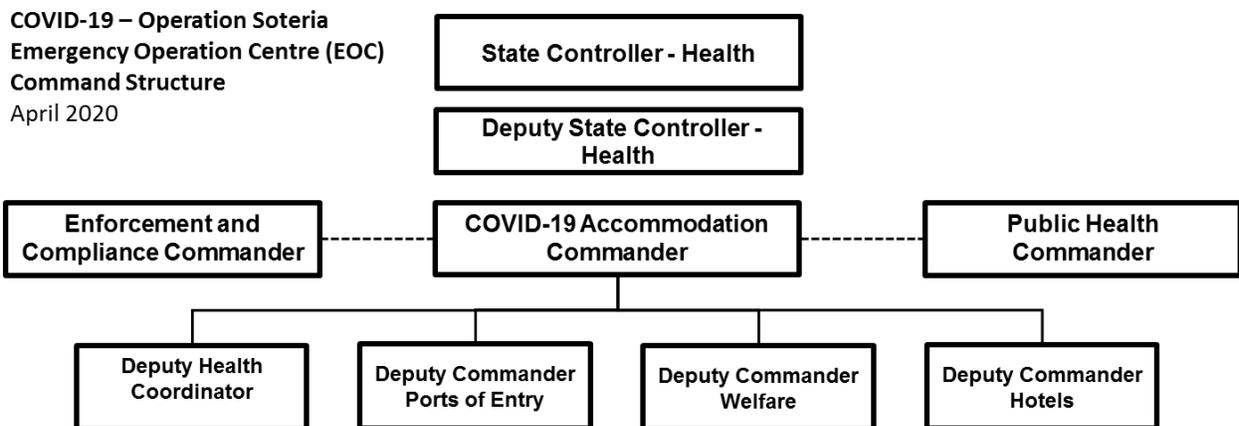
Department of Health and Human Services

While the membership of the governance group fluctuated over time, it comprised mainly representatives from the following departments:

- Department of Health and Human Services
- Department of Jobs, Precincts and Regions
- Department of Premier and Cabinet
- Department of Transport
- Emergency Management Victoria
- Victoria Police.

The governance group was initially chaired or co-ordinated by the Deputy Controller Class 2 – Health, and subsequently by the COVID-19 Accommodation Commander.

The below organisational chart relates to functions the Department of Health and Human Services held responsibility for as part of the hotel quarantine program:



Other departments and agencies will also hold relevant organisational charts relevant to the functions they performed as part of the multi-agency response.

The Department of Justice and Community Safety (DJCS) is now responsible for Operation Soteria and would be the appropriate agency to provide a current organisational chart.

9. How many of contact tracing team are full-time?

Provide the breakdown of the contact tracing team as follows:

- a. health workers
- b. ADF personnel
- c. private security staff
- d. any other organisations that make up the final headcount.

Ms VALLENCE: Okay, in the last two months. Professor Sutton, **we have heard earlier today that there were 2600 people in the contact tracing team. Are they all full-time?**

Prof. SUTTON: Many of them are full-time but not all of them will be full-time. Some of them have other

Ms VALLENCE: How many?

Prof. SUTTON: I do not know.

Ms VALLENCE: **Could you please provide that to the committee on notice?**

Prof. SUTTON: Yes, I am sure we can

Ms VALLENCE: Thanks. And, **on notice, could you please provide the breakdown, in the contact tracing team, of health workers, of ADF, private security, and any other organisations that make up that 2600 headcount.**

Prof. SUTTON: Yes, we will be able to do that.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 30

Answer:

The department is the lead department responding to the COVID-19 health pandemic. To ensure the department can effectively respond to the pandemic, core work has been reprioritised and staff have been deployed from across the department. Specialised capabilities have also been sourced from a combination of existing staff, health care networks, the ADF and other government departments.

As at 10 August 2020, the number of staff in the contact tracing team was 2,625.

In addition to direct public health response roles, an estimated 3,200 departmental staff are providing a range of support functions to the COVID-19 response efforts, including onboarding and training as well as administrative and policy, corporate, technology and planning support.

10. Provide the genomic testing conducted to date, and the findings this testing has revealed.

Ms VALLENCE: **Will you provide all the genomic testing to date to both this committee on notice and also to the Coate inquiry?**

Prof. SUTTON: I will take it on notice. I am not in possession of all of the genomic data. But for that which is in my possession I am open to providing it of course.

Ms VALLENCE: Is it you that engages those who do the genomic testing? That surely comes through to you as the Chief Health Officer, doesn't it?

Prof. SUTTON: No, it comes through to the intelligence team, who are meeting regularly to, again, analyse the genomics data with the epidemiological data to understand what it means.

Ms VALLENCE: Do they report to you?

Prof. SUTTON: They report to the public health commander, who reports to me, yes.

Ms VALLENCE: So ultimately, they report to you, so you therefore would be able to access it. **Can you make sure that it is all available on notice to the committee?**

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 30

Answer:

The genomic analysis is available on the DHHS website: <https://www.dhhs.vic.gov.au/tracking-coronavirus-victoria>

11. Provide the average and maximum time to receive results of positive cases and how quickly positive cases are contacted.

Ms VALLENCE: Professor Sutton. Just finally, with the time allowed and on notice, **what is the average time and maximum time to receive results of positive cases, how quickly are positive cases contacted and will you provide these benchmarks to the committee on notice so that the public can see this?**

Prof. SUTTON: Professor Wallace, as the manager of that team, may have some of those statistics now, and certainly we can provide them as well.

Source: 'Inquiry into the Victorian Government's response to the COVID-19 Pandemic', Unverified Transcript of hearing 2, 12 August 2020, p. 31

Answer: COVID-19 is classified as an urgent notifiable disease. The Victorian Government advice is in line with the Communicable Diseases Network Australia's Series of National Guidelines on notification. These guidelines provide advice on best practice based upon the best evidence available at the time of completion.

The majority of test results in Victoria continue to be released by laboratories to the requesting clinician within 24-48 hours of receipt of the sample by the lab, including those laboratories servicing regional areas. The mean laboratory turn-around time for tests reported over the week ending 22 August 2020 was approximately one day.

The time between notification to the Department and contact with confirmed cases varies over time for a range of reasons. For 22 – 28 August 2020:

1. The department attempts to contact all people within 24 hours, either by telephone and/or in person.
2. The proportion of cases interviewed on any given day over this period averaged 88%. Those not interviewed within 24hrs includes those with incorrect details or those where attempts to contact remain unsuccessful. In those instances, people receive a home visit.

Process improvements within the response continue to reduce the wait time for responding to new cases.

More than 99 per cent of close contacts identified by interview of cases have been contacted within 48 hours of the index case being notified to the department.