

# TRANSCRIPT

## PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

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

Melbourne—Tuesday, 12 May 2020

#### Members

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallenge



## WITNESS

Ms Lisa Fitzpatrick, State Secretary, Australian Nursing & Midwifery Federation, Victorian Branch (*via videoconference*).

**The CHAIR:** Welcome, Ms Fitzpatrick, to the public hearings for the Public Accounts and Estimates Committee Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The Committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian Government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic. I have asked that mobile telephones please be turned to silent. All evidence taken by this Committee is protected by parliamentary privilege, therefore you are protected against any action for what you say here today, but if you repeat the same things outside of this forum, including on social media, those comments may not be protected by this privilege. You will be provided with a proof version of the transcript for you to check and verified transcripts, presentations and handouts will be placed on the Committee's website as soon as possible. These hearings may also be rebroadcast in compliance with standing order 234. We have asked that photographers and camera persons follow the established media guidelines and the instructions of the secretariat.

Can we also acknowledge—and personally as a granddaughter, a daughter, a niece and a cousin of many nurses I would acknowledge—that it is world nurses day. Thank you for taking the time to meet with us today. We invite you to make a brief 5-minute statement, and then the time is relatively split between the parties at the table—the Government, the opposition and the crossbench—in terms of questioning. So if you would like 5 minutes to introduce yourself.

**Ms FITZPATRICK:** Thank you very much for the opportunity. I really appreciate it. My name is Lisa Fitzpatrick and I am the State Secretary of the Australian Nursing and Midwifery Federation Victorian branch, a branch of the ANMF nationally that has some 89 841 members, actually, that we represent working across different sectors in both the public and private and community sectors here in Victoria.

I will start just speaking a little bit of our involvement in relation to the COVID-19 pandemic and my role as an elected official at the federation. Essentially what we have been doing of course is raising and resolving our members' issues in relation to nursing—and also midwives and the personal care workers in the aged care sector and in the private aged care sector—in relation to COVID-19 and doing that by working with the Department of Health and Human Services as well as the health services themselves. We have participated in the weekly meetings which have been chaired by Minister for Health Jenny Mikakos, attended by senior department deputy secretaries as well as the deputy Chief Health Officer, Dr Annaliese van Diemen, and all of the unions and health associations including ourselves, the AMA and others have participated in those weekly meetings.

We have been working with the private sector providers of course to implement the contract and heads of agreement signed between the State Government and those providers and to ensure that our members in those facilities are able to access the benefits of that important contract that has been signed. That has of course provided income for nurses and midwives who are working on the casual bank of those facilities as well as part-timers who used to work additional shifts above their contracted hours. Of course we have seen a significant reduction in the work as a result of COVID-19, with the ban on quite a significant amount of elective surgery.

Importantly, what we have also assured—which is quite different in Victoria to anywhere else in the country—is that our public sector members are able to access those same benefits, and that has been critically very important to ensure that our members stay above the poverty line, because of course there are issues for them in the inability to access Federal Government schemes such as JobSeeker or indeed JobKeeper. We have also been working with the department and other health services; we have developed education guidance; we have been participating in the PPE task force, which meets weekly as well; and we have also contributed to workforce work in that we have educated 142 nurses who have volunteered to come back into the acute sector and assist with the surge should it be required in the health sector to nurse COVID-19 patients. We have also contributed names and volunteers to the department retention workforce site, where there is in excess of 2000 nurses and midwives who have volunteered to help if the need should ever arise.

We have taken some 4383 member assistance inquiries since 25 March—1134 of those have related to COVID-19. Tonight, sadly, we will be honouring in a vigil at 7.00 pm the more than 300 nurses that have died

across the United States, the UK and Europe caring for and treating patients with COVID-19. Indeed our members are extremely thankful, as we are at the ANMF, that we have not lost one life here in Australia of a nurse or a midwife caring for a patient with COVID-19.

**The CHAIR:** Thank you very much for that introduction. I will now pass to Ms Ingrid Stitt, MLC, for the first questions.

**Ms STITT:** Thank you, Chair, and thank you, Ms Fitzpatrick, for appearing before the Committee today. Can I also acknowledge that today is international day of the nurse and thank you and your members for the incredible work that you are doing on the front line of this pandemic in keeping Victorians safe.

You have talked a little bit about some of the advocacy and some of the involvement that your unions had during the pandemic, but I was interested in you elaborating a little bit more about the role of the ANMF in responding to the pandemic and in particular how that has manifested itself in you supporting your members during this particularly difficult time in your industry.

**Ms FITZPATRICK:** I guess one of the things that we have wanted to reassure our members about is around safety at work. So advocating around issues of PPE on the task force and at other forums as well, and being able to have an open and transparent conversation with government and the department around its availability and about people being clear about what PPE to wear in which particular clinical settings has been very critical for us. I think also wanting to reassure not just our members but also the Victorian community that we will have a nursing and midwifery workforce to care for them, particularly when we were seeing the horrendous scenes from overseas, with hundreds of patients on ventilators and in corridors, and of course bodies building up and mass graves.

That is particularly stressful for I think everybody in the community to see, but particularly our members at the front line have been concerned about that, obviously, and wanting to make sure that they have been safe. We have also been speaking with the community as well as the media around some of the aggression that our members faced early on in the pandemic, where members of the community were verbally assaulting them for particularly wearing their scrubs from their car to their workplace. So we actually put out some education material as well for nurses about what they might be able to do in relation to their work clothing and particularly about removing that work clothing and ensuring that that clothing and all of their equipment is disinfected safely.

I think one of the big things in those 1134 inquiries, apart from just being in relation to work or employment issues, has actually been about reassuring our members that everything is in place and that people are being listened to and that responses are being gained to their queries and communicated back to them. We have put out at least two updates every week to our membership broadly, with tens of thousands of them reading and looking at that material.

**Ms STITT:** Thank you, Lisa. Further on the point of PPE, we have heard from a few witnesses today about that issue and I am interested to get your perspective. The Government announced that they were going to spend \$1.9 billion on medical equipment and PPE, which is obviously an enormous expenditure during a time when there is a bit of a global shortage for a lot of these products. Have your members been able to access PPE items, and are they confident that their health and safety at work is adequately attended to through the provision of PPE?

**Ms FITZPATRICK:** In most instances I think our members have been able to access PPE in a timely fashion. Every now and then rumours have gone around hospitals that they are running low and members have contacted us and we have been able to make contact directly with the department, and we have been reassured that it is not low or, if it is low, then even the hour when PPE is going to be delivered to the facility. One of the learnings from this I think is that we have found that some health facilities have been securing their own PPE for their own personal use of their staff, and I understand that. But one of things that is critical I think is that the health system works as a whole, and even though our governance structures make that difficult in some instances, it has I think been important for the department to take control of PPE ordering, storage and delivery so that people can be assured and that there is one port of call rather than people, health facilities in Victoria, seeking to get PPE from overseas from a very stretched market, with every other country around the world seeking to secure the same PPE items.

**Ms STITT:** Ms Fitzpatrick, in terms of the Hotels for Heroes initiative that the Government has implemented, I am sure it is probably very stressful for nurses in terms of not wanting to put their families at risk during a time

like this. Can you give us a little bit of a feel for how important the Hotels for Heroes initiative has been for alleviating that anxiety amongst your members?

**Ms FITZPATRICK:** Well, we have obviously had members who have had concerns about not just their own personal health in nursing COVID-19 patients but also returning home. Unsurprisingly many nurses are the main carers for elderly parents. I do recall a specific example of where a nurse had made contact with us. She was nursing COVID patients. She wanted to continue nursing COVID patients but she was very concerned about returning home. She had elderly parents, one who had chronic illnesses, and also a sister who was pregnant living with the family at that time as well. So she was particularly concerned and was offered access to the Hotel for Heroes, so that was there for her if she wished to take that up to provide her with a little bit more security.

So a number of nurses have taken up that opportunity. When you think about the numbers in our workforce, a reasonably small number of members, I would say, have taken it up but have been very grateful for that opportunity. I guess many of our members live at home with their families or young families, and I am assuming a lot of them did not want to take themselves off to a hotel. But for those who were living in shared accommodation, for example, with other nurses or other health professionals, it was very much welcomed.

**Ms STITT:** Great. Okay. Well, thank you very much for answering my questions. Chair, I am going to cede the rest of my time to Ms Richards.

**Ms RICHARDS:** Thank you, Ms Fitzpatrick. I would like to join the Chair and my colleague as well in thanking your members, today especially, and acknowledging that you are the most trusted profession. To hear that so many nurses overseas have lost their lives—I also am surrounded in family by nurses who have been very stressed, and in my own community. I am very grateful for your organisation to have that advocacy and that direct communication to Government on behalf of the profession and of course on behalf of the community, which is a good segue for me to ask your views on the most recent testing blitz and the testing for healthcare workers that was widened so that healthcare workers were able to receive testing regardless of being symptomatic or not. Do you think that the measures put in place by Government to date have played a part in the low number of healthcare worker infections relatively here in Victoria?

**Ms FITZPATRICK:** Most definitely. I get very frustrated when I hear commentators talking about how lucky we are in Victoria or how fortunate we are in Victoria to have such low COVID-19 infections within our state. It is not about luck. It is not about fortune. It has been managed within an inch of its life. Working closely with hospital executives, seeing the plans that have been put in place in the event that part of our workforce did become unwell and were unable to nurse because of illness themselves; the extraordinary lengths that people and ourselves working in conjunction with those hospitals have gone to in implementing 12-hour shift roster arrangements so that we could better manage with less staff and ensuring that the registered undergraduate students of nursing have been employed and are ready to support and work; the thousands of nurses that have come back and volunteered to go and work in hospitals across the state; the weekly meetings and getting access to all of the information and being able to raise issues directly with not just the health Minister herself but also the Deputy Chief Health Officer and senior people; and seeing things that you raise actually get addressed and appear in the next communication that goes out to hospitals or revised documents going out in relation to donning and doffing—I would say it is unprecedented, and I have been the Secretary of this union for almost 20 years. So I think the level of cooperation and the management that has gone on, and having such a skilled workforce, is how we have been able to ensure such low numbers to this stage—and may it stay like that.

From what I understand, thousands of nurses and midwives have participated in the testing, particularly the most recent blitz. I think somewhere around one in five of those tests that have been completed have been completed on a nurse or a midwife or a healthcare worker, which I think is yet another example of how healthcare workers want to do their bit for the state and help contain the virus and also try and get things working as quickly as possible back to what we once knew as normal.

**Ms RICHARDS:** Thank you. In your initial evidence you talked about training and just then the level of skill of the workforce. As part of the Government's hospital preparedness response to COVID, training programs have been developed and launched to upskill existing clinical workforces to provide intensive care. How important do you think this additional training will be for critical care nurses working on the frontline in hospitals?

**Ms FITZPATRICK:** Well, I think it has been very important that people have been able to upgrade or update their skills. I think one of the things that we need to learn from this going forward of course is that we want to keep working with those nurses so that we in the future have a critical care workforce that has got specific skills, that has got specific experience. And hopefully many of those nurses who have taken the opportunity to upgrade their skills in relation to critical care—albeit it is limited obviously—will go on to undertake postgraduate critical care education qualifications so that we have an even stronger critical care workforce in the future.

**Ms RICHARDS:** Thank you. How do you think the state has fared in the continued provision of maternity and early parenting services throughout this pandemic? What are your insights there, Ms Fitzpatrick?

**Ms FITZPATRICK:** We have a large cohort of maternal and child health nurses in particular who, if I can speak about them, are obviously doing most of their work from home. That is presenting some issues, and I know that they are still doing some family visits. It has been challenging of course. The enhanced program from the maternal and child health nurse group are often nurses that work with families who are experiencing family violence in particular, so I think that has been a very challenging part of the work to be done.

Part of the work of the department has been in relation to what work needs to be done as we come out of COVID, and I know that that is a significant piece of work. What has come from maternal and child health nurses about things that will particularly need to be looked at in babies before the age of six months. So there will be a lot of catch-up work that needs to be done in relation to physical visits and physical assessments of our newborns.

Certainly I think our midwives have been wonderful in relation to looking after mothers and parents who are COVID positive and who have had babies. COVID has not stopped babies being born, and I think our midwives in Victoria as well as our maternal and child health nurses have been really innovative and have had great resolve and stayed the course and made sure that whatever they can do to make the birth of a child or parenting in those early days and weeks more like it would happen normally, I think they have made great attempts to do that.

**Mr HIBBINS:** Thank you for appearing. I would like to get some understanding about what the impact of the pandemic has been on the employment of nurses. One would think that there would be more demand than ever for a highly skilled workforce and nurses, but we have also heard reports of nurses in private GP clinics having their hours significantly reduced and nurses stood down in the private hospital system before they received the bailout. So can I ask: what has been the impact on employment for nurses?

**Ms FITZPATRICK:** So let me start. I think there has been a cascading impact. You had a whole range of nurses, for example, who had annual leave booked—many of them travelling overseas or around the country—who of course could no longer go on that annual leave. So we had a group of nurses and midwives across the state who cancelled their leave. That then put pressure on, because normally we would have seen nurses and midwives who are ‘bank’ or who work for agencies fill those positions while people were on leave and those jobs did not come through because there were not the vacancies for them to fill. In addition, of course we had to stop, by and large, a significant proportion of our elective surgery in the state, which meant our theatre nurses, indeed our critical care nurses—because the COVID patients have not come in in anywhere near the numbers that we anticipated, we have had a lot of movement around the hospital where nursing staff and midwives have been redeployed to other areas.

I think the biggest area is the heads of agreement, and I do think the signing of that heads of agreement, the Premier’s vision that we would have one health system, has meant for our members compared to other states—and I meet on a fortnightly basis now, it was a weekly basis, with my interstate and territory counterparts; many of them have not even signed a heads of agreement yet and so they have got a large number of people who are out of work or who have not got any shifts—for Victoria, we have been able to pay the people the average of what they would have worked. That heads of agreement has stopped hospitals—private acute hospitals—standing their nurses and midwives down, which was what they were in the process of doing before that heads of agreement was signed on 31 March. That has been an absolute godsend, and we are the only state in the country where the public sector nurses and midwives who work on bank who have not had shifts have actually been paid on the average of what they would have worked over the last 12 months.

So I would say the big group of our members that have been really disadvantaged are those that work for nursing agencies. We have a hardship fund that we have set up at the federation. We have had 72 applications to the hardship fund, and from the stories that I read the people who are experiencing the real hardship are those agency

nurses because there are no shifts available for them. The public and private acutes are all fine because either they have got some payment or they are getting shifts, and they are getting their shifts back now as operations start to go back. So compared to other states and territories, we are the absolute envy at the ANMF here in Victoria of my interstate counterparts, let me assure you.

**Mr HIBBINS:** Yes, okay.

**Ms FITZPATRICK:** Private aged care has been challenging because there has been, I think, quite a lot of confusion in relation to private aged care. We have had a number of private aged-care providers who have wanted to insist that their nursing staff can only work at their private aged-care facility and that they have to resign from any other jobs that they have. Because the private aged-care system is, well, so sparse in finding and employing qualified staff, many of those that are working in the system actually do need to have two to three jobs to actually get a full-time salary. So we have had one particular provider, Lifeview, which was wanting and is still continuing to want to make its workforce do that. We have had a letter from Senator Colbeck, who is the Federal aged Minister, saying that that is not in the spirit. But unfortunately, you know, words like 'in the spirit' do not actually mean things are enforceable. So the private aged-care sector has been somewhat challenging as well, but I think in Victoria we have weathered the storm very well and our members have received benefits that others around the country have not.

**Mr HIBBINS:** Okay; thank you. I probably do not have time to get the next whole question out, but I just wonder whether you have any thoughts on this. Following the pandemic now I think we are seeing people value our nurses more than ever, and just reading from a statement that your federal colleagues put out, as of March there were 2500 unemployed Australian nursing graduates. Do you see now a stronger role in terms of our economic recovery to ensuring that there are more jobs for nurses following this pandemic?

**Ms FITZPATRICK:** Well, those 2500 are not in Victoria. We have record numbers of our graduates in both nursing and midwifery being employed and have done so for the last few years. But I think our issue is around ensuring that our graduates are given permanent employment. There still seems to be a tendency where our providers think that providing people with short-term contracts, or not giving them an employment contract at all and just putting them on a casual bank, provides them with flexibility. Well, I am hoping that some of our employers have understood how detrimental that flexibility has been in securing a workforce.

**Mr D O'BRIEN:** Good afternoon, Ms Fitzpatrick, and also on International Nurses Day I acknowledge your service. I think I remember interviewing you in my TV days back in the 90s, with Paul Gilbert. I had hair then, so you have been around for a long time.

**Ms FITZPATRICK:** You are giving my age away, Danny. I am possibly not that old.

**Mr D O'BRIEN:** But just picking up a couple of issues that were raised by previous questions, with respect to the Hotel for Heroes, do you know how many nurses have actually taken that up, the actual number?

**Ms FITZPATRICK:** Some time ago I heard the number 80, but I have not asked that question in relation to that for a number of weeks at our weekly catch-up with Minister Mikakos.

**Mr D O'BRIEN:** Righto, thank you. And also, again following up the previous question about the workforce and the elective surgery issues, from what I take it from what you said, have there been zero Victorian nurses who have lost permanent jobs as a result of changes to elective surgery or general loss of shifts?

**Ms FITZPATRICK:** Well, 92 per cent of the private acute system sector were signed up to the heads of agreement, so there could have been some small facilities—I am thinking of Keilor Park, some day surgery areas where people usually have jobs at two workplaces with those facilities—but certainly in our public acute sector and in the private acutes that are part of the heads of agreement we have not had nurses lose jobs, and indeed we have kept them not just in jobs but kept them being paid.

**Mr D O'BRIEN:** So in terms of the impact it is really restricted to those that are the agency staff, which you said I think there are—

**Ms FITZPATRICK:** Very much so, yes. We have had some private radiology companies early on who had been asking their nursing staff to take leave because of their procedures stopping, so we have been in discussions

with their industrial representatives to try and ensure that people get kept on, recognising of course that these people will need employees as we come out of COVID.

**Mr D O'BRIEN:** And leaving aside the elective surgery side of things, anecdotally I have heard from nurses and doctors at hospitals that things are quiet. There are less people on the road. There is no sport happening, so there are no footballers and netballers showing up with broken ankles. Is that your experience, and has that led to any sort of loss of shifts even in the public sphere?

**Ms FITZPATRICK:** It led to loss of shifts for those bank staff, but in essence they had to be paid ultimately anyway. So yes, there was anecdotal evidence going around at one stage that we had four nurses to every one patient. We did have a number of our large hospitals where of course we did have beds put aside for COVID patients that never came. And of course we did even see doctors in emergency departments on the news begging people to come to the emergency department, letting people know that they were still open for business and mindful that people might be staying away because they were concerned.

Couple that with of course the elective surgery reduction. That has led to much quieter facilities as far as patients. But of course patients are only part of the work that nurses do as well. So it has meant a lot of work behind the scenes: a lot of policy development and a lot of education has been able to take place, upskilling, education in relation to the proper use of PPE and things like that. So there are plenty of things that nurses can do in preparation for when the patients do come.

**Mr D O'BRIEN:** Okay. And on the question of PPE, have your members raised concerns with you about lack of or not enough training for use of PPE, specifically with dealing with patients who have to be isolated?

**Ms FITZPATRICK:** We have had pockets of complaints. It has not been widespread, but there would be some individual wards within individual facilities where our members have had concerns, and I think one of the announcements that I heard recently from the Government in relation to having, I guess, the public health team go to facilities where COVID patients are going to be nursed, I think that is going to be a fantastic thing. We have also been in discussions with WorkSafe and are looking forward to WorkSafe being involved in that work as well.

**Mr D O'BRIEN:** And have there been any concerns equally raised with you by members about general hygiene procedures and things within hospitals—any more than usual, I guess?

**Ms FITZPATRICK:** No. No. I think this has been a great time. We have seen lots more doctors washing their hands these days.

**Mr D O'BRIEN:** I appreciate that.

**Ms FITZPATRICK:** If that is what you are talking about.

**Mr D O'BRIEN:** No, I mean in terms of the cleaning of hospital facilities and processes, particularly in those isolation areas where you have got negative pressure and the like.

**Ms FITZPATRICK:** No. We have not had complaints about the quality of cleaning or frequency of cleaning at all, no.

**Mr D O'BRIEN:** Have you made any representations to the Government that have not been addressed?

**Ms FITZPATRICK:** No. As I said, we have this meeting. Everybody attends; everybody participates, which is fantastic. Matters get taken on board; people respond. These are extraordinary times in many, many ways.

**Mr D O'BRIEN:** Do you receive daily updates on the numbers, if any, of health workers that have been infected, and if so, who provides those updates?

**Ms FITZPATRICK:** I do not receive daily ones. I do probably contact the department around once a week myself and ask about the number of nurses specifically. My understanding at the moment is that I think we have 12 nurses who are currently positive with COVID-19. Obviously I do not know who those nurses are or where they are. I do not need to know that information. But I have asked the question, and when I have asked I have been told.

**Mr D O'BRIEN:** This is a bit random, but just following on from that, I have been approached by a nurse who had to be tested because she had a sniffle—literally a very minor symptom—and was concerned that she then had to take personal leave for a couple of days until the result came back. Has the union been seeking any special paid leave in those circumstances?

**Ms FITZPATRICK:** Well, there is special paid leave that is provided by the department. Nurses can access up to 20 days of special paid leave for a range of reasons, including for their testing and if they are symptomatic when they go to test, no matter how small the symptoms might be, or minor. So there is special paid leave that is being provided to the workforce.

**Mr D O'BRIEN:** Is that especially for this, or is that usual personal leave?

**Ms FITZPATRICK:** No, that has been one of the first things that was announced by the department in its guidance to hospitals around ensuring that people could access special paid leave. It is for a range of reasons. It was around special caring duties—about caring for children. This was long before the schools moved to online. So the special paid leave has been around from really probably the very early weeks.

**Mr D O'BRIEN:** Okay. Thank you. The 12 nurses that you mentioned who have currently tested positive, do you know if they are all in self-isolation for their possible infection? I assume they are all not working.

**Ms FITZPATRICK:** Well, I am assuming they will not be working. They will be in self-isolation, or of course I am not sure if any of them are in hospital.

**Mr D O'BRIEN:** Okay. And very quickly, we have got an order of 4000 ICU beds. Thankfully it does not look like we are ever going to need them—well, hopefully we will not need them soon. How would we staff them if we did? Could we staff them, is probably a better way of asking it.

**Ms FITZPATRICK:** Would we staff them? I think we would struggle to staff 4000, because we are talking about staffing them for 24 hours a day. But importantly we have certainly increased our capabilities from where we were before the virus hit, and that has been quite extraordinary. I guess one of the things—

**The CHAIR:** Sorry to interrupt you, Ms Fitzpatrick. That concludes the Member's allocation of time. We thank you very much for appearing before the Committee today. We appreciate the evidence that you have given us. The Committee will follow up on any of the questions that you took on notice in writing, and responses will be required within five working days of the Committee's request. That also concludes the public hearing for today, so I thank all witnesses who have given evidence to the Committee today. I also thank Hansard, broadcasting and the Committee secretariat. The public hearing is adjourned. Thank you, Ms Fitzpatrick.

**Committee adjourned.**