

TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

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

Melbourne—Tuesday, 11 August 2020

(via videoconference)

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 and Midwifery Federation, Victorian Branch.

The CHAIR: Good afternoon. Welcome to the second series of public hearings for the Public Accounts and Estimates Committee Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. We welcome the Australian Nursing and Midwifery Federation.

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. Members are attending these hearings remotely from home or from their electorate offices. We ask that you note that members are not required to wear a face covering if they are working by themselves in an office under the stay-at-home directions of 6 August, part 2, section (7)(i).

We also advise that all evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected for what you say here today, but if you repeat the same things outside this forum, including on social media, those comments may not be protected by this privilege. As a witness you will be provided with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

We invite you to make a brief opening statement of no more than 5 minutes. We ask that for the record you state your name, position and the organisation you represent. This statement will be followed by questions from committee members. Thank you for joining us, Ms Fitzpatrick.

Ms FITZPATRICK: Thank you, Ms Blandthorn. My name is Lisa Fitzpatrick. I am the state secretary of the Australian Nursing and Midwifery Federation, Victorian branch, a position which I have held for almost 20 years. I represent 91 115 members that work in the public and acute sector, the hospital sector, the private aged-care sector for personal care workers, and we have members across the state in some 3500 worksites. I am happy to speak briefly around my involvement thus far in relation to representing the best interests of nurses, midwives and personal care workers as it relates to the pandemic thus far.

On behalf the federation I attend weekly meetings with the Department of Health and Human Services, which are more often than not chaired by the health minister, Jenny Mikakos. We also attend the PPE task force chaired by Professor Andrew Wilson, which is a further weekly meeting, and we will be the nurses, midwives and carers representative on the healthcare workers welfare task force. I also have twice-weekly meetings with the nursing and midwifery workforce, which looks at nursing and midwifery as well as student nursing and midwifery and personal care worker issues and how we can sustain the workforce across the sector, not just in the public acute sector and the private acute sector but of course more recently in our private aged-care facilities, many in number who have fallen over in relation to their own staffing. We see that the public sector and private acute sector nurses are also staffing those facilities.

We are also looking at issues in relation to students of nursing and midwifery. We have a large population, and in Victoria under the leadership of Minister Hennessy some five years ago we started a program called the registered undergraduate students of nursing. So we have had students of nursing working in the public acute sector for a period of five years so that they can gain further experience in their chosen profession. Importantly, when the Prime Minister made the announcement on 18 March that students of nursing would be called upon to work across the health system Victorian student nurses were very ready, and indeed we have had them working in the public acute system and now extended into the private acute system but also assisting with pop-up testing, temperature checking, going into hospitals and also contact tracing as well.

We worked with a number of aged-care providers and also the commonwealth government during these most recent issues in relation to the involvement of the private aged-care sector, and we have been working with Minister Colbeck, the guild, as well as LASA and ACSA. I am happy to stop there and perhaps take questions if people have them.

The CHAIR: Thank you very much. I will hand the first call to Ms Ingrid Stitt, MLC.

Ms STITT: Thank you, Chair, and thank you, Ms Fitzpatrick, for appearing today. Can I at the outset just pass on our deep gratitude to all of the members of your union for the incredible job that they are doing caring for Victorians in very, very challenging circumstances for each and every one of them. We are all deeply appreciative of the effort that they are putting in.

Ms FITZPATRICK: Thank you.

Ms STITT: Can I ask you about hospital preparedness, which you touched on briefly in your introductory remarks?

Ms FITZPATRICK: Yes.

Ms STITT: The government announced a \$1.9 billion investment to ensure that our hospitals were prepared to respond to the pandemic, including medical equipment and PPE and the like. Given that significant investment, are you able to tell the committee how well you think our hospitals are prepared to continue to respond to the pandemic?

Ms FITZPATRICK: So the preparation in our public health system at a state level started in early February of this year, and with the hospital executives—and we contributed to this work as well with the Department of Health and Human Services—a new model of care was developed for critical care, looking at the overseas experience and seeing really the onslaught of patients that would be potentially required in intensive care. So apart from the equipment side of things, what we started doing together with the hospitals was obviously increasing the training levels for nurses to work in those critical care areas. The federation conducted clinical education itself and had around 150 nurses attend its courses over a number of weeks, given that we had to social distance and could only have eight in at a time. We also were part of developing a different model of care so that we could have a greater team approach in relation to critical care for the patients when they did enter an intensive care unit.

In addition to that, many of the hospitals worked out rosters that would see a greater spread, incorporating students of nursing into their model of care and skill mix. We introduced and signed off on quickly for a number of health facilities that decided that they would implement 12-hour shifts, which of course would give them greater capacity for nursing staff to be able to work those longer shifts rather than having the 26-hour roster that we currently do have.

In addition to that, of course, we importantly in Victoria, like other states, signed an agreement with the private acute sector which meant that our nurses and midwives that worked in the private acute sector were also able to be part of the planning at private acute hospitals in relation to preparedness for COVID. So that included the education as well, but it also ensured that our nurses—because in the early stages, of course, we had nurses that were not able to get work because the hospitals were so prepared in saving and allocating beds for COVID patients, and of course the level of COVID patients never arrived—were either redeployed or undertaking education during that unusually quiet time in the public health system, because we also had a reduction in surgery to make sure that we were ready for the beds that may be needed as a result of COVID patients. So whilst that work did not result in and was not required at that particular time, we have really relied on that preparedness since we have started admitting such large numbers of patients who do have COVID-19.

So I think all of that work that was done throughout February and March and April and into May as well has actually stood us well for where we are now. What we did not, I do not believe, anticipate is that the private aged-care sector would be so appallingly prepared by the commonwealth government—that COVID plans for many of the facilities must not have been in place. If they were, they were not audited or they were not implemented. I am mindful that we have 613 private aged-care facilities across the state. I do think at this stage, as of yesterday, we have outbreaks—which can mean one or more positive cases—in around 140 of those private aged-care facilities. But I do think it is also worth noting that the aged-care royal commission of course is back on now looking at the response of the private aged-care industry across the country, but particularly here in Victoria. And of those aged-care facilities across the state, of the 177 public aged-care facilities that we have, at the moment we have only three facilities where we have had a COVID outbreak.

Ms STITT: And I think it is important what you were talking about in terms of that time for the public hospitals to be able to gear up for what we are experiencing now. Obviously something that has been a challenge worldwide is getting enough PPE in stock, and I think the last time that you were before the

committee you talked about the importance of the department taking a centralised approach to the purchasing and the delivery of PPE to healthcare workers.

Ms FITZPATRICK: Yes.

Ms STITT: What impact is that having on the ground now, Ms Fitzpatrick, in terms of distribution of PPE to your members in the public health system?

Ms FITZPATRICK: Well, it has made a critical difference in that we do not have individual health facilities scrambling for their own PPE and competing with one another. In addition, of course, we have taken on the responsibility of providing the PPE as well to the private aged-care facilities. So in my understanding we get a report in actual fact every second day now but certainly at our weekly meetings in relation to the stockpile for the state in relation to PPE. We understand that the commonwealth government has its own stockpile which it distributes through the primary health networks for GPs and others. But in relation to the state responsibilities we do know that PPE is being delivered within 24 hours of its request each day to private acute, public acute and now the private aged-care facilities, because Victoria has picked up the slack from the commonwealth—helping out and working with the commonwealth to make sure that those 613 private aged-care facilities also have access to the correct PPE.

Ms STITT: How do you think our level of preparation has strengthened throughout the course of the pandemic, particularly in relation to additional staffing capacity and the need to be quite nimble in that regard?

Ms FITZPATRICK: So initially in February and March we put a call-out across the state for nurses and midwives to return to the health system or—because we have a large part-time workforce—to be able to work additional hours in the event that it was required. We had a large number of inquiries from nurses who had recently retired and as a result had let their registration lapse, and the national regulator, the NMBA, with its regulator AHPRA set up a pandemic register so that those nurses that had recently retired or recently allowed their registration to lapse would be able to come back and actually work if required. We now of course have thousands of names of nurses—not just nurses and midwives but other health professionals as well. My understanding is that some 9000 shifts have been worked from that workforce—the department and Torrens workforce list—over the last three to four weeks. That is all of the shifts—they are not 9000 nursing shifts—but a very significant proportion of those are shifts that have been done by nurses in public acute facilities and private aged-care facilities.

We also have helped and put out a call-out, together with the universities, for second- and third-year, final-year, students of nursing. I know as of yesterday some 100 of them at least have taken up the call and are assisting with pop-up testing—the enormous number of sites—which does enable the nurses from the public health system to return to their workplace and actually help fill the gaps or take back the shifts that they were doing prior to doing the pop-up testing. We have a really vibrant student nursing workforce. We have students of midwifery who are similarly ready to assist in relation to maternity services. We have maternal and child health nurses, many of whom also work as midwives in the sector, who actually will be able to assist should they be required in relation to domiciliary visits for new mums and babies that are discharged from hospital. We have endoscopy units and day-procedure units where work is not happening, and those staff are now being asked if they would work as a team in the health system as well. So we do have a large number of nurses, midwives and carers that we are calling on. We have students of enrolled nursing who are undertaking TAFE programs who are also being encouraged to consider doing work at private aged-care facilities in the capacity of a personal care worker.

So we are drawing on our resources from wherever to help backfill the large number of nurses who are furloughed as a result of the hospitals' policies in relation to them perhaps being a close or not-so-close contact—you do not have to be a close contact to be furloughed—as well as, sadly, of course those numbers of nurses who have contracted the virus and are either in Hotels for Heroes or recovering at home.

Ms STITT: Thank you. A little earlier you touched on the situation in Victorian public aged-care facilities and the fact that there are—so far at least—very few COVID-positive cases in those publicly run facilities. We know that there is a COVID-19 plan for those facilities, developed by DHHS, which covers a range of things, including the adequate supply of PPE and adequate training for staff in how to properly use PPE et cetera.

We have seen some pretty harrowing stories come out of the privately run aged-care sector, but in the feedback that you have received from your members in privately run aged-care facilities, how diligent do you think providers have been in ensuring that there have been adequate levels of PPE and that staff were being supplied and trained in the correct use of that PPE?

Ms FITZPATRICK: I would say until the state took over really providing that service it was totally inadequate. On the weekend of 19 and 20 July the ANMF, together with its staff and also me and other elected officials, contacted representatives from 330 of the private aged-care facilities that were at that stage in stage 3 lockdown, which was for metropolitan Melbourne and the Shire of Mitchell. On the advice that we got from our members when we asked them how they were going, what they were concerned about, what could we support them in and what did they want us to be taking to the state government or the federal government on their behalf, their issues included that at that stage, back in the middle of July, they felt that they had inadequate PPE. Of course it was not around until about that time when Minister Hunt announced that nurses and carers and staff generally in private aged-care facilities needed to wear surgical masks, and then a week or so later the announcement came that they were also going to be prepared and supplied with face shields.

The biggest issue that our members reported and have continued to report to us, although in lesser numbers now, is in relation to accessing information and education around infection control as well as how to don and doff, and social distancing and how that is to be achieved in a private aged-care facility, particularly with residents that might be suffering from dementia wandering around the aged-care facility, and limited facilities where people can have a break. They are the sorts of issues that I believe are uppermost in our members' minds.

I do want to say that we know that our members in private aged care have been campaigning for decades for better staffing for their residents in these facilities. It has fallen on deaf ears, irrespective of the government, although I would say that the Gillard government many years ago did try and obviously provided additional funding particularly for the care of residents who had dementia as well as dedicating funding for wage increases, because this is a poorly salaried sector in relation to wages compared to their counterparts in the public sector.

The CHAIR: I am sorry to have to stop you there, Ms Fitzpatrick. The member's time for questions has expired. I will hand the call to Mr Richard Riordan, MP.

Mr RIORDAN: Thank you, Ms Fitzpatrick. Just a few questions. When we spoke last time at the earlier hearing, at that time you noted that there had not been a lot of concern about PPE shortages. How would you describe the change in the way the PPE situation has been handled over the last three months since we last spoke?

Ms FITZPATRICK: No, I think in my previous evidence there were concerns around accessing PPE, because at that time we had just started where the state was taking on responsibility of holding all of the PPE and distributing it rather than having competing interests between health services. I said to Ms Stitt the issue is not so much accessing PPE now. The issue is in relation to education around how to use it, what level it should be and when should it be at different levels and, importantly, infection control principles. Of course this is across healthcare workers who are not all nurses. They are not all carers—we need PPE for our cleaning staff, for our catering staff, for the administrative staff. Everybody is required and does need to have this education.

I think one of the important things that has been implemented in relation to PPE education and infection control is that the public health services in Victoria have taken on supporting the private aged-care facilities that fall in their region. For example, Melbourne Health is supporting some 55 private aged-care facilities that fall in its geographical area. It is sending its own staff to check that staff have got PPE in private aged-care facilities in adequate numbers, that they have the correct PPE and that they know how to use the PPE. Of course they are also checking on the status of the residents as to whether or not those residents need to be transferred to hospital.

That oversight and clinical governance coming from the public health system has assisted our private aged-care facilities. I am pleased to say, at this stage—everyone is reluctant to say anything good because you never know what tomorrow brings—certainly the numbers in private aged care over the last couple of days have fallen in relation to any outbreaks.

Mr RIORDAN: What is your rationale or reason for why we are seeing such high rates of infection amongst our healthcare workers? Is it your view that we need more and better masks and equipment, or is it purely the training issue that is causing the problem there?

Ms FITZPATRICK: Well, I think it is significant. There are so many. It is multifaceted, really. We need to see less community spread. Remember our members are members of the community as well. They have children, they have parents and they need to be out—

Mr RIORDAN: So you do not think that your health workers are getting it from the workplace—it is coming from the community?

Ms FITZPATRICK: Well, I think we are waiting for the actual factual information in relation to where it has come from, but what I suspect is that there are a number of sources. Some of it would be from contact with patients. We know that there are patients who, for example, are in hospital who have tested negative and therefore have been deemed not to be a risk only to find that their second or their third test is positive. So I think there is not one thing that is creating issues, but I think what we are focused on and have to all be focused on is making sure that our members are safe at their workplace and that they are being tested, that they get responses quickly, that they can access appropriate furlough in places, whether that be isolating at home or isolating in Hotels for Heroes, that they can recover from the virus and return ideally, hopefully, to work and importantly that there are no long-term impacts of having tested positive—

Mr RIORDAN: Does the ANMF support the government or the push to have all health workers for this time to stay at one workplace and not be using their skills or expertise across multiple sites? Do you have a view on that, the importance of that, particularly about keeping both patients and other workers safe?

Ms FITZPATRICK: Yes, we do. So we have been working with the commonwealth government in relation to nurses and carers that work across multiple sites. We first started doing this work, Mr Riordan, when we were in the stage 3 lockdown. We started the work with the commonwealth government, Senator Colbeck, in July when we were looking at the 456 facilities across metropolitan Melbourne and the Mitchell shire. We worked with the representatives of LASA, ACSA and the Guild about ensuring that nurses and carers were ideally working for one employer but at that same time were able to access remuneration that would lead them to receive the same level of income as if they were working for the two employers. So the commonwealth government scheme has it that they will fund private aged-care facilities where the nurses and carers remain at one workplace, but instead of going to their second workplace they will either be offered their shifts at workplace one that they would have worked at workplace two or they will be provided with the funding.

We know at that time that we had at least 1322 members in those postcodes at stage 3 that actually had two or more jobs in different private aged-care facilities, and of course one of the things that the commonwealth government and ourselves and indeed the providers were keen to ensure was that people did not just get told, 'Well, you can only work at one place', and then the income, the long service leave, the personal leave, the annual leave from that second workplace was all lost. So we have worked collaboratively with the private aged-care providers as well as the public sector. The department have similar guidance in that they have encouraged their employers to have a conversation with nurses that they would know might work at a second workplace outside of their facility, and—

Mr RIORDAN: So just to clarify on that, because time will beat us: now that the whole of Victoria is stage 3 or stage 4, are you supportive of people staying in single workplaces right throughout Victoria?

Ms FITZPATRICK: Well, we need it to be done collaboratively. So, for example, let me tell you about Colac. So Colac hospital issued a directive to its staff that worked in public aged care that they could no longer work in the private aged-care sector. So there are two facilities in Colac, private aged care, Japara as well as Mercy Health. Now, if that directive had lasted, that would have meant that the Japara residents and the Mercy Health residents would have been left without a significant number of staff who work across those three facilities. So what we encouraged Colac was, number one, to abide by the department directive, have a conversation with the staff—do not direct them—but also have a conversation with Japara and Mercy about how the Colac residents are going to be cared for across the three facilities with the nursing staff. So we did not want to see Colac public robbing Japara and Mercy, and likewise we did not want to see the Mercy and Japara robbing Colac public health.

So we have seen at that facility, after our discussions with the hospital management on behalf of our members, that they have changed. They are providing income protection for those nurses who choose to stay at Colac public health, but also, importantly, what we want to be able to see is that the residents in the private aged-care facilities of Japara and Mercy have also got access to staff to care for them.

Mr RIORDAN: So—

The CHAIR: I am sorry to cut you off, Mr Riordan, but your time has expired. I will pass the call to Mr Sam Hibbins, MP.

Mr HIBBINS: Thank you, Chair, and thank you, Ms Fitzpatrick, for appearing before today's inquiry. I want to ask: given the number of infected healthcare workers, to what level are you satisfied with the standard of PPE and the infection-control processes that are being provided and that are in place in Victoria's hospitals?

Ms FITZPATRICK: Hospitals only; is that what you are talking about?

Mr HIBBINS: Correct.

Ms FITZPATRICK: Okay. No, the standard of PPE in relation to the hospitals—I have an improved level of confidence over the last few weeks in relation to access to PPE, expertise in utilising PPE, and in particular the growing number of N95 masks, albeit we have to be very careful about how they are used. They are not always the be-all and end-all and they are unbelievably uncomfortable for nurses to wear for 12-hour shifts and you cannot be touching them and moving them around. But I am confident that the PPE is being delivered in a timely fashion and that the nursing staff are able to be using that PPE. Whilst I am devastated that so many nurses and midwives and carers have contracted the virus, I have spoken to a large number of them myself. The ones that I have fortunately been able to speak with have had mild symptoms and are well on the way to recovering. But, you know, it disrupts everybody's life. We have got nurses that are in hotels who are separated from children, partners and families and who, you know, really are keen to get back into the health system and help their colleagues out.

Mr HIBBINS: And then in terms of aged-care providers?

Ms FITZPATRICK: I think the aged-care providers—I would say to you that some of them have been an absolute disaster. I have spoken with nurses who went into Kirkbrae. They did not have any support. They had a 16-page handover that did not actually have the names of the patients in the right rooms. There was nobody from Kirkbrae there to orientate them through the facility, to the residents; they did not know where the bathrooms were; they did not have adequate PPE; they had food dropped off for the residents at 11 o'clock which was their hot lunch; they did not finish doing the washes of those 30 residents and also the breakfasts until 1.40; they found residents whose medical condition, they believed, was appalling and in fact ensured that Eastern Health quickly sent down a geriatrician to come and support them. There was one agency nurse that worked with them, who said, 'There's no point. You won't get a GP. They're not coming because we've got COVID residents'. They knew that they had somewhere between 22 and 27 COVID-positive residents but did not know the exact ones that they were. They had one poor cleaner who was helping them empty small rubbish bins that were outside of the rooms. The vases of the flowers—it was described to me that the smell was so putrid because they had not been emptied for some, it must have been many, days. It made it impossible almost for them to breathe themselves.

So I think that there are examples, and I know it is not all, which I am relieved about, but there are examples of the private aged-care providers—and I do not blame the nursing or the caring staff; there are not enough of them. They have been screaming out and campaigning, marching up and down the streets, running television advertisements, and nobody in the federal government ever listens.

Mr HIBBINS: Okay, thank you. I am interested to know about—

Ms FITZPATRICK: If it was not for the public health system here in Victoria and our nurses that have picked up staffing these facilities and helping these poor nurses and carers, the system would be so much worse.

Mr HIBBINS: I am interested to know about protecting nurses and midwives who are more vulnerable to COVID infections, possibly due to age or due to underlying medical conditions. Are you aware of anything that has been put in place for or advice given to support nurses who could be more at risk?

Ms FITZPATRICK: So it is not just that cohort of nurses. A couple of things—number one, the state government has provided special pandemic paid leave for nurses. It is now on the second lot of that, up to 20 days of paid leave, so people have not had to use their personal leave. But nurses have been transferred and are not working, for example, in COVID wards. We have got nurses, for example, who are in the first or second trimester of pregnancy who have been transferred and are not required to care for COVID patients. So I think there has been a lot of advice that has been given to health services in relation to being lenient and being mindful and supporting nurses and midwives who have had issues around their own personal health, but sometimes not just their own personal health but concerns because they are the sole carer for a parent at home, for example, or they have a pregnant sibling living with them. I have many examples that I know of where that has been provided. Or, alternatively, things like the Hotels for Heroes have been provided so that nurses who do not wish to go home to families because they might be concerned about the heavy level of COVID exposure from patients that they have been caring for can actually stay in other facilities rather than going home—which is wonderful, but of course it is not always taken up because it is not necessarily convenient and not something that you want to have to do: leave your family. But yes, I know of many instances where we have had members who have been well looked after. I hope it is across the board. I would hate to find an instance where it is not. But in the event that someone has raised any issues with us, those matters have been resolved very quickly.

Mr HIBBINS: And—

The CHAIR: Sorry to have to cut you off there, Mr Hibbins, but your time has expired and the time for questions of this witness has also expired. We thank you, Ms Fitzpatrick, very much for appearing again before our committee today. The committee will follow up on any questions which were taken on notice in writing, and a response will be required within five working days of the committee's request. The committee will now take a short, 5-minute break before beginning its consideration of the next witness. Thank you for your time, Ms Fitzpatrick.

Ms FITZPATRICK: Thank you very much.

Witness withdrew.