

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 Vallence

WITNESSES

Mr Daniel Andrews, MP, Premier,

Mr Chris Eccles, AO, Secretary, and

Mr Tim Ada, Deputy Secretary, Economic Policy and State Productivity Group, Department of Premier and Cabinet.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee. I would like to begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their culture, their elders past, present and future, and elders from other communities that may be joining with us in some form today.

Good morning, and welcome to Premier Daniel Andrews and to your officials. This is 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. 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. We advise that members are attending these hearings remotely from their homes or from their electorate offices, and 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 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. 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.

Premier, we invite you to make an opening statement of no more than 8 minutes. We ask, for the record, that you state your name, position and the organisation you represent, for broadcasting purposes. This will then be followed by questions from the committee. Thank you, Premier.

Mr ANDREWS: Thank you, Chair. I am very pleased for the opportunity to present to the committee and to provide you with an update in relation to the government's efforts to deal with the second wave of this wildly infectious virus. I have got a fairly brief presentation, which should be coming on the screen now. I will take you through that as quickly as possible and we can get into questions.

Mr RIORDAN: Can the Premier's microphone go up?

The CHAIR: Thank you, Deputy Chair. It is a little soft—if there is an opportunity to raise the volume.

Mr ANDREWS: A very good question, Mr Riordan. I will see if I can do that. Perhaps I will speak louder, and we will see if we can get somebody else to come and deal with the tech issue. Is that better?

The CHAIR: It is; thank you, Premier.

Mr ANDREWS: The first slide, if we can go to that.

Visual presentation.

Mr ANDREWS: So obviously we are in the midst of a second wave, as are many other jurisdictions around the world. Those four graphs give you a sense of case numbers and the magnitude of second waves in Israel, Japan, Singapore and of course—perhaps in some respects the one that we are most familiar with because of the reporting—the US. As we know, there are currently 20 million people who have been diagnosed with coronavirus and some 730 000 people who have tragically passed away. That notion of a second wave—the great difficulty in containing this virus is, I think, well understood and tragically is being experienced in many communities right around the world. This means, I suppose, that we have to acknowledge how rapidly this spreads, how challenging it is, particularly if it gets into high-risk industries, new and different cohorts, new and

different communities, different family structures, different backgrounds sometimes—for instance, where language can sometimes be an issue. This is something that is a great challenge for communities and economies and health systems right across the world.

If you go to the next slide, this just gives you a sense of the last month or so, just a little bit longer. Obviously in July we started to see case numbers increase. This provides you with some rolling averages across those intervals, and it also gives you a sense of when different measures were put in place based on public health advice, whether that is the stage 3 restrictions in those 10 northern and western metropolitan postcodes, so those two corridors; the very challenging but necessary intervention in public housing towers in the inner north; and the stage 3 metro Melbourne and Mitchell shire lockdown; then of course face coverings right throughout that stage 3 area around 22 July. And then this takes you through to the peak just a few days ago—or at least a peak on data; I am not making any sort of an epidemiological trend analysis with that, but that is the highest point—where we have seen numbers come down from there.

The next slide gives you a sense—this is modelling which I am sure the Chief Health Officer will speak to in greater detail in his report to the committee. But the green line on it at the line shows you our actuals; the blue line shows what a failure to put in place various of those restrictions—in fact, even the most basic restrictions that were put in place, let alone some of the other work that we have done—would have seen a situation where we had not hundreds of cases but indeed many thousands of cases, getting close to a peak around 20 000 cases in just a few weeks time. So that it does give you, I think, a pretty stark representation of the need for action, the need to follow the advice and the need to be swift about trying to suppress this virus. That is not to say that the circumstances we find ourselves in are where we wanted to be. We do not have the luxury of ignoring the fundamental reality that we face of too many cases, too much transmission. These steps have to be taken in order to avoid what that blue line shows you: the total number of infections completely getting out of control, swamping our health system, and the inevitable tragedy that comes from that, not to mention putting off for an even longer period any sense of rebuilding jobs, businesses, and getting past this.

The next slide just shows you another way, I suppose, of giving you a sense of the substantial impact that stage 3 and stage 4, certainly—so this is on Sunday, 9 August. So if you look across all of those different modes of transport—and we get this data fairly regularly; we will try and update the community as often as we can—this very much validates the heartbreaking and very difficult decisions that have had to be taken in relation to movement, reducing the number of people commuting across the community. And you can see, whether it be in traffic on the roads, patronage on our train, tram and bus services both metro and regional, and foot traffic in the CBD, we have got massive reductions in the number of people that are moving around the community, and what that means is that we should see, over a sequence, a reduction in the number of people that are getting this virus and giving it to others.

The next slide talks about contact tracing. The national cabinet has just received last week, part of a decision made a fortnight before, a national dashboard to make sure that all of us have got a sense of clarity across the nation about the performance of contact tracing one state to the next. I cannot report on what other states are doing, but I can report on what our inputs are to the satisfaction of colleagues, both public health colleagues but also first minister colleagues and senior officials. Our case notifications, so getting to those positive cases within 24 hours, we are achieving that metric. There will always be a percentage of people who cannot be interviewed within that time—whether it be someone who for instance is a resident in a nursing home where an interview would not be appropriate—and then of course we have had a lot to say in recent times about those that perhaps do not answer the phone, those who were not home and those for whom address details that we have, despite our best efforts, are not accurate.

And then the third input into that national dashboard is the number of close contacts who are—and therefore who are not—contacted within that 48-hour period from when we are first notified about a positive result. There will be some of those—1 per cent, I do not have a raw number for you, but that will be a number of people. And again similar reasons to the difficulty in conducting interviews will apply there as well. There is some complexity to some of these tasks.

But they are our inputs into national cabinet as of last Friday and they remain consistent. My last report was yesterday, and they remain consistent—in fact, very, very close to the numbers that we reported last Friday. We make those updates regularly. That is a really important part about all of us knowing exactly where we stand.

The next slide just gives you a sense of a number of different things that have taken a lot of our time, a lot of our work and indeed significant resources, whether it be expanding the Business Support Fund off a pretty high base; worker support payments to try and drive the best of choices, whether that be staying at home waiting for your test result or indeed dealing with insecure work and the challenges it places on those who have to isolate and not go to work; a package of reform and some decisions that were announced in relation to how VCE and VCAL students will be examined this year and the special consideration for their educational disadvantage such as it is for each student; tenancy reforms—they are ongoing—and of course the day before yesterday there were some very substantial amounts in terms of an additional mental health package. So what I would say, Chair, is that there—

The CHAIR: Thank you, Premier. I am sorry to interrupt you, but the time for the presentation has expired. I will give the call to Deputy Chair Richard Riordan.

Mr RIORDAN: Premier, you have every day thanked Victorians, and every day you have admonished Victorians who have not done the right thing. Premier, every day you have assured us you will take responsibility, personal responsibility, and own the mistakes of your government. Every day you have refused to tell Victorians which of your ministers was responsible for letting the virus out of hotel quarantine. This morning the *Herald Sun* has revealed what you have been hiding from the Victorians. Your minister for jobs and precincts, Martin Pakula, was responsible for the bungled hotel quarantine. Will you demand that he resign?

Mr ANDREWS: No, Mr Riordan, and my response to your question should not be read as in any way me agreeing—

Mr RIORDAN: Sorry, Premier, I cannot hear. Can we put the volume up?

Mr ANDREWS: Well, I am speaking as loudly as I plan to, Mr Riordan. This is no different volume to the presentation I have just given. If there is a technical issue, I am more than happy for us to get someone to have a look at that.

Let me repeat what I just said: the answer to your question is no. And do not take anything that I say in my answer as in any way my confirming the rather lengthy editorial that you have just given me. What I would say is that a judicial inquiry has been established, not for the avoidance of transparency—

Mr RIORDAN: It is not a judicial inquiry, Premier. Please, you have been advised by chairperson Coate it is not a judicial inquiry. For the record, please be honest with Victorians. It is not judicial; it does not prevent you from answering.

The CHAIR: Mr Riordan, will you let the Premier answer the question, please?

Mr RIORDAN: Perpetually, Chair.

The CHAIR: Premier?

Mr ANDREWS: Thank you very much. As I was saying, former Judge Coate is running an inquiry. She is a former judge. I would not have thought any of us needed to be in dispute about that. It is an inquiry set up under an Act of the Victorian Parliament. It has very broad terms of reference, a substantial budget and it will get us the answers that are required. Those answers are to a number of different questions. They fundamentally relate to any and all deficiencies in the management of this program and exactly what circumstances have led to, as genomic sequencing confirms for us—at least initial genomic sequencing—that at least a significant—

Mr RIORDAN: Premier, the question was: will you ask the minister to resign?

Mr ANDREWS: And I answered your question.

The CHAIR: Deputy Chair, the Premier has answered your question.

Mr RIORDAN: Okay. So, Premier, within 24 hours of an exposé on TV about your factional enemies in your cabinet, you had them resign. We have seen an exposé of clear failure of ministerial responsibility and you

will not have that minister resign. What do you say to Victorians as to why you can make resignations happen when they are your political enemies, but when they are in your cabinet you will not force them to resign?

Mr ANDREWS: Mr Riordan, the only enemy that every single Victorian confronts is this wildly infectious virus, and I am not interested in playing political games with questions like that. I do not think there is any comparison between the events that you have just quoted. We are all working as hard as we can to fight a wicked enemy. That is the enemy I am exclusively focused on. I cannot speak for what you are focused on, but I want to be very clear with you that driving these case numbers down, providing care and support to all who need it and getting us to the other side of this second wave is my exclusive focus.

Mr RIORDAN: Premier, your Chief Health Officer says genome sequencing confirms that the Victorian second wave has come from Minister Pakula's failed hotel quarantine, a point you have conceded yourself on numerous occasions. Because of this, hundreds of thousands of Victorians have lost their jobs and businesses, and thousands of family members have lost loved ones. Victorians have trusted you to keep them safe. You have catastrophically let them down. Will you apologise to Victorians?

Mr ANDREWS: As I have said, Mr Riordan, I am the leader of the government and the leader of the state. I take responsibility for all of the decisions that are made across our government and the performance of all of our agencies. That ultimate responsibility is an important function of the job that I have, the great honour that I have to serve as the Premier of this state. I do not agree with the way you have characterised various statements that the Chief Health Officer has made. What I will say again, just to confirm—

Mr RIORDAN: Are you saying that you do not agree that the virus has escaped from hotels, and that your own genome sequencing reports, which you will not release to the public, say otherwise?

Mr ANDREWS: Well, perhaps, Mr Riordan, with the greatest of—

The CHAIR: Sorry to interrupt, Premier. Perhaps if you could try moving a little bit closer to the microphone, it might improve the quality of the sound.

Mr ANDREWS: As I was saying, I think, with the greatest of respect, Mr Riordan, if you ask me the questions and then give me an opportunity to answer those questions, then you can make a judgement about what you believe I am saying. What I am saying to you is that I do not agree with the characterisation of Chief Health Officer Sutton's statements and commentary. I was about to then make the point, having stood beside the Chief Health Officer on the morning when a batch of genomic sequencing had been received and the results had been appropriately analysed, both I and the Chief Health Officer, and this is not a matter of dispute, indicated that at least a significant number—at least, and it may be more if there is further genomic sequencing, which always trails because it is a longer process and more involved process than simply determining whether someone is positive or negative—

Mr RIORDAN: So, Premier, are you saying that after a month of you closing down hotel quarantine you still do not have that information in your grasp—that the resources of the state have after a month not been able to determine whether the virus is the same that has escaped from hotel?

Mr ANDREWS: That is not what I am saying at all.

Mr RIORDAN: Well, you just said you could not supply it.

Mr ANDREWS: To the extent that I can get a word in, I am not saying that at all. Mr Riordan—I am not sure—which question would you like me to answer?

Mr RIORDAN: My question to you was: will you apologise for the escape, under your own admission, of the genomic link between the hotel quarantine and the virus second wave in Victoria, that is not experienced anywhere else in Australia?

Mr ANDREWS: Well, what I am saying to you, Mr Riordan, is that there is some genomic sequencing that has been provided that demonstrates that at least—and I stress it could be a higher percentage than this, but the phrasing, being the way that the Chief Health Officer has described it and so too have I, is 'at least'—a significant portion of new cases and the resultant second wave is attributable to carers and the spread of the virus out of the hotel quarantine system. That is beyond doubt. No-one is quibbling with that. That is a point

that has been very clearly made. On the issue of the availability of further genomic sequencing I would direct you to the Chief Health Officer. I am here before you and I am [Zoom dropout].

Mr RIORDAN: Premier, your health minister was warned as early as 11 May by an infection control nurse of the disaster in hotel quarantine. Your jobs and precincts minister organised quarantine like a massive inbound super trade mission. On your government's own figures, this complete failure of government policy will surely be the most disastrous economic and social catastrophe in Victorian history. Premier, how will you take personal responsibility for this? You have told us on numerous occasions you will be personally responsible. What does personal responsibility mean?

Mr ANDREWS: Well in the first instance, Mr Riordan, it is not playing political games. It has instead been exclusively focused on driving down the amount of movement across the Victorian community, driving down the number of cases across the Victorian community, providing care and support to everyone who needs it, whether they be an aged care resident, whether they be a person—

Mr RIORDAN: That is the actions that you are doing, Premier. That is not your personal responsibility. What is your personal responsibility in accepting when things have gone wrong?

The CHAIR: Mr Riordan, the Premier is answering your question.

Mr ANDREWS: Well I am certainly trying to, Chair. I am not sure if I have got the call.

The CHAIR: You have got the call.

Mr ANDREWS: Mr Riordan, perhaps you and I have a different view about what the responsibilities of my office are, and that is to do all of the things I have said and if I can continue, I will continue listing other things that I am exclusively focused on: making sure that our dedicated nurses, doctors, ambulance paramedics, personal care workers, everybody across the health system and well beyond, have the resources and the support that they need and know in very clear terms that the resolve of the Victorian government is there to support them through this second wave. Accountability is obviously a function of my role. That is the job that I have. In terms of my responsibilities and the things that I ought to be focused on and which I am exclusively focused on, I have listed you some of those. Getting—

Mr RIORDAN: But Premier, after a month of acknowledged failure in hotel quarantine nothing has been seen to by you. No admissions by you have been made; no acknowledgement of the error has been made by you. Today all Victorians have seen how your government has run hotel quarantine and you have nothing to comment about who is accountable and who is responsible for that.

Mr ANDREWS: Again, I just take you back to the point I made a moment ago, Mr Riordan: you are asking me questions, but again with respect, you do not get to answer those questions by running another editorial. I have said no such thing. Your analysis is completely inaccurate. I have not only accepted ultimate responsibility and accountability for any issues in that part of our pandemic response and all issues in our pandemic response, but I have established an appropriate arms-length process, chaired by a former judge, not for the avoidance of scrutiny, not for the avoidance of answers, but to deliver that scrutiny and to provide the answers that all of us are fundamentally entitled to. That is at arm's length and I—

Mr RIORDAN: Okay, if you are not going to answer—

Mr ANDREWS: Mr Riordan, but if you do not want me to continue I—

Mr RIORDAN: No, I do not want you to continue on that because you are not answering the question. And finally, Premier, did you or did the crisis cabinet decide that hotel quarantine would be better run by people who fix roads and run an art gallery than your own health department?

A member: You're joking.

Mr RIORDAN: Premier, I will ask again: did you or did your crisis cabinet decide that hotel quarantine would be better run by people who fix roads and run an art gallery than your own health department?

Mr ANDREWS: The answer to your question is no; at no point did people make a decision like that. Across the board, Mr Riordan, people are performing roles and functions that are a long way away from what they might traditionally be expected to do. Let me give you a couple of examples.

Mr RIORDAN: Premier, I think most Victorians can understand the difference between hanging pictures in an art gallery—

The CHAIR: Mr Riordan, your time has expired. Thank you, Premier. We may have a short recess while we try and adjust the sound issues. If we could pause the hearing for a couple of minutes, please.

We will now hand the call to Mr Gary Maas, MP.

Mr MAAS: Thank you, Chair. Thank you, Premier, for your appearance today, and thank you to the departmental officials as well. Premier, I would like to take you to the topic of contact tracing. Contact tracing has been a critical part of the government's response. Could you take us through what the government's response has been and just how quickly people are contacted through that process?

Mr ANDREWS: Thanks very much, Mr Maas, for your question. Obviously tracing, both those contacting and interviewing, and getting from those who are positive cases in the quickest time possible the details of who they have spent time with—and there are a number of rules in relation to determining who is a close contact; they relate to the time you have spent with someone and the setting in which you have spent that time, whether it be in the same room, face-to-face contact—is critical to us stopping the spread of the virus. It is very challenging, I think, to make any comparison between the first wave and the second wave of the virus as it presents in Victoria. Volume is something that presents enormous challenges to any team. The key point there is to continue to grow the total number of people and to broaden out the skill sets of those who are doing that important work.

My last update has between 2500 and 2600 people who are supporting that contact tracing work. They include people who are making calls, contacting cases and then recording through that interview process in some cases many dozens—in terms of outbreaks, it can be many more than that—of people who fit that definition of a close contact. They are then in turn contacting them and making sure that they understand what they need to do in terms of staying away from other people and limiting their exposure to other people. It seems, I am sure, in some respects a relatively simple task, but when you add in all the diversity of every different person, different experiences, different perspectives, different patterns of movement and all of those things, plus the sheer volume—where the average positive case can have, in broad terms, anywhere between five or even up to 10 close contacts, and in terms of outbreaks, particularly workplace-driven outbreaks, which have been a feature of the second wave, many hundreds of close contacts—it is a massive logistical task.

There are then other people in the team who are about data analytics, data management and managing the systems that sit behind all of that very much person-to-person work. That national dashboard that I spoke about in the presentation, off the top, is a credit to a very large team of people who are literally working 24/7. We touched on the topic earlier about people who are performing roles for which they are perfectly capable but which do not bear a lot of relation to the work they would normally do. That is, I think, a commentary on the fact that this is a novel virus, a one-in-100-year event—a global pandemic the likes of which none of us have ever seen. To that end, we have ambulance officers—ambos—working in our contact-tracing team. We have people who have call centre experience and customer service experience—often very complex customer service backgrounds—from the private sector, who have been stood down by their private sector employer. They have come to work for us. We have members of the Australian Defence Force. We have public health physicians and nurses. We have a very, very broad range of people performing each of those tasks, and the important point in thanking them for their work is to acknowledge that it is an endless task. It is 24/7. As soon as you have cleared one case—this is a feature of the second wave—there is always a second case to move on to, and a third and a fourth, and that is why their efforts, both individually and as a group, see us in a set of circumstances where we can report those metrics to the national cabinet.

I am sure that each of those individual coronavirus detectives and their managers, and all the people who work with them, might not necessarily have that global picture, but once acquainted with it, I think they should have a sense of pride. At the same time though, it is challenging to get to everybody as quickly as we possibly can, because, again, if you make 100 phone calls, there will always be people who are not answering the phone. If

you knock on doors, there will be people who do not necessarily answer. The address details may not be accurate. It is a very complex and challenging task, but one that a team that is bigger than it has ever been, I think, are doing to the best of their abilities. They are working as hard as they possibly can and they just do not stop, and of course they cannot afford to, Mr Maas, because this virus does not stop.

Mr MAAS: Thank you, Premier. You mentioned the ADF as well. Can you tell me how the ADF are assisting contact tracing efforts?

Mr ANDREWS: The ADF form part of, as I said, a very big team. We are talking about case contact and outbreak management—that is Ambulance Victoria. There are a number of different operations, particularly the doorknocking of, firstly, cases, and that is being expanded, as our ADF numbers expand, to doorknock all close contacts as well. That is not a single door knock. It is random and multiple door knocks. That is about compliance, of course, but it is also about making sure people have got the information they need, the clarity they need and indeed beyond that, it is about making sure that if they need anything, we can then provide that for them. Everyone has different support networks. Sadly, some people do not have a very well-defined support network. So that physical doorknocking—speaking, and everything from conducting the case interview on a person's doorstep, because we have not been able to get to them, all the way through to dealing with some very personalised requests for support such as filling scripts, for instance, for people who obviously cannot leave their home and may not have someone who is confident or able to provide them with that care—is probably the most significant part of the ADF's contribution.

Beyond that, they are supporting us in terms of tasking. They have got a specific set of skills in relation to bringing resources to bear, tasking and making sure we are as efficient as we can be. That logistical support, that planning, that very acute sense of 'how do you deploy the best skills for the best purpose to get the best outcome', that is something that the ADF help us with. They provide that support every summer, particularly when we have very significant events. Many of them, from a leadership point of view, have been here since the fires. Those numbers have grown, and their functions have grown. They have moved, I suppose Mr Maas, from helping us to plan, to build teams and to task those teams appropriately. They have now moved into actually delivering some of that plan side-by-side with our public health team and our authorised officers from the health department. The team then includes a significant number of people from Helloworld, Stella and a number of health services—and a number of commonwealth public servants as well. They might not be in military uniform, but they are doing a fantastic job for us. We have significant support from other states, both health departments but also public health teams. It is a very significant team, and the ADF are right at the centre of it, just as they have been in different ways right throughout the first wave—indeed going right back to the summer.

Mr MAAS: Thanks, Premier. Well, by the sounds of it oversight would be absolutely critical. Would you be able to take the committee through the steps that you are taking to increase the level of oversight and contact with close contacts?

Mr ANDREWS: Yes; so to the point about all of us being confident that people are where they should be, I would not want this to appear in any sense a kind of heavy-handed response. It is about compliance, but it is also about clarity, providing information and making sure that people know and understand what it is they should be doing. And then it is about personal support, not always directly provided by those health department officials who are out doorknocking in teams side by side with ADF—they will often refer people off for a myriad of different needs, if you like. So it is as much about the welfare of the person who is at home in iso as it is about the broader community's welfare by making sure that there is compliance.

In terms of doorknocking, as of 10 August I can confirm for you that those teams—so the authorised officer together with ADF personnel—have knocked on nearly 12 000 doors. This is a massive task and one that we are very grateful to ADF and others for doing. This is of course supported by phone calls and text messages—and when I say 'phone calls', plural, it is often repeated phone calls to make sure that we are not only first of all getting in contact with people but also monitoring that they are doing as they need to do and that we are providing any support that we can. That is a big number of doorknocks. There will be more of those, obviously, as we expand the program out. The total number of additional ADF—I made a request only a couple of weeks ago for another 500-plus—is central to us having every case and every close contact doorknocked random multiple times to make sure that everyone has got what they need and that everyone is doing what it is that they must do.

Mr MAAS: Thank you, Premier. Just finally I would like to take you to the topic of mental health. Everyone's mental health in the community of course is paramount in the government's response, and on the weekend you announced a \$59.7 million acute mental health support package. Would you be able to explain the different components of the package and how it will ensure Victorians get the care they need during the pandemic?

Mr ANDREWS: Thanks, Mr Maas. This is obviously a significant focus of our government, pandemic or no pandemic, with the royal commission into the mental health system a clear acknowledgement—perhaps the clearest acknowledgement—that the system is not as it should be. That is no criticism of those who work in it. They do an amazing job. But there is much better design and many more resources that need to be allocated towards something that does not discriminate, that is everybody's business and that is a real challenge for all of us. Times like this I think expose again some of the challenges within that system, and beyond that times of great distress and anxiety will add their own mental health impact on many, many people. So in that \$59.7 million package, which of course comes on top of the \$135 million that has already been provided to meet increased demand, there are a number of elements to that, whether it be supporting the rollout of 144 additional acute mental health beds in our public hospitals—

The CHAIR: Sorry to interrupt you there, Premier. The member's time has expired. I will pass the call to Mr Sam Hibbins, MP.

Mr HIBBINS: Thank you, Chair, and thank you, Premier, for appearing before the inquiry today. I want to ask about the hard lockdown of public housing towers in Kensington and North Melbourne. When you announced the lockdown on Saturday, 4 July, at around 4.20, you stated that:

Residents will be supported with onsite clinical care, as well as food delivery and care packages.

Then 5 hours later, at around 9.30, you said, 'We'll provide everything residents need during this period, from food to medical supplies, toys to toiletries. No-one will go without. No-one will be left alone'. Well, it turns out people did go without and people were left alone. I will just give you a few examples: a woman who could not get clean insulin needles for her diabetic child and after several days of trying to call the DHHS hotline had to wash and reuse needles for her child; an elderly diabetic woman who had carers come and cook for her every day had her carers removed and despite her family repeatedly calling the hotline, no care was provided for three days until she was delivered food; a woman with a premature baby in intensive care in hospital was left for several days without anyone coming to collect expressed breast milk for her baby; and a woman who was denied a mental health check after threatening self-harm.

These are just some of dozens of cases of people who did not have food, medication, mental health support and nappies and baby formula provided. These either arrived late or not at all over the five days. So can I ask: on what basis did you make the statement that no-one would go without, and when you announced the lockdown, was there an actual plan in place to deliver appropriate food, medicine and other essentials?

Mr ANDREWS: Mr Hibbins, I think you well understand that when you have a number of positive cases in an environment that is as dense in terms of the number of people living in close proximity to each other, as vulnerable given the pre-existing health status of many, many residents, together with many other challenges, it is a particularly complex environment. When you are then faced with that, that is the cohort you are dealing with. You have got positive cases, you have got advice from the Chief Health Officer that, if we do not lock down those nine towers, then we will see this run wild throughout the entire community in those towers—

Mr HIBBINS: Yes. I am not questioning the lockdown. I am asking about the plan in place—

Mr ANDREWS: And it is important that I give you some context for this, and that is what I am attempting to do. There is no alternative but to accept the advice of the Chief Health Officer, and part of the advice of the Chief Health Officer was to have an immediate lockdown—not a lockdown three days hence, when you have had the benefit of many, many hours to provide additional planning time—

Mr HIBBINS: Can I ask: what exact time were you provided with that advice?

Mr ANDREWS: I had a press conference in the middle of the afternoon—it could even have been as late as 2.30 or 3 o'clock. We had been in discussions with the Chief Health Officer throughout the late morning,

through lunchtime and into the early hours of the afternoon. I am happy to come back to you with some more definitive times—it was some time ago—but it was certainly in the 2 to 3 hours before we made the announcement that it had been confirmed by the public health team that there was simply no alternative but to lock those towers down.

Now, to your question, this has never occurred before. There is no manual or playbook or anyone you can go to and say, ‘Well, given your experience in doing things like this, can you provide me with some advice how I might do it?’. No such person exists, Mr Hibbins, so what you do is you work as hard as you possibly can, you assemble a team that is as big as it can possibly be, and you get on and you get the job done. Does that mean that everybody received every single thing they needed moments after, or even hours after—

Mr HIBBINS: Or days.

Mr ANDREWS: Well, Mr Hibbins, as I have said to you, neither you nor I have ever done this before. I have now. There is simply not a reserve of people to call on when you are doing something that is fundamentally challenging and unique. Was every element of that response perfect? Well, look, what I would say to you is of course it was not, nor could it have been. But everybody from local community health providers to other organisations that were engaged to provide food to nursing staff, testing staff, emergency services staff, including Victoria Police, social workers, mental health practitioners—the list goes on and on, a massive team—stood up as quickly as possible to meet the needs of a very diverse and a particularly vulnerable group of people. The ultimate vulnerability—

Mr HIBBINS: Do you accept, Premier—

Mr ANDREWS: No, if I could finish my answer, please. The ultimate vulnerability here was not whether somebody got fed within 5 hours or whether they had to wait till the following day to get a bag of groceries; the ultimate vulnerability here, Mr Hibbins, if I might say, was this thing infecting everyone in those towers and hundreds of people dying. I think if you reflect on that issue, I think you see the challenge that we faced and the fact that no matter what we did this could not be made perfect. No element of this could be made perfect, and I just do not accept criticism of people who worked their guts out on the ground. They did their very best, Mr Hibbins, and I just think it is wrong to suggest otherwise.

Mr HIBBINS: Well, Premier, I am not suggesting otherwise. What I am suggesting, Premier, is there is a long way between something not being perfect and something not being managed well from the start. Do you accept that there was a clear inconsistency between the public statements that you made that essentially said that no-one would go without and what was in fact actually happening on the ground, where people did go without?

Mr ANDREWS: Well, Mr Hibbins, we were very clear on what we wanted to achieve—not just me but everybody who was out there working very hard night and day to provide for those residents. Clearly it is a very, very big challenge, but not providing people with a bag of groceries or indeed dealing with the many, many complex circumstances—the mother of the newborn at the Royal Children’s Hospital that you referenced, of course we would have liked to have had that mother with her newborn baby. That is exactly what you would always want to have happen, and I have spent a good portion of my working life trying to grow support in maternity and particularly neonatal intensive care services. Of course you would want those two, the mum and bub, together, but that was not possible. That was not possible, and I suppose in order to try and provide general support, food and other welfare, there will have been specific examples of very well defined need that may not have been met. No-one is pleased to think that anybody had to wait longer than you would like for the things that they needed—of course not—but the ultimate test, I think, is to compare the discomfort, the displeasure and the real challenge, the hardship, of having to wait for some things. That needs to be compared not with what might be termed a perfect response, because I do not know that there could ever have been one, but compare and contrast that with the alternative of everybody on those estates becoming positive and hundreds and hundreds of people dying.

Mr HIBBINS: Again, Premier, I am not questioning the decision of the hard lockdown; I was questioning the discrepancy between your statements and what was actually occurring. Now, Premier, you have said that there is no playbook—

Mr ANDREWS: Perhaps I am a bit more focused on what has to be—

Mr HIBBINS: You have said that there is no playbook—

The CHAIR: Mr Hibbins, can you let the Premier answer the question, please.

Mr HIBBINS: Well, no, that was not a question. I am moving on to a new question. Now, Premier, you have said that there is no playbook for this, but in fact there are agencies that are our experts in disaster management. Now, can I ask: at one point, some days after the lockdown was announced, the State Control Centre and the City of Melbourne were called in. Can I ask: why was the State Control Centre called in after several days and why were they not called in from the very beginning?

Mr ANDREWS: Well, I do not necessarily accept your characterisation of the State Control Centre not being involved. I do not think that is accurate.

Mr HIBBINS: They are involved, but why did it take several—

Mr ANDREWS: I am not—

Mr HIBBINS: Can I ask: at what point were they actually called in?

Mr ANDREWS: I am not conceding that they were not involved all the way along. They are involved in every element of our pandemic response. I think you have got to go back to the key point here, Mr Hibbins—

Mr HIBBINS: Well, I think there is a clear question: at what point were they called in to assist with the lockdown?

The CHAIR: Mr Hibbins, the Premier is attempting to answer your question.

Mr ANDREWS: The way that questions and answers work: you ask the question and I will attempt to answer it. You may not be satisfied with the answer, but I will do my very best, Mr Hibbins. What I am saying to you is: this could not be done with a three-day lead-in. This could not be done with the notice that you would obviously prefer if you were not in the midst of a global pandemic, if you were not in the midst of unprecedented circumstances. None of us have the benefit, might I say, either of hindsight or the benefit of a long lead-in. This was urgent advice to lock these powers down urgently, and then what I can tell you occurred was that every agency and every person tasked with that fundamental responsibility of caring for those residents worked as hard as they possibly could, day and night, and ultimately we were able to limit the spread of the virus and limit the number of deaths and other lifelong chronic health conditions as a result of that intervention. Was it perfect? Of course not. No response in such dynamic and challenging circumstances could be described in those terms, not here, not anywhere. Again, you are free to have a view on the work that people did, the adequacy of—

Mr HIBBINS: Do not mischaracterise my questions as questioning the work of people on the ground, Premier. You are the witness, and I am questioning your response to this. So, Premier, can I ask: why did it take the 20 hours for a hotline to be set up for people to be able to seek help and essential medicine and food?

Mr ANDREWS: Again, it is very important just to perhaps add in the part of your question that omits that there are general hotlines and then a specific hotline was appropriately set up. We were going door to door. We were speaking to people face to face. Again, this lockdown was not for 24 hours; it was going to run for a longer period of time. I think there was probably an assumption that many people would have sufficient stores, sufficient supplies to get through a period of hours, and for some even days, Mr Hibbins. Some of them would need to scale up, and that is exactly what happened.

The CHAIR: Thank you, Premier. The member's time has expired. I will pass the call to Mr O'Brien, MP.

Mr D O'BRIEN: Good morning, Premier. Premier, who made the decision to use private security guards in the hotel quarantine program?

Mr ANDREWS: The national cabinet on 27 March approved the rollout of a hotel quarantine system for returned travellers. That was to be stood up by—that was a Friday—midnight the following night, being midnight the Saturday night. We had already begun a process of engaging with hotels, using private security and others to support health workers who needed to isolate, to support vulnerable members of the Victorian

community who needed to isolate. So in many respects the hotel quarantine system simply became an extension of previously agreed processes; so a service, if you like, that was already on the ground and running.

The ultimate arrangements for hotel quarantine: so, firstly, that it should happen—that is national cabinet—then the Victorian cabinet approves a set of arrangements and then they are implemented and delivered by officials and others at a very local level, because this is ultimately about the care and support of people, individual by individual, family by family.

Mr D O'BRIEN: Can I clarify, Premier, was it the Victorian cabinet or the crisis cabinet?

Mr ANDREWS: Sorry, crisis council.

Mr D O'BRIEN: Thank you. Can I then ask: why was the decision made to use private security guards as opposed to police or ADF oversight?

Mr ANDREWS: Well, in terms of the ultimate answer as to the desirability and effectiveness or otherwise of all these arrangements, there is another process to deal with that.

Mr D O'BRIEN: Premier, the Parliament of Victoria is doing an inquiry that you asked PAEC to do.

Mr ANDREWS: Yes.

Mr D O'BRIEN: You asked us to do this inquiry. You are here now. We are asking you to answer the questions.

Mr ANDREWS: What I am saying to you, Mr O'Brien, is back to the point I made earlier on. The process I am referring to is not set up to avoid answering questions; it is to get us answers. And if clearly this system has not worked as it should have, it is unclear to me exactly the origin and what the nature of some of those deficiencies and failures are, and therefore we have sought a separate process so as not to mark our own paper, as it were. It is instead to have others look at that in detail. In terms of—

Mr D O'BRIEN: Premier, you have—

Mr ANDREWS: Hang on. In terms of the arrangements, our crisis council of cabinet funded and endorsed a program. The program was then delivered at a local level by a very big team—a team that was able to I think provide support and quarantine for in excess of 20 000 people. The exact nature of security arrangements, their adequacy or otherwise, that is appropriately a matter for Judge Coate to look at, and I am confident—

Mr D O'BRIEN: Premier, you have just told us that it was a decision of the Victorian crisis cabinet to—

Mr ANDREWS: Well, it is funded, Mr O'Brien; it had to be. It is funded, so it has to be a decision of the crisis cabinet.

Mr D O'BRIEN: So my question is: why did you choose to use private security guards rather than police or ADF?

Mr ANDREWS: Well, I am glad you mentioned the use of ADF. I do not believe ADF support was on offer, and ADF support has been provided in very limited circumstances in New South Wales, not to provide security as such but to provide transportation from the airport to hotels. So again I think it is fundamentally incorrect to assert that there were hundreds of ADF staff on offer and somehow someone said no. That is just not in my judgement accurate.

Mr D O'BRIEN: That actually was not the question, Premier.

Mr ANDREWS: Oh, yes, it absolutely was: why did I do one thing and not do another? The other—

Mr D O'BRIEN: The question was: why did you choose private security guards?

Mr ANDREWS: Well, there was a proposal drawn up. It was essentially already operating at some significant scale but would need to go to another level. It was running quarantine and support services for a range of different people—whether it be health workers, vulnerable Victorians, women and children fleeing

family violence. The best answer I can give you is that this hotel quarantine model was simply an extension of those arrangements, arrangements that had until that point—and I have no evidence to the contrary—worked well in those cohorts. It was simply amended to include the returned travellers, and it was stood up within the specified time frame, and they are the decisions that were made. It was essentially an extension of a program that we had already stood up, nothing more, nothing less.

Mr D O'BRIEN: Premier, on 14 July the *Age* reported a leaked email from the Department of Jobs, Precincts and Regions urgently to DHHS and Emergency Management Victoria requesting Victoria Police be present 24/7 at each hotel starting from 'this evening', and it was within 24 hours, and it says:

We ask that DHHS urgently make that request as the control agency.

So if your government was warned within 24 hours of the program starting that there was a need for police oversight, why didn't the government respond to that?

Mr ANDREWS: Well, Mr O'Brien, I am not going to respond to an email that purports to be from a person within government. I have not seen that email; I am not aware of the efficacy of that email. Again, there are 106 000 pages of documents that have been provided to Judge Coate. She will work through those, and that is appropriate. I am happy to concede that I have not read those 106 000 pages of documents. I do not think you would expect me to have.

Mr D O'BRIEN: I expect you to answer the question, Premier: the government was warned, why didn't it take action?

The CHAIR: Mr O'Brien, can you let the Premier answer the question, please.

Mr ANDREWS: Mr O'Brien, you are putting it to me that a document I have not seen, from a person—I am not even sure whether that document is attributed to anybody—you are asserting that that was a warning. I suppose I am not necessarily agreeing with you that you can make that claim.

Mr D O'BRIEN: Well, Premier, can I put it another way, then? If the *Age* reported this on their front page on 14 July, surely you and your office have followed up this issue and have sought answers as to why the Department of Health and Human Services did not respond to the request that we needed police oversighting the hotel quarantine program?

Mr ANDREWS: Well, if I can put it another way to you, I am not going to set up a judicial inquiry, an inquiry chaired by a former judge, and then conduct the same inquiry myself.

Mr D O'BRIEN: Premier, you set up this inquiry, this PAEC inquiry. You personally asked PAEC to do this, and now you are not answering our questions on this important issue.

Mr ANDREWS: Well, Mr O'Brien, there are some questions that can be answered and there are other questions that simply cannot. I take you back to the point I have made a number of times now: Judge Coate's process is not set up because we have all the answers, it is set up to get us all the answers. And from time to time—you have been on this committee a long time; I have been appearing before this committee for a long time, perhaps even longer than you have been a member of it—you will ask questions and, despite the best endeavours of witnesses, me and others, we cannot provide you with all the answers. Sometimes that is because there is another process.

Mr D O'BRIEN: I have heard that you cannot answer the question, Premier. I have got limited time; I will move on. On 24 June a request was sent to the Australian government for 850 ADF personnel to specifically assist with compliance and monitoring support at hotel quarantine. Within 24 hours it was withdrawn. Why was that?

Mr ANDREWS: Well, there are many different requests that go to the commonwealth. I think it is important to acknowledge that we have gone to what is called an open request model. If you do not do that, if you do not have, essentially, an open dialogue and an ability to add, subtract, change, modify requests, then every time you make even the most minor change you have got to replicate all the requests. It is an ADF thing, and it is there to make sure that everyone is clear on what is needed and everyone is clear on what is coming.

The open request model means that we can, without having to replicate the entire process, without a sense of, ‘Well, I’ll ask for more than I need—

Mr D O’BRIEN: Premier, my time is limited. Can you get to answering the question, please?

Mr ANDREWS: I am explaining to you how our relationship with the ADF—

Mr D O’BRIEN: I am asking you about a specific request for 850 ADF staff and why it was withdrawn.

Mr ANDREWS: That request was not made by me. That request was not made by the Crisis Council of Cabinet. The request for defence personnel—there have been many of them; they have all been met—the request you are referring to, you would need to speak to the person who made that request, because it was not made by anybody in a position of authority within the Victorian government.

Mr D O’BRIEN: I understand it was made by the emergency management commissioner, Andrew Crisp.

Mr ANDREWS: When he appears before you, you can speak to him about that.

Mr D O’BRIEN: Do you have, still, full confidence in the commissioner?

Mr ANDREWS: Absolutely.

Mr D O’BRIEN: Premier, do you regret now the decision to employ private security guards in hotel quarantine?

Mr ANDREWS: Well, Mr O’Brien, what I would say to you is no-one wanted a second wave of this virus, but none of us have the luxury of going back in time. None of us have the luxury of pretending that the reality we face is not the greatest challenge we have ever faced. That is what I am focused on. There are answers that are needed, and that is why a separate process has been set up—to get us those answers—and then there can be a full accounting for what happened and the deficiencies or otherwise in any of those arrangements. And we will be able to have a much more fulsome discussion—not once the answers to those questions have been provided by me essentially sitting in judgement of myself but when a separate process has got to the bottom of exactly what happened. Whether that was appropriate, not appropriate, fit for purpose or otherwise—all of those questions—I do not have answers to my satisfaction and, I expect, to yours either. That is why we have set up a process.

Mr D O’BRIEN: Premier, does the latest genomic testing show that all the cases link back to hotel quarantine outbreaks?

Mr ANDREWS: My last briefing and my last discussion with the Chief Health Officer relates to the original batch of genomic sequencing. I do know that there have been further genomic sequencing tests done. They are done by the Doherty Institute, a division within the Doherty Institute. I would encourage you to speak to the Chief Health Officer about the latest results. I am not briefed on those by him. But what I can say is that—not as a formal briefing process, but in discussions I have had with him—his conclusion and therefore my position is that at least a significant number of these cases, and therefore, for the purposes of clarity, this second wave, is a result of what that genomic sequencing showed us in the first instance. I have certainly had no test results brought to my attention. But again, I know it might seem—

Mr D O’BRIEN: I understand, Premier. Given the—

The CHAIR: Mr O’Brien, if you would like the Premier to answer your question, could you give him a moment?

Mr D O’BRIEN: The Premier has answered. I just want to get a quick one in before my time expires. Premier, are you happy, as Premier, for that information, that testing, to be provided to the committee?

Mr ANDREWS: Well, it is not about what I am happy or not about. What it is, Mr O’Brien, is I think you should direct those questions to the Chief Health Officer.

Mr D O’BRIEN: I am asking for your approval—

The CHAIR: Mr O'Brien, the member's time—sorry, Premier, the member's time—

Mr ANDREWS: The Chief Health Officer is under the public health Act, and it is not a matter of me approving or otherwise. You should speak to him about those matters.

The CHAIR: Thank you, Premier. The member's time has expired, and I will pass the call to Ms Pauline Richards, MP.

Ms RICHARDS: Thank you, Premier, for appearing before us this morning. I would like to continue on where Mr Maas left off on the topic of mental health. You gave some evidence earlier of the government's package of support for Victoria's mental health system, and I am interested in understanding why there is a focus on funding acute mental health beds.

Mr ANDREWS: Thanks very much, Ms Richards, for the question. Look, I think the most important point to acknowledge is that we are seeing increased demand for services across the mental health system, not simply in terms of counselling and advice or support that can be done remotely, but we are seeing increased presentations in our emergency departments and increased presentations in our dedicated psychiatric wards. The experts tell us that is attributable to a number of things. We already know that we have a percentage of the community who live with mental illness every single day, and whenever we talk about them we should always just pause and reflect on their carers, their loved ones, those who are in their family groups and those who know and understand the challenges of their circumstances better than any of us ever will. So there is already a cohort—a number of people who need that care. Often, they will be well, but they can from time to time reach a point of crisis and need very significant support. There is already an underlying need, and I am not sure that as a community we are meeting that need. That is why we have got a royal commission, and that is why we have already made announcements about implementing every one of the recommendations.

Then if you look at a particularly stressful, anxious and difficult time, such as we have been in—whether it be fires at the beginning of the year and then the first wave and second wave of this global pandemic—that, the experts tell us, can exacerbate and make more acute the many significant challenges that many in the community deal with. Then there are those who perhaps can deteriorate from being relatively well-managed or a challenge that is not necessarily acute. It can become worse; it can become a bigger part—a much bigger challenge for them. So all of those drivers, they are really significant. The other issue too is that there will be people, who because of the extraordinary stress and strain and anxiety and uncertainty that is associated with this—well, all of 2020 pretty much—will be experiencing mental illness for the first time, and some of those will need acute care.

I will take you back to the royal commission's first nine recommendations in its interim report. Proportionately, the lower number of beds in the west and north of Melbourne and in the Barwon region was something that was highlighted by the royal commission, and they put it to us that we should expand those beds. What we are doing through the package we announced on the weekend, and indeed the \$135 million before that, is fast-tracking some of those investments and making sure that for those patients who are particularly unwell—those who have got acute care and for whom an admission, inpatient care, is deemed the best option—we are doing everything we can to meet their needs.

Ms RICHARDS: Thank you, Premier. How does the package that you announced allow for increased access to mental health services across the state?

Mr ANDREWS: As I said before, there is about \$135 million that we have already announced, and that was all particularly targeted towards meeting additional demands for mental health care and support across the pandemic period, noting those points about more high-prevalence disorders, more people who have got underlying mental health challenges that are perhaps in an acute phase and indeed the onset of significant mental illness amongst many, many people. That has driven our response. Within the \$59.7 million that we announced on the weekend, which coincides of course with stage 4, there is an additional \$4 million to expand face-to-face clinical sessions for those patients who really need them, so getting someone to talk to and getting assessed; another \$4 million to expand medical and other supports in hospitals; \$14 million to increase assertive outreach for the higher-risk patients, so we go to them and provide, in a familiar environment, a clearly less stressful environment for many than a hospital, the care that they need—that is access to psychiatrists as well as GP services, and a number of other, if you like, in-home care options, so it is reaching out to support patients

who are currently in the care of community-based providers, but providing an additional level of acuity, and that is all about preventing that mental health client having to come to hospital with all the attendant stresses and challenges that those environments can sometimes present; then there is \$1 million in assertive outreach for at-risk young people; and a number of other, albeit smaller, amounts of money for peak bodies—for Ambulance Victoria to do even better in terms of triaging non-lights-and-sirens urgent patients, but in their ‘RefCom’, as they call it, for those code 1 and code 2 patients who are perhaps not needing an ambulance in moments, to make sure that they have got an enhanced mental health offering there.

And also perhaps one of the most challenging elements of this package is I think in the order of \$250 000 to \$300 000 for counselling and support for nurses, midwives and personal care workers. This is principally a function of the great stress and strain on our health professionals. There is also support for doctors and others, but this was a particular boost focused on the nursing and midwifery workforce and the personal care workforce. I am very grateful to Lisa Fitzpatrick and the ANMF for drawing to our attention that we need to—

I think we invested about \$300 000 a few months ago, but there is a need for us to add to that so that even more of those heroes can get the counselling they need. It is very hard to unsee some of the things that they have been exposed to, some of the challenges that they have had to withstand. So looking after them—caring for our carers—is a really important part of this also.

Ms RICHARDS: You just identified young people there, and of course the committee will be very interested in hearing evidence to understand what additional mental health support there is available for our youngest Victorians.

Mr ANDREWS: So each of our partners who provide on-the-phone counselling, whether it be Lifeline, Beyond Blue or others—we continue to work with them very strongly and continue to provide them with even further support in lots of different ways. Some of the in-hospital supports relate directly to trying to prevent suicide, trying to prevent self-harm.

One program—it is not exclusively for young people, but it is relevant—is the HOPE program, which is the Hospital Outreach Post-suicidal Engagement program. This package we announced on the weekend expands a further five sites. This is where someone has either had suicidal thoughts or has attempted suicide. Instead of them being discharged back to home, they are discharged—of course—but they have a multitude of different services wrapped around them to make sure that we are doing everything we can to get them into a more settled place, to have them out of crisis and to have them connected with all the care and support that they need.

From a youth point of view our school program—as you know, we are rolling out mental health professionals into all of our secondary schools, but in this package there is \$1 million of further funding for 15 Headspace centres across Melbourne to deliver outreach programs in the home, again for high-risk young people. There are a whole range of initiatives around online therapy and care, so we are trying to use technology as best we can to get to anybody who might previously have waited for a physical appointment. And of course there are then the issues of safe distancing and infection control.

Those partners I mentioned—there is \$6.7 million to extend online and phone counselling for Beyond Blue, Lifeline, Kids Helpline and SuicideLine Victoria. And there are a range of different school programs, the Navigator program, for instance, and others that have been expanded. And that is only appropriate, because we are seeing more and more people—and young people are a significant part of that—who are presenting for care because they have got significant challenges, they have got significant illness, all the way through to moderate anxiety, a real sense of uncertainty and some depression. We need to provide everybody across that spectrum with the care that they need in the most timely manner, as close to home as possible and often in the home, so that we are not seeing people graduate, if you like, from a fairly low prevalence—or a fairly, I hesitate to say minor, but a non-acute illness developing into something that becomes altogether more serious.

All mental illness is of course serious, and we are tackling it at each of its different stages and in each of its different cohorts. It is very challenging, but these are absolutely unique times. We have not seen this before. And I think Minister Foley and all of those clinicians—Pat McGorry down at Orygen, everybody across the board—should be very proud of the work that they are doing to try and make sure that support meets need and that care meets need also. And that comes in the context of course of the biggest reform agenda in mental health that our state and arguably our nation has ever seen via the full implementation of the royal commission’s

findings—both the first report and the subsequent report—that have now been delayed a little bit, but we will have that in the first quarter of next year.

Ms RICHARDS: Thank you, Premier. I would like to take you down a slightly different path now, and I am seeking some understanding of the support that the government has provided to businesses since the start of the pandemic to help them survive and of course bounce back from the impact of the coronavirus.

Mr ANDREWS: Thanks, Ms Richards. The first thing I would say is that there has been a substantial effort to provide support, whether it be in direct cash payments—because cash flow to survive is obviously what is most needed now. Trying to generate customers is incredibly challenging given the settings that we have to have in place. It has then moved on beyond that to waiving a number of taxes, refunding a number of taxes, deferring a number of taxes and charges. All in all, there is in the order of about \$7 billion in economic relief, and about \$4 billion of that is in direct support to businesses. And then of course there is \$2.7 billion for hundreds of different infrastructure projects, many of which are quite small—everything from road maintenance to school maintenance, hospital maintenance and then some bigger projects. But in the main they are small, quick turnaround projects that will have significant benefit for those important supply chains, particularly for smaller businesses. Again, I would add that they are not just in Melbourne; they are right across regional Victoria as well. So we have got about 78 000 businesses who received a \$10 000 grant as part of our initial Business Support Fund grant program.

The CHAIR: Thank you, Premier. I am sorry to cut you off there. The member's time has expired, and I will hand to Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair, and thank you, Premier, for appearing today. I would like to start with a big question that lots of people have been asking me and I do not know the answer to. With regards to the government's response to the pandemic, the government has spoken a lot about saving lives, which is effectively: the disease causes a reduction in a certain cohort's life span and therefore the actions are to try and prevent that. However, the government actions themselves can also cause a decrease in life span, I would put it to you—things like poverty, things like mental and physical health issues caused by the government actions, things like suicide and all of these other things that cause decreases in people's life expectancy. Therefore the claim that the government is saving lives can only be proven to be true if the actions of the government are not causing more damage to people's life expectancy. What evidence or modelling is the government using to look at these harms that are caused by the government actions and therefore to have confidence that you are in fact saving lives overall by the actions that the government is taking?

Mr ANDREWS: Thanks for your question. I understand the point that you are making, and none of the choices that we are presented with, none of the options that we might consider, are without significant cost. There is no perfect answer to this. But the judgement was made not simply by our government and our public health officials but by national cabinet—so all first ministers and the national public health team, as it was at the time. This is essentially a continuation of important strategic decisions that were made some time ago—at the time it was Brendan Murphy as the Chief Medical Officer; now it is Paul Kelly as the Acting Chief Medical Officer—that if we had a situation of, back to my presentation, that graph with many tens of thousands of infections. Some countries have gone down that path and have gone for a herd immunity approach. That has not lasted very long because they have worked out that the only thing that actually delivers is tragedy.

Now, I would just make the point: you mentioned 'some cohorts'. The key point here, and the most worrying point, is that we see international data and indeed we see data here in Victoria: people who are otherwise healthy becoming gravely ill and some passing away because of this virus. People of all age groups are becoming gravely ill and passing away from this virus. That is probably more from an international point of view than it is from our perspective. But that speaks directly to what occurs when you get volume, when you have mass transmission and you have not hundreds of cases a day but many thousands. Then you will finish up with a fatality rate that is exponentially higher than the terrible tragedy that we are dealing with now. It is by no means to say that it is not tragic—the number of people who have died. And I take your point that any intervention of this scale will see a number of other people in very difficult circumstances, and some of those will in turn be tragic. I suppose the issue becomes one of: what option do you have? What choice do you have? Is there an alternative that our experts are advocating? Is there an alternative that the best science tells you will work to avoid both the fatalities that are directly attributable to the virus, and as you say, those fatalities or that hardship that is indirectly attributable to the settings we put in place to fight that virus?

I suppose I would make this point to you. It is very difficult to measure things that do not happen. It is very difficult to measure causation and linkages. But one thing I think we could definitely agree on is if our hospital system becomes completely overwhelmed, it is not just COVID-19 patients who will wait for a machine to breathe; it is the hundreds each day of Victorians who need time-critical care because of heart attack, stroke, motor vehicle accidents, industrial accidents. Our hospitals, the acute time-critical care—the trauma part of our hospitals—are very busy places, COVID or no COVID.

So I suppose that is something that we have got to factor in as well—that there is great hardship and burden. Do we have an alternative choice? And if we allow this to run completely wild, there is also a big cost I think in all of those that we will not be able to care for that we can really quite accurately predict. We have got years and years of data, and I am happy to come back with some further details on that, of the number of people who cannot wait. They are absolutely the sickest patients. And if all the ICU beds, even if you have doubled, tripled or quadrupled them, are all full, then those people finish up waiting, and if you wait, you die. So that is part of the challenge also.

Mr LIMBRICK: Thank you, Premier. I would just make the point that there is this characterisation that there is either a hard lockdown or let the disease run wild. There is a sort of spectrum of responses that could happen, of course. That brings me to a good point, though. What is the government's endgame with this here, the strategic endgame? When the response was first announced by the government, the endgame was fairly well understood I thought—that we wanted to flatten the curve so that we would not overwhelm the health system capacity, as you stated, and the government needed to buy some time to increase the number of ICU beds and staffing and machinery and all that sort of thing. That increase has happened. It is my understanding that we have not approached anywhere near full system capacity, and yet at the moment we are in the hardest lockdown and hardest restrictions on individual freedoms that Victoria has pretty much ever seen. I do not really understand, and I think a lot of people do not really understand, what is the endgame. Where do we go from here and why are these hard lockdowns required now despite not actually utilising that capacity that we built up when the response was first announced?

Mr ANDREWS: Part of the challenge here is to try and get an accurate picture of what you have avoided, what you have not had happen, if that makes sense. So what we know: the first wave was about buying time, assuming that we could not flatten the curve, not that we would ever think it desirable to stop flattening the curve, and there is a very important difference there. This is so wildly infectious that it gets away from you very, very quickly and the two-week time lag, or at least a week but for safety's sake you would say a two-week time lag, between what a particular problem or a particular intervention does for the rate of infection—that is the other thing. So it is silent, it is rapid, and it takes some time before you notice the problem. It takes some time before there is a clear line of sight about how many people you have got infected. If you have got an R_0 at two, then you are doubling over every sequence period. If you have got it at three, you are tripling, and again it is that absolutely exponential growth. So I suppose part of the problem is to keep it settled you have got to go harder. You have got to assume the problem is worse than it probably is in order to avoid it becoming true and indeed worse than that still. So I would just say the first wave was not about flattening the curve so that we could then stop flattening the curve. All of our steadings were based on buying time for the quite likely outcome that we would not be able to flatten the curve. That is New York—well, it is the whole of America basically—Spain, Italy, France, the UK; the list goes on and on where we have seen many tens and thousands of deaths. So it was an abundance of caution approach, but we were able to achieve the objective.

As to the real part of your question, though: so what is the end point now? The end point is to get case numbers down to as low a number as possible so that we can have confidence that we can manage those cases, the inevitable outbreaks that will occur and the inevitable transmission that we will see. But again, if you opened up now just with that wraparound that I had in the slides, without stage 3 and without stage 4, there would be no flattening of the curve. There is no moderate outcome. It takes off like a bushfire, and you have got no chance of putting it out. I suppose there is a delicate balance, Mr Limbrick, with having created capacity. You could well ask—perhaps you have kind of asked me in your question—'Well, why aren't you using that additional hospital capacity and therefore having some easier rules, some less tough rules?'. The problem is, though, for every 100 patients that we admit into ICU, there is a percentage that will not come out, and it is far better for them not to get this virus than to get it and get the best of care, even in a system that bought time and grew its overall size. That is the binary nature of this. Again, I would not want anyone watching these proceedings or reading the transcript later to think that this is something for the frail aged only. Yes, it is significant—it is a very significant challenge—for those who are already unwell, those who are frail and aged. But we are seeing

growing evidence of people who are otherwise healthy that are dying, and we are seeing growing evidence of people who are otherwise healthy and they do not get over this like the common cold; they have it as a chronic condition for a long time. And that is a key function of novel viruses: we do not know everything about this, so you have got to assume the worst. Does that give you a sense of—

Mr LIMBRICK: Yes, a bit. The idea of slowing the virus down by flattening the curve—I get that. But a lot of the language that you are using and that the government is using and with these ads that have come out that seem to be trying to scare the wits out of people about the virus is that we can somehow stop it. With the suppression strategy my understanding is it is not meant to stop it; it is meant to slow it down so that we can manage it and not have our health system overwhelmed. But some of the language seems to be that the government is aiming to get rid of the virus and that no-one is going to get it at some point. But I do not see how our strategy would actually achieve that. A suppression strategy does not get rid of the virus; it just slows it down so that we can manage it better.

Mr ANDREWS: I think we are in fundamental agreement. We are not pursuing a strategy where we eliminate this virus. That is not the national cabinet's decision. We are about suppressing it. I suppose where the point of debate comes in and the proportionality of the response to the problem, any sense of uncertainty there or any debate about those points is essentially, Mr Limbrick, a commentary on how rapidly this gets away from you. At 400 cases a day, if you opened up even quite modest changes, you would not have 400 cases a day for very long, because what that R_0 tells you, if it is one or just under, which is where we believe it is now, is that every infected person is infecting one other person. So this is part of our great challenge: finding the level that you can contain it at. It is certainly not 400 or 500 cases a day; it has got to be much, much lower than that. Then the short-term pain of these stage 4 weeks is better than stage 3 for six months—

The CHAIR: Thank you, Premier. I am sorry to interrupt you there. I will now pass the call to Ms Ingrid Stitt, MLC.

Ms STITT: Good morning, Premier. Thank you for your appearance this morning. As we know, one of the biggest challenges facing Victorian businesses is the interruption to their operations and the impact that that has on their cash flow. Can you tell us a little bit about the Business Support Fund and the follow-up announcement around the business support expansion fund and how that is going to help businesses get through the crisis to the other side?

Mr ANDREWS: Thanks for the question. I would take you back just a moment. I think I was speaking to Ms Richards about some of these matters. So there is about \$4 billion in direct support for businesses, and it comes in a few different parts. So there is, as I said, 78 000 businesses that have received that initial \$10 000 payment. That was from the first round of business support grants. We then expanded the program to provide another \$10 000 grant to almost 93 000 businesses in metro Melbourne and Mitchell shire and a \$5000 grant to the best part of 21 000 businesses in the rest of regional Victoria—those that have entered stage 3 in just the last week or so. That is the broad support, and the eligibility criteria there I think are pretty well known. They closely mirror the eligibility for JobKeeper, and it is a massive team of people who are processing, dealing with all of the different circumstances of each of those businesses, and making those payments.

My last update was that they were making very significant progress in getting those second-round payments made. We know that that cash is really important to tiding people over and getting people through. It is not the only support that is available. Obviously JobKeeper and JobSeeker at a worker level are very important. The commonwealth government has made some significant announcements around support, direct support, for businesses also—everything from asset write-offs to some other cash flow support payments.

In more specific and targeted terms, we know that there are some industries that are disproportionately affected. This is perhaps more a commentary on the first wave and stage 3. In stage 4 obviously the impact is much broader because we have had to go much broader to drive down movement. But for instance, just by way of example, there is \$200 million that has been provided to support the experience economy; \$40 million to help regional accommodation businesses—they have had at various points a number of bookings that have had to be cancelled, refunds had to be paid and they would have logically banked on that income—and that is a very targeted, bespoke approach to support them; \$30 million to support very large restaurants, pubs and hospitality venues that did not quite fit into any other program, so we had a very tailored approach to supporting them; and

a \$20 million fund for targeted support for businesses in the CBD of Melbourne. That is something we have worked very closely on with the Lord Mayor around trying to deal with the fact that the CBD is essentially closed for business—certainly in stage 4 it is. That is cash. They are grants. For businesses that have no customers or at least no customers in person—they may have some online customers—that is arguably the most important thing to do.

To that end, slightly larger businesses who are in the payroll tax system may receive—this is got to be an Australian first; I do not think this has happened before—\$550 million in payroll tax refund. So they have paid three quarters of the previous financial year in payroll tax. That was refunded in total. They got their money back into their account rather than it being in the government's coffers. About 30 000 businesses shared in that. We also made JobKeeper payments exempt from payroll tax and WorkCover premiums, so that meant that those dollars went a bit further than they otherwise would have. There are many different examples—everything from tenancy support and a whole range of other very much industry-specific supports that we have provided—but these programs are critical. I would not for a moment suggest that this is the end. There will need to be further support. We will have a budget later on in the year acknowledging the damage that has had to be done in order to fix the health problem—that will be a major feature of the budget—as well as the impacts not just on business but on workers, families and communities.

We know that this is a one-in-100-year event and the damage done because of it will be long lasting and will be very significant, and that is why we will have to stand with everybody who has been impacted and stand alongside them strongly and provide them with all the support, which is sometimes grants and money; sometimes it is about skills and training; sometimes it is about making sure that our order book for big and large government projects is as locally focused as it possibly can be. We are looking at all of those issues.

Ms STITT: Thank you, Premier. Can I ask you now about testing and obviously the incredibly important role that testing plays in understanding how the virus is moving around our community. Can you take the committee through how many tests we are conducting daily and why that is so important for our fight against this virus?

Mr ANDREWS: Look, testing is obviously critical so that we can not only find those individual positive cases and begin that contact tracing process that I spoke about a moment ago, but also the data in more aggregate terms gives us a sense of where the virus is, how it is presenting, how it is being transmitted. It is funny, or curious I should say, to do nearly 2 million tests and in some respects the numbers that are the most critical for us are in fact the smallest numbers as a result of that, and that is those mystery cases, where we just cannot find the circumstance or the person from whom you have got it. They are the ones that are of greatest concern to us because that is a bit like Mr Limbrick's question: trying to measure what you do not know, trying to answer. It is a jigsaw puzzle and there are a number of pieces missing, so having a complete picture is really, really challenging.

Thankfully, though—I think those numbers do jump around a bit—the trendline on those is coming down as well. That is a function of reducing movement. It is a function of the settings that we have. As painful as they are, that is the sort of outcome that they deliver. But we have got testing at about just over 1.8 million tests. That gives us a testing rate per 100 000 of 27 605 people. That, I think, is number two in the world. Number one, we cannot get there because there are a number of jurisdictions, as I said, that have tested everybody, but our labs are working around the clock and they are processing on average, Ms Stitt, about 24 000 tests each day. Some days are higher; some days are lower. The general trend is that throughout the week and Saturdays will be higher than Sundays. Again, it is not a matter of blaming the weather, but sometimes in a very cold, wet Melbourne winter it cannot be the most conducive time to go out to do anything at all, let alone get tested, but the average is about 24 000 tests. We have got 180-plus test sites across the state, not just in Melbourne but in regional Victoria, plus of course many, many GP surgeries; many GP clinics are offering testing as well. So it is a very big number of places where you can go and get tested. In metro Melbourne the aim is to have a test site within 10 kilometres of everybody; in regional Victoria within 50 kilometres of the vast majority of people. We have also made some announcements about in-home testing, so we come to you, where, for whatever reason, you are not able to go and get tested.

This is a massive program. It is not hundreds of hours of work; it will be tens of thousands of hours of work that have been done by public laboratories, private laboratories, all the people who are out there taking tests, whether it be at the GP clinic, whether it be a community health centre or a drive-through site. That is all the

symptomatic testing. There is then some targeted asymptomatic or presymptomatic testing that is done person-to-person in high-risk workplaces, for instance. It is an enormous task and we are very grateful to the many people who probably do not get shout-outs very often, but all those lab technicians, all those people that are doing that work literally 24/7, they are doing an amazing job. It allows us to test, to track, to trace and to ultimately bring a sense of control to this and get numbers so low that, further to Mr Limbrick's question, we can then have confidence that we can maintain them at a very low level and not lose control and therefore have a third wave, as some countries are finding very, very hard.

Ms STITT: Thanks, Premier. You did touch on regional Victoria, and obviously whilst the case numbers are not as high in regional Victoria there is evidence of the virus in those communities. Can you just talk us through in a little bit more detail how we have rolled out testing for regional Victoria?

Mr ANDREWS: We stood up, Ms Stitt, five regional public health teams. I think the notion of local knowledge, people being in the local community and part of the local community, just means that the more localised the public health response, I think the more effective it will be. They are in Barwon, Ballarat, Bendigo, Latrobe and Goulburn Valley. They then stretch out to those communities that look to those regional centres for their services often. They are all about trying to provide the most appropriate public health response, but they have also got a role in where testing sites go. Someone in Moriac, Barwon Health, is actually doing testing for us down there. All of those cases out of Colac, for instance—the last report I had was they had essentially been processed by Barwon Health. They had the capacity to do that, so it is about a local public health response, local contact tracing to the extent that that, particularly for large outbreaks—and then local testing with as much local knowledge as possible. I think that always serves you well the further away from Melbourne you get.

We have about 500 cases—I have not got the detailed breakdown from today's sitrep, but it was about 506 yesterday. There will always be some that are being investigated. There will always be some that are attributed to regional Victoria that may not necessarily be living at this time within regional Victoria. We are confident that through our kind of surveillance or sentinel testing—so the stuff you do more broadly to keep an eye on things just to make sure that it is not presenting and you are not finding out—together with the testing that relates directly to people presenting because they feel unwell, even moderately unwell, we have got good numbers and a good strong presence throughout regional Victoria. But I want to say thank you to everybody in regional Victoria and in metro Melbourne. The sheer numbers of people who are coming forward and getting tested and then staying at home waiting for their results is a deeply impressive thing, and if you do not have that data, if you do not have that evidence, then it becomes incredibly difficult to have anything like an effective response to this virus. But the rapid response testing—

The CHAIR: Thank you, Premier. I am sorry to interrupt you, but the member's time has expired. I will hand the call to Ms Bridget Vallence, MP.

Ms VALLENCE: Thank you, Premier. Thank you, Chair. I just want to pick up on Ms Stitt's comments there about support for businesses—but there is no support for sole traders, is there, Premier?

Mr ANDREWS: Ms Vallence, as I said before, the business support that we have provided to date and the expansion of that most recently—and I do not for a moment suggest that that is the end of our support; there will need to be more. The budget will provide one opportunity; there may be a need to do other things between now and then. But JobKeeper, and eligibility for JobKeeper, has driven our response in large part. I have had a number of conversations both with the federal Treasurer and with the PM about trying to drive those dollars as far as we can. That—

Ms VALLENCE: Premier, JobKeeper is a federal package, and I think everyone knows about that. But obviously you are responsible for the state government's response. We have got around 400 000 sole traders who have been left in the lurch, forced to close by your government under the stage 4 restrictions, yet horseracing and dog racing can continue. Alcohol and tobacco stores can continue to open and operate. What are you going to do for these 400 000-odd sole traders who have been stood down?

Mr ANDREWS: I am not sure, Ms Vallence, whether you are suggesting that bottle shops should be closed and that horseracing or greyhound racing should not be occurring.

Ms VALLENCE: What I am suggesting, Premier, is that 400 000 sole traders, or thereabouts, have been left in the lurch by your government. They have been excluded from any Business Support Fund package, any financial assistance. What rationale have you come to so far to exclude sole traders from any support at the moment? They are on their knees, and they would like to hear from you why they have been excluded from financial support.

Mr ANDREWS: I am not the one that mentioned horseracing and greyhound racing or alcohol shops; you did. So I am just responding to the reference that you made.

Ms VALLENCE: That was to provide context, Premier, and you know that. Please answer why sole traders will not be provided—

The CHAIR: Ms Vallence, would you allow the Premier to answer the question? Thank you, Premier.

Mr ANDREWS: I am very pleased we have established that providing context is a perfectly appropriate thing for me to do, so let me do that. I am not for a moment, Ms Vallence, suggesting that you or anyone else does not know that JobKeeper is a federal program; of course we know it is a federal program. But this is a national challenge, and there is a national cabinet. And in my responsibilities, working closely with the federal government is a very important part of that. So I do not think you can, simply because it is not run by Victoria, discount the impact and the relevance of JobKeeper or JobSeeker. I certainly would not seek to do that. I would seek to highlight the fact that JobKeeper and JobSeeker arrangements together with other supports that the commonwealth government have provided have been incredibly important. And on behalf of all Victorians—you may not want to make this point, but I will—I am very grateful to the PM and Treasurer Frydenberg and the federal government for the way in which they have provided support and assistance. Hardship has always driven that, and I think that is a really important thing. It is a national program, but it will be of greatest benefit where there is the greatest need. The eligibility—

Ms VALLENCE: Premier, please. The central point to the question is support for sole traders. Your Minister Pakula in fact said that your budget could not extend far enough to support sole traders. The question is: what is the rationale for not supporting sole traders?

Mr ANDREWS: I am not certain that that is what he said at all, but in any event—

Ms VALLENCE: I can give you the 3AW transcript if you like. I just want to know, okay—

The CHAIR: Ms Vallence, could you allow the Premier to answer the question.

Ms VALLENCE: Chair, the Premier has not answered the question, so I will move on.

The CHAIR: The Premier is attempting to answer the question, Ms Vallence. The Premier has the call.

Mr ANDREWS: As I have indicated, the eligibility for JobKeeper is determined at a national level, and we have sought to align our payments with JobKeeper. There have been some industry-specific and very targeted packages where we have gone beyond JobKeeper to deal with some challenges. There is no doubt that sole traders are doing it tough. I do not rule out having more to say on that topic. I would make the point that there are other federal government supports—so, for instance—

Ms VALLENCE: Okay. Thank you, Premier—

Mr ANDREWS: substantially enhanced JobSeeker—

Ms VALLENCE: Thank you, Premier. I am conscious of time. So, Premier, last night Laureate Professor Peter Doherty said that all of the second-wave infection in Victoria can be traced back to the hotel quarantine debacle. Would you agree with that, that all—

Mr ANDREWS: I have not seen Peter's comments, but I would not get into an infectious diseases argument with him. He is an expert—

Ms VALLENCE: He is in charge of the genomic sequencing, so—

Mr ANDREWS: Indeed he is, but you are putting a comment to me that I have not seen. But, again, we have made it very clear that there was at least a substantial number—and it may be more; that is why we use the term ‘at least’. From genomic sequencing that I have been briefed on that has been conducted and that we reported on within only a couple of hours of having received it there was at least a significant proportion. It may be more than that. The entire—

Ms VALLENCE: Professor Doherty—he would know, wouldn’t he? He said it was all. He would know. Premier, would you agree—

Mr ANDREWS: Well, I have not seen his comments—

Ms VALLENCE: Premier, please. Premier, would you agree that Victoria has performed the worst of all states responding to the pandemic?

Mr ANDREWS: Well, I will leave other people to make judgements on the performance. I am not here to mark my own card, as it were. I am focused—

Ms VALLENCE: Well, at the last hearings you told this committee that other countries were suffering significant economic loss because, and I quote, ‘the pandemic has got away from them’. Would you say the pandemic has got away from you here in Victoria?

Mr ANDREWS: Well, clearly if there is a second wave—the definition of a second wave is an uncontrollable number of cases, an unacceptable number of cases and the reintroduction of sanctions, so whether you are in Japan, Singapore, Israel, just about every part of the United States the second wave is often much more significant in terms of volume and tragedy than the first wave. There is no debate, there is no dispute, about that. These are not the circumstances we wanted to confront. This is the reality that we do confront, though, and there is no choice but to impose very difficult, very significant restrictions to bring these numbers down.

Ms VALLENCE: On the genomic testing, then, relating to the hotel quarantine that we have just discussed, has it been provided to the Coate inquiry? Has it been provided to the Coate inquiry, all of the genomic testing?

Mr ANDREWS: I think the person who is best placed to provide you with absolutely accurate and detailed answers on many of those matters would be the chief health officer. It is he that commissioned that work from the Doherty. You are right to say the Doherty does it, that is not a point of argument, but I do not determine what gets tested, the chief health officer does, and I am sure he will be able to have a discussion with you about that.

Ms VALLENCE: I will ask him, but as captain of this program, Premier, will you make sure that that genomic testing is made available to the Coate inquiry? Will you give this committee an undertaking that you will make it available to the Coate inquiry and indeed will you also take it on notice to provide it to this committee?

Mr ANDREWS: Well, you can speak to Professor Sutton about what gets provided to the committee. In terms of the Coate inquiry, former Justice Coate has been assured by me, by her terms of reference, by her budget and by the establishment of the process that she leads she will have any and all support that she needs. Just like, for instance, I would prefer that we got to the bottom of these matters as quickly as possible, but Judge Coate sought extra time and she was granted extra time. If she were to seek any further assistance, whether it be the production of documents or the attendance of witnesses, she would be given all the support that she needs.

Ms VALLENCE: Thank you, Premier. My questions are now to the Secretary, and I understand you are on the line there, Secretary. Whilst you are getting on board I will ask the question. Secretary, has the department engaged in any legal representation for the purposes of responding to the Coate inquiry?

Mr ECCLES: Yes, it has.

Ms VALLENCE: It has? Can you advise the committee how much money has been spent by the department on legal fees in response to the Coate inquiry so far?

Mr ECCLES: I do not have that information with me.

Ms VALLENCE: Well, can you take that on notice? You are very hard to hear, Secretary.

Mr ECCLES: Yes, indeed. I am certainly happy to take it on notice.

Ms VALLENCE: Thank you. Can you also please advise the committee how much money has been paid in total to the security companies who were engaged to provide services under the hotel quarantine program.

Mr ECCLES: That is not a matter for my department, Ms Vallence. You would have to seek that information elsewhere.

Ms VALLENCE: All right. Well, we will ask that question elsewhere. And where would we ask the question, Secretary?

Mr ECCLES: I would imagine you would start with the Department of Jobs, Precincts and Regions.

Ms VALLENCE: So you have had no interaction with any other departments around the cost and associated measures of the Premier's initiative for hotel quarantine.

Mr ECCLES: No, DPC played its conventional role in relation to the hotel quarantine program, which was where we had a liaison. We had a particular focus in ensuring the orderly arrival of passengers from overseas and engaged with the commonwealth for that purpose, but consistent with our overall mandate we were not involved in operational detail.

Ms VALLENCE: Back to you, Premier.

Mr ANDREWS: Sure.

Ms VALLENCE: Thank you, Secretary. So, Premier, you gave evidence at the last hearings that it was in fact yourself who took the initiative of hotel quarantine to the national cabinet. You gave that evidence at the last hearing. And you said that it served you very well, served us very well and that the other states and territories took your initiative for hotel quarantining on board. If the model was adopted nationally, why is Victoria the only state to suffer a hotel quarantine disaster and breaches in hotel quarantine?

Mr ANDREWS: I do not know that any of us can say that there have not been breaches in hotel quarantine in other states and territories.

Ms VALLENCE: I would think the numbers would show it, wouldn't you?

Mr ANDREWS: That is not the point you put to me. You put to me that there had never been a breach anywhere else at any hotel quarantine anywhere else in the country, and I do not know that either you or I can make that point.

Ms VALLENCE: So you do agree that you took this initiative to the national cabinet and it was adopted.

Mr ANDREWS: As you may or may not appreciate, what I can confirm to you is that the national cabinet is a subcommittee of the federal cabinet. And as a member of that cabinet at the urging of its chairman, the Prime Minister of our country, I am not at liberty to go into great detail. What I can say, though, is that we had a program. We transitioned that program across to deal with returned travellers. We were very keen to see people in a controlled environment, not to have the best part of 20 000 people simply go home. I do not think that would have been conducive with our first wave performance; I do not think anybody is arguing that. We already had the system working. Those arrangements essentially were transitioned across for the purposes of returned travellers. I think you well know I am not—

The CHAIR: Thank you, Premier. I am sorry to have to interrupt you there. The member's time has expired, and I will pass the call to Mr Tim Richardson, MP.

Mr RICHARDSON: Thank you, Chair. Thank you, Premier, for joining us here today. I want to take you to the topic of wearing masks, which came into effect on 22 July 2020. I think we can all acknowledge the incredible resilience and work of the Victorian people in embracing this and in supporting each other in [Zoom dropout].

Mr ANDREWS: Chair, I can speak about masks for a very, very long time.

The CHAIR: We are back.

Mr ANDREWS: We have got you again, Tim.

Mr RICHARDSON: Sorry, I cut out there. I wanted to take you to the topic of masks and what the government has done to support Victorian organisations—indeed the public sector, non-governmental and businesses. We have seen of course Victorians across our state taking up the wearing of masks and supporting one other to stop the spread, so could you take us through that a bit, Premier?

Mr ANDREWS: Sure, thanks very much. Obviously with the policy settings for mandatory mask wearing across the whole state now when you are out of the house, this is a big challenge. And you are right, I think, Mr Richardson, to say that it can fill you with pride to think that not just Melburnians but Victorians more broadly have really taken to this. It is not always convenient, it is not always comfortable, but it is a powerful contribution that we can each make to try to slow or stop the spread of the virus.

Just to give you a few examples, we have purchased some 25 million masks—23 million single-use and 2 million re-usable. We have currently distributed, at my last update, 6.6 million masks to literally thousands of different groups right across the community. The breakdown: 480 000 re-usable and almost 6.1 million single-use masks. We have also recruited a number of local manufacturers, so there is a jobs angle here as well where we are, at a time of great economic challenge, instead of importing the re-usable masks, having the vast majority of the unprecedented order that we placed manufactured here. I think Minister Pakula will be able to take you through in more detail some of the arrangements that we have put in place there. But we have tried to make sure that Victorian businesses are an absolute priority for the manufacture of these masks. They are often very small businesses as well, so that is an important part of this.

We are also making a real priority of not just distributing PPE into our health system but also distributing PPE into the Victorian community, particularly to those industrial settings that are often higher risk. We have changed their rules and we have made it arguably harder for them to do the work that they do, and one of the requirements is wearing all sorts of different personal protective equipment. In order that that not be the difference between them operating under stage 4 well or not operating at all and indeed contributing to the spread of the virus rather than working with everybody to drive those numbers down, we have got specific orders and specific supply lines into a number of those industries, whether it be meat processing, warehousing or a whole range of different industries. Just last week we have ordered a substantial additional quantity not of re-usable product but of single-use product, particularly the N95 masks, which I think are seen by most as the highest grade. They are not suitable in every setting, but they are suitable in many.

So we continue to manufacture re-usable masks locally via our contractual arrangements with local businesses, we continue to distribute out of the stockpile, where single-use and those re-usable masks that we have received are best, and then we continue to replenish our stocks—not just the masks, Mr Richardson, but also face shields, gloves, gowns, the whole range of PPE. It is, in the main, a small thing that each of us can do. I think it becomes relatively normal practice quite quickly. I want to thank the vast, vast majority of Victorians who are using masks, because the public health experts tell us it will drive down the numbers. It makes a direct contribution to the ultimate aim that we were talking about with Mr Limbrick before: getting these numbers into such a contained space and a low enough band that we can start to reopen again.

Mr RICHARDSON: I think that is a really good point around Victorians coming together and really stopping the spread by wearing masks and supporting one another as well. It has been universal down our way, down Bayside way. Obviously with the changes from first wave to second wave and then the need to really gear up the manufacturing of masks and PPE—I know that this is probably an area for Minister Pakula in the coming days as well to talk through—how has the government gotten Victorian manufacturers on board to increase that support and that production of masks and PPE?

Mr ANDREWS: There is a whole range of local manufacturers. I have got a bit of detail on some of them, but I do think Martin will probably be able to take you through perhaps a longer list. But we have engaged with five local companies principally, including Ethical Clothing Australia. They have accredited companies like Nobody Denim in Fitzroy, the Ark in Carlton North, Styleprint, the Mask Project and New Model Beauty Queen, I am told is the name of the final on my list. They have been accredited so that they are doing the job

well and doing the job in a fair and reasonable way also, because there are many staff involved and we want the product to be appropriate. We are working with those businesses and others. I have not got a jobs number or an exact number of people who are working on this, but it is very significant and they are people who would otherwise perhaps not be working at all. And further to Ms Vallence's questions before, they would be receiving whether it be state government support or federal government support, so we are pleased to have ordered over 2 million of those reusable masks and to have many of them manufactured locally. That process is ongoing. It is not a quick process, it is quite an involved process, but they are being made to the highest standards and they will be distributed in batches. They are going out to GP surgeries, to pharmacies, to different groups, to church and charitable organisations. Wherever there is a need or wherever there is a real underlying vulnerability that might make it harder for a person to purchase a mask or might make it harder for a person to make their own mask, that is where those reusables are being pushed. That is where we are trying to get those supplies out. But it is a good jobs story at a time when obviously many people are out of work. This is a small but significant contribution that we can make to both the economy and also public health and the spread of this virus.

Mr RICHARDSON: I think one of the amazing hero categories that we have in Victoria has been the frontline workers, and in protecting them and supporting them during this time how has the government supported vulnerable populations and frontline workers to gain access to those masks? And of course we give a shout-out to those health workers, 1000 of whom are dealing with coronavirus and active cases at the moment.

Mr ANDREWS: Arguably, Mr Richardson, the best thing you can do for our health heroes is to drive these numbers down, because the lower these numbers get via really painful, difficult, heartbreaking decisions like stage 4, that is less people that will finish up in hospital. That is less risk, less exposure hours for even our fully kitted out emergency departments, ICU teams—everybody—critical care teams, because no PPE can eliminate all risk. There is always some risk there. We do not just send our best wishes and our support to, as you say, those roughly 1000 health workers who are active cases, but we also are sending enormous quantities of gowns, gloves, masks, shields, goggles—all of that hospital-grade PPE—out to health services. The commonwealth government have got principal responsibility for their GP network, but we are helping with that wherever we can.

The other thing too I would say is no element of any response can be perfect. You have got to learn along the way and in direct engagement with unions, direct engagement with health service managers. Understanding what is happening on the ground—that is really important too. There has been a number of surveys conducted in recent times. We have taken those on board. I know for Monash Health—so towards your local community and mine—a very significant shipment of PPE left the warehouse yesterday in multiple trucks.

The other thing is—and it is not just a shout-out session—we probably should not leave this topic without I think acknowledging the number of people working on this that secure these supplies. They have been competing against the world. Everybody everywhere has wanted the same thing at the same time, and to think that we have in the order of 3.6 million gowns; 19.3 million surgical masks; almost 2.5 million N95 masks; 1.8 million full face shields; eye protection, so goggles, just over 3 million; and gloves, the best part of—it says 69 million; that does seem a lot. Across the board, in all of those categories, a very, very significant stock on hand, very significant deliveries. The total procurement number of course will be much higher as that needs to account for all of the PPE we have used along the way.

Distribution is always a challenge, but I think we have got that system working well. But ultimately the best way for all of us to protect our health workers is, yes, we have to kit them out in gear that the experts tell us is as effective as it can be, but the ultimate thankyou is to follow the rules and drive down the cases, because as they come down the number of people in hospital will come down also.

Mr RICHARDSON: Finally, Premier, the engagement with industry in protecting frontline workers has been critical as well. What has been the engagement with businesses, and how has that access to masks been provided?

Mr ANDREWS: We have been in direct communication with all the industry across the board. There were 17 round tables held in a 48-hour period at the beginning of last week. There have been literally thousands of phone calls and Zoom meetings and other really important opportunities for industry to discuss with us what stage 4 would mean for them, and there is obviously particular reference and a PPE working group that is

dealing with a task force that in effect is dealing with these matters. We know that the only way some industries can operate safely under their now significantly enhanced COVID-safe plan is to be looking more like hospital workers than they would ever have looked like. So it is about full PPE or something close to it. So there is a pretty well established network to distribute all of that PPE. And back to the point I made—

The CHAIR: Thank you, Premier. I am sorry to cut you off there, Premier, but the member's time has expired. That concludes the line of questioning for this morning.

I would just like to take the opportunity to advise that if today's hearing has raised any issues for anyone, the Lifeline number is 13 11 14 and the Beyond Blue number is 1300 224 636.

Premier, thank you very much for taking the time to appear before the committee today. The committee will follow up on any questions which were taken on notice by you and your officials 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 the consideration of the next witness, and I declare this hearing adjourned. Thank you for your time.

Mr ANDREWS: Thank you, Chair.

Witnesses withdrew.