

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000265**

**Question Subject:** Newmarch access to PPE from the Commonwealth

**Type of Question:** Spoken

**Hansard Page number:** 4 - 5

**Senator:** Kristina Keneally

**Question:**

**Senator KENEALLY:** Okay, then I will go to that. Some of the issues the CEO has raised publicly have been around access to PPE. He says that he pushed on the Commonwealth's door and wasn't able to get access to PPE. We're trying, as a committee, to understand: is their inability to access PPE something that sits with them or something that sits with the Commonwealth?

...

**Senator KENEALLY:** Because we have limited time, it would be great if you could table that information. I think it would be very useful to the committee and to the public oversight role that we play. In the limited time that we have, I'd like to ask a broader question. Is that process of the time lag that you just described something that was unique to Newmarch House? It doesn't seem like we had similar problems—other aged-care facilities, such as Dorothy Henderson, haven't reported similar challenges. It was a fairly stark statement from the CEO of Anglicare. He said, 'When you actually started knocking on the door, pushing and shoving on the door, there ain't nothing inside.' He's talking about trying to get Commonwealth PPE. I'm trying to understand whether what you've just described is something fairly particular to Newmarch House or whether other aged-care facilities responded in a similar way to Newmarch when you made those types of requests or offers of assistance.

...

**Ms Edwards:** Senator, we'll table, as you've asked, what has been provided; you'll have the whole list. But it is important to note that we have complied with every request, notwithstanding some of the times where it was not so clear what was being requested. We've complied with every request and done it very quickly. We'll table the full details.

**CHAIR:** In relation to Newmarch?

**Ms Edwards:** In relation to Newmarch and in relation to all facilities in which there has been an outbreak and a need for PPE.

**Answer:**

- Providers are required to hold sufficient levels of Personal Protective Equipment (PPE) on hand for any infectious outbreak as an element of their emergency management plan, required under the *Aged Care Act 1997*.
- The National Medical Stockpile (NMS) is available for emergency supply, particularly in the event of a COVID-19 outbreak.
- As at 21 May 2020, the following PPE has been provided to aged care services from the NMS:

Jurisdiction	Masks	Gowns	Gloves	Goggles
ACT	2,200	0	0	0
NSW	88,870	97,350	307,000	0
NT	170	0	0	0
QLD	29,925	720	0	0
SA	5,340	0	0	0
TAS	15,120	5,500	0	50
VIC	123,220	22,330	20,200	2,540
WA	12,580	0	0	0
<b>Total</b>	<b>277,425</b>	<b>125,900</b>	<b>327,200</b>	<b>2,590</b>

- On 12 April 2020, the Department was notified of confirmed COVID-19 cases in Newmarch House. The first request for PPE was made and supplied on this date.
- Since 12 April 2020, the NMS has provided the following PPE to Newmarch House:

	Masks (P2 & surgical)	Gowns	Gloves (various sizes)	Total (as at 22 May)
<b>Requested</b>	44,735	76,900	265,000	386,635
<b>Dispatched</b>	44,840	76,950	267,000	388,790
<b>Difference</b>	+105	+50	+2,000	+2,155

Further details are provided at [Attachment A](#).

### Attachment A - Newmarch PPE timeline

Date request rec'd from Newmarch	Date approved by NSW state office (Cwth)	Date approved by National Incident Room (Cwth)	P2 Masks	Surg Masks	Gowns	Gloves (various sizes)	Comments
12/04/2020	12/04/2020	12/04/2020	0	0	300	0	
12/04/2020	14/04/2020	14/04/2020	0	3,000	0	0	
16/04/2020	16/04/2020	16/04/2020	700	3,500	650	0	
17/04/2020							Department of Industry, Science, Energy and Resources assisting with connections to suppliers of hand sanitiser.
19/04/2020	19/04/2020	19/04/2020	4,200				
21/04/2020	21/04/2020	21/04/2020	0	0	2,350		
23/04/2020	23/04/2020	23/04/2020	0	0	2,500		
24/04/2020	24/04/2020	24/04/2020	4,080			30,000	Requested 4,085 P2 marks, provided 4,080.
27/04/2020	27/04/2020	27/04/2020	0	0	1,000		
28/04/2020	28/04/2020	28/04/2020	0	0	900		
29/04/2020	29/04/2020	29/04/2020	0	0	950		Requested 900 gowns, provided 950.
29/04/2020	30/04/2020	31/04/2020	2,040				Requested 2,000 P2 masks, provided 2,040.
30/04/2020	30/04/2020	30/04/2020	0	0	7,000		
1/05/2020	1/05/2020	1/05/2020	0	0	0	11,500	
2/05/2020	2/05/2020	2/05/2020	0	0	0	46,000	
3/05/2020	3/05/2020	3/05/2020	0	0	0	33,000	
4/05/2020	4/05/2020	4/05/2020	0	0	0	8,000	Requested 6,000 gloves, provided 8,000.
4/05/2020	6/05/2020	6/05/2020	0	0	0	16,000	NSW HealthShare on-site to support the Clinical Excellence Commission (CEC). Identified issues with PPE management in the service.
4/05/2020	4/05/2020	4/05/2020	0	0	3,800	34,500	
5/05/2020	5/05/2020	5/05/2020	0	0	6,000		
9/05/2020	9/05/2020	9/05/2020	0	0	4,000		
10/05/2020							Service has implemented a new PPE tracking system.
10/05/2020	11/05/2020	11/05/2020	10,560		16,000		Requested 10,500 P2 masks, provided 10,560.
14/05/2020	14/05/2020	14/05/2020	10,560		18,000	88,000	Requested 10,500 P2 masks, provided 10,560. PPE request for estimated 7 days.
22/05/2020	22/05/2020	22/05/2020	6,200		13,500		Request received from Newmarch on 21 May 2020 that was amended and resubmitted on 22 May 2020
<b>TOTAL</b>			<b>38,340</b>	<b>6,500</b>	<b>76,950</b>	<b>267,000</b>	<b>388,790</b>

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000266**

**Question Subject:** Staff provided to Newmarch

**Type of Question:** Spoken

**Hansard page number:** 6

**Senator:** James Paterson

**Question:**

**Senator PATERSON:** Just on Newmarch before I move to some other matters, I think you've taken on notice to provide in response to Senator Keneally the PPE that was provided to Newmarch and requested. I'm interested also in Commonwealth staff that were provided to Newmarch to assist. I don't know if you also took that on notice at the same time.

**Mr Lye:** Senator, we can probably provide some aggregate numbers of Commonwealth staff provided to Newmarch. Is that what you're interested in?

**Senator PATERSON:** Yes. I'm interested in a couple of things. How many staff has the Commonwealth provided? What type of staff has the Commonwealth provided? What are the professional qualifications and occupations of the people provided? What were the various points at which they were provided and what were they in response to? So I'd like just a bit of a breakdown on that aspect.

**Ms Edwards:** We can certainly take that on notice, but I'll just give you an indication. There have been large numbers of Commonwealth staff. An average of 27 Commonwealth funded staff worked per day during the major part of the outbreak. That gives you the sense that there was a major influx of staff funded by the Commonwealth as part of our major response.

**Answer:**

- The Department of Health, through the workforce surge measures, has provided and funded the following staff for Newmarch House.

<b>Aspen Medical (as at 19 May 2020)</b>	<b>Mable (as at 25 May 2020)</b>
<ul style="list-style-type: none"><li>○ 4 x Clinical First Responders</li><li>○ 2 x Infection Control (Registered Nurses)</li><li>○ 22 x Registered Nurses</li><li>○ 8 x Personal Care Workers</li><li>○ 3 x Physiotherapists</li><li>○ 1 x Enrolled Nurse</li><li>○ 2 x Administrators</li></ul> <p><b>Total = 42*</b> *Total number of staff deployed since <u>20 April 2020</u></p>	<ul style="list-style-type: none"><li>○ 14 x Registered Nurses</li><li>○ 16 x Personal Care Workers</li><li>○ 2 x Physiotherapists</li></ul> <p><b>Total = 32*</b> *Total number of staff deployed since <u>16 April 2020</u></p>

*Note: The number of staff provided fluctuates depending on need on any given day.*

- The Australian Government has also arranged and funded (or will reimburse Newmarch House for) the following:
  - General Practice surge team through Nepean Blue Mountains Primary Health Network - 15 x General Practitioners on 24/7 roster (Department of Health funded)
  - 2 x on-site General Practitioners from 30 April 2020 (Department of Health funded)
  - 1 x Social Worker from Services Australia to be on-site to lead and support communication with families from 2 May 2020 (Services Australia funded)
  - BaptistCare leadership team (3 people) to provide comprehensive service management and leadership for two weeks (from 24 April 2020 to 8 May 2020) (Department of Health to reimburse Newmarch House)
- Staffing needs were discussed during the daily case conference meetings. Requests were made either directly from Anglicare, or NSW Public Health Unit, and the NSW Ministry of Health in collaboration with Anglicare, to the Department of Health.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**Tuesday 26 May 2020**

**PDR Number: IQ20-000267**

**Question Subject:** Influenza deaths in aged care facilities

**Type of Question:** Spoken

**Hansard page number:** 18

**Senator:** Perin Davey

**Question:**

**Senator DAVEY:** You said we had more cases of influenza deaths last year. Do you have a breakdown of how many were in aged-care facilities so that we can understand the mitigation—

**Prof. Murphy:** We'd have to take that on notice, unless Mr Lye has it.

**Mr Lye:** We don't have it for residential aged care, but we do have it for over 65s.

**Answer:**

There were 836 laboratory-confirmed influenza-associated deaths in 2019 notified to the National Notifiable Diseases Surveillance System (NNDSS) for people aged over 65 years.\*

\*Data were extracted from the National Notifiable Diseases Surveillance System (NNDSS) on 2 June 2020, with data reported to 31 December 2019. Due to the dynamic nature of the NNDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories. NNDSS data does not represent the true mortality associated with this disease as not all people who died with influenza will have been tested for influenza, and not all deaths in people with influenza will have been reported to states/territories. Due to retrospective revision, the variation across jurisdictions in methodology, representativeness and timeliness of reporting of death data, and that reporting of an outcome of infection is not a requirement of notification, year on year comparisons of deaths in notified cases of influenza may not be reliable.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic

26 May 2020

PDR Number: IQ20-000268

**Question Subject:** Rise in complaints to the ACQSC

**Type of Question:** Spoken

**Hansard page number:** 7

**Senator:** James Paterson

**Question:**

**Mr Lye:** That's correct. It's specifically targeted at homecare and Commonwealth home support clients—My Aged Care clients—who might be isolating, and it enables providers to use funds flexibly to purchase technology to assist those people to maintain contact with friends, family and others. In addition, there's a call-back service. A small number of people have refused service because they're concerned about people coming into their home, so we have offered, through the consumer peaks, an ability for someone to call and check in with an older Australian who might be isolating.

**Senator PATERSON:** You mentioned a significant increase in the number of complaints. Can you quantify that in numbers?

**Ms Anderson:** Yes, I can. The rise has been essentially from the beginning of March, and I can provide some figures, if you would like, on notice.

**Senator PATERSON:** That would be good.

**Answer:**

The table below indicates the total number of complaints received by care type by month for the period 1 January to 17 May 2020.

Care type	Jan-20	Feb-20	Mar-20	Apr-20	May-20 (To 17 May 20)	TOTAL
Residential	506	400	505	747	386	2,544
Home services <sup>1</sup>	175	189	165	175	87	791
Flexible and community	8	12	6	8	4	38
<b>Total complaints</b>	<b>689</b>	<b>601</b>	<b>676</b>	<b>930</b>	<b>477</b>	<b>3,373</b>

*Source: Unpublished data as at 17 May 2020, extracted 19 May 2020 from the Commission's case management system NCCIMS.*

<sup>1</sup> Home Services includes Home care packages and Commonwealth Home Support Programme

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000272**

**Question Subject:** Aged care facilities with a COVID-19 outbreak by state

**Type of Question:** Spoken

**Hansard Page number:** Page 9

**Senator:** Rachel Siewert

**Question:**

**Senator SIEWERT:** Can I go to the matter of an update on the stats in terms of the number of facilities that had a COVID outbreak, the number of residents that were affected and the number of facilities that currently have an outbreak?

**Ms Laffan:** Are you focused on residential aged-care services or home care?

**Senator SIEWERT:** Residential—I wanted to come to home care in a minute. If you've got them all together, that's fine.

**Ms Laffan:** I've got the data cut multiple ways. In terms of residential aged-care services, there has been a total of 31 services with cases or outbreaks, of which six are currently active.

**Senator SIEWERT:** How many residents had COVID?

**Ms Laffan:** There have been, across Australia, 67 residential aged-care recipients, of which 28 have recovered and, sadly, 27 have passed away.

**Senator SIEWERT:** Are you—

**CHAIR:** Sorry, Rachel. When was that data from?

**Ms Laffan:** That data was hot off the press before I left the office.

**CHAIR:** It just updates the question on notice from yesterday that was provided. Sorry, Rachel, go.

**Senator SIEWERT:** That's why I wanted the most up-to-date data; thank you. Would you then be able to take on notice, against the numbers, the stats for each of the states?

**Ms Laffan:** Certainly.



**Answer:**

Data reported to Senator Siewart on 26 May 2020 was up to date as at **26 May 2020**. The below data is at **3 June 2020**. There is currently a total of four active cases of COVID-19 in residential aged care.

**Table 1: Confirmed COVID-19 cases in residential aged care services by state and territory.**

Confirmed COVID-19 cases	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	National
Residential care recipients [recovered] (deaths)	0 [0] (0)	61 [34] (25)*	0 [0] (0)	1 [0] (1)	0 [0] (0)	1 [0] (1)	4 [2] (0)	0 [0] (0)	<b>67 [36] (27)</b>

*\*The number of deaths in NSW includes 17 reported deaths at Newmarch House. It does not include two additional deaths of COVID-19 recovered residents, which were the result of other medical conditions.*

**Table 2: Number of residential aged care services with COVID-19 cases by state and territory**

Number of aged care services with confirmed cases of COVID-19	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	National
Total number of residential aged care services with confirmed case(s) of COVID-19 (Number of services with active cases of COVID-19)	0	16 (1)	0	3 (0)	1 (0)	2 (0)	9 (5)	1 (0)	32 (6)

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000277**

**Question Subject:** ACQSC complaints on mental health services

**Question Type:** Spoken

**Hansard page number:** 10

**Senator:** Rachel Siewert

**Question:**

**Senator SIEWERT:** I'd like to deal with a couple of questions around mental health, starting with people in aged care and access to the ongoing provision of mental health services. Have you had any role in looking at that?

**Ms Anderson:** We continue to be very attentive to the general wellbeing of aged-care residents, and that is part of our routine monitoring. When we've done the risk based site assessments, we'd also have some oversight of that if that was a matter of concern. Also, obviously through complaints, where an individual is concerned about whether somebody's emotional health and wellbeing was sufficiently in the attention of care, we would also inquire in that regard. So it's more a general level of oversight, as we would normally have as a regulator.

**Senator SIEWERT:** Could you take on notice whether you've had, in the complaints that you've received, complaints around access to mental health services?

**Answer:**

Of all complaints to the Aged Care Quality and Safety Commission relating to COVID-19, none to date has included a concern about access to mental health services.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic 26 May 2020

**PDR Number:** IQ20-000282

**Question Subject:** New residential outbreak meeting members

**Type of Question:** Spoken

**Hansard Page number:** page 13

**Senator:** Kristina Keneally

#### **Question:**

**Senator KENEALLY:** Yes, I do, and I'm happy for this to go on notice. I have two quick ones. You talked about the people at the table. I understood that the various meetings involved the Department of Health, the aged-care commission, the New South Wales Department of Health, OPAN, Anglicare and the new management team. Were there any other organisations or agencies involved in those decisions?

**Ms Laffan:** The Nepean Blue Mountains local district hospital.

**Senator KENEALLY:** I'm happy if that goes on notice in case someone else was there.

#### **Answer:**

Senior case management meetings occurred between 17 April 2020 and 14 May 2020 with the following participants invited:

- Department of Health (Chair)
- Aged Care Quality and Safety Commission
- New South Wales Ministry of Health
- Nepean Blue Mountains Local Health District
- Anglicare, Newmarch House
- Catholic Healthcare (Mr Andrew Kinkade, independent advisor (when appointed))
- University of Sydney (Professor Lyn Gilbert, independent clinical advice)

Participant involvement was dependent on topics being discussed and individual availability.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic

26 May 2020

PDR Number: IQ20-000284

**Question Subject:** ACQSC complaint resolution examples

**Type of Question:** Spoken

**Hansard page number:** 32

**Senator:** Rex Patrick

#### **Question:**

**Ms Anderson:** When we receive a complaint, we look into it as quickly as is necessary. We certainly don't hold onto them and wait for six, eight or 10 months to deal with them. So this is a very real-time process that we have. When we receive a complaint about visitor access, the first thing we do is talk with the complainant and understand the particular issues about which they have a concern. We then take that list to the provider and ask them to explain their actions: do they understand this presentation of issues, how do they respond to those issues, and is there something that they could consider doing which would address the concerns that have been raised with us and that we're now putting to them? In a number of instances, the provider comes back very quickly and says: 'We didn't understand it that way. We can do the following. We're happy to reach out to this complainant and to resolve the issue in a way which is mutually satisfactory.' In other circumstances, it takes a bit longer. Where the provider is a bit more determined or does not see it in the same way as the complainant, obviously some further negotiation and discussion is sometimes required.

As I said in an earlier answer, we now can have regard to the industry led code as evidence of a nationally consistent consensus position on good practice for visitor access. We also have regard to the standards which you've already mentioned and also the Charter of Aged Care Rights. So, when we are looking at a complaint, those are the lenses we use as we seek to sort it out. Our fundamental motivation in managing complaints is to achieve a good outcome for the complainant. So, in our engagement with the providers, we're dealing with it in real time as best possible and seeking to understand the issues from their perspective and see if we can reach some accommodation.

**Senator PATRICK:** On notice, can you go back and look at those complaints, particularly in relation to access, and perhaps give the committee a distribution of where you got resolution quickly, where it took a little while and where you didn't get resolution.

**Ms Anderson:** I'm happy to take that on notice.

**Answer:**

Between 1 March and 17 May 2020, the Aged Care Quality and Safety Commission received 414 complaints about visitor restrictions.

Of these complaints, 139 were still being resolved at 17 May 2020. The remaining 275 had been finalised, of which 238 (87 per cent) were resolved within 14 days.

**Table 1:**

**Visitor restrictions, COVID-19 complaints received, 1 March to 17 May 2020**

<b>Lockdown/visitor restriction COVID-19 complaints</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20 (To 17 May 20)</b>	<b>TOTAL</b>
<b>TOTAL</b>	<b>61</b>	<b>226</b>	<b>127</b>	<b>414</b>
Active at 17 May 20	5	71	63	<b>139</b>
Finalised	56	155	64	<b>275</b>
<i>Finalised within 14 days</i>	<i>39</i>	<i>135</i>	<i>64</i>	<b>238</b>
<i>Finalised between 15 and 30 days</i>	<i>9</i>	<i>19</i>	<i>0</i>	<b>28</b>
<i>Finalised in more than 30 days</i>	<i>8</i>	<i>1</i>	<i>0</i>	<b>9</b>

Source: Unpublished data as at 17 May 2020, extracted 19 May 2020 from the Commission's case management system NCCIMS.