PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

4 August 2020

PDR Number: IQ20-000418

How many facilities are Aspen working in at the moment

Spoken

Hansard Page number: 8

Senator: Katy Gallagher

Question:

CHAIR: How many facilities are Aspen working in at the moment?
Ms Laffan: I'd have to take that on notice.

Answer:

As at 9 September 2020, Aspen Medical have staff deployed to three Victorian aged care services.

As at 9 September 2020, Aspen Medical staff have been deployed to (and conducted rapid assessments in) 136 residential aged care facilities in Victoria, including the three mentioned above.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

4 August 2020

PDR Number: IQ20-000420

Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW

Spoken

Hansard Page number: 10

Senator: Murray Watt

Question:

Senator WATT: Mr Lye, again, in the interests of time, could we get you to table—even if it's afterwards—a copy of that response plan that has been developed in response to that recommendation from the Earle Haven review?
Mr Lye: Probably the best document to table for you is the that protocol we have, which we agreed with New South Wales—we've circulated it to all states—which we're using in relation to COVID outbreaks. I think the issue we have in Victoria is that we have a capacity to quickly stand up a workforce—and, as the minister said, we also now have a capacity to help people transfer to private hospitals, to take pressure out of sites—but that we have a situation in Victoria where every health and aged-care service, and related service, is where we might find a ready workforce under pressure because of community transmission. There are some real limits to the identification of a replacement workforce, and it's unique to the situation we have in Victoria. It's very important to say all the plans in the world are not going to help you when you get to that situation and you have that intense pressure. We have had to innovate as we've gone along. That is the very unique set of circumstances we face today.
Senator WATT: If you could table that protocol, that'd be helpful.....

Answer:

Attached is a copy of the joint protocol, agreed between the Department of Health and the NSW Ministry of Health, to formalise coordination of government support to an aged care provider in their management of a COVID-19 outbreak in a Commonwealth funded residential aged care facility.

The Department of Health presented the Commonwealth-NSW joint protocol to the Australian Health Ministers' Advisory Council (AHMAC) meeting on 24 June 2020 and extended an offer to other jurisdictions to agree similar protocols with the Commonwealth in addition to other plans in place.

This document is also available on the Department of Health's and the NSW Ministry of Health's respective websites.

Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility (RACF) in NSW

Parties

The Commonwealth Government (Department of Health and Aged Care Quality and Safety Commission) and the NSW Government (NSW Ministry of Health).

Purpose

The purpose of this protocol is to formalise the coordination of government support to an aged care approved provider (provider) in their management of a COVID-19 outbreak in a Commonwealth funded residential aged care facility (RACF) in NSW.

This protocol outlines the roles and responsibilities of relevant parties, governance structures, escalation procedures and expectations around information sharing and timeframes. The agencies identified in this protocol are informed by, and provide advice to, the Senior Inter-governmental Oversight Group.

Objectives

The primary objectives of this protocol are to optimise care for all residents in impacted RACFs (irrespective of their COVID-19 status) and to contain and control the outbreak to bring it to an end as quickly and safely as possible.

When to implement this protocol

A single positive COVID-19 case within a RACF (resident or staff member) will trigger the use of this protocol. Each outbreak will differ according to the circumstances of the RACF, therefore, the application of the protocol will be applied based on identifying and understanding the features of the outbreak.

Principles

The key principles underpinning this protocol are:

- All Australians should be able to access healthcare and live with dignity, regardless of their age and where they live.
- Consumer-centred care
    - The clinical and welfare needs of residents are paramount. Decisions on the most appropriate clinical care, including location of the care and whether transfer to hospital is required, are made in consultation with clinical care staff and residents (and their representatives). Decisions are regularly reviewed, and made on an individual basis, but also take into account the safety and welfare needs of all residents and staff in the RACF.

    - RACF residents continue, as do other people in the community, to have a right to access public health services (including hospital) based on their clinically assessed need.
    - Risks to individuals, and the service, take into account, needs and preferences of each resident and their representative (including through advanced care plans), and the circumstances of the RACF at which they reside.
    - Communication to residents and their representatives is coordinated by the provider and occurs as frequently as indicated by the changing profile of the outbreak and the communication preferences of the RACF residents and their representatives.
- Rapid response and decision making
    - Support for providers will take into account the assessed capability and capacity of the provider and as well as the ability of surrounding health services to respond to the outbreak, and informed by the provider's outbreak management plan (OMP).
    - All parties should mobilise and implement actions within their defined roles and responsibilities rapidly and in coordination with other parties.
    - Parties escalate issues according to clear governance processes with agreed criteria on when new decisions might need to be made, or existing ones revised.
    - Parties work collaboratively and are focussed on finding solutions.
- Timely information sharing
    - The early days of an outbreak will be particularly challenging therefore it will be vital that mechanisms are rapidly agreed, appropriate to the circumstances of the outbreak, to ensure information is shared between the Commonwealth and NSW Governments in a timely manner to coordinate an approach.
    - Limitations, or perceived limitations, of parties involved in the response are raised early.
- Accountability of provider
    - Providers are expected to comply with their responsibilities under relevant Commonwealth legislation to support the safety, care and wellbeing of residents.
    - Providers are expected to prepare and maintain up-to-date OMPs.
    - Providers will be given guidance to support their compliance and their compliance will be monitored, with detected non-compliance actioned quickly.
    - Providers are expected to provide information to all parties which is timely and responsive to the changing profile of the outbreak, to allow safe and appropriate decision making which supports the clinical safety and welfare of their residents.

Roles and responsibilities

Commonwealth Government

Commonwealth Department of Health

Role

- Provide funding for aged care services and supports the RACF's capacity to manage the outbreak.

Tasks

- Support viability and capacity of provider to manage outbreak.
- Allocate state-based 24/7 case manager.
- Facilitate adequate access to primary care for residents of the RACF.
- Facilitate access to resources, including surge workforce (where required) and personal protective equipment (PPE).
- Provide funding to assist management of the outbreak, where appropriate.
- Facilitate relocation of cohorts, where appropriate. Provides rapid response COVID-19 in-reach pathology testing services, if required.
- Assist providers with access to aged care advocacy services for residents and their representatives and notify national and state-based advocacy services of outbreaks.
- Respond to media requests directed to the Department.

Aged Care Quality and Safety Commission

Role

- Provide regulatory oversight of RACFs—to protect and enhance the safety, health, well-being and quality of life of people residing in the RACF.

Tasks

- Provide guidance and advice to support the provider's compliance with relevant Commonwealth legislation.
- Monitor compliance with the *Aged Care Act 1997* and *Aged Care Quality and Safety Commission Act 2018.*
- Respond to identified compliance issues, including escalating concerns that cannot be resolved locally immediately to the Senior Inter-governmental Oversight Group.
- Take action to work with the provider to resolve complaints received about the service.

Aged care approved provider (provider)

Role

- Lead and manage implementation of the OMP in response to the outbreak in the RACF—to support the safety, care and wellbeing of residents and staff as required by legislation, including the *Aged Care Act 1997,* the *CDNA Guidelines* and relevant NSW legislation (i.e Public Health Orders). This includes adequate capacity to manage the outbreak in situ subject to particular circumstances of the outbreak.
- Regularly communicate with residents and their representatives — updating them on the outbreak response, including each resident's circumstances and preferences.
- Develop and maintain an OMP to ensure preparedness in the event of the outbreak including engagement with Local Health District.

Tasks

- Notify and liaise with the local Public Health Unit (PHU), and the Commonwealth Department of Health.
- Establish an Outbreak Management Team in conjunction with the PHU (immediately) and co-chair daily meetings of the Outbreak Management Team until the outbreak is closed.
- Update the OMP.
- Assess staff resources, detailed in the OMP:
    - Contingency planning in the event of significant staff loss (30-40 per cent)
    - Surge staff planning – including identifying staff through usual recruitment agencies, staff from within the broader organisation, and other providers.
- Lead, direct, monitors and oversee outbreak response in the RACF.
- Advise of the Infection Control Local Lead.
- Implement infection prevention and control measures, including:
    - Isolating and cohorting residents and staff
    - Instructing on PPE, hand hygiene, and environmental cleaning
    - Instituting contact and droplet precautions
    - Assessing the RACF for potential breaches (e.g. food trolleys, medication trolleys)
    - Displaying visible signage throughout the RACF
    - Designating an infection control practitioner role to support adherence to PPE, if required seek support from CEC
    - Certifying that all staff entering the RACF are orientated and trained in infection control and the use of PPE.
- Restrict visitor and community (including health workers) to minimal essential requirements. Non-essential visitors will be precluded from face to face visits with residents (detailed in CDNA Guidelines). Keep a log of all visitors entering the RACF, including areas and residents visited.
- Manage staff, including rostering and isolation measures for exposed staff.

- Implement a timely and responsive COVID-19 communication policy with residents and their families.
- Engage surge workforce where critical staff are not able to be sourced through other avenues, if required.
- Monitor resident welfare and well-being, and regularly communicates with residents and their families.
- Work with GPs to review/develop advance care plans for residents.
- Enable access and respond to aged care advocates, provide to residents and their representatives communications, collateral and materials provided by advocacy services.
- Facilitate pathology requisition orders and timely specimen collection.
- In coordination with the Senior Inter-governmental Oversight Group, liaise with GPs and allied health personnel to ensure approach to acute and chronic disease is addressed, and de-conditioning, grief, cognitive decline and psychiatric sequelae of isolation and loss are addressed.

NSW Government

Local Public Health Unit (PHU)

Role

- Lead the public health response and support the RACF in executing its role.

Tasks

- Establish Outbreak Management Team immediately with the RACF, and co-chair subsequent daily meetings until outbreak is closed.
- Notify PHEOC Department of Health of any confirmed cases, deaths and recovered cases associated with an RACF (thus triggering the Incident Action Plan).
- Active surveillance, investigation and management of cases in staff and residents.
- Contact tracing and management.
- Support the RACF manager in their role in leading the outbreak response.
- Ensure that public health and initial infection control measures are implemented to control the outbreak. If barriers are identified that cannot be resolved locally, escalate to Senior Inter-governmental Oversight Group to ensure appropriate resourcing and outcomes.
- Where the PHU has limited capacity to respond, the PHU should discuss surge support with PHEOC.
- Interview the case(s), with NCIMS case questionnaire, and confirm swab results. Liaise with PHEOC to develop a script for case interview.
- Regularly liaise with PHEOC and seek support immediately where containment issues are identified.

Local Health District

Role

- Establish clinical outreach team, infection control and testing requirements.
- Work collaboratively with residents' usual general practitioners, and other treating specialists, as is usual practice.

- Support clinical governance within the RACF.
- Plan to ensure Local Health District preparedness to any potential outbreak including engagement with aged care providers.
- Facilitate hospital transfers, where needed.

Tasks

- Determine clinical lead and outreach model (Hospital in the Home /geriatric outreach model) with specialist clinician support (e.g. geriatrics, infectious diseases, palliative care) to maximise clinical care of residents both COVID-19 positive and negative.
- In partnership with the Clinical Excellence Commission, advise on infection prevention and control measures, including isolating and cohorting residents (for both COVID-19 positive and negative residents), with support for monitoring as needed.
- Determine, through the LHD Clinical Governance mechanisms, the level and type of specialist and support care required (for example, infectious disease, palliative care, geriatrics, allied health). Assist the RACF in testing of all residents and staff.
- Support staff/GPs to support appropriate patient-centred care and review/develop advance care plans for residents.
- Liaise regularly and provides clinical information and support to GPs, NPs and allied health professionals where indicated.
- Determine the processes for clinical deterioration, including care in RACF and/or support to transfer to hospital as clinically determined and consistent with the wishes of the resident.
- Provide expert advice to RACF for initial infection prevention and control, with support for monitoring as needed (Clinical Excellence Commission may be consulted).
- Facilitate testing through provision of staff and laboratory processing.

Clinical Excellence Commission

Role

- Provide expert advice on COVID-19 infection prevention and control.

Tasks

- Review and provide expert advice on RACF's OMP.
- Provide advice to LHD Infection Prevention and Control Teams deployed.
- Member of the Standards and logistical support team**.**
- Support implementation of the OMP and provide infection prevention and control guidance.
- Develop resources for LHD/provider teams during outbreak.
- Provide mentorship and coaching with outbreak team infection leads.

NSW Ministry of Health

Public Health Emergency Operations Centre (PHEOC)

Role

- Oversee the public health response, supporting the local PHU as needed.
- PHEOC operations team are the key liaison point for public health response.

Tasks

- Support the PHU and RACF in a) convening Outbreak Management Team, and b) effectively managing the public health aspects of the incident.
- Assign a PHEOC Deputy Controller/Senior Medical Adviser and Operations team member to assist in managing the outbreak.
- Liaison will encompass:
    - Communicating with other Local Health Districts.
    - Sharing information with Senior Inter-governmental Oversight Group, and other stakeholders, in support of the PHU.
    - Clarity and accuracy of messaging to government and external media requests.
- Notify the Aged Care Quality and Safety Commission of all cases and deaths during the outbreak, and when the outbreak is closed.

Trigger events

Trigger events requiring escalation to the Senior Inter-governmental Oversight Group:

It is expected the provider, with support from the PHU, will lead the outbreak response, with support and advice from other parties as described above. The following issues are triggers that require decision making by the *Senior Inter-governmental Oversight Group* (described below):

- Rapid deterioration of the situation
- The provider does not demonstrate capability to effectively lead and manage the outbreak response
- The RACF premises are unsuitable to manage the outbreak effectively
- The Local Health District does not have capacity to provide a clinical outreach response
- Any other issue impacting on the effective management of the outbreak.

Governance

The following governance structures must be notified within one hour of notification of a COVID-19 outbreak in a residential aged care facility (RACF).

Name	Key roles	Functions	Meeting Frequency
Senior Inter-governmental Oversight Group (SIOG)	• Deputy Secretary of Ageing and Aged Care, Commonwealth Department of Health, Mr Michael Lye • Aged Care Quality and Safety Commissioner (Commonwealth), Janet Anderson • Deputy Secretary of Health System Strategy and Planning, NSW Ministry of Health, Dr Nigel Lyons • State Manager NSW and ACT, Department of Health, Ms Lisa Peterson • Deputy Controller, Operations team, NSW Ministry of Health, Dr Michael Douglas • Director Aged Care Unit NSW Ministry of Health, Ms Stefanie Williams CHAIR: Department of Health	• Monitor progress of outbreak management by the RACF and the PHU and agree any actions required to address critical or emerging issues that require government support • Consider any relevant information including: advice from the provider and the PHU, the OMP and expert clinical advice • Consider issues identified under trigger events • Document agreed actions • Advise relevant Ministers on response to outbreak • Communicate to peak bodies	Initial meeting at identification of the outbreak and then meeting frequency as required

Outbreak Management Team (note, actual team membership	• RACF including:
	  ○ CEO or senior delegate
	  ○ Manager
	  ○ Clinical Supervisor
		• RACF to stand up Outbreak Management Team to assume control of the outbreak with support from the PHU
		• Ensure strong and effective management structures in place to manage the outbreak
			Daily

Name	Key roles	Functions	Meeting Frequency

may depend on location/size of outbreak and supports required)	• Director, Public Health Unit (PHU) or delegate
	• Deputy Controller, Operations Team representatives, Public Health Emergency Operations Centre (PHEOC)
	• Local Health District, Clinical Team may include:
	  ○ Infectious Disease Consultant
	  ○ Geriatrician
	  ○ Palliative Care support
	  ○ Hospital in the Home lead
	  ○ Infection Prevention and Control Practitioner
	
	Additional inputs:
	• State Manager, NSW/ACT, Department of Health
	• Testing Team
	• Clinical Excellence Commission
	• Aged Care Quality and Safety Commission
	
	CHAIR: provider and PHU, or other as agreed by SIOG
		• Develop and oversee the implementation of the OMP– noting that this plan will remain dynamic
		• Support the provider to implement appropriate control measures including restriction of resident movement, restriction of visitor access, rapid audit of infection prevention and control, access to and correct usage of PPE
		• Assess staff resources and surge staff planning within the OMP. Staffing should include:
		  ○ Identification of an infection control lead/champion
		  ○ Additional clinical support to meet the increased care needs of COVID-19 positive residents
		  ○ Additional allied health staff to avoid deconditioning of quarantined residents, particularly COVID-19 negative residents
		  ○ Additional hospitality staff to support changes in practices due to infection control
		  ○ Additional lifestyle staff to support enhanced communication with families and changes in activities due to quarantining
		• Recommend activating the Commonwealth workforce surge program (if required).
		• Ensure resources are adequate, including:
		  ○ PPE
		  ○ Medical and allied health workforce
		  ○ Laboratory and testing
		• Identify and investigate all positive COVID-19 cases
		• Establish approach to clinical care including escalation pathway to hospital
		• Ensure a communication strategy is in place for each resident and their representative (use external expertise as required i.e. OPAN)
		• Support communication between all stakeholders	

Name	Key roles	Functions	Meeting Frequency
		• Identify instances where there is inconsistent advice or conflict within the OMT and resolve, referring to the SLST or escalating to the SIOG where necessary • Identify alternate accommodation options, if required • Document agreed actions, including points of dissent • Identify trigger events, and escalate to the Senior Inter-governmental Oversight Group • Report and escalate progress, issues and learnings to the Senior Inter-governmental Oversight Group • Convene the Standards and Logistical Support Team (if required), including nomination of an OMT member to form part of this team	
Standards and Logistical Support Team (note, actual arrangements may depend on location/size of outbreak and supports required)	• Member of the Outbreak Management Team • Aged Care Quality and Safety Commission's Clinical Adviser • State Manager NSW and ACT, Department of Health • Primary Health Network • NSW Ministry of Health • Contracted First Nurse Responder (if deployed) • Clinical Excellence Commission	• Support outbreak management response • Identification of and response to regulatory compliance concerns • Document agreed actions • Escalation of trigger events/issues	As required to support the Outbreak Management Team

Immediate response to a COVID-19 outbreak and the outbreak management plan (OMP)

Within 12 hours of identification of a COVID-19 outbreak, the RACF and the PHU establish the Outbreak Management Team and schedule meeting. An initial priority of the group will be supporting the provider to work through the OMP, or revise it (if needed) in instances where the provider already has one in place. All agreed actions must be documented.

Within 48 hours of identification of a COVID-19 outbreak, the Senior Inter-governmental Oversight Group will convene. This Group will consider progress of outbreak management by the RACF and the PHU and agree any actions required to address critical or emerging issues that require government support, based on the protocol's stated principles.

For the avoidance of doubt, none of these events should delay immediate actions required in response to an outbreak—including isolation of residents and/or staff members who test positive to COVID-19 and other infection control measures.

Outputs from the first Senior Inter-governmental Oversight Group meeting

The first meeting of the Senior Inter-governmental Oversight Group is expected to result in:

- A communication strategy, detailing how information will be:
    - shared in a timely, streamlined way
    - recorded to ensure transparency and accountability
    - communicated to the provider
    - escalated within organisations (e.g. to relevant Ministers)
    - shared on media announcements (to ensure a consistent approach across government)
- An agreed list of trigger events and processes to manage based on progress of the provider and the PHU in managing the outbreak.
- Agreed responsibilities for decisions and actions.
- An agreement of frequency of meetings.

NSW Government operated residential aged care facilities and multi-purpose services (MPSs)

The NSW Government operates 63 MPSs and 9 RACFs. In instances where outbreaks occur within one of these facilities, it is acknowledged that the governance structure and roles and responsibilities described in this document also apply. NSW Health is in a unique position in these potential instances as both the provider and providing support and services described under the NSW Government role. Considering the expertise in these instances of the NSW Government in leading a public health response, expertise in infection control and providing clinical care, by agreement the frequency of meetings and representation at meetings may vary.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

4 August 2020

PDR Number: IQ20-000425

Online training departmental initiative

Spoken

Hansard Page number: 13

Senator: Rachel Siewert

Question:

Senator SIEWERT: Thank you. You've moved to face-to-face infection control training. Is that specifically just in Victoria? In answer to one of my questions on notice, it seemed to me the uptake of the online processes was pretty low.
Ms Anderson: The online training is a departmental initiative. Would you like to pick that up, Mr Lye?
Mr Lye: Yes. The take-up has been very good. There are 151,000 aged-care workers who've taken up the online training. That's out of a total take-up of more than a million workers in the disability, hospital, primary care and aged-care workforces. There are nine specific modules that relate to aged care. I'll just give you a bit of a sweep of the topics covered: personal safety; families and visitors; COVID-19 and aged-care outbreak management; PPE; laundry; cleaning and some specific modules for residential and home care. The completions, for most of them, are in excess of 100,000. We can give you a table of this. So the take-up has been good.

Answer:

As at 9 September 2020, 173,545 aged care workers have completed the COVID-19 foundation infection, prevention and control course. Additionally, the enrolment and completion rates for the aged care specific modules are as follows:

Course Name	Completed	Total enrolments
COVID 19 - Aged Care Module 1 - Personal Safety	174,485	200,745
COVID 19 - Aged Care Module 2 - Families and Visitors - Part 1 - Residential Care	133,882	146,252
COVID 19 - Aged Care Module 2 - Families and Visitors - Part 2 - In-home Care	127,111	137,083
COVID 19 - Aged Care Module 3 - COVID 19 and Aged Care	140,101	147,448
COVID 19 - Aged Care Module 4 - Outbreak Management Procedures	131,514	137,897
COVID 19 - Aged Care Module 5 - Personal Protective Equipment (PPE)	141,585	148,835
COVID 19 - Aged Care Module 6 - Laundry	109,730	114,476
COVID 19 - Aged Care Module 7 - Cleaning	95,724	100,654
COVID 19 - Aged Care Module 8 - If you suspect a person has coronavirus COVID-19	123,916	129,633
COVID 19 - Aged Care Module 9 - Supporting Older Australians - Part 1 Residential Care	85,270	89,588
COVID 19 - Aged Care Module 9 - Supporting Older Australians - Part 2 In-Home Care	82,377	86,725
TOTALS	**1,345,695**	**1,439,336**

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

4 August 2020

PDR Number: IQ20-000428

Question Subject: Victorian use of COVIDSafe app

Type of Question: Spoken

Hansard Page number: 18

Senator: James Paterson

Question:

Senator PATERSON: This is just on your indulgence, because I know this has been aged care focused. You might be able to assist me, but, if not, please feel free to take it on notice. It's been of interest to me that in New South Wales, where they've had relatively low levels of community transmission, they've been able to use the app to identify some positive cases, but in Victoria, where there's been much more widespread community transmission, they haven't been able to use the app to identify cases. Do you know the reason for that discrepancy between Victoria and New South Wales?
Prof. Murphy: I think that in Victoria, for a period of time, they were feeling so pressured that they decided not to use the app. They tried it initially in the outbreak. The community that were involved had a low download rate, and most of the early transmissions were in family gatherings where they identified the contacts anyway. So, because they were so pressured, they kept going without using the app. They have now started using the app again, and we hope to see some of the successes we've seen in New South Wales recently with identifying otherwise unidentified contacts. But I think we're having an app hearing in the future.
CHAIR: Yes, we are.
Senator PATERSON: Yes. To be very clear, the Victorian government made a decision to stop using the app.
Prof. Murphy: The public health unit, because they felt they hadn't found value in it in those early cases, did stop using it for a while, we believe. But they have been very clear that they are committed to using it at the moment.
Senator PATERSON: Finally, do you know how long that was for?
Prof. Murphy: I will have to take that on notice.
Senator PATERSON: Okay. If you could take on notice how often they access the data from the app, that would be very helpful.

Answer:

On 16 July 2020, the Victorian Department of Health and Human Services (DHHS) informed the Department of Health that they had paused using COVIDSafe App data.

DHHS were also concerned about whether the privacy laws prohibited access to COVIDSafe App data by contact tracers from interstate and third party providers who were assisting Victoria in their contact tracing efforts. As a result, contact tracing interviews did not collect information, or access details of cases who had downloaded the COVIDSafe App, while the legal position was clarified.

Following further engagement with the Department of Health on this issue, DHHS confirmed that by 1 August 2020 they had recommenced using the COVIDSafe App data.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

4 August 2020

PDR Number: IQ20-000430

Question Subject: Applications for retention bonus

Type of Question: Spoken

Hansard Page number: 23

Senator: Katy Gallagher

Question:

CHAIR: Minister, we are out of time. I just had a couple of questions on the retention bonus. That was due to be paid in June, I think, or July—the $800 and $600. I don't want to get into the before-tax or after-tax issue; I think that point has been made. Can you tell me how much has been spent of that $444 million?
Mr Lye: I think there have been 1,500 applications to date. I will take that on notice and come back to you with—
CHAIR: From 1,500 facilities?
Mr Lye: Applications, yes. Not 1,500 individual people, but facilities. I will check that—
CHAIR: Out of how many that would be eligible?
Ms Laffan: I understand that from our calculations around 584 who we're expecting to apply are yet to apply.
CHAIR: So there's a number who haven't applied for it at all and then 1,500 who have applied. Do you know how much has gone out the door?
Mr Lye: I think we need to take that on notice.

Answer:

- The $444.6 million package included $234.9 million for the retention bonus.
- The $444.6 million package also included $78.3 million subsidy increase for residential aged care providers to support the workforce, $26.9 million for a temporary increase to the viability and homeless supplement, $92.2 million in additional assistance to home care and Commonwealth Home Support Programme (CHSP) providers, and $12.3 million for additional support through My Aged Care.

- 1,606 grant applications have been received for the aged care workforce retention bonus, as at 31 August 2020.
- Of those, 1,546 providers have entered into contractual arrangements, committing $256.9 million, which covers both the post-June and post-September payments.
- The Department reached out to the providers that had not applied, both directly to the providers and through their respective peak bodies. In addition a random and targeted audit program will be undertaken.
- A further $50.6 million has been approved to cover additional applications for the June and September payments.
- On 31 August 2020, the Government announced a third payment will be made available based on eligible workers employed as at 30 November 2020 worth $154.5 million.