

NOTES: SCC Teleconf - Mandatory Quarantine

From: Michael Lemieszek (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=9565f2a9fddd408086d85542f9d2825a-vml">
To: Helen Stitt (DPC) < @dpc.vic.gov.au>; Miriam Slattery (DPC) < @dpc.vic.gov.au>; Rebecca Jarvis (DPC) < @dpc.vic.gov.au>
Date: Fri, 27 Mar 2020 17:32:26 +1100

Hi all,

My notes from that SCC mandatory quarantine teleconference just now.

Summary

- DPC Attendees: Helen Stitt, Lemo, Rebecca Jarvis, Mim Slattery.
- Applies to ports and airport. Melbourne airport focus. No relevant flights at Avalon (but DJPR to check this). Then will think about private flights and ports.
- CHO writing up an official direction – see that for more detail
- 14 day quarantine in hotel or similar for 14 days. Designated locations.
- Takes effect midnight tomorrow, possibly earlier if it can be.
- Premier media briefing in the morning.

Issues

- **Claire Febey:** complex task, some hotels (crown) on standby, skybus could mobilise as transport. Melbourne airport has a crisis support team, they'll need time to do in an orderly manner. Could be an option for some earlier but let's not commit to that yet.
- Arrival times and volumes at each location will be know. Melbourne airport will tell us soon. Volume reducing, but could be a spike coming.
- **Skybus:** has capacity, needs flight times, will discuss logistics with airport and hotels. Airport to CBD. DOT doing contract with skybus. May need security for the journey.
- Does it include cargo ships? TBC. DJPR to check. Looks like it does.
- **Info sharing:** info requests expected to be high, SCC intelligence team to be central point but they need to connect to those that have the data. SCC/melb sirport/DJPR all have info, will report back answer and time to agree approach. Rob Holland and to discuss.
- Aiming to put most people in metro Melbourne, but looking at regional locations too. Looking to make as simple as possible to deliver services – few locations therefore important.
- DHHS looking at what, who to deliver **social services/psychological first aid**. Claire and to discuss.
- **Security:** VicPol multilayered. Airport arrival. CBD best for security. Private security and police: TBD. Mick Granger (VicPol) and Claire to discuss. AFP likely to be involved at airport but needs to be clarified. Same for border force.
- **Powers:** public health direction, CHO. Working looking at Cth quarantine legislation. DHHS to follow up. .
- **ADF:** role is planning assistance at this stage.
- **Aircrew exempt.** Arrangements in place.
- Another teleconference first thing Saturday.
- **Cruise ships:** may be 2 ships. One sat, one Sunday. Resupply. No change of crew. No one getting off. 2 people getting on.
- **Key steps/procedures:**
 1. **Reception:** 4 tasks. Receipt, passport, baggage, quarantine checks. Critical response team at airport will have a process. Arriving groups to be kept together. System to allocated to hotels, then direct to correct transport. Critical incident team at airport Meeting tonight or tomorrow. Spot health checks, not for all. Baggage collection – arrangement so they collect with contact with others. ADF: will we tell people before they get on flights? No answer. Families will need to be informed. Unaccompanied minors? TBD.
 2. **Transport:** will be transport approved by CHO. Buses but maybe private vehicles too. See skybus points above. DOT: Individual transport would complicate it. Some people may have cars at airport, they may be allowed to drive. Needs to be a clear decision. Mass transport

where they can. VicPol: buses only would make it clearer. Coordination: who will be the local command? Not yet, VicPol/AFP determining. AFP airside, VicPol needs to do landside. VicPol to lead on coordinating with AFP. Security on buses? Need noted but not decided. May need to be escorted.

3. **Accommodation:** best if one bus goes to one destination, multiple stops too complex. Unni mennon coordinating provision of hotels. Each hotel processes unique. Need both general procedure and hotel-specific process. Reception plan for each hotel. Therefore aiming for as few hotels as possible. DJPR seeking input on health and security considerations. People may not be prepared for a 14 day hotel stay. Need to think about what people need to be there for 14 days, and how those needs will be met. How does security work? Need rules on hotel stay: who will they interact with staff or move around? Starting point is that people can't leave rooms. Dep CHO says stay in rooms as families or individuals, subject to facilities, may be able to move as individual or families. Need hotel-specific rules. Medical access? DHHS working through issues: initial thinking: phone hotline. Seeking to minimise impact on health system, but will need to meet chronic health needs and other needs. Need to understand the hotels we will use, this will need to be written in the CHO direction. Direction can be updated. Security at accom? VicPol preference: Private security 1st line of security, police to respond as needed. DJPR to contract private security. People will be allowed to leave if they have medical requirements
4. **Return to community:** DHHS: needs a proactive engagement on health status at that stage. Need to think about what is done in writing, and what follow up services. Transport home? Expectation that there will be transport. Need to think about people from interstate.

MICHAEL LEMIESZEK | Assistant Director, International Engagement
Economic Development and International Branch | Department of Premier and Cabinet
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[@dpc.vic.gov.au](mailto:mlemieszek@dpc.vic.gov.au)



We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.

Unofficial

OFFICIAL: FW: Notes: SCC Quarantine Planning Teleconference

From: Michael Lemieszek (DPC) <@dpc.vic.gov.au>
 To: Melinda Stuart-Adams (DPC) <@dpc.vic.gov.au>;
 (DPC) <@dpc.vic.gov.au>
 Date: Sat, 28 Mar 2020 11:09:37 +1100

FYI. Rebecca Jarvis was on the call too.

ML

OFFICIAL

From: Michael Lemieszek (DPC)
 Sent: Saturday, 28 March 2020 10:50 AM
 To: Helen Stitt (DPC) <@dpc.vic.gov.au>; Rebecca Jarvis (DPC)
 <@dpc.vic.gov.au>; Miriam Slattery (DPC) <@dpc.vic.gov.au>
 Subject: Notes: SCC Quarantine Planning Teleconference

Notes: SCC Quarantine Planning Teleconference 10am 28 March

- * Notes/Plan shared overnight. Aiming to have complete integrated plan as single source of truth by tonight.
- * Work on **legal basis of operation** happening. Direction still under development. Needs further clarification/advice. Direction is the starting point, but also under which legislation are people operating? Therefore what are the powers? Braydon to seek advice. DJPR noted urgency, needs to be kept up to date re security.
- * **Medical support in each phase?** Need to think about need to check people's physical and mental health at the end of the 14 days. Need to recognise it's not a homogenous group, diverse need. Needs assessments will need to be done for each person. At airport or hotel – TBD. Special needs – can we get from flight manifest? Develop a structured survey for completion on plane/arrival? Could red cross do it?
- * **Airport arrivals**
 - * Border force can provide info on passengers.
 - * We have info on flights but need composition of people and family groups to enable planning of where people will go. Manifests are variable, ABF says can't confirm until flights close/depart. DJPR: imperfect data ok, then need final data ASAP. What's the process? Connecting in with airport taskforce. Consideration to how to engage
 - * 3pm full dry run at the airport for all processes and handovers. VicPol and DHHS to be involved, sought nominations of who t be involved. Plan for 3pm being prepared now, can be shared by DJPR in an hour or so. Scc.stratplanning@scc.vic.gov.au is the email address to use. Tim Sullivan preparing plan for 3pm.
 - * Interpreters: airport/hotels? Yes for hotels, still considering role at airport. DJPR to share roles and responsibilities later.
 - * Need to consider how the Direction is provided to passengers. In a group? Translated?
 - * DOT: Now a plan to load people airside. Skybus comfortable without a supervising officer not being on bus, but needs to be there at start and end of journey.
 - * Need clarity on roles and responsibilities, who's in charge at each stage. Discussion on options. FedPol, VicPol, DHHS, red cross, ABF, DJPR all have a role at the airport. DOT/skybus interaction. To talk about in more detail separately: Airport crisis team not meeting until the afternoon, separate call to be set in 1-2 hours.
 - * Claire DJPR sought nominations people to be involved in the meeting this morning and 3pm dry run. Email strat planning email account.

- * **Transport:**
 - * No personal transport, buses from airside. Unaccompanied minors still being determined.
- * **Passenger requirements:**
 - * Still needs to be worked put how we will understand individual needs. Claire Febey asked that people share info requirement needs with DJPR and they will consolidate.
- * **ADF:** synchronisation matrix under development draft shared around midday.
- * **Preliminary action:** Info dissemination to family, passengers etc: DPC (HS) to check whether it's a DPC comms task and ensure our messages are consistent. DJPR: different stages/needs. Will we tell people when they get on plane. Who will contact families. Needs to be someone who has access to data. Should be a Cth responsibility to tell people at point of departure.
- * **Transport:** DOT
- * **DJPR** – Hotels: responsible for food, supplies, laundry. Working with DHHS on what people's needs will be. Also psychological needs.
- * **Phase 1:** bus services in place for CBD shuttles through skybus. They could also do geelong ballarat Bendigo. More difficult for further destinations: rest stops etc. Hotels – crown casino will be able to house first couple of days worth of arrivals. CHO wants hotels close to testing centres. Regional locations: looking at options, regional locations may make it easier for families etc.
- * **Phase 2:** reception. Who's talking to hotels? To be clarified in follow up call. DHHS: health screening at ports? FEMO team to be activated point of arrival or reception.
- * **Security:** who's managing contract? Still being finalised. Rob Holland to call DHHS after this on interactions with AOs.
- * **Key contacts:** shared in call with Deb Abbott.

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OFFICIAL

OPERATION SOTERIA

Interagency Meeting

Meeting Minutes

Time and date	1:30pm – 2:00pm Monday 25 May 2020		
Chairperson	Commander		
Teleconference			
Members	Name	Members	Name
Deputy State Controller – Op Soteria (Chair)	Pam Williams (PW) Minutes:	VicPol	
EMC		DET	
State Controller Health		DPC	Amanda Pickrell (AP)
DHHS	Nicole Brady (NB)	AFP	
DHHS (Airport)		Safety	
DJPR	Rachaele May (RM)	Assurance and Learning	
DOT			

Process and Procedure Preparation

Actions from Previous Meetings					
No	Meeting Date	Action	Assigned to	Status	Due Date
1.		Covid – Quarantine exemptions - Smart form for website in development MN to update on progress at next meeting.	MN	Open	
2.		DoT – contract for skybus in place till end of May, contract to be renewed once formal direction for ongoing Mandatory quarantine confirmed.	DHHS/DoT	Open	
3.		MN and RF to discuss options for engaging with schools and parents to request early communication with DHHS as part of planning process for unaccompanied minors re-entering Victoria Advice provided to all schools. International secondary students workshop on Thursday; outcomes to be discussed at next meeting.	MN and RF	Closed	1/6/20
4.		Query re role of security if a hotel evacuation was required.	DJPR and DHHS	Open	

Item	Description	Presenter
1.	Progress on past actions <ul style="list-style-type: none"> As above 	
2.	Situational awareness - Commander, Operation Soteria <ul style="list-style-type: none"> More guest numbers expected from Wednesday as there are many flights arriving. Visit today from Emergency management Commissioner and ADF Brigadier B Quarantine hotels have more than 20% of COVID-19 cases, demonstrating that quarantine is making a difference. Day 3 and 11 testing data is important information for decisions about future changes to the quarantine regime. Discussions in progress on hotel evacuation processes, including how to address social distancing and locations post evacuation. 	
3.	Operations - Key issues, pressure points, dependencies and information sharing DHHS <ul style="list-style-type: none"> Making a range of process improvements for day 3 and 11 testing. Planning for the medium term staffing of Operation Soteria. 	

Process and Procedure Preparation

	<p>DJPR</p> <ul style="list-style-type: none"> • Significant numbers arriving over the next couple of weeks. • Allocating hotels according to needs, with an emphasis on having hotels as full as possible. • Novotel on Collins – today's repat flight. Then filling up Crown Promenade/ Metropole with small flights. • Still progressing Pullman hotel to be contracted – will add 90 Family rooms. <p>DOT</p> <ul style="list-style-type: none"> • No representative <p>DET</p> <ul style="list-style-type: none"> • Working towards planning workshop on Thursday. <p>VicPol</p> <ul style="list-style-type: none"> • Positive involvement with Rydges Evacuation plan. • Evacuation planning concerns expressed by municipal council representatives about where the evacuated people would be brought to and contained with social distancing and quarantine requirements. <p>AFP</p> <ul style="list-style-type: none"> • Nil to report <p>DPC</p> <ul style="list-style-type: none"> • Preparing for national cabinet discussions on cost of hotel quarantine to government and potential for self-funding. DJPR attending – looking for a DHHS representative. <p>Other</p> <ul style="list-style-type: none"> • Change in frequency of the meeting. Agreed to one weekly on Monday. 	
4.	Planning - Forward look at following day/s	
5.	Communications	
	•	
6.	Health and Wellbeing (staff and travellers)	
	•	
7.	Other Business	
8.	Next meeting: 1:30pm – 2:00pm Monday 1 June 2020	

Action Record

Actions

Process and Procedure Preparation

No	Action	Assigned to	Due Date
1	Deputy state controller and VicPol to discuss the hotel evacuation planning	PW, DM and AM	Week of 25 May 2020
2	PW to find a DHHS representative for the DPC national cabinet meeting.	PW	
3	Covid – Quarantine exemptions - Smart form for website in development MN to update on progress at next meeting.	MN	

Your Notes

OPERATION SOTERIA

Interagency Meeting

Meeting Minutes

Time and date	1:30pm – 2:00pm Monday 22 June 2020		
Chairperson	Commander, Operation Soteria		
Teleconference	9037 8885		
Members	Name	Members	Name
Operation Soteria (Chair)	Merrin Bamert Minutes: Ewan Tosh	VicPol	-
EMC		DET	
State Controller Health	-	DPC	Amanda Pickrell
DHHS	(Compliance)	AFP	
DHHS (Ports)	-	Safety	-
DJPR	Kait McCann Rachaele May	Assurance and Learning	-
DOT	Kim Schriener		

Process and Procedure Preparation

Actions from Previous Meetings					
No	Meeting Date	Action	Assigned to	Status	Due Date
1.		Pam, Merrin and Rachel will brief the Interagency Group next week on the ongoing transition arrangements from DJPR to DHHS.	PW, MB, RM	Ongoing	29/06/20
2.					

Item	Description	Presenter
1.	<p>Progress on past actions</p> <ul style="list-style-type: none"> • NA 	
2.	<p>Situational awareness - Commander, Operation Soteria (MB)</p> <ul style="list-style-type: none"> • 11 new cases, 4 clusters • Positive test from security at Park Royal Hotel who also worked at Stamford Plaza • DHHS is meeting with Security companies and DJPR to strengthen their PPE/physical distancing Hotel and also another approach is to look at day to day operations and looking at how to insure they work at one hotel not multiple hotels, trying to streamline those processes • Continued to work with Alfred Health imbedding them into the Brady Hotel • Work on particular clusters linked to families/security in those areas about different multi-cultural groups, improving messaging across community re PPE and physical distancing • Approx 3 flights coming in from Air India every second day, working national with SA and QLD will redivert, will let you know when we have clarify • Commencing screening all staff, temperate checks and screen for any symptoms planning to commence today at Brady Hotel and Stamford Hotel 	
3.	<p>SCC</p> <ul style="list-style-type: none"> • Nil. <p>DHHS Compliance and enforcement (LH)</p> <ul style="list-style-type: none"> • Under pressure with Hotels, continuing work with detaining international travellers, released guidelines for Maritime, with issue and area of uncertainty for crew coming off flights and going straight to vessels and vice versa. Leanne and Murray Smith have been working with Department of Transport on clarifying some questions. • Preparing with VicPol an operation this weekend targeting clubs/bars and restaurants regarding social distancing. Today getting calls about non-compliance with work from home directions and the number of people at café's and restaurants, community is doing its job <p>DJPR</p> <ul style="list-style-type: none"> • Working closely with DHHS and security company to talk about expectations 	

Process and Procedure Preparation

	<p>and update of the faction control procedures. Caught up with Hotel management and security to discuss operation should proceed from here, since they have return to normal operation.</p> <ul style="list-style-type: none"> • Working with security firms on reviewing how we are engaging with them at the sites and reviewing with regards of safety • Discussions with DHHS re end of financial year, contracts were established in March and will time out at end of month, as DHHS is control agency, they should have all parts of the operation, looking at a transition for contracts as they time out to Health. Also what the long term sustainable operating model is between our departments, how we can operate more efficiently, probably one operating model than rather than two, should be able to put out some communication next week <p>DOT</p> <ul style="list-style-type: none"> • Need to extend contracts that comes up at end of June, have been doing month to month, need clarity on longer term, need to do extensions this week <p>DET</p> <ul style="list-style-type: none"> • Carry over action – updated advice for schools, families travelling from overseas or sending their children as minors unaccompanied with guardians, have been playing tag making sure the update to the Eform is already to go before we send out the advice. • Engaging with NSW Health, students already travelling and able to travel to Australia to study and quarantine in Victoria, the cabinet commission is still on track and will be considered on Thursday <p>VicPol</p> <ul style="list-style-type: none"> • Nil <p>AFP</p> <ul style="list-style-type: none"> • Nil <p>DPC</p> <ul style="list-style-type: none"> • Update on International University students, hoping to get something informally to the Commonwealth last week, but it's at the Premier's office. Interested of impacts of numbers across hotels might create, might have revise how big the pilot is <p>Other</p> <ul style="list-style-type: none"> • .Nil 	
4.	Planning - <i>Forward look at following day/s</i>	
5.	Communications	

Process and Procedure Preparation

6.	Health and Wellbeing (staff and travellers) •	
7.	Other Business •	
8.	Next meeting: 1:30pm – 2:00pm Monday 29 June 2020	

Action Record

Actions			
No	Action	Assigned to	Due Date
1			
2			

Your Notes

RE: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

From: Melissa van Rossum (DPC) <[@dpc.vic.gov.au](mailto:melissa.van.rossum@dpc.vic.gov.au)>
To: Amanda Pickrell (DPC) <[@dpc.vic.gov.au](mailto:amanda.pickrell@dpc.vic.gov.au)>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: Paul Scarmozzino (DPC) <[@dpc.vic.gov.au](mailto:paul.scarmozzino@dpc.vic.gov.au)>
Date: Thu, 16 Apr 2020 18:02:48 +1000

Thanks all, appreciate the advice. Will provide to DHA

Melissa van Rossum | Assistant Director, Community Security and Emergency Management
 Department of Premier and Cabinet | Level 13, 1 Macarthur Place, Melbourne Victoria 3002
 | www.dpc.vic.gov.au | www.vic.gov.au

Executive Assistant: | T | E | [@dpc.vic.gov.au](mailto:melissa.van.rossum@dpc.vic.gov.au)

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OFFICIAL-SENSITIVE

From: Amanda Pickrell (DPC) <[@dpc.vic.gov.au](mailto:amanda.pickrell@dpc.vic.gov.au)>
Sent: Thursday, 16 April 2020 5:58 PM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Melissa van Rossum (DPC) <[@dpc.vic.gov.au](mailto:melissa.van.rossum@dpc.vic.gov.au)>
Cc: Paul Scarmozzino (DPC) <[@dpc.vic.gov.au](mailto:paul.scarmozzino@dpc.vic.gov.au)>
Subject: Re: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

Thanks Chris.

Melissa - to provide the context to the Commonwealth, suggest a couple of sentences in your email response back.

While Victoria shows availability of 680 beds as of Sunday 19/4, the scheduled arrival of several large flights in the coming days will quickly exhaust this capacity.

Further, Victoria is facing other limiting factors related to availability of authorised officers, security, food services and medical support.

Cheers
 AP

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From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Thursday, April 16, 2020 5:02:54 PM
To: Melissa van Rossum (DPC) <[@dpc.vic.gov.au](mailto:melissa.van.rossum@dpc.vic.gov.au)>
Cc: Amanda Pickrell (DPC) <[@dpc.vic.gov.au](mailto:amanda.pickrell@dpc.vic.gov.au)>; Paul Scarmozzino (DPC) <[@dpc.vic.gov.au](mailto:paul.scarmozzino@dpc.vic.gov.au)>
Subject: Re: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

Hi Melissa,

please find attached capacity table for Victoria. It needs to be noted its current as at COB last night. It will change every day.

Also, the capacity needs to taken as capacity as at last night. Once again it changes daily, and as per emails yesterday, we are operating at maximum capacity with what arrivals are already planned for Melbourne. It cant be read as we can take an extra 680 pax on Sunday.

I will send second email through with documents we are providing passengers which discuss departure info.

let me know if you need further.

Regards,

Chris Eagle
Deputy State Controller - Health

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
Ph: | Fax: 1300 13 4488 | DX: 210098
Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: Melissa van Rossum (DPC) <@dpc.vic.gov.au>
Sent: Thursday, 16 April 2020 4:41 PM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; Paul Scarmozzino (DPC) <@dpc.vic.gov.au>
Subject: FW: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

Hi Chris

Home Affairs just called to check our progress and confirm that we can provide this information on charter flights and hotel capacity today. Can you please advise a likely timeframe?

Kind regards, Mel

Melissa van Rossum | Assistant Director, Community Security and Emergency Management
Department of Premier and Cabinet | Level 13, 1 Macarthur Place, Melbourne Victoria 3002
| www.dpc.vic.gov.au | www.vic.gov.au

Executive Assistant: |T |E @dpc.vic.gov.au

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OFFICIAL-SENSITIVE

From: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Sent: Wednesday, 15 April 2020 12:44 PM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: (DPC) <@dpc.vic.gov.au>; Melissa van Rossum (DPC) <@dpc.vic.gov.au>
Subject: FW: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

Hi

Forwarded to the ops address for action.

Cheers

AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street

M | E: @dpc.vic.gov.au

This office is located on the land of the Traditional Owners of the Kulin Nation.



OFFICIAL-SENSITIVE

From: Paul Scarmozzino (DPC) <@dpc.vic.gov.au>
Sent: Wednesday, 15 April 2020 12:40 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; Scott C Falconer (DELWP) <@delwp.vic.gov.au>
Cc: Andrew S Crisp (DJCS) <@justice.vic.gov.au>; Helen Stitt (DPC) <@dpc.vic.gov.au>; Melissa van Rossum (DPC) <@dpc.vic.gov.au>; SEMC at DHHS <semc@dhhs.vic.gov.au>; (DPC) <@dpc.vic.gov.au>
Subject: OFFICIAL-SENSITIVE: FW: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

Hi Amanda and Scott

Please find attached the spreadsheet seeking follow up action from yesterday's NCM.

Responses are requested by COB tomorrow.

Kind regards

Paul

Paul Scarmozzino | Principal Policy Adviser | Community Security and Emergency Management Branch
Department of Premier and Cabinet | 1 Treasury Place, Melbourne Victoria 3000
M @dpc.vic.gov.au |

OFFICIAL-SENSITIVE

From: National Coordination Mechanism <National.coordination.mechanism@homeaffairs.gov.au>
Sent: Wednesday, 15 April 2020 12:12 PM
To: @act.gov.au; @dpc.nsw.gov.au; @nt.gov.au; @premiers.qld.gov.au; @sa.gov.au; (DPC) <@dpc.vic.gov.au>; @dpc.wa.gov.au; @dpac.tas.gov.au
Cc: National Coordination Mechanism <National.coordination.mechanism@homeaffairs.gov.au>; hpsops@act.gov.au; bunker@doh.health.nsw.gov.au; CDCsurveillance.darwin@nt.gov.au; SHECC@health.qld.gov.au; healthemergencymanagement@sa.gov.au; emergency.management@health.tas.gov.au; publichealth.operations@dhhs.vic.gov.au; pheoc@health.wa.gov.au
Subject: Urgent Request - Charter Flights and Hotel Capacity [DLM=For-Official-Use-Only]

For-Official-Use-Only

Dear all

This email includes two requests foreshadowed during the Repatriation Flights (now *Returning Australians*) and First Minister's Department NCMs on 14 April 2020.

1. Hotel Capacity Indicator and Onward Travel (all States/Territories)

As discussed at the NCMs yesterday, the National Coordination Mechanism is requesting information from States and Territories to build a National Capacity Indicator to inform discussions and decisions around non-scheduled and charter flights and hotel quarantine capacity. Please provide completed trackers to national.coordination.mechanism@homeaffairs.gov.au by **COB Thursday 16 April**. Please note there are two tabs for completion.

2. Charter Flights from India (SA and QLD)

While comments on the Repatriation Flights position paper will be provided by Friday, there is an immediate need in relation to Recommendation 4 of the position paper, for agreement/feedback regarding alternative arrival destinations for the following charter flights from India. The charter company has proposed Melbourne as the destination for most of these charters. VIC has confirmed that due to the other flights with large numbers of returning Australians they are receiving this week, they do not have capacity to receive all of the charter flights. ABF are seeking agreement/feedback from QLD and SA for the highlighted flights to arrive as per the schedule below.

Reference	ROUTE	A/C TYPE	DATE	PAX	Destination – Confirmed or Proposed
NCM.01	Delhi-Melbourne	A330	Arr:17-Apr-20	400+	Confirmed Melbourne
NCM.02	Delhi-Melbourne	A330	Arr:20-Apr-20	400+	Confirmed Melbourne Was originally 19 April, but operator agreed to move to 20 April when Vic authorities could receive it
NCM.03	Delhi-Brisbane	TBA	Arr:20-Apr-20	400+	Tentative charter, proposed Brisbane. Awaiting further details. Vulnerable group (elderly)
NCM.04	Chennai-Adelaide	A330	Arr:20-Apr-20	400+	Proposed Adelaide given Vic authorities do not have capacity. Can expect approx. 50% of pax as residents of Vic.
NCM.05	Mumbai-Adelaide	A330	Arr:21-Apr-20	400+	Proposed Adelaide given Vic authorities do not have capacity. Can expect approx. 50% of pax as residents of Vic.

Please provide responses to national.coordination.mechanism@homeaffairs.gov.au ASAP but **NLT COB Thursday 16 April** given the urgency of decisions required regarding upcoming flight arrivals.

Regards

COVID-19 Taskforce (National Coordination Mechanism)

Department of Home Affairs

P: | M:

E: national.coordination.mechanism@homeaffairs.gov.au**For-Official-Use-Only**

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NCM notes

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Cc: Andrew S Crisp (DJCS) <@justice.vic.gov.au>
Date: Tue, 14 Apr 2020 12:25:06 +1000

Hi Chris

Following up from this morning's two NCM meetings – Repatriation Flights and First Ministers'. Both meetings largely focused on the same issues. Key takeaways for me on tasks that we will need to coordinate:

1. Confirming Victoria's capacity (accommodation and health system) – I also raised this at the First Ministers' call in the context of the Delhi flights potentially coming in on 19th, 20th and 21st. If we would like to make the case for these flights to go to alternative ports, it would be good to be able to provide this data to the Commonwealth. I understand that ABF will circulate a template for this later today.
2. Providing comments on ABF's paper – due Friday 17/4.
3. Delhi flight 17/4 – ABF on the call said that this flight was confirmed. Is this your understanding too?

Can you please advise what role and support you would like me to play? I'll need to brief the PPO on the ABF paper ahead of our comments going back on Friday.

Many thanks and happy to chat
AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street
M: 08 9413 3333 | E: apickrell@dpc.vic.gov.au

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OFFICIAL

RE: OFFICIAL: CONFIDENTIAL - for feedback - NCM dashboard

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: DJPR COVID Accom-Lead (DJPR) <djprcovidaccom-lead@ecodev.vic.gov.au>; SCC-Vic (State Controller Health <sccvic.sctrl.health@scc.vic.gov.au>
Cc: Rachaele E May (DJPR) <@agriculture.vic.gov.au>
Date: Thu, 23 Apr 2020 10:51:57 +1000

Thanks Kait, appreciate the feedback.

AP

Amanda Pickrell | Assistant Director
 Energy, Resources and Environment Branch | Department of Premier and Cabinet
 Level 15, 35 Collins Street
M | **E:** [@dpc.vic.gov.au](mailto:dpc.vic.gov.au)

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OFFICIAL

From: DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Sent: Wednesday, 22 April 2020 4:57 PM
To: SCC-Vic (State Controller Health <sccvic.sctrl.health@scc.vic.gov.au>; Amanda Pickrell (DPC) <dpc.vic.gov.au>
Cc: Rachaele E May (DJPR) <@agriculture.vic.gov.au>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>
Subject: RE: OFFICIAL: CONFIDENTIAL - for feedback - NCM dashboard

Hi Chris and Amanda

Thank you for the opportunity to provide feedback on the NCM Dashboard.

The Department is confident that we are able to provide the requested data by 3.00pm daily. We note however that:

- * The number of hotel rooms Victoria could access within 72 hours is difficult to report accurately. While we may be able to identify hotels, we would likely be limited by our capacity to have sufficient on ground authorised officers and security available to service them in order to stand them up in time.
- * Information required to complete the Interstate Travel Tab will be provided, however data availability may be limited as we are only advised 24-48 hours ahead where people plan to exit to. At this stage we are managing that as part of the exit process rather than seeking information on arrival, given people are unlikely to make plans until closer to exit.

Please contact me if you would like any clarification.

Thanks
Kait

Kait McCann

Deputy Agency Support Lead
Department of Jobs, Precincts and Regions
 Level 5, 1 Spring Street, Melbourne, Victoria Australia 3000
 M: | E: @ecodev.vic.gov.au

djpr.vic.gov.au



[LinkedIn](#) | [YouTube](#) | [Twitter](#)

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
 Sent: Tuesday, 21 April 2020 2:35 PM
 To: (DHHS) <@dhhs.vic.gov.au>; DJPR COVID Accom-Lead (DJPR) <DJPRcovidaccom-lead@ecodev.vic.gov.au>; Kim Schriener (DOT) <@transport.vic.gov.au>; Timothy Tully (VICPOL) <@police.vic.gov.au>; Amanda Pickrell (DPC) <@dpc.vic.gov.au>; operationsoteria@em.vic.gov.au
 Subject: Fw: OFFICIAL: RE: NCM dashboard

Hi All,

please find attached documents from National Coordination Mechanism - Returning Australians meeting.

If you have any feedback or comments regarding dashboard, please let Amanda Pickrell (DPC) and myself know.

Thanks,

Chris Eagle
 Deputy State Controller - Health

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
 Ph: | Fax: 1300 13 4488 | DX: 210098
 Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

From: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
 Sent: Tuesday, 21 April 2020 1:18 PM
 To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
 Subject: OFFICIAL: RE: NCM dashboard

I'll send it through. It came with the invite. Would be good to discuss post meeting.

AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street
M | E: @dpc.vic.gov.au

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OFFICIAL

From: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Sent: Tuesday, 21 April 2020 1:16 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Subject: NCM dashboard

Hi Amanda,

do you (DPC) receive a copy of the dashboard that is being discussed on the NCM teleconference?

We dont see that here, but it would be handy to also be on that distribution list.

Regards,

Chris Eagle

SCC-Vic (State Controller - Health)

State Control Centre | 8 Nicholson Street East Melbourne Victoria 3002
Ph | Fax: 1300 13 4488 | DX: 210098
Email: sccvic.sctrl.health@scc.vic.gov.au | Web: <https://cop.em.vic.gov.au>

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Feedback for Repatriation Flights NCM

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: Paul Scarmozzino (DPC) <@dpc.vic.gov.au>
Cc: (DPC) @dpc.vic.gov.au; SCC-Vic (State Controller Health <sccvic.sctrl.health@scc.vic.gov.au>
Date: Thu, 23 Apr 2020 10:55:11 +1000

Hi Paul

Just a couple of points of feedback to the Repatriation Flight NCM on the new dashboard reporting arrangements. One overarching question, unless you've received direction separately. We haven't actually had guidance from the Commonwealth on when they want to receive data, through what means, and at what rhythm. It would be great if you could chase that up with them.

Other points:

- * The number of hotel rooms Victoria could access within 72 hours is difficult to report accurately, however we will provide the closest accurate estimate.
- * While we may be able to identify hotels, we would likely be limited by our capacity to have sufficient on ground authorised officers and security available to service them in order to stand them up in time.
- * Information required to complete the Interstate Travel Tab will be provided, however data availability may be limited as we are only advised 24-48 hours ahead where people plan to exit to. At this stage we are managing that as part of the exit process rather than seeking information on arrival, given people are unlikely to make plans until closer to exit.

Cheers and happy to chat
Amanda

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street
M: | E: | adpc@vic.gov.au

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OFFICIAL

FW: OFFICIAL-SENSITIVE: FW: Managing Returns to Australia - National Dashboard [DLM=For-Official-Use-Only]

From: Michael Mefflin (DHHS) <@dhhs.vic.gov.au>
To: ipdcovid19@homeaffairs.gov.au
Cc: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; VIC DPC Covid (DPC) <vicdpc.covid@dpc.vic.gov.au>; Merrin C Bamert (DHHS) <@dhhs.vic.gov.au>; Pam Williams (DHHS) <@dhhs.vic.gov.au>; (DHHS)
Date: Wed, 06 May 2020 12:19:49 +1000
Attachments: Copy of State_Q_Data_Input_Final.xlsx (40.39 kB)

Colleagues,

Please find attached report for Victoria.

Regards

Michael

From: Pam Williams (DHHS) <@dhhs.vic.gov.au>
Sent: Wednesday, 6 May 2020 10:37 AM
To: Michael Mefflin (DHHS) <@dhhs.vic.gov.au>
Subject: Fwd: OFFICIAL-SENSITIVE: FW: Managing Returns to Australia - National Dashboard [DLM=For-Official-Use-Only]

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From: VIC DPC Covid (DPC) <vicdpc.covid@dpc.vic.gov.au>
Sent: Wednesday, May 6, 2020 9:11:39 AM
To: DHHSOpSoteriaEOC <DHHSOpSoteriaEOC@dhhs.vic.gov.au>; Pam Williams (DHHS) <@dhhs.vic.gov.au>
Cc: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; VicDPC COVID (DPC) <vicdpc.covid@dpc.vic.gov.au>; Melissa van Rossum (DPC) <@dpc.vic.gov.au>; Paul Scarmozzino (DPC) <@dpc.vic.gov.au>
Subject: OFFICIAL-SENSITIVE: FW: Managing Returns to Australia - National Dashboard [DLM=For-Official-Use-Only]

Community Security and Emergency Management
 Department of Premier and Cabinet | Level 13, 1 Macarthur Street, Melbourne 3002
www.dpc.vic.gov.au | www.vic.gov.au

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OFFICIAL-SENSITIVE

From: IPD COVID-19 <IPDCOVID19@homeaffairs.gov.au>

Sent: Tuesday, 5 May 2020 3:01 PM

To: @act.gov.au; @act.gov.au; @act.gov.au; actigr@act.gov.au;
@dpc.nsw.gov.au; @dpc.nsw.gov.au; @dpc.nsw.gov.au;
@dpc.nsw.gov.au; nationalreform@dpc.nsw.gov.au; @dpc.nsw.gov.au;
@nt.gov.au; @nt.gov.au; @nt.gov.au;
@nt.gov.au; @nt.gov.au; coagnt.dcm@nt.gov.au;
@premiers.qld.gov.au; @premiers.qld.gov.au; qcoag@premiers.qld.gov.au;
@premiers.qld.gov.au; dpcsaigr@sa.gov.au; dpcstatecrisiscentre@sa.gov.au;
@sa.gov.au; @sa.gov.au; @dpac.tas.gov.au;
@dpac.tas.gov.au; tas.igr@dpac.tas.gov.au; Paul Scarmozzino (DPC)
@dpc.vic.gov.au; Sam Trobe (DPC) <@dpc.vic.gov.au>; Melissa van
Rossum (DPC) <@dpc.vic.gov.au>; VIC DPC Covid (DPC)
<vicdpc.covid@dpc.vic.gov.au>; (DPC) <@dpc.vic.gov.au>;
(DPC) <@dpc.vic.gov.au>; Jeremi Moule (DPC) <@dpc.vic.gov.au>;
(DPC) <@dpc.vic.gov.au>; IGR Victoria (DPC) <IGRVictoria@dpc.vic.gov.au>;
@dpc.wa.gov.au; COAG-WA@dpc.wa.gov.au
Cc: National Coordination Mechanism <National.coordination.mechanism@homeaffairs.gov.au>;
@HOMEAFFAIRS.GOV.AU>; <@homeaffairs.gov.au>
Subject: Managing Returns to Australia - National Dashboard [DLM=For-Official-Use-Only]

For-Official-Use-Only

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Good afternoon,

Thank you for providing the quarantine information for the repatriation Dashboard for the Managing Returns to Australia. As you know, the National Dashboard will present information on the incoming flights, port of destination, number of passengers and the quarantine capacity of each state and territory to provide a national-level planning document and provide an early warning for any saturation of resources..

To simplify the process we have changed the procedure slightly and are collecting information the for two single days on **Monday and Wednesday**, with the data for the day included.

To ensure this national dashboard is a comprehensive, can you please continue to provide information on quarantine capacity using the attached spreadsheet to inform the Tuesday and Friday Working Group meetings.

When the information is collated can you please ensure it is as accurate as possible and the completed spreadsheets are:

- * sent to IPDCOVID19@homeaffairs.gov.au at 1pm AEST every **Monday and Wednesday** and
- * entered **only as numbers** in the open data fields (use best estimates if exact information is not possible).

When reporting the data we will include caveats in the document that the information will only be used for high level purposes and to visualise capacity.

The next report is due by **1pm tomorrow Wednesday 6 May**.

Any queries on this ongoing request for assistance can be sent to IPDCOVID19@homeaffairs.gov.au

We will be distributing the National Dashboard through the National Coordination Mechanism.

Regards

IPD COVID-19 Team
International Policy Division
Department of Home Affairs

E: IPDCOVID19@homeaffairs.gov.au

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Op Soteria update 10/4

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: (VICMIN) < @minstaff.vic.gov.au>
Cc: Tim Ada (DPC) <dpc.vic.gov.au>
Date: Fri, 10 Apr 2020 18:55:53 +1000

Hi

An update on a couple of moving parts for today. Provided for background only.

- * Flights: one large flight today Ex Peru with 270PAX, one passenger required assistance, no further issues
- * Hotels: site visits conducted today at Batman Hills Collins presented a number of issues, potentially unsuitable; site visit today to Marriott was deemed as highly suitable; two new hotels were activated today
- * Exit process: 452PAX will exit in the first cohort on Sunday; exit information has been developed for passengers in coordination with DPC COVID comms bunker
- * Forward planning: clarity on forthcoming flight data and details remains a challenge which is presenting issues for accommodation and transport requirements; I'm working this through with DFAT
- Uruguay flight: as previously confirmed arriving 0640 Sunday, public health command and DHHS have worked closely together to finalise planning; further site visits were conducted today at the Rydges to confirm arrangements; 24 hour doctors and nurses will be on site and an outreach service has been agreed with Royal Melbourne; arrangements have been agreed to transfer and onward flights of NZ PAX who are well
- Governance: the CHO/DCHO has expressed some concern with governance arrangements and has now assigned a representative to establish a new operations plan across the streams of healthcare, welfare, compliance and logistics

Cheers
AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street
M dpc.vic.gov.au

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OFFICIAL-SENSITIVE

RE: OFFICIAL: COVID-19 Mental Health PPQ

From: (DPC) <[redacted]@dpc.vic.gov.au>
To: (VICMIN) <[redacted]@minstaff.vic.gov.au>
Cc: Annabel Eager (DPC) <[redacted]@dpc.vic.gov.au>; Mathew Boelsen (DPC) <[redacted]@dpc.vic.gov.au>; Nicola Quin (DPC) <[redacted]@dpc.vic.gov.au>
Date: Thu, 16 Apr 2020 14:37:42 +1000

Hi

I hope you're well.

Nicola asked me to pass on information about DHHS arrangements in place as part of 'Operation Soteria' to respond to the mental health needs of the people quarantined in hotels. Please see below and let me know if you need further information:

Mental health nurses at hotels

- * Mental health registered or enrolled nurses are being engaged at all hotels, complementing other agency nurses supplied from 'Your Nursing Agency' at each hotel on a 24/7 basis.
- * Currently, the mental health nurse replaces one of the general nurses on a 24/7 basis at Crown Plaza, Crown Metropol and Crown Promenade. A mental health nurse is being assigned to every other site during the day (9.00am – 5.00pm), in addition to the usual nursing complement.
- * A department-supplied mobile phone is provided to the nurses at each site. Residents can access the nurse either directly by phone, or via the hotel concierge.

Triage service

Melbourne Health's NorthWestern Mental Health triage service has been engaged from 28 March 2020 to provide specialist mental health support through direct or secondary consultation for persons in quarantine. Nurses and residents can contact 1300 TRIAGE (1300 874 243) for specialist mental health support.

Other supports

DHHS' Mental Health and Drugs Branch is exploring further proactive mental health resources with Beyond Blue.

Regards

Mental Health Royal Commission Coordination
 Department of Premier and Cabinet | Level 14, 35 Collins Street, Melbourne Victoria 3000
M | **E** | [\[redacted\]@dpc.vic.gov.au](mailto:[redacted]@dpc.vic.gov.au) | www.dpc.vic.gov.au | www.vic.gov.au

We work flexibly at the Department of Premier and Cabinet. I'm sending this message now because this time suits me, and I encourage you to read, respond or action this email at a time that best works for you.

We also acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respect to them, their culture and their Elders past, present and future.

OFFICIAL

OFFICIAL-SENSITIVE: HQ BOI FW: Urgent confidential referral: Call for assistance from Crown (made to Premier's Office)

From: Helen Stitt (DPC) <@dpc.vic.gov.au>
To: DPC) <@dpc.vic.gov.au>
Date: Thu, 16 Jul 2020 23:05:26 +1000

OFFICIAL-SENSITIVE

From: Helen Stitt (DPC)
Sent: Saturday, 4 April 2020 1:20 PM
To: sccvic.sctrl.health@scc.vic.gov.au; Scott C Falconer (DELWP) <@delwp.vic.gov.au>;
 (DHHS) <@dhhs.vic.gov.au>; Jason Helps (DHHS)
 <@dhhs.vic.gov.au>; Claire Febey (DEDJTR) <@ecodev.vic.gov.au>
Cc: Kate Houghton (DPC) <@dpc.vic.gov.au>; Tim Ada (DPC) <@dpc.vic.gov.au>;
 Genevieve Dolan (DPC) <@dpc.vic.gov.au>
Subject: Urgent confidential referral: Call for assistance from Crown (made to Premier's Office)

Dear Scott &

Please be advised that who is located in Crown has called the Premier's Office escalating her request for mental health support. I am advised she has asked for mental health support multiple times and asserts no one has attended to her.

Can you pls action and close this request loop.

Apologies for utilising email – an interim measure until the referral process is agreed.

Thanks in advance

Helen Stitt
 DPC

OFFICIAL-SENSITIVE

FW: OFFICIAL: PPO questions on the Operation Soteria: Hotel component

From: Cameron Nolan (DEDJTR) <@ecodev.vic.gov.au>
To: Helen Stitt (DPC) <@dpc.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Claire Febey (DJPR) <@ecodev.vic.gov.au>; Michael Lemieszek (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>
Date: Fri, 03 Apr 2020 15:31:10 +1100

Hi Helen
 Input for your response to the PPO questions on hotels is below.
 Thanks
 Cam
Cam Nolan

Executive Director | Priority Projects Unit
Department of Jobs, Precincts and Regions
 Level 36, 121 Exhibition St, Melbourne VIC 3000
 T: | M:

How many hotels are we using at the moment and which ones?

There are four hotels currently in use. Another two are scheduled to start taking passengers from this weekend.

Currently in use	Crown Metropole Crown Promenade Crown Plaza Pan Pacific Melbourne
Schedule to receive passengers from 4 April	Park Royal Melbourne Airport
Schedule to receive passengers from 6 April	Mercure Welcome Melbourne

How many hotels are on the full list?

23 hotels (including the six currently in use) have been contracted comprising a total of 4870 rooms.

An additional 456 properties with 22,907 rooms are on the Expression of Interest list, but DJPR has not entered into formal contracts with them yet.

How many hotels do we think we will use for this purpose?

The number of hotels required to be used by the Victorian Government depends on:

1. The flow of international arrivals into Melbourne airport while the Chief Health Officer's Detention Notice is in place.
2. The number of hotel rooms required to be used by DHHS for other purposes, such as accommodating essential service workers.

DJPR has currently contracted 23 hotels comprising a total of 4870 rooms because it estimates that this will meet current demand for the next few weeks. If demand increases, DJPR will contract further hotels on the expressions of interest list.

What will happen to the hotels that are not used (e.g. do they get some sort of compensation for being on the list? Is anyone communicating with these hotels while they're sitting on the list?)

All hotels under contract are compensated at the rate of \$150 (including GST) per room offered per night for one month (renewable). The same rate is paid both before and after they receive quarantined travellers. DJPR is in regular communication with these contracted hotels to get them ready to start receiving quarantined travellers. Once a date is scheduled for a hotel to start accommodating

quarantined people, DJPR works with all government partners to undertake at least two reconnaissance sessions at the hotel to get them prepared.

DJPR is also in regular communication with the four main hotel associations about the remaining hotels on the expression of interest list. Hotels are encouraged to liaise with their relevant hotel association as a coordination point. In addition, DJPR is responding to hotels on the expression of interest list that make enquiries directly to it or Ministers' offices.

Can you please make sure that DJPR is aware of the possible 'Hotel Heros' announcement?

DJPR is aware of the Hotel Heros program and working closely with DHHS to identify the hotel inventory requirements for the various community cohorts which we understand to be:

1. General population – those who do not have suitable accommodation to self-isolate or quarantining
2. Cohort with complex needs – such as family violence, residential services etc
3. Hospital staff and other emergency/essential services.

DJPR is working with DHHS to understand their demand profile to undertake hotel matching.

From: Helen Stitt (DPC) <[@dpc.vic.gov.au](mailto:hstitt@dpc.vic.gov.au)>

Sent: Thursday, April 2, 2020 12:28:06 PM

To: Claire Febey (DEDJTR) <[@ecodev.vic.gov.au](mailto:cfebey@ecodev.vic.gov.au)>

Cc: Tim Ada (DPC) <[@dpc.vic.gov.au](mailto:tada@dpc.vic.gov.au)>; Michael Lemieszek (DPC)

<[@dpc.vic.gov.au](mailto:mlemieszek@dpc.vic.gov.au)>; Kate Houghton (DPC) <[@dpc.vic.gov.au](mailto:khoughton@dpc.vic.gov.au)>

Subject: OFFICIAL: PPO questions on the Operation Soteria: Hotel component

Dear Claire

Please see below for a list of questions from PPO. Can you please review and let me know a time frame for response.

Thanks in advance

Helen

Are you able to advise as to how we are going on the list of hotels?

The questions I'm interested in are:

- How many hotels are we using at the moment and which ones?
- How many hotels are on the full list?
- How many hotels do we think we will use for this purpose and what will happen to the hotels that are not used (eg, do they get some sort of compensation for being on the list? Is anyone communicating with these hotels while they're sitting on the list?)
- Can you please make sure that DJPR is aware of the possible 'Hotel Heros' announcement? This is where hotels could be used for healthcare workers, and perhaps domestic violence victims leaving unsafe households. I would hope that we use the same list of hotels, but just want to make sure the dots have been connected between departments.

OFFICIAL

RE: OFFICIAL-SENSITIVE: RE: Urgent information request - international flights

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: Jessica Bartik (VICMIN) @minstaff.vic.gov.au>; Chris Miller (DPC) <[REDACTED]@dpc.vic.gov.au>
Cc: (VICMIN) @minstaff.vic.gov.au>; (VICMIN) @minstaff.vic.gov.au>
Date: Tue, 30 Jun 2020 21:45:17 +1000
Attachments: 30.6.20 Letter Premier to Prime Minister_Cancellation of international flights v2.docx (288.85 kB)

Hi Jess

As promised, attached is a draft letter requesting the Commonwealth's cancellation of flights for the coming two weeks.

This has been reviewed by OGC, cleared by Chris.

Cheers
AP

Amanda Pickrell
 Department of Premier and Cabinet
 Level 15 35 Collins Street
 | E: [\[REDACTED\]@dpc.vic.gov.au](mailto:[REDACTED]@dpc.vic.gov.au)

[\[REDACTED\]@dpc.vic.gov.au](mailto:[REDACTED]@dpc.vic.gov.au)

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OFFICIAL-SENSITIVE

From: Amanda Pickrell (DPC)
Sent: Tuesday, 30 June 2020 9:03 PM
To: Jessica Bartik (VICMIN) @minstaff.vic.gov.au>; Chris Miller (DPC) <[REDACTED]@dpc.vic.gov.au>
Cc: (VICMIN) @minstaff.vic.gov.au>; (VICMIN) @minstaff.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: RE: Urgent information request - international flights
Importance: High

Hi Jess

Please see below advice from DJPR following a conversation with the Department of Infrastructure, Transport, Regulation Development and Cities this evening. It doesn't answer every question at this point, as some details are still to be worked through however does provide a good initial steer.

Note that 70 flights will be impacted by the decision in the coming two weeks. The Commonwealth

will communicate directly with airlines. We are drafting up the letter mentioned below and will get you something ASAP. We just want to test it with OGC before sending it through.

An NCM has been called tomorrow morning with all jurisdictions where the issue will be discussed further.

Key points

- * The Commonwealth has requested as a matter of urgency a formal letter from the Premier to the PM requesting that PM uses the prevailing powers available under the Air Navigation Act and Regs to give effect to the cancellation of all scheduled international passenger airline services to/from Victoria effect 1 July (i.e. one minute past midnight); the correspondence should briefly outline the rationale in particular the need based upon COVID related health containment and management
- * We should with immediate effect not refer to "diversions" in any communications or comms – rather it is specific action being undertaken to cease all international flights carrying passengers to/from Victoria"
- * The Commonwealth "head of power" is embedded in the ANO/ANRs – in that they have the powers to limit or cancel an airline's timetable- it does not have the powers to divert a flight to an alternate destination
- * In practical terms what this means is as follows:
 - a. a. The Commonwealth will take the lead in communicating to all international passenger carrying flights to Melbourne and will advise them that for the next 2 weeks all international passenger carrying flights will not be permitted ;
 - b. b. Each airline then makes a commercially based decision as to what they wish to do as an alternative - i.e. either not operate; or seek permission to operate to an alternative city in Australia
 - c. c. The Commonwealth will then consider each such request on its merit based upon prevailing or existing entitlements in country bilateral air services agreements
- * The Commonwealth will take the lead on communicating the cancellation decision to all airlines; the NCMC meeting scheduled for tomorrow morning will more fully discuss with states – what shared responsibilities will be likely to eventuate on the comms side and broader stakeholder management
- * International dedicated freighter flights- no impact
- * International flights from sovereign nations that fly in empty to Melbourne but then carry foreign nationals back to home(i.e. repatriation flights)- no impact
- * Commonwealth acknowledge that international inbound passenger services -if no longer flying to Melbourne will have an adverse impact (in the short term for 2 weeks) for belly hold freight
- * This decision will likely have flow on impact on other states- e.g. if flights increase to NSW- then what capacity the state has to accommodate this outcome is unclear over the next 2 weeks; QLD as an alternative maybe unattractive since as of tomorrow they will charge for quarantine services- \$2000 per individual and \$4,500 per family
- * No transit passengers will be permitted during this 2 week period
- * The projected impact next 2 weeks – will be 70 international passenger flights
- * No impact on domestic flights
- * No impact on flights that come into Melbourne will nil passengers but depart full of passengers

Cheers
AP

Amanda Pickrell
Department of Premier and Cabinet
Level 15, 35 Collins Street
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OFFICIAL-SENSITIVE

From: Jessica Bartik (VICMIN) @minstaff.vic.gov.au
 Sent: Tuesday, 30 June 2020 5:54 PM
 To: Chris Miller (DPC) <@dpc.vic.gov.au>; Amanda Pickrell (DPC)
 <@dpc.vic.gov.au>
 Cc: VICMIN) @minstaff.vic.gov.au (VICMIN)
@minstaff.vic.gov.au
 Subject: RE: OFFICIAL-SENSITIVE: RE: Urgent information request - international flights

Thanks Chris,

Are you also able to advise on how many flights are currently in the air/scheduled for the next 24 hours?

And further qn,

7. Will international passenger flights that are also carrying freight be allowed to land in Victoria?

From: Chris Miller (DPC) <@dpc.vic.gov.au>
 Sent: Tuesday, 30 June 2020 5:30 PM
 To: Jessica Bartik (VICMIN) @minstaff.vic.gov.au; Amanda Pickrell (DPC)
 <@dpc.vic.gov.au>
 Subject: OFFICIAL-SENSITIVE: RE: Urgent information request - international flights

We're on it, Jess.

Chris Miller | A/Deputy Secretary
 Economic Policy and State Productivity
 Department of Premier and Cabinet
 Level 15, 35 Collins Street, Melbourne Victoria 3000

M | E @dpc.vic.gov.au

Note: I am not in the office on Thursdays

Executive Assistant:
@dpc.vic.gov.au

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OFFICIAL-SENSITIVE

From: Jessica Bartik (VICMIN) @minstaff.vic.gov.au
 Sent: Tuesday, 30 June 2020 5:20 PM
 To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; Chris Miller (DPC)
 <@dpc.vic.gov.au>
 Subject: Urgent information request - international flights

Hi Amanda and Chris,

Can you please work with DJPR to provide answers on the following questions today, following the Premier's announcement this afternoon? Let me know if you need input on any of them from me. We have spoken to Melbourne Airport and Avalon to let them know more information will be forthcoming.

1. When do diverted flights come into effect in Victoria? (Effective immediately)
2. Which flights will be impacted by no longer be landing in Victoria over the next 14 days? (Commercial passenger and repatriation flights – any flight that delivers people into our hotel quarantine program)
3. Are domestic flights still able to land in Victoria? (Yes)
4. Are international flights able to leave from Victoria? (Yes)
5. Are international freight and cargo flights still able to land in Victoria? (Yes)
6. I am scheduled to land in Victoria from overseas in the next 14 days. Where can I find out more information?

Jessica Bartik

Senior Adviser

Office of the Premier of Victoria

Level 1, 1 Treasury Place, East Melbourne VIC 3002

P

n

e

[@minstaff.vic.gov.au](mailto:jminstaff.vic.gov.au)



Office of
the Premier

FW: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

From: Nicola Quin (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=2ff5c669ec1b4bf299d68f4dce3606bf-vicebsm">
To: Penny Croser (DPC) < @dpc.vic.gov.au>
Date: Mon, 06 Jul 2020 10:10:32 +1000
Attachments: DSOM - Quarantine funding under the National Partnership agreement.docx (27.74 kB)

As discussed – this came up recently as to who pays – not yet confirmed. See minutes in first email in chain.

NQ

Nicola Quin | Executive Director | Social Policy Group
 Department of Premier and Cabinet | 1 Treasury Place, Melbourne Victoria 3000
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Premier
and Cabinet



OFFICIAL-SENSITIVE

From: Mathew Boelsen (DPC) < @dpc.vic.gov.au>
Sent: Tuesday, 23 June 2020 6:06 PM
To: Nicola Quin (DPC) < @dpc.vic.gov.au>; (DPC) < @dpc.vic.gov.au>;
 Hugh Thomas (DPC) < @dpc.vic.gov.au>
Cc: Paul Scarmozzino (DPC) < @dpc.vic.gov.au>; Melissa van Rossum (DPC)
 < @dpc.vic.gov.au>; Amanda Pickrell (DPC) < @dpc.vic.gov.au>; Helen
 Stitt (DPC) < @dpc.vic.gov.au>; (DPC) < @dpc.vic.gov.au>;
 (DPC) < @dpc.vic.gov.au>; Annabel Eager (DPC) < @dpc.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Hi Nicola and all,

See attached draft notes for Jeremi on the quarantine funding issue ahead of DSOM tomorrow (thanks !).

We'll just put it into the correct template now but let me know if any issues or thoughts.

Mat

Mathew Boelsen | A/g Director, Health and Human Services Branch
 Department of Premier and Cabinet | Level 14, 35 Collins Street, Melbourne Victoria 3000
 T | | [@dpc.vic.gov.au](mailto:mboelsen@vic.gov.au) | www.dpc.vic.gov.au | www.vic.gov.au

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Elders past, present and future.



OFFICIAL-SENSITIVE

From: Nicola Quin (DPC) <nicola.quin@dpc.vic.gov.au>
Sent: Tuesday, 23 June 2020 4:02 PM
To: Mathew Boelsen (DPC) <mathew.boelsen@dpc.vic.gov.au>; Nicola Quin (DPC) <nicola.quin@dpc.vic.gov.au>
Cc: Andrew Beaufoy (DTF) <andrew.beaufoy@dtf.vic.gov.au>; Paul Scarmozzino (DPC) <paul.scarmozzino@dpc.vic.gov.au>; Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>; Helen Stitt (DPC) <helen.stitt@dpc.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs


Yes pls Mat – good to do as DSOM...

NQ

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OFFICIAL-SENSITIVE

From: Mathew Boelsen (DPC) <mathew.boelsen@dpc.vic.gov.au>
Sent: Tuesday, 23 June 2020 4:00 PM
To: Nicola Quin (DPC) <nicola.quin@dpc.vic.gov.au>; Hugh Thomas (DPC) <hugh.thomas@dpc.vic.gov.au>
Cc: Andrew Beaufoy (DTF) <andrew.beaufoy@dtf.vic.gov.au>; Paul Scarmozzino (DPC) <paul.scarmozzino@dpc.vic.gov.au>; Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>; Helen Stitt (DPC) <helen.stitt@dpc.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Hi Nicola,

Just following on from [redacted]'s email re quarantine, I've discussed with DHHS and they're engaging with other health department's on this issue.

Given the funding risk to Vic (across DHHS and DJPR), are you happy for us to prepare a paper for Jeremi to raise with the Cwlth tomorrow?

We have a pretty strong case based on the paper trail so I think we can pull something useful together for a conversation starter.

We'd need to get something to Jeremi by 6pm and possibly talk him through it tonight/in the morning so let me know what you think.

Thanks,
Mat

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OFFICIAL-SENSITIVE

From: (DPC) <[@dpc.vic.gov.au](mailto:mathew.boelsen@dpc.vic.gov.au)>
Sent: Tuesday, 23 June 2020 1:59 PM
To: Hugh Thomas (DPC) <[@dpc.vic.gov.au](mailto:hugh.thomas@dpc.vic.gov.au)>; Nicola Quin (DPC) <[@dpc.vic.gov.au](mailto:nicola.quin@dpc.vic.gov.au)>
Cc: Andrew Beaufoy (DTF) <[@dtf.vic.gov.au](mailto:andrew.beaufoy@dtf.vic.gov.au)>; Paul Scarmozzino (DPC) <[@dpc.vic.gov.au](mailto:paul.scarmozzino@dpc.vic.gov.au)>; Melissa van Rossum (DPC) <[@dpc.vic.gov.au](mailto:melissa.vanrossum@dpc.vic.gov.au)>; Amanda Pickrell (DPC) <[@dpc.vic.gov.au](mailto:amanda.pickrell@dpc.vic.gov.au)>; Helen Stitt (DPC) <[@dpc.vic.gov.au](mailto:helen.stitt@dpc.vic.gov.au)>; Mathew Boelsen (DPC) <[@dpc.vic.gov.au](mailto:mathew.boelsen@dpc.vic.gov.au)>
Subject: RE: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Hi Nicola,

Intergov called our counterparts in other states and territories yesterday on quarantining costs. Please find the outcomes of these conversations below.

Most states and territories seemed ok with Victoria raising the issue, but didn't know whether their premier would be keen to actively participate in the conversation.

NSW

- * NSW DPC were unaware of the possibility that the Commonwealth would fund 50% of quarantine costs under the NPA, and had also not heard about the new JAC information.
- * NSW DPC have touched base with a range of different stakeholders within NSW and are trying to work out a WoVG view on 1) whether costs should be covered under the NPA and 2) how NSW should proceed.
- * They're unlikely to have a position for a few days but will let DPC intergov know.

Queensland

- * Qld DPC had heard the new JAC intelligence.
- * They advised that Qld has passed legislation that would potentially allow them to charge individuals for the cost of quarantine. They were not sure, however, if this was something Qld would start doing soon.
- * Qld DPC believed their premier would be open to a discussion at NC over the Cth's contribution and national consistency on hotel quarantining.

SA

- * They had heard the new JAC intelligence.
- * They advised that they believed their premier would support NC clarification on the Commonwealth's contribution. However, SA is likely to prefer a broader conversation on hotel quarantining and charging individuals.

WA

- * WA DPC were unaware of the possibility that the Commonwealth would fund 50% of quarantine costs under the NPA, and had also not heard about the new JAC information.
- * They don't believe their premier would be averse to the issue being discussed. However, they also advised they believe their premier is unlikely to participate much in any discussion as WA is pursuing an approach where individuals are charged.

NT

- * They were unaware of the JAC information, and advised they were going to follow it up as NT were hoping the Commonwealth would fund 50% of costs.
- * They don't believe their premier would be averse to the issue being discussed, however, noted that NT's exposure is very low.

ACT

- * ACT DPC were unaware of the possibility that the Commonwealth would fund 50% of quarantine costs under the NPA, and had also not heard about the new JAC information.
- * However, they don't believe their premier would be averse to the issue being discussed.

Tasmania

- * Unable to advise. They are tracking down the best person to discuss hotel quarantine with and will let DPC intergov know.

Happy to chat,

Intergovernmental Strategy
Department of Premier and Cabinet | Level 2, 1 Treasury Place, East Melbourne Victoria 3002
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OFFICIAL-SENSITIVE

From: Hugh Thomas (DPC) <hugh.thomas@dpc.vic.gov.au>
Sent: Monday, 22 June 2020 10:14 AM
To: Nicola Quin (DPC) <nicola.quin@dpc.vic.gov.au>; Mathew Boelsen (DPC) <mathew.boelsen@dpc.vic.gov.au>;
 <@dpc.vic.gov.au>; (DPC) <@dpc.vic.gov.au>;
 (DPC) <@dpc.vic.gov.au>
Cc: Andrew Beaufoy (DTF) <Andrew.Beaufoy@dtf.vic.gov.au>; Paul Scarmozzino (DPC) <paul.scarmozzino@dpc.vic.gov.au>; meissa van Rossum (DPC) <meissa.van.rossum@dpc.vic.gov.au>;
 Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>; Helen Stitt (DPC) <helen.stitt@dpc.vic.gov.au>;
 <lpc.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Thanks Nicola. We are on it and will let you know how it goes.

Cheers

Hugh

OFFICIAL-SENSITIVE

From: Nicola Quin (DPC) <nicola.quin@dpc.vic.gov.au>

Sent: Monday, 22 June 2020 8:01 AM

To: Mathew Boelsen (DPC) <mathew.boelsen@dpc.vic.gov.au>; Hugh Thomas (DPC) <hugh.thomas@dpc.vic.gov.au>;
 (DPC) <mathew.boelsen@dpc.vic.gov.au>
 Cc: Andrew Beaufoy (DTF) <andrew.beaufoy@dtf.vic.gov.au>; Paul Scarmozzino (DPC) <paul.scarmozzino@dpc.vic.gov.au>;
 Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>; Helen Stitt (DPC) <helen.stitt@dpc.vic.gov.au>

Subject: OFFICIAL-SENSITIVE: FW: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Hi Hugh and

Can we do a ring around of other DPCs to see if there is appetite for this to be a NC discussion? It is confused as to what is precedent decision and Vic are banking on the CW paying half.

Perhaps also see if DTF intergov intend to ring around too?

There is a submission being drafted by DHHS for Quarantine hotel costs for July and this information is crucial for that.

Happy to discuss...

NQ

Nicola Quin | Executive Director | Social Policy Group
 Department of Premier and Cabinet | 1 Treasury Place, Melbourne Victoria 3000
 T | M | E [@dpc.vic.gov.au](mailto:nquin@dpc.vic.gov.au) | www.dpc.vic.gov.au

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OFFICIAL-SENSITIVE

From: Beth Gubbins (DHHS) <beth.gubbins@dhhs.vic.gov.au>
 Sent: Friday, 19 June 2020 9:58 AM
 To: Andrew Beaufoy (DTF) <andrew.beaufoy@dtf.vic.gov.au>; (DJPR) <andrew.beaufoy@dtf.vic.gov.au>; Claire Febey (DJPR) <claire.febey@ecodev.vic.gov.au>; Nicola Quin (DPC) <nquin@dpc.vic.gov.au>
 Cc: Nick C Chiam (DHHS) <nick.chiam@dhhs.vic.gov.au>; Melissa A Skilbeck (DHHS) <melissa.skilbeck@dhhs.vic.gov.au>; John Spasevski (DHHS) <john.spasevski@dhhs.vic.gov.au>; DHHS <dhhs@dhhs.vic.gov.au>; Scott A O'keeffe (DHHS) <scott.okeeffe@dhhs.vic.gov.au>; DHHS <dhhs@dhhs.vic.gov.au>; DHHS <dhhs@dhhs.vic.gov.au>

Subject: CIC-PROTECTED: Risk to Commonwealth contribution to quarantine costs

Hi All

The Administrator of the National Health Funding Pool had his Jurisdictional Advisory Committee yesterday at which he indicated that costs for quarantine may no longer be considered in scope

under the NPA. Attached is the Administrator's Q&A document that identifies the potential change in position for quarantine costs (refer items 40, 44, 53, 56, 57 & 58). This is based on a press release from the Prime Minister on 27 March that included a comment about states and territories meeting the costs of quarantine (provided at the end of the Q&A document).

The Commonwealth is following up to understand what was agreed at National Cabinet (and understood by Parties) to determine whether the quarantine costs remain in scope or not.

Our IGR team has contacted DPC to ascertain what we understand the position to be of NC toward quarantine costs. DPC has provided the minutes below. The relevant section is 6 (e).

Its clear S&T are to assume the initial costs related to quarantine but open to interpretation whether half those costs would then be recouped from the Commonwealth.

It is noted that the NC meeting where this was discussed was 27 March which was after the signing of the initial NPA on 13 March.

However of note - the formal guidance from DSS to the Administrator which indicates Cwlth to pay 50% quarantine costs was sent subsequent to the NC meeting on 21 May. It could be argued that this guidance should take account of all discussion and agreement that came before it, and be used as the most recent and comprehensive account of funding arrangements agreed between the Parties.

6. Agreed that:

- (a) as soon as possible, but no later than 11:59pm AEDT Saturday 28 March 2020, all travellers arriving in Australia will be required to undertake mandatory 14 day self-isolation at designated facilities (for example, a hotel) in the city in which they entered Australia, notwithstanding their state of residence
- (b) travellers will be transported directly to designated facilities after appropriate immigration, customs and enhanced health checks
- (c) designated facilities will be determined by the relevant State or Territory government; while ordinarily they will be in the city of entry where the traveller has cleared immigration, facilities in other areas may be used in extenuating circumstances
- (d) these requirements will be implemented under State and Territory legislation and will be enforced by State and Territory governments, with the support of the Australian Border Force (ABF) and the Australian Defence Force (ADF) where necessary and according to need across Australia
- (e) States and Territories would meet the costs (other than for ABF and ADF support) and determine any contributions required from travellers arriving within their jurisdictions.

7. Agreed that the ADF will begin assisting State and Territory governments to undertake quarantine compliance checks of those who are required to be in mandatory isolation after returning from overseas, with enforcement remaining the responsibility of States and Territories.

Whilst we will advocate for these costs to remain in scope, I think there is a risk to future costs of quarantine. It remains critical that future arrangements discussed at NC have this clearly included in NC decisions so there is clarity.

Andrew/Nicola – would be grateful for your assistance in prosecuting this with your counterparts

Andrew – I think we also need to consider how to account for this risk given proximity to end of financial year. We have not received the Cwth contribution as yet however had planned to accrue it

for this year, with the funds to be received in 2020-21. Given there is now a risk to this, we may need to change treatment.

Kind regards

Beth Gubbins

Acting Chief Finance Officer

Department of Health and Human Services

50 Lonsdale Street, Melbourne, Victoria, 3000

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Clarification of quarantine funding under the NPA

- **NOTE** the Prime Minister’s press release from 27 March 2020 notes that states and territories will meet the costs of quarantine.
- **NOTE** it is clear that states and territories are to assume the initial costs related to quarantine, but it is silent on whether the Commonwealth will share the costs under the NPA.
- **NOTE** that the Commonwealth Department of Health provided written advice to the Administrator of the National Health Funding Pool that quarantine costs should be considered in scope of the NPA on 21 May 2020.
- **NOTE** the Administrator has recently indicated he may align his determination on scope with the Prime Minister’s press release despite this advice.
- **REQUEST** that the Commonwealth confirm with the Administrator that quarantine expenses remain in scope and are able to be recouped under the NPA as part of the State Public Health payments.

Background and analysis

- Under the NPA (Clause 20 (c)), State Public Health payments provide a 50 per cent contribution for all other public health activity related to the outbreak of COVID-19 that is not in-scope for the Hospital Service Payment, including: public health activities to prevent or manage the outbreak of COVID-19.
- It was the intention of all parties that discussions regarding the scope would be continued following the signing of the NPA.
- On 27 March, National Cabinet agreed that “states and territories would meet the costs and determine any contributions required for travellers arriving within their jurisdictions”. This was included in a press release subsequent to the meeting.
- The principles for interpretation of the agreement were released in May 2020, after the Prime Minister’s announcement and the signing of the NPA (and therefore in theory incorporating them). The principles state that: *the intent of the State Public Health payment is to be broad and flexible to support states and territories with reasonable costs incurred managing COVID-19 related health impacts. States and territories have discretion to claim activities usually in-scope for payment through the NHRA through the State Health Payment, such as redirected and out of pocket non-clinical costs related to the outbreak of COVID-19, including... ‘expenses associated with quarantine’.*
- DPC understands that the Commonwealth’s contribution at risk to date on quarantine measures is approximately \$70 million.

Position of other states

- Other states and territories are open to a discussion to clarify the issue, but may not participate or would prefer a broader discussion as many of them are investigating approaches where individuals are charged.

OFFICIAL: International travellers - forecast demand

From: Amanda Pickrell (DPC) <[@dpc.vic.gov.au](mailto:apickrell@dpc.vic.gov.au)>
To: Claire A Febey (DJPR) <[@ecodev.vic.gov.au](mailto:cfebey@ecodev.vic.gov.au)>; Unni Menon (DJPR) <[@ecodev.vic.gov.au](mailto:um@ecodev.vic.gov.au)>
Cc: Melinda Stuart-Adams (DPC) <[@dpc.vic.gov.au](mailto:mstuart@dpc.vic.gov.au)>
Date: Wed, 22 Apr 2020 12:34:28 +1000

Hi Claire/Unni

If it's useful, below is the update provided by ABF/DFAT on returning traveller demand.

Kind regards
Amanda

- * ABF and DFAT provided an overview of emerging trends:
 - * *Generally there has been no real shift in the number of passengers entering Australia.*
 - * *Over the past three weeks, approximately 18,000 people had entered quarantine arrangements.*
 - * *A slight increase in the use of commercial flights is anticipated.*
 - * *ABF and DFAT are working on a charter flight carrying Australians from New Delhi to Doha – with passengers then joining commercial flights home to Australia.*
 - * *ABF is receiving numerous requests for the approval of private charter flights from India – with eight being received since yesterday.*
 - * *In the last seven days there have been 28 inbound charter flights carrying 2,000 passengers. In the coming week, we are anticipating another nine charter flights, carrying 2,500 passengers.*
 - * *DFAT provided an overview of numbers of Australians overseas currently seeking to come home including approximately 500 people in the Pacific Region, 2,700 in South East Asia, 2,200 in Africa and the Middle East, 600 in Latin America and 447 in North America. Many of these people have commercial scheduled options to return home.*
 - * *DFAT will ensure updates to the above data are provided to the NCM group each week prior to this meeting.*

Amanda Pickrell | Assistant Director
 Energy, Resources and Environment Branch | Department of Premier and Cabinet
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OFFICIAL

RE: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

From: Amanda Pickrell (DPC) <"o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: Claire Febey (DJPR) <@ecodev.vic.gov.au>; Braedan J Hogan (DHHS) <@dhhs.vic.gov.au>; SCC-Vic (State Controller Health) <scovic.sctrl.health@scv.vic.gov.au>; Scott C Falconer (DELWP) <@delwp.vic.gov.au>
Cc: Rachaele E May (DJPR) <@agriculture.vic.gov.au>; Cathy J Crooks (DJPR) <@ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <djprcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) <@dhhs.vic.gov.au>
Date: Fri, 10 Apr 2020 13:30:49 +1000

Hi Claire

I spoke with DFAT again.

Confirming that subject to the Victorian Government confirming we can accept the flight, it will arrive **1700 Sunday 12/4** with approximately 400 PAX. As it is a charter flight, exact numbers will not be finalised until closer to take-off.

DFAT also noted that there are two further flights out of India proposed for Tuesday and Wednesday dependent on demand. I asked that these details be confirmed on the flight tracker as soon as possible.

I'll be on the 1330 call.

AP

Amanda Pickrell | Assistant Director
 Energy, Resources and Environment Branch | Department of Premier and Cabinet
 Level 15, 35 Collins Street
 M | E: | adpc@ecodev.vic.gov.au

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OFFICIAL-SENSITIVE

From: Amanda Pickrell (DPC)
Sent: Friday, 10 April 2020 1:03 PM
To: Claire Febey (DJPR) <@ecodev.vic.gov.au>; Braedan J Hogan (DHHS) <@dhhs.vic.gov.au>; SCC-Vic (State Controller Health) <scovic.sctrl.health@scv.vic.gov.au>; Scott C Falconer (DELWP) <@delwp.vic.gov.au>
Cc: Rachaele E May (DJPR) <@agriculture.vic.gov.au>; Cathy J Crooks (DJPR) <@ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) <@dhhs.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

Hi Claire

DFAT's view is that the flight is due to arrive the **afternoon of 12 April 2020**. However, they are seeking confirmation that Melbourne is able to accept the flight.

Once I've confirmed at our end that this is the case, they will definitively send through details.

AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street
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OFFICIAL-SENSITIVE

From: Claire Febey (DJPR) <@ecodev.vic.gov.au>
Sent: Friday, 10 April 2020 12:54 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; Braedan J Hogan (DHHS) <@dhhs.vic.gov.au>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Scott C Falconer (DELWP) <@delwp.vic.gov.au>
Cc: Rachaele E May (DJPR) <@agriculture.vic.gov.au>; Cathy J Crooks (DJPR) <@ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) <@dhhs.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

Amanda

Thanks for this advice, but can I please ask you to clarify. You said the 'details below are correct' and referred to the flight due on '12/4'.

Our advice was that there are two conflicting options:

- * At the moment the DFAT tracker of 8 April 2020 is showing a Lion Air repatriation flight JT2849 with 440 PAX arriving at **0910 on 11 April 2020** (in less than 24 hours). It was also reported on ABC news as departing Delhi on Saturday 11 April 2020. Melbourne Airport and Border Force had no visibility of this flight until mid-morning today when they were informed that it **MAY be arriving in the afternoon on 12 April 2020**.

Can you please confirm the expected arrival date and time following your conversation with DFAT.

Thanks so much

Claire

From: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Sent: Friday, 10 April 2020 12:46 PM
To: Claire Febey (DJPR) <@ecodev.vic.gov.au>; Braedan J Hogan (DHHS)

< dhhs.vic.gov.au>; SCC-Vic (State Controller Health)
 <sccvic.sctrl.health@scc.vic.gov.au>; Scott C Falconer (DELWP) < delwp.vic.gov.au>
 Cc: Rachaele E May (DJPR) < agriculture.vic.gov.au>; Cathy J Crooks (DJPR)
 < ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) < dhhs.vic.gov.au>
 Subject: RE: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

Hi all

I've spoken with DFAT. Specifically with regard to the 12/4 Delhi flight, it appears that this is the correct details assuming that Melbourne is able to receive the flight. There appears to be some crossed wires around whether we had refused it. **Scott** – could you please give me a call?

This obviously doesn't address the broader issue of needing greater certainty regarding repatriation flights, which I will continue to prosecute with the Commonwealth once we resolve the more immediate question.

Many thanks
 AP

Amanda Pickrell | Assistant Director
 Energy, Resources and Environment Branch | Department of Premier and Cabinet
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 M | E: amanda.pickrell@dpc.vic.gov.au

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OFFICIAL-SENSITIVE

From: Claire Febey (DJPR) < ecodev.vic.gov.au>
 Sent: Friday, 10 April 2020 12:14 PM
 To: Amanda Pickrell (DPC) < dpc.vic.gov.au>; Braedan J Hogan (DHHS)
 < dhhs.vic.gov.au>; SCC-Vic (State Controller Health)
 <sccvic.sctrl.health@scc.vic.gov.au>; Scott C Falconer (DELWP) < delwp.vic.gov.au>
 Cc: Rachaele E May (DJPR) < agriculture.vic.gov.au>; Cathy J Crooks (DJPR)
 < ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) < dhhs.vic.gov.au>
 Subject: RE: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

Many thanks for the quick response Braedan, and Amanda for taking this action.

From: Amanda Pickrell (DPC) < dpc.vic.gov.au>
 Sent: Friday, 10 April 2020 12:13 PM
 To: Braedan J Hogan (DHHS) < dhhs.vic.gov.au>; Claire Febey (DJPR)
 < ecodev.vic.gov.au>; SCC-Vic (State Controller Health)
 <sccvic.sctrl.health@scc.vic.gov.au>; Scott C Falconer (DELWP) < delwp.vic.gov.au>
 Cc: Rachaele E May (DJPR) < agriculture.vic.gov.au>; Cathy J Crooks (DJPR)
 < ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <DJPRcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) < dhhs.vic.gov.au>
 Subject: OFFICIAL-SENSITIVE: RE: Visibility of repatriation flights

Thanks all. Shall do.

Amanda Pickrell | Assistant Director

Energy, Resources and Environment Branch | Department of Premier and Cabinet
 Level 15, 35 Collins Street
 M | E: dpcc@dpcc.vic.gov.au

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OFFICIAL-SENSITIVE

From: Braedan Hogan (DHHS) <braedan.hogan@dhhs.vic.gov.au>
Sent: Friday, 10 April 2020 12:12 PM
To: Claire Febey (DJPR) <claire.febey@ecodev.vic.gov.au>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Amanda Pickrell (DPC) <pickrell@dpcc.vic.gov.au>; Scott C Falconer (DELWP) <scott.falconer@delwp.vic.gov.au>
Cc: Rachaele E May (DJPR) <rachaele.may@agriculture.vic.gov.au>; Cathy J Crooks (DJPR) <cathy.crooks@ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <djprcovidaccom-support@ecodev.vic.gov.au>; Andrea C Spiteri (DHHS) <andrea.spiteri@dhhs.vic.gov.au>
Subject: RE: Visibility of repatriation flights

I think this is best communicated by DPC to the C'wealth.

Braedan

Braedan Hogan | DHHS Agency Commander

Deputy Director, Strategy and Policy
 Emergency Management Branch | Regulation, Health Protection and Emergency Management
 Department of Health and Human Services | 50 Lonsdale Street, Melbourne Victoria 3000
 m. | e. braedan.hogan@dhhs.vic.gov.au
www.dhhs.vic.gov.au

From: Claire Febey (DJPR) <claire.febey@ecodev.vic.gov.au>
Sent: Friday, 10 April 2020 12:10 PM
To: SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>; Braedan Hogan (DHHS) <braedan.hogan@dhhs.vic.gov.au>; Amanda Pickrell (DPC) <pickrell@dpcc.vic.gov.au>; Scott C Falconer (DELWP) <scott.falconer@delwp.vic.gov.au>
Cc: Rachaele May (DEDJTR) <rachaele.may@agriculture.vic.gov.au>; Cathy Crooks (DEDJTR) <cathy.crooks@ecodev.vic.gov.au>; DJPR COVID Accom-Support (DJPR) <djprcovidaccom-support@ecodev.vic.gov.au>; Andrea Spiteri (DHHS) <andrea.spiteri@dhhs.vic.gov.au>
Subject: FW: Visibility of repatriation flights
Importance: High

Scott, Braedan, Amanda

Further to my previous email regarding repatriation flight details, please see below a summary of our current information gaps, the steps we have taken to address, and a request for an immediate improvement in information sharing by the relevant Commonwealth agencies.

We are seeking **twice-daily updates about planned and actual repatriation flights**, and that any updates and additions are communicated immediately to the Victorian Government, ABF and Melbourne Airport.

Can I please ask for your support in escalating this immediately.

Thank you

Claire

Claire Febey

Executive Director, Priority Projects Unit | Office of the Secretary

Department of Jobs, Precincts and Regions

Level 36, 121 Exhibition St, Melbourne, Victoria Australia 3000

T: | M: |

@ecodev.vic.gov.au

From: Cathy J Crooks (DJPR) <@ecodev.vic.gov.au>
Sent: Friday, 10 April 2020 12:05 PM
To: Claire Febey (DJPR) <@ecodev.vic.gov.au>
Cc: Kim Schriener (DOT) <@transport.vic.gov.au>
Subject: Visibility of repatriation flights

Hi Claire

As discussed, I am having trouble getting visibility on incoming repatriation flights.

Currently we have the DFAT spreadsheet that indicates when a flight MAY come in. But this is a MAY not a definite. This is making forward planning for our partners very difficult – DHHS staffing, Dnata staffing, Skybus transport, Victoria Police, and our ground teams supporting hotels, as well as the hotels themselves.

I have spoken with Melbourne Airport, DHHS and Australian Border Force about the processes to improve communications around incoming flights and all parties agree we need early and timely information about large, unscheduled flights. All parties also noted that they have limited visibility on the repatriation flights and also find out quite late when they will be arriving.

A recent example was LA1173 from Peru with 270 PAX. The DFAT tracker of 8 April 2020 had the flight listed as arriving on 9 April 2020 at 0200. This caused a high level of concern as this information was unable to be officially verified by any party.

The LATAM General Manager based in Melbourne informed me that he believed it was due 10 April 2020 at 0200 and was able to keep me informed of flight delays, etc.

However, it was quite late on 8 April 2020 before we were able to verify that the information provided by LATAM was correct.

During that period we had hotels, Victorian Government staff, Skybus, security firms, and Victoria Police on standby for immediate activation to receive a 0200 arrival.

At the moment the DFAT tracker of 8 April 2020 is showing a Lion Air repatriation flight JT2849 with 440 PAX arriving at 0910 on 11 April 2020 (in less than 24 hours). It was also reported on ABC news as departing Delhi on Saturday 11 April 2020. Melbourne Airport and Border Force had no visibility of this flight until mid-morning today when they were informed that it MAY be arriving in the afternoon on 12 April 2020.

Once again, this lack of clarity around flights is causing a high level of concern for all parties that are required to service this flight. We are still not sure exactly WHEN this flight is arriving.

Going forwards, we are aware that more repatriation flights are planned for early next week, but we don't know when. This is creating difficulties in planning support for these flights.

I would like to request that DFAT provide the Victorian Government with twice-daily updates about planned and actual repatriation flights (at least 48-72 hours in advance), and that any updates and additions are communicated immediately to the Victorian Government, Australian Border Force in Melbourne, and to Melbourne Airport, so that we are able to respond in a coordinated and timely manner to support returning Australians.

I would also like to request immediate information about flight JT2849 from Delhi that may or may not be arriving on Sunday.

Kind regards
Cathy

Cathy Crooks | Senior Investment Manager - Aviation
Aviation Strategy and Services
Department of Jobs, Precincts and Regions

P: | M: | E: [@djpr.vic.gov.au](mailto: @djpr.vic.gov.au)
www.djpr.vic.gov.au



Government of Victoria, Victoria, Australia.

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RE: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

From: Meena Naidu (DHHS) <[redacted]@dhhs.vic.gov.au>
To: Amanda Pickrell (DPC) <[redacted]@dpc.vic.gov.au>
Cc: sccvic.sctrl.health@scc.vic.gov.au; [redacted] (DPC) <[redacted]@dpc.vic.gov.au>;
 COVIDquarantine <covidquarantine@dhhs.vic.gov.au>
Date: Wed, 22 Apr 2020 14:32:06 +1000

Hi Amanda

We are happy to receive the request directly at COVIDQuarantine@dhhs.vic.gov.au.

Can the subject please clearly state "Diplomatic arrival", date and the initials of the diplomat.

If we can get the request before they leave, that would be great. If the request is on the same day as arrival, please mark urgent and include the time in the subject.

Also, please advise if someone should be sent a copy of the release for their records with the request. That way everyone is getting the information in a more timely way.

Kind regards
Meena

Meena Naidu

Lead Executive – COVID-19 Compliance

Director, Health and Human Services Regulation and Reform

Regulation, Health Protection and Emergency Management Division

Department of Health and Human Services | 50 Lonsdale Street Melbourne Victoria 3000

p. [redacted] | m. [redacted] | e. [\[redacted\]@dhhs.vic.gov.au](mailto:[redacted]@dhhs.vic.gov.au)

w. www.health.vic.gov.au

Executive Assistant:

p. [redacted] | e. [\[redacted\]@dhhs.vic.gov.au](mailto:[redacted]@dhhs.vic.gov.au)



Health
and Human
Services

From: Amanda Pickrell (DPC) <[redacted]@dpc.vic.gov.au>
Sent: Wednesday, 22 April 2020 2:24 PM
To: Meena Naidu (DHHS) <[redacted]@dhhs.vic.gov.au>
Cc: sccvic.sctrl.health@scc.vic.gov.au; [redacted] (DPC) <[redacted]@dpc.vic.gov.au>
Subject: FW: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

Hi Meena

Thank you for the advice in the Op Soteria call re. exemptions for diplomats. Appreciate your further advice on the below question from DFAT.

Many thanks and happy to chat

AP

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street

M | **E:** @dpc.vic.gov.au

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OFFICIAL

From: Cumpston, Andrew <@dfat.gov.au>
Sent: Wednesday, 22 April 2020 1:56 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Subject: Re: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

UNCLASSIFIED

Thanks Amanda, appreciate it, if we are doing individual approval is there a way the process can be streamlined at all so I don't have to bother you with these last minute rushes?

Andrew Cumpston
DFAT State Director, Victoria

Email sent on a mobile device.

UNCLASSIFIED

From: "Amanda Pickrell (DPC)" <@dpc.vic.gov.au>
Date: Wednesday, 22 April 2020 at 1:38:47 PM
To: "Cumpston, Andrew" <@dfat.gov.au>
Subject: RE: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

Hi – the exemption has been granted.

I've just been speaking with the Health Department. In principle, a blanket exemption is in place for foreign diplomats however each individual case will continue to be assessed and granted.

Happy to discuss
Amanda

Amanda Pickrell | Assistant Director
Energy, Resources and Environment Branch | Department of Premier and Cabinet
Level 15, 35 Collins Street

M | **E:** @dpc.vic.gov.au

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OFFICIAL

From: Cumpston, Andrew <andrew.cumpston@dfat.gov.au>
Sent: Wednesday, 22 April 2020 10:15 AM
To: Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>
Subject: Re: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

UNCLASSIFIED

Thanks!

Andrew Cumpston
 DFAT State Director, Victoria

Email sent on a mobile device.

UNCLASSIFIED

From: "Amanda Pickrell (DPC)" <amanda.pickrell@dpc.vic.gov.au>
Date: Wednesday, 22 April 2020 at 9:54:18 AM
To: "Cumpston, Andrew" <andrew.cumpston@dfat.gov.au>
Subject: OFFICIAL: RE: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

Hi Andrew

I'll look into it. And the broader question of a blanket exemption for diplomats.

Cheers
 AP

Amanda Pickrell | Assistant Director
 Energy, Resources and Environment Branch | Department of Premier and Cabinet
 Level 15, 35 Collins Street
M | **E:** [@dpc.vic.gov.au](mailto:amanda.pickrell@dpc.vic.gov.au)

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OFFICIAL

From: Cumpston, Andrew <andrew.cumpston@dfat.gov.au>
Sent: Wednesday, 22 April 2020 8:57 AM
To: Amanda Pickrell (DPC) <amanda.pickrell@dpc.vic.gov.au>
Cc: Andrew S Crisp (DJCS) <andrew.crisp@justice.vic.gov.au>; SCC-Vic (State Controller Health) <sccvic.sctrl.health@scc.vic.gov.au>
Subject: FW: Diplomatic arrivals into Melbourne [SEC=UNCLASSIFIED]

UNCLASSIFIED

Hi Amanda,

Hope you are well this morning.

Sorry to bother, but there is a diplomat from the UAE arriving on the Emirates flight this afternoon,

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HQ BOI: FW: Unofficial: Following up on

From: Helen Stitt (DPC) <@dpc.vic.gov.au>
To: (DPC) <@dpc.vic.gov.au>
Date: Thu, 16 Jul 2020 22:13:39 +1000
Attachments: COMMS PLAN - Quarantining Overseas Arrivals.docx (57.12 kB)

Unofficial

From: David Stockman (DPC) <@dpc.vic.gov.au>
Sent: Saturday, 28 March 2020 7:46 PM
To: Merita Tabain (DHHS) <@dhhs.vic.gov.au>; Andrew Hockley (DHHS) <@dhhs.vic.gov.au>; Jess Hughes (DEDJTR) <@ecodev.vic.gov.au>
Cc: Genevieve Dolan (DPC) <@dpc.vic.gov.au>; Bill Kyriakopoulos (DJCS) <@justice.vic.gov.au>; Rebecca Skelton (DOT) <@transport.vic.gov.au>
Subject: Unofficial: Following up on

Hello all,

Just following up from the discussion on Enforced Quarantine and the requests we have collectively had on comms.

I understand from our General Counsel that the legal issues have been resolved and there is clarity on the legal instruments that will be used (individual declarations for all returning travellers).

Ahead of receiving comms material, here is something that we have put together covering some of the key messages, challenges and tactics.

We have been asked from multiple sources for a comms plan ahead of this coming into effect at midnight, hence the production of this document. There is particular concern from the PPO about the strategy for communicating to the parents/guardians of unaccompanied minors.

If you have clarity on the approach to that issue, that would be much appreciated. And any update on the remaining comms products.

Also, I just heard from EMV that the Health Minister and CHO will handle media on this tomorrow at 11am.

Regards,

David Stockman | A/Chief Communications Officer & Chief of Protocol | Strategic Communication, Engagement and Protocol
 Department of Premier and Cabinet | Level 13, 35 Collins Street, Melbourne Victoria 3000
 M | www.dpc.vic.gov.au | www.vic.gov.au

Unofficial

Communications Plan

Quarantine measures for returning overseas travellers

28 March 2020

KEY MESSAGES:

- The National Cabinet has announced strict new quarantine measures to slow the spread of coronavirus and save lives.
- We know that most cases of coronavirus in Victoria are connected to returning overseas travellers.
- From 11.59pm on 28 March 2020 all international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.
- The Government has secured 5,000 hotel rooms to house newly-returned travellers – who will each receive food and other essentials.
- All passengers returning to Australia will be fully supported and well cared for. We ask that families do not go to the airport or visit hotels.
- We understand this is tough. But each of us are being asked to make sacrifices to save lives.
- This is a challenging and stressful time, and we all need to do our part during this emergency to protect the safety and health of all Victorians.

SECONDARY MESSAGES:

- All passengers will be fully supported and well cared for as they are transferred from flights to hotels.
- We understand that families of people returning home want to see their loved ones.
- However, we ask that families do not go to the airport or to hotels.
- All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in hotels.
- Our advice to Victorians is clear: if you can stay home, you must stay home.

COMMUNICATIONS CHALLENGES

- There may be confusion about the new policy from travellers and their relatives and friends.
- Parents and guardians of unaccompanied minors need to be informed of their obligation to accompany the children in quarantine for the 14-day period

- All returning travellers need to be made aware of their obligations and access to services during their period of quarantine.

COMMUNICATIONS ACTIVITY

- Provision of communications materials for people on arrival; including brochure informing them of their comprised quarantine care and FAQs (DHHS leading, DJPR supporting).
- Website updates and social media posts (notifications/tiles) from DHHS channels, reposted by various government agencies. Also shared by Melbourne Airport and DFAT.
- Proposed media release and FAQs in the works (DHHS).
- Communication to commercial transport operators (DoT).
- Communication to families of unaccompanied minors (DHHS).
- Emergency Management Commissioner Andrew Crisp available to brief the media as required.

BACKGROUND

(As detailed in the Emergency Management Victoria Operational Plan)

- Expected volume of international passenger arrivals is 1500 per day. Primary port of arrival is assumed as Melbourne Airport.
- Flight into Melbourne from Hong Kong due in at 2252 hours on 28 March 2020.
- 492 passengers are due into Melbourne on 29 March from locations including Doha, Vancouver, Guangzhou, Shanghai and Auckland.

Phase 1 – Reception

- Begins when passengers arrive via international airport or maritime port, separated from the general population to prevent transmission, transit through customs and prepared for travel to quarantine locations.
- This phase ends once passengers have embarked on bus transport

Phase 2 – Transport

- Begins with buses leaving international airport or maritime port.
- It involves the transit of passengers to quarantine accommodation in vicinity of COVID testing centres.
- This phase ends once passengers exit transport vehicles at accommodation.

Phase 3 – Accommodation

- This phase begins when reception party receives passengers at accommodation.

- This will involve 14 days of isolation within commercial hotel/motel solutions in vicinity of their entry points.
- This phase ends once 14 days has lapsed and members are reviewed for approval to exit quarantine accommodation.

Phase 4 – Return to the Community

- This phase begins when the member is reviewed for exit by quarantine management
- This will involve an assessment whether the passengers are safe to be allowed into the Victorian community.
- This phase ends once the member has been briefed on their health responsibilities and exits quarantine.

Approved message to families of international arrivals

From: David Stockman (DPC) <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=47e18a387f3940e9abd9f73586d201c1-vic9nd8">
To: Tess Hughes (DEDJTR) < @ecodev.vic.gov.au>; Rebecca Skelton (DOT) < @transport.vic.gov.au>; Andrew Hockley (DHHS) <"/o=exchangelabs/ou=exchange administrative group (fydibohf23spdl)/cn=recipients/cn=2cfa6a9fc7aa42e3b904340bd0785fd8- @police.vic.gov.au>
Cc: Matt Cugley (DTF) < @dtf.vic.gov.au>
Date: Sat, 28 Mar 2020 15:24:35 +1100
Attachments: DRAFT Message to families of international arrivals (002) FINAL.docx (25.46 kB)

Hi all,
The PPO has approved this message.
If you are able to send this to any relevant stakeholders, including Melbourne Airport, that would be great.
Let Matt or I know if there are any issues with the other comms material.

Regards,
David Stockman | A/Chief Communications Officer & Chief of Protocol | Strategic Communication, Engagement and Protocol
Department of Premier and Cabinet | Level 13, 35 Collins Street, Melbourne Victoria 3000
M | www.dpc.vic.gov.au | www.vic.gov.au

Unofficial

DRAFT: MESSAGE TO FAMILIES OF TRAVELLERS RETURNING TO AUSTRALIA

Subject/Heading: Message to families of travellers returning to Australia

We're doing everything we can to help slow the spread of coronavirus (COVID-19).

As the Victorian Government announced yesterday, from midnight tonight all international arrivals to Australia will be transferred directly and securely via bus services to hotels and placed in quarantine for 14 days.

All passengers will be fully supported and well cared for as they are transferred from flights to hotels.

We understand that families of people returning home want to see their loved ones.

However, we are asking that families do not go to the airport or to hotels.

All passengers will be transferred to hotels directly and will be able to contact loved ones once they are in hotels.

We understand this is tough. But each of us are being asked to make sacrifices to save lives.

Our advice to Victorians is clear: if you can stay home, you must stay home.

OFFICIAL: DHHS key messages COVID 19 for approval

From: (DTF) <@dtf.vic.gov.au>
To: David Stockman (DPC) <@dpc.vic.gov.au>
Date: Fri, 27 Mar 2020 19:01:07 +1100
Attachments: 200327 - DHHS key messages - Coronavirus Disease (COVID-19).docx (84.59 kB)

Hi David,
For approval, please see attached latest key messages – to go to EMC and the minister's office tonight.
Let me know when you're ok with it.
Thanks,

CURRENTLY ON SECONDMENT TO: COVID-19 COMMS VPS TEAM

Strategic Communications | Corporate and Government Services
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Treasury
and Finance

OFFICIAL

Coronavirus (COVID-19)

DHHS key messages

27 March 2020 as at 5pm

New rules for overseas arrivals

- Two thirds of confirmed COVID-19 cases to date are ~~from a result of transmission from~~ overseas arrivals ~~passing it to~~ their close contacts.
- As of 1159 on 28 March 2020, all travellers arriving into Australia from overseas will be ~~housed-detained in~~ accommodation including hotels, motels, caravan parks, and student accommodation for their 14-day ~~self-~~isolation period.
- The Victorian Government is working closely with the Australian Hotels Association and other organisations so all returned travellers can be housed safely.
- States and territories will enforce the 14-day quarantine period with support from the Federal government and Australian Defence Force (ADF).
- The ADF is not authorised for law enforcement, but will support quarantine compliance with Victoria Police.
- The costs of accommodation, public health and security will be covered by each individual jurisdiction.
- Those in quarantine will receive ~~self-isolation~~ care packages of food and other essentials during this time. Travellers returning from overseas will be housed in the state or territory they initially arrive in for 14 days.

How we can all save lives

- Stay home whenever possible - if you don't need to do it, don't do it.
- Elderly Victorians should avoid using public transport or crowded areas.
- Younger Victorians are not immune to coronavirus.
- There are now confirmed cases of community transmission – it's not just from overseas travellers.
- Coronavirus spreads through close contact with an infected person, mostly face-to-face or within a household.
- Physical distancing will help reduce new cases of coronavirus.
- These measures aim to slow the spread and 'flatten the curve' or minimise the peak of an outbreak.
- We can't stop the virus, but we can work together to help limit its damage.
- The Department continues to work around the clock with health services, the Commonwealth and international agencies to respond to this threat and to keep the Victorian community safe.
- Victoria has been working on its pandemic response for some weeks.
- Victoria has long-developed plans in place to manage and control the risks of new infectious diseases like coronavirus.

Supporting healthcare workers

- It's everyone's responsibility to support essential healthcare workers – such as doctors and nurses – to stay at work during the coronavirus (COVID-19) outbreak.
- Healthcare workers may need extra help to ensure their children have care so they can work during this period.
- Where possible, partners of essential healthcare workers – who are not healthcare workers themselves – should support them to continue working by taking care of children.
- Older people – such as grandparents – and other at-risk groups should not be engaged as carers to reduce their risk of infection.

New Orders for Pharmacists and Prescription medications

- Two new public health emergency orders have come into effect and can be found here:
<http://www.gazette.vic.gov.au/gazette/Gazettes2020/GG2020S158.pdf>
- Pharmacists can supply prescription medications without a prescription for one month in emergency circumstances except for Schedule 8 medicines.
- Doctors prescribing Schedule 8 medicines for non-drug dependent patients will not be required to apply for a Schedule 8 treatment permit for the next six months, but instead check SafeScript.
- Practitioners will need to apply for Schedule 8 treatment permits for drug dependent patients, including opioid replacement therapy.
- During the pandemic health practitioners should take all reasonable steps to access SafeScript, as it is a very effective in providing up-to-date information about a patient's prescribing and dispensing history.

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State of Emergency

- A State of Emergency has been declared in Victoria (COVID-19) until midnight on 13 April 2020 to combat coronavirus.
- This gives the Chief Health Officer powers to do whatever is necessary to contain the spread of the virus.

Actions underway to save lives and jobs

Current Restrictions

- Restrictions are in place to stop people gathering in large numbers and spreading infection.
- If you are in doubt about whether to go out, go to the shops, take public transport, or take your children on a play date – the simple answer is don't.
- You should strictly limit your day-to-day activities outside your home. If you don't need to do it, don't do it.
- If you would like further information about the restrictions in place, please visit the coronavirus website www.coronavirus.vic.gov.au

Rules for indoor and outdoor gatherings

- The current rules for maintaining physical distances at gatherings are:
 - For indoor gatherings, no more than one person per four square metres of floor space. For example, there can be 25 people in a 100 square metre room, with a physical distance between each other of 1.5 metres.
 - For outdoor gatherings, no more than 500 attendees.
 - Hand hygiene products and bins must be available, with frequent cleaning and waste disposal.
- Exceptions to these directions include supermarkets and public transport.
- We are working with Victoria Police to monitor compliance with these mandatory directions.

Hospital and aged-care restrictions

- Emergency powers under the Public Health and Wellbeing Act 2008 have been enacted to limit visits to patients in hospitals to partners, parents or guardians or care and support people.
- And the following people are not allowed to visit a hospital:
 - recently returned travellers
 - a person who has a confirmed case of COVID-19
 - a person who has been in contact with a person who has a confirmed case of COVID-19 or
 - a person with a high-temperature or symptoms of acute respiratory illness.
- Visits to residents of aged care facilities are now restricted to two people per day for a short duration. Exceptions to this rule will be made for people receiving palliative care.

- Children under the age of 16 will only be permitted to visit aged care facilities in exceptional circumstances.
- These directions will be enforced by the Commonwealth Government.

Travel advice and restrictions

- All Australians are now advised not to travel overseas at this time regardless of destination, age or health.
- Australians who are already overseas and wish to return home are advised to return as soon as possible.
- Anyone arriving in Australia from overseas, including Australian citizens and permanent residents will be required to self-isolate for 14 days from the date of arrival.
- People are urged to cancel all non-essential international and domestic travel.
- Victorians should limit their movements and cancel planned domestic school holiday travel and activities.
- The situation is changing rapidly – visit Smart Traveller for the latest updates. <https://www.smartraveller.gov.au/>

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Elective surgery

- Victoria's public hospitals have begun winding back all non-urgent surgery where it is safe to do so.
- The Victorian Government is working with public and private hospitals on a system-wide response including how to preserve critical resources for when they will need them most – that means beds, staff and supplies – not just to care for coronavirus patients but to keep looking after all Victorians in need of emergency and urgent care.
- No further category three elective surgeries will take place until further notice, while category two surgeries will only happen if delays would pose a serious risk to the health of the patient.
- The most urgent procedures including emergency surgery, or category one elective surgeries - including those booked in as part of our elective surgery blitz –such as urgent heart, neurological and cancer procedures will not be affected.

Dental procedures

Victoria's school dental program, Smile Squad, will also be put on hold for three months.

Public Transport

- Victoria has already implemented additional cleaning on public transport, and employers are urged to consider staggered work times and remote working arrangements to reduce overcrowding at peak travel times.
- People travelling in taxis or ride shares are advised to sit in the back seat. Elderly people and those with pre-existing medical conditions should avoid public transport.

Schools

- School closed in Victoria on Tuesday 24 March, with the exception of children of essential workers and vulnerable children.
- The decision whether to re-open schools after the Term 1 holidays will be made at a later date.

Support available

Coronavirus (COVID-19) hotline

- The Victorian Coronavirus Hotline provides a single point of information for Victorians, where they can access:
 - Health information about coronavirus (COVID-19)
 - A symptoms assessment by the National Coronavirus Information Service (available 24 hours a day).
 - information regarding physical distancing and other actions to reduce transmission (available 8am – 6pm daily)
 - information and registration for emergency [relief packages](#) from the Victorian Government for eligible vulnerable Victorians needing to self-isolate due to coronavirus (available 8am – 6pm). For translating or interpreting services, call 131 450.

- Victoria Police has established a coronavirus enforcement squad of five hundred officers to ensure containment measures that have been put in place to combat coronavirus are followed.
- To alert authorities to potential breaches of directions including mass gatherings and to self-isolate, please contact the [Police Assistance Line](#) (available 24 hours a day).
- For information about coronavirus (COVID-19) in Victoria, and ways to reduce the risk of infection and slow the spread of the virus, visit the Department of Health and Human Services [website](#).

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Emergency relief packages

- Vulnerable Victorians who need to self-quarantine due to coronavirus (COVID-19) and do not have access to a support network or alternative means of obtaining supplies such as online delivery.
- All requests will be assessed on need and urgency, prioritising those in greatest need.
- We ask that wherever possible you arrange for family or friends who are not required to self-isolate to get food or necessities for you.
- Each emergency food relief package is designed to provide basic food essentials and personal care items for two weeks.
- Relief packages will be distributed by partner organisations including the Red Cross and Foodbank Victoria

Economic survival package

- The Victorian Government is providing a \$1.7 billion economic survival and jobs package to complement the Federal Government work. This includes:
 - full payroll tax refunds for 2019-20 financial year for small and medium-sized businesses with payroll of less than \$3 million
 - the same businesses will be able to defer any payroll tax for the first three months of 2020-21 financial year until 1 January 2021
 - commercial tenants in government buildings can apply for rent relief
 - 2020 land tax payments deferred for eligible small businesses
 - Victorian Government will pay all outstanding supplier invoices within five business days
 - the 2020 liquor licensing fees waived for affected venues and small businesses.
- \$500 million will be provided to establish a Business Support Fund to help the hardest hit sectors, including hospitality, tourism, accommodation, arts and entertainment, and retail.
- A \$500 million Working for Victoria Fund will also be established to help workers who have lost their jobs find new opportunities.

Homelessness and public housing support

- Victorian homelessness organisations will receive \$6 million to help protect Victorians at risk of or experiencing homelessness because of coronavirus (COVID-19).
- Homelessness agencies will have extra resources to find temporary housing for those who need it most in metropolitan and regional areas.
- Alternative pop-up accommodation will also be established for homeless people requiring quarantine or self-isolation in Melbourne.

About coronavirus (COVID-19)

Self-isolation vs Quarantine

- Quarantine is what you should do if you might have coronavirus. You should quarantine yourself if you have arrived home from international travel in the last 14 days or if you have had [close contact](#) with someone who has coronavirus.
- Self-isolation is what you should do if you have tested positive for coronavirus. This is the next step in ensuring even those you live with are protected. You can be in isolation in a hospital or isolated at home (self-isolation). If you are isolating at home there are steps you need to take to keep the people you live with healthy.

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- While most Victorians are voluntarily complying with requests to isolate, police have strong powers to enforce the direction.

Risk of transmission

- There is a low risk of transmission by passing through places where a confirmed case has been, therefore testing in these cases is not required. Testing is only recommended on advice from medical staff for anyone displaying symptoms.
- If you develop a fever or respiratory symptoms you are advised to ring the 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for assessment. If you have returned from overseas or you have had close contact with a confirmed case of coronavirus you are required to self-isolate for 14-days. If you develop symptoms in this time you are advised to ring the 24-hour hotline 1800 675 398, or a GP or emergency department to arrange for assessment.
- Self-isolation includes not allowing visitors into your home.
- If you are instructed to self-isolate and you live with others, try and stay in a different room as much as possible.
- You can visit the DHHS website resources on coronavirus and self-assessment guidelines. Guidelines are also available for healthcare and residential care workers at www.dhhs.vic.gov.au/coronavirus

Reduce your risk of coronavirus

- Wash your hands often with soap and running water, for at least 20 seconds. Dry with paper towel or hand dryer.
- Try not to touch your eyes, nose or mouth.
- Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue cough or sneeze into your upper sleeve or elbow.
- Limit your movements within the community.
- If you take medication make sure you have enough.
- Phone your doctor or the hotline – 1800 675 398 – if you need medical attention. They will tell you what to do.
- Continue healthy habits: exercise, drink water, get plenty of sleep.
- Wearing a face mask is not necessary if you are well.
- Buy an alcohol-based hand sanitiser with over 60 per cent alcohol.

Seriousness of coronavirus

- Experience internationally shows that there is potential for thousands of cases in a population as big as Victoria's.
- Successful control measures adopted by all of us working together to avoid transmission of the virus could delay the peak and significantly reduce the number of sick people.

Additional assessment centres

- To date Respiratory Assessment Centres, or screening clinics, have been established at 27 health services – 12 in metropolitan Melbourne and 15 in Regional Victoria: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19>.
- The newest clinic to open is the Sunraysia Community Health Service in Mildura.
- Patients who have symptoms compatible with coronavirus (COVID-19) may present to these centres.

Treatment and vaccine

- There is no specific treatment for coronavirus. However, many of the symptoms can be managed and the length and severity of illness will vary from patient to patient.
- It is not yet clear how long someone is infectious after being unwell, although it is likely to be at least 24 hours after symptoms have resolved.

- Researchers around the world are working to develop a vaccine, however a vaccine may be many months away or longer.

Facemasks

- Face masks are not recommended for use by members of the public for the prevention of infections like coronavirus.

Specific advice for special groups

Advice for healthcare workers

- Anyone returning to Australia from overseas, including healthcare or residential care workers, must self-isolate for 14 days.
- Any healthcare or aged care workers who develops symptoms should contact their GP or the hotline for advice before returning to work.
- Like other members of the public, if healthcare or aged care workers develop fever or respiratory symptoms during self-isolation they should seek medical attention.

Elderly or have pre-existing medical conditions

- Many people will suffer only mild symptoms, however early indications are that the elderly and people with pre-existing medical conditions such as heart and lung disease may be more at risk of experiencing severe symptoms.

Aboriginal or Torres Strait Islander People

- Because of higher rates of pre-existing medical conditions in this group, Aboriginal and Torres Strait Islander people who develop fever or respiratory symptoms or fever should be tested for COVID-19.
- The Department of Health and Human Services recognises that many Aboriginal and Torres Strait Islander Victorians prefer to be treated at Aboriginal Community Controlled Organisations.
- While we recognise that some ACCOs will currently not be able to perform coronavirus (COVID-19) testing, the department is working closely to support ACCOs to fill this important role within the community.
- Anyone who thinks they may have coronavirus (COVID-19) can call the hotline 1800 675 398.

Medical stockpiles and distribution

- The Victorian Government is working with the Australian Government to ensure that all vital personal protective equipment supplies are appropriately distributed to where they are needed across the Victorian health system.

Shortage of swabs

- There is currently a significant shortage of swabs and reagent test kits for coronavirus testing.
- Clinicians have been directed to advise all patients who have clinical symptoms but have not been overseas or in close contact with a confirmed case of coronavirus to remain home and not attend work, school or any public places until symptoms have completely resolved.

How Victorians can prepare

- There are enough groceries to go around including household staples such as toilet paper, flour, rice, tinned goods, pasta, feminine products, nappies and pet food.
- With this in mind, please don't buy more than you need and be kind to one another in the supermarket aisles, it's important to remain calm during this challenging time.
- Everyone should now take steps to prepare for the possibility of transmission of coronavirus in Victoria in the coming weeks or months.
- Make a plan on how you and your family (including pets) would have to manage if you needed to stay at home for two to three weeks.
- Fill prescriptions of essential medicines so you have enough if you need to stay home.

- Think about elderly friends, neighbours, and people with a disability in your community and how you would support each other too.
- Get the flu shot that is available from April. This won't stop you getting coronavirus, but will reduce the risk of having it and the flu at the same time.
- Any healthcare or residential aged care worker with a fever or respiratory symptoms should be tested for COVID-19.

Updated Q&As on testing of people in quarantine

From: David Stockman (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=47e18a387f3940e9abd9f73586d201c1-vic9nd8">
To: DHHS) < @dhhs.vic.gov.au>; DHHS Covid Comms <dhhs covidcomms@dhhs.vic.gov.au>
Cc: Covid Comms (DPC) <covid.comms@dpc.vic.gov.au>; Sarah Caines (DPC) < @dpc.vic.gov.au>; < @education.vic.gov.au>
Date: Sun, 03 May 2020 11:00:49 +1000
Attachments: DRAFT - COVID-19_mandatory quarantine - testing in quarantine Approved - Updated.docx (240.76 kB)

Hi

Please find attached an updated Q&A doc that has been approved on testing of people in mandatory quarantine.

This updates language around people who are asymptomatic.
Please note there is a highlighted section where information needs to be included on contacts for people in quarantine.

Regards,
David Stockman | A/Chief Communications Officer & Chief of Protocol | Strategic Communication, Engagement and Protocol
Department of Premier and Cabinet | Level 13, 35 Collins Street, Melbourne Victoria 3000
M | www.dpc.vic.gov.au | www.vic.gov.au

OFFICIAL



Coronavirus (COVID-19) mandatory quarantine

Questions and answers – testing during quarantine

Summary

This information is for returned travellers nearing the end of their 14-day mandatory quarantine. All returned travellers are being asked to complete voluntary testing for coronavirus (COVID-19) on approximately day 11 of mandatory quarantine.

Why am I being asked to get a test if I don't have coronavirus (COVID-19) symptoms?

The Department of Health and Human Services is rolling out an enhanced testing program to better understand how coronavirus (COVID-19) might be spreading in the community.

Up to 100,000 Victorians will be tested for coronavirus (COVID-19) over a two-week period as part of a major testing blitz across the state. This is to better understand the prevalence of the coronavirus (COVID-19) in our community.

Because returned travellers are still one of the higher risk groups for coronavirus (COVID-19) infection, those in mandatory quarantine are being encouraged to be tested prior to their discharge.

There is a small chance that you could have coronavirus (COVID-19) even though you feel well and may not have any symptoms. This is known as an asymptomatic case of coronavirus (COVID-19). It is possible that people without symptoms could pass on coronavirus (COVID-19) to other people without knowing it.

The results of this enhanced testing, including testing those about to come out of mandatory quarantine will help us respond to any spread of coronavirus (COVID-19).

Why is expanded testing important?

The more testing we do, the more data we have about the prevalence of coronavirus in our community. Because returned travellers are still one of the higher risk groups for coronavirus (COVID-19) infection, those in mandatory quarantine are being encouraged to be tested prior to their discharge.

Who is being asked to get a test?

Everyone in mandatory quarantine (who has not already been diagnosed with coronavirus (COVID-19)) is being asked to get a test towards the end of the quarantine period. This is voluntary.

What do I need to do?

You will be asked to answer some brief questions, including checking whether you have any specific symptoms of coronavirus (COVID-19), no matter how mild, such as fever, chills, cough, sore throat, shortness of breath, runny nose or loss of sense of smell. Even if you do not have any symptoms you will still be offered testing.

You will be asked to give your verbal consent to be tested for coronavirus (COVID-19).

What should I expect from the test?

Teams of nurses will be going from room to room performing the tests. They will take your temperature and ask about symptoms. Nurses will be wearing full personal protective equipment and will perform the test on you at the door. The test is a swab of the back of your nose and/or throat and takes about one minute.

What should I do while I am waiting for the test results?

You will remain in mandatory quarantine until day 14 of your quarantine period.

If you are waiting on a coronavirus (COVID-19) test result you will still be released from mandatory quarantine on time. You still must follow the requirements of the Stay at Home direction (No 4) set by Victoria's Chief Health Officer.

As at any time, if you are experiencing symptoms while in quarantine, please notify **the XX**.

How will information be provided to me?

If you have a positive test result, you will be informed of this result by a doctor. You will then be contacted by a Case and Contact Officer (CCO) from the Department of Health and Human Services (DHHS), who will check in with you every day until you are ready to be cleared from follow-up.

If you have a negative test result, this will either be provided to you on paper, by text message or by phone call.

What happens if my test is positive?

Positive diagnosis during quarantine

If you return a positive result for coronavirus (COVID-19) during your 14-day quarantine period, you will be required to stay in mandatory quarantine for the remainder of the quarantine period, but will be moved to a specified hotel for this time.

When the mandatory quarantine period is complete, if you are still within the infectious period you will remain subject to the Isolation (Diagnosis) Direction (No 2) and will be required to self-isolate until you meet the department's release from isolation criteria. If you live in Victoria, and you have finished your 14 days quarantine, you will be able to finish your isolation period at home or in alternative accommodation, if you can do so **safely and appropriately**.

If you cannot self-isolate at home, we will assist you to arrange appropriate accommodation until you are ready to be released from isolation.

You cannot get on a flight or travel interstate.

Roommates of those with a positive diagnosis

If you return a positive result for coronavirus (COVID-19) during your 14-day quarantine period, and you are sharing a room with others, your roommates will be considered 'close contacts of a confirmed case'. Your roommates will be required to restart their 14-day self-isolation period from the day of last contact with you (the confirmed case). They will be advised to separate from you and to self-isolate in a separate room in the hotel.

If the new 14-day self-isolation period overlaps with the planned release date from their travel quarantine period, your roommates' may be transferred **directly** to their premises or other suitable accommodation to complete the 14-day period of self-isolation – if they can do so safely and appropriately.

Positive diagnosis after detention period has concluded

If you return a positive result for coronavirus (COVID-19) after you have completed the 14-day mandatory quarantine period, you will be contacted directly by the Case and Contact Management team in DHHS. You will be

directed to self-isolate according to the Isolation (Diagnosis) direction (No 2). You must observe isolation directions until you meet the department's criteria for release from isolation.

For more detailed information, please refer to the coronavirus (COVID-19) mandatory quarantine - positive diagnosis guidance.

What if I am a 'close contact' but have completed my 14 days?

If you share a room and someone in your room tests positive for coronavirus (COVID-19), you will be considered a 'close contact' of a confirmed case. You will be required to quarantine for 14 days from the time of last contact with the case. This means that you may need to continue self-isolating at home (or in a hotel) for further time following your mandatory quarantine.

If you live in Victoria you will be able to finish your self-isolation period at home, if you can isolate safely and appropriately at your home. If you cannot isolate at home, we will assist you to arrange appropriate accommodation until you have completed the 14-day quarantine period.

You cannot get on a flight or travel interstate.

What if someone in my room tests positive but we don't want to be separated?

If you are sharing a room with someone who tests positive for coronavirus (COVID-19), you will be recommended to isolate in separate rooms. This is because you are still at risk of becoming infected while your roommate is infectious. Besides the risk of infection, it will also prolong the length of time you are required to quarantine.

If you isolate in separate rooms following the diagnosis, your 14-day quarantine period will start from this time. If you choose to continue to share a room, your 14-day quarantine period will start from the time the person who is a confirmed case meets the clinical criteria for release from isolation, as per the department's guidelines.

Can I book a flight if I am a close contact or confirmed case?

If you are a close contact who is still within their 14-day quarantine period, or a confirmed case who has not yet met the department's criteria for release from isolation, you cannot catch a flight to travel either domestically or internationally.

Where can I find out more information?

Call the 24-hour coronavirus hotline on **1800 675 398** for further advice. If you need a translator, first call 131 450, then request the hotline on **1800 675 398**.

[For Victorian](https://www.dhhs.vic.gov.au/coronavirus) coronavirus (COVID-19) updates, visit: <https://www.dhhs.vic.gov.au/coronavirus>

[For national](http://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert) updates: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

To receive this publication in an accessible format phone 1300 651 160, using the National Relay Service 131 450 if required, or email Public Health branch <public.health@dhhs.vic.gov.au>. Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Op Soteria - information of interest

From: Amanda Pickrell (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=f2172891ab7a40e08c51e99f95b3ce0e-vic2xdf">
To: Rowena J Hansen (DJCS) < @justice.vic.gov.au>
Cc: @minstaff.vic.gov.au>
Date: Thu, 25 Jun 2020 10:54:37 +1000
Attachments: Hotel Quarantine SitRep_73_24 June 2020.pdf (138.2 kB); PPO Quarantine Hotels approved by Melissa.docx (27.26 kB); ABF Repatriation Tracker as at 0100 25JUN2020 [DLM=For-Official-Use-Only] (4.87 MB); COVID-19_mandatory quarantine - Support and services .pdf (151.77 kB); Operation Soteria Plan 2.1.pdf (2.3 MB)

Hi Rowena

Nice to chat. I should have mentioned that in addition to key challenges of managing the current outbreaks and putting processes and systems in place to prevent future infection risks, DJPR is in the process of transferring management of the hotel system fully to DHHS over the month of July. This will obviously create some operational risks in and of itself. The departments are well progressed in their discussions. Happy to chat further on this once you've had a chance to get more familiar with the various stakeholders and across the most immediate issues.

In no particular order, a couple of documents and emails that you may find useful (most important is the Ops Plan):

1. 1. Hotel Quarantine SitRep – this is a report provided daily by DJPR who currently has overarching management for the hotel system. It lists numbers currently in quarantine, any key issues, pipeline of flight arrivals.
2. 2. PPO Quarantine Hotel request – this is information provided by DHHS this week following a request from the PPO on clarification of how the department is managing the various outbreaks. Speaks to the security firm issues.
3. 3. ABF Repat tracker – we receive these multiple times a day. Shows the repatriation flights landing across Australia. Biggest unknown for operations is commercial flights. We have no control over when they land and limited visibility of flight numbers, sometimes until they land. This is a key pressure point for capacity of the hotel system.
4. 4. Advice provided to quarantined travellers.
5. 5. Operation Soteria Plan – this is the most recent version I have of this. From 22/5/20. It outlines roles, responsibilities, legislation governing the operation etc. This will need to be reviewed and updated (indeed DHHS may already be doing so) in view of the events of the past few weeks and to manage the transfer of hotel operations fully to DHHS.

Call anytime.

Cheers

AP

Amanda Pickrell
 Department of Premier and Cabinet
 Level 15, 35 Collins Street

E: @dpc.vic.gov.au

This office is located on the land of the Traditional Owners of the Kulin Nation.

OFFICIAL-SENSITIVE

RE: FAQs on hotel quarantine/hotels and aviation

From: David Stockman (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=47e18a387f3940e9abd9f73586d201c1-vic9nd8">
To: Tess Hughes (DJPR) <@ecodev.vic.gov.au>; Bill Kyriakopoulos (DJCS) <@justice.vic.gov.au>; Merita Tabain (DHHS) <@dhhs.vic.gov.au>
Cc: Genevieve Dolan (DPC) <@dpc.vic.gov.au>
Date: Tue, 30 Jun 2020 21:25:39 +1000

Thanks very much Tess, that's really comprehensive.

From: Tess Hughes (DJPR) <@ecodev.vic.gov.au>
Sent: Tuesday, 30 June 2020 9:24 PM
To: Bill Kyriakopoulos (DJCS) <@justice.vic.gov.au>; David Stockman (DPC) <@dpc.vic.gov.au>; Merita Tabain (DHHS) <@dhhs.vic.gov.au>
Cc: Genevieve Dolan (DPC) <@dpc.vic.gov.au>
Subject: Re: FAQs on hotel quarantine/hotels and aviation

I'll update in the morning on what has been done already in terms of calls with established r'ships - partners, providers, etc. DHHS has been managing some of the stakeholder discussions too.

Flights in the air are still coming to melbs (3 currently in the air, all landing tonight).

Flights yet to depart (due to take off early tmrw) potentially being cancelled rather than diverted.

This is tbc. The call is likely to be made at federal level.

Border force needs to be notified by Feds as it is a federal agency.

FYI total number of flights originally scheduled to fly to melbs in the next fortnight is approx 70 flights.

Media enquiries are being coordinated between us and DHHS and our MOs.

And our DJPR internal messages (verbal) are below for info - our DJPR quarantine team had a call earlier this evening with their Dep Sec.

Key messages for staff

- The recent testing blitz has identified a source of community transmission of coronavirus has stemmed from the quarantine hotels.
- The Premier today announced an inquiry into the operation of the hotel quarantine program. The inquiry will report in eight to ten weeks.
- The Premier has also asked the Prime Minister to divert flights to other cities for the next two weeks and the program will be reset under the supervision of Corrections Victoria.
- I know how hard all of our people have worked on this program and gone above and beyond to provide a safe and appropriate quarantine for all international arrivals.
- Quarantine is not going to be something that will end soon, and this enquiry is about the learnings to ensure Victoria can deliver a safe, secure and appropriate quarantine for all arrivals in the future.
- Along with DHHS, we will give our full cooperation and support to the inquiry, fully sharing our observations and any information requested.
- Please know that anybody who may be asked to provide information for the inquiry will be supported.
- On personal note – I am so proud of the amazing efforts from all of our team.

Tess Hughes

Chief Communications Officer

Department of Jobs, Precincts and Regions

Level 35, 121 Exhibition Street, Melbourne, Victoria Australia 3000

T: M:

@ecodev.vic.gov.au

From: Bill Kyriakopoulos (DJCS) <@justice.vic.gov.au>
Sent: Tuesday, June 30, 2020 8:54:08 PM
To: David Stockman (DPC) <@dpc.vic.gov.au>; Merita Tabain (DHHS)

< dhhs.vic.gov.au>; Tess Hughes (DJPR) < ecodev.vic.gov.au>
 Cc: Genevieve Dolan (DPC) < dpc.vic.gov.au>

Subject: Re: FAQs on hotel quarantine/hotels and aviation

Hi Dave, I'm still trying to get final advice on this. We finalising some materials on Corrections related elements which I will send you tomorrow. There is not too much to it and I'm not sure there is a great deal that needs to go I or public messaging.

With our sheriff seconded to DHHS to oversee the quarantine I'm assuming that all sits with DHHS - but I am aware SCC has a role here too which is where it's a bit unclear for me.

B

Bill Kyriakopoulos
 Executive Director, Strategic Communication
 Department of Justice and Community Safety
 M

From: David Stockman (DPC) < dpc.vic.gov.au>
Sent: Tuesday, June 30, 2020 8:47:28 PM
To: Bill Kyriakopoulos (DJCS) < justice.vic.gov.au>; Merita Tabain (DHHS) < dhhs.vic.gov.au>; Tess Hughes (DJPR) < ecodev.vic.gov.au>
Cc: Genevieve Dolan (DPC) < dpc.vic.gov.au>
Subject: FAQs on hotel quarantine/hotels and aviation

Hi guys,

I'm conscious that the issue of hotel quarantine and the impact of the two-week pause potentially impacts on your three departments, with the announcement that Corrections would assume responsibility for hotel quarantine.

I've been contacted by my policy colleagues, and apparently there are calls coming in from hotels and airlines about the changes and the impact.

So as I see it, there are three sets of issues to address:

- Stakeholder comms to industries (accommodation, security, aviation etc), on what the pause will mean and change in management
- Comms to prospective returning travellers about what the changes mean for them (this may just be an adaptation of other content given to travellers arriving in Melbourne whose final destination is interstate).
- FAQs for the broader public about the changes, including the pause and operation under Corrections, and the inquiry

Let me know from your perspectives who has charge of the various elements, and expected timing.

With thanks,

David Stockman | A/Chief Communications Officer & Chief of Protocol | Strategic Communication, Engagement and Protocol

Department of Premier and Cabinet | Level 13, 35 Collins Street, Melbourne Victoria 3000

M | www.dpc.vic.gov.au | www.vic.gov.au

OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress

From: Kate Houghton (DPC) <@dpc.vic.gov.au>
To: Jessica Bartik (VICMIN) <dminstaff.vic.gov.au>
Cc: Amanda Pickrell (DPC) <@dpc.vic.gov.au>; Chris Miller (DPC) <@dpc.vic.gov.au>
Date: Fri, 03 Jul 2020 18:02:18 +1000

Please find a brief update from DJCS. They are still working through the schedule and its finer details – so unable to provide the detailed scheduling and end point. This will be available next week.

Regards, Kate

Kate Houghton
 Deputy Secretary, Social Policy
 Department of Premier and Cabinet, Victoria

Mobile
 Telephone:



OFFICIAL-SENSITIVE

From: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
Sent: Friday, 3 July 2020 5:20 PM
To: Kate Houghton (DPC) <dpc.vic.gov.au>
Cc: Rebecca Falkingham (DJCS) <@justice.vic.gov.au>; Emma Cassar (DJCS) <@justice.vic.gov.au>
Subject: Update on Hotel Quarantine progress

Hi Kate,

Please find an update below:

- Effective yesterday morning at 6.30am, DJCS (Corrections Victoria) has stepped in to provide residential support to return-travellers at the first hotel quarantine site (Rydges Hotel, Carlton).
- The step in of the second hotel quarantine site occurred this morning at the Four Points Sheraton.
- The department is progressively stepping in at further sites as quickly as possible, including the Pulman and the Mercure on Sunday morning.
- A senior representative from Corrections Victoria has been stationed at the Brady Hotel from 7.30am today, and will be there 24 hours a day.
- Over the past two days, more than 218 staff have been recruited as Residential Support Officers and Team Leaders.

Regards

Ryan

RYAN PHILLIPS

Deputy Secretary | Corrections and Justice Services

Department of Justice and Community Safety

Level 26, 121 Exhibition St. Melbourne 3000

Ph:

Email: [@justice.vic.gov.au](mailto:ryan.phillips@justice.vic.gov.au)

EA: [;justice.vic.gov.au](mailto:ryan.phillips@justice.vic.gov.au)

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respects to them, their culture and their Elders, past and present.



RE: OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress

From: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>; Emma Cassar (DJCS) <@justice.vic.gov.au>; Rebecca Falkingham (DJCS) <@justice.vic.gov.au>; Jodie Geissler (DHHS) <@dhhs.vic.gov.au>; Kym Peake (DHHS) <@dhhs.vic.gov.au>
Date: Sun, 05 Jul 2020 14:36:28 +1000

Hi again Amanda

Please find the answer to question 3 below:

The priority DJCS step-in sites for week commencing Monday 6 July 2020 (note that the order of priority is subject to onsite risk assessment processes by Corrections Victoria).

1. 1. ParkRoyal Airport (MSS)
2. 2. Holiday Inn Airport (MSS)
3. 3. Marriot – Exhibition Street (Unified)
4. 4. Crown Metropol (Unified)
5. 5. Crown Promenade (Unified)
6. 6. Pan Pacific (Unified)

Hotels DJCS staff stepped into from 1 July to 5 July 2020:

1. 1. Rydges Carlton (Unified)
2. 2. Four Points Sheraton (MSS)
3. 3. Brady - noting DJCS staff at reception only
4. 4. Pullman (Wilson)
5. 5. Mercure (Wilson)

Wilson: Effective Sunday 5 July – all hotels managed by Wilson have been stepped into by DJCS.

MSS: Once step in occurs at ParkRoyal and Holiday Inn Airport hotels, all hotels managed by MSS will have been stepped into by DJCS (including Stamford not yet active with no guests)

Unified: Four remaining active hotels for DJCS to step into, assuming the five hotels identified below remain without guests for a period after 10 July.

Key assumptions:

1. 1. Three occupational health and safety and infection control site assessments can be completed per day. Site assessments for priority six hotels completed by COB Tuesday 7 July.
2. 2. Site assessments for the remaining hotels (below) to be completed progressively after 7 July.
3. 3. Site assessments will confirm the number of DJCS staff required at each hotel.
4. 4. Step-in is subject to appropriate numbers of staff trained. 280 staff can be trained in week commencing 6 July, with first group of 70 available to be deployed on Wednesday 8 July.
5. 5. Skeleton DJCS staff or no DJCS staff (and no security contractors required) at the following hotels due to there being no guests from 10 July for a period of time:
 1. 1. Grand Chancellor (Unified)
 2. 2. Holiday Inn- Flinders St (Unified)
 3. 3. Novotel Hotel CBD (Unified)
 4. 4. Novotel Hotel South Wharf (Unified)
 5. 5. Stamford Plaza (Unified)

Regards
Ryan

RYAN PHILLIPS

Deputy Secretary | Corrections and Justice Services
Department of Justice and Community Safety
Level 26, 121 Exhibition St, Melbourne 3000

Ph: Mobile:
Email: @justice.vic.gov.au
EA: | @justice.vic.gov.au

We acknowledge the traditional Aboriginal owners of country throughout Victoria and pay our respects to them, their culture and their Elders, past and present.



From: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Sent: Sunday, 5 July 2020 2:28 PM
To: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>;
Emma Cassar (DJCS) <@justice.vic.gov.au>; Rebecca Falkingham (DJCS)
<@justice.vic.gov.au>; Jodie Geissler (DHHS) <@dhhs.vic.gov.au>;
Kym Peake (DHHS) <@dhhs.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress

Thanks Ryan. Correction noted. I'll amend your advice accordingly.

And thank you for the quick turnaround. I'll send this on and stand by for question 3.

AP

Amanda Pickrell
Department of Premier and Cabinet
Level 15, 35 Collins Street
M | E: @dpc.vic.gov.au

This office is located on the land of the Traditional Owners of the Kulin Nation.



OFFICIAL-SENSITIVE

From: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
Sent: Sunday, 5 July 2020 2:26 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>;
Emma Cassar (DJCS) <@justice.vic.gov.au>; Rebecca Falkingham (DJCS)
<@justice.vic.gov.au>; Jodie Geissler (DHHS) <@dhhs.vic.gov.au>;
Kym Peake (DHHS) <@dhhs.vic.gov.au>

Subject: RE: OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress

Hi All,

Apologies, one edit to my email below following a discussion with Rebecca. The answer to question 6 is as follows:

6. 6. Are all management and supervisory roles held by existing CV staff?

Yes – it is intended that this continue.

Ryan

From: Ryan W Phillips (DJCS)
Sent: Sunday, 5 July 2020 2:24 PM
To: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>;
 Emma Cassar (DJCS) <@justice.vic.gov.au>; Rebecca Falkingham (DJCS)
 <@justice.vic.gov.au>; Jodie Geissler (DHHS) <@dhhs.vic.gov.au>;
 Kym Peake (DHHS) <@dhhs.vic.gov.au>
Subject: RE: OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress

Hi Amanda,

Please find answers to your queries below.

Regards
 Ryan

 Hi Ryan

The PPO has requested an urgent update by **2pm today** on several questions that have been raised following the Premier's press conference this morning.

1. 1. Confirm that takeover of Pullman and Mercure occurred today;
Yes - this occurred at 7am today. Note that Corrections Victoria took over supervision responsibilities. Victoria Police remains responsible for enforcement.
2. 2. Confirm that CV staff are being briefed and de-briefed at every shift, and temperature testing is continuing for staff before each shift;
 - **Beginning of shift - there is a briefing/update, the team leader is then briefed at 930am by DHHS.**
 - **At the end of the day there is a handover with team leaders and staff are checked in on prior to their departure. If there is an incident or issue, a formal debrief will occur.**
 - **The temperature of all staff is being checked at the commencement of their shift.**
3. 3. Identify next hotels proposed for CV takeover and date of takeover;
This will be provided in a separate email shortly.
4. 4. Update on recruitment, including:
 1. 1. how many CV and DJCS employees do they have?
CV 99, DJCS 29 = Total of 128

2. 2. How many are sourced from outside the department and where are they from?
158 from outside DJCS. Please see attached table.

3. 3. Clarification on whether externals recruits become DJCS employees?
Yes, all external recruits are being employed by the Department of Justice and Community Safety.

4. 4. What training are they provided? Do they have security qualifications?
There are 3 tiers of training, based on a skills assessment by Corrections Victoria. For CV staff - 1/2 day, DJCS /Airline staff/Crown - 1 day training, external staff (i.e. WfV)- 3 days. All staff are provided emergency evacuation training on site and orientation on site. Give the role of Resident Support Officers, there is no requirement to have any security qualifications. Victoria Police is responsible for enforcement.

Note: all CV custodial staff have had 8 weeks training.

5. 5. Are they of the same standard as CV officers?
Qantas, Jetstar and flight attendants from other companies are very highly trained and the skills are directly transferable to the Resident Support Officer role (e.g. de-escalation, customer service).

6. 6. Are all management and supervisory roles held by existing CV staff?
Yes – it is intended that this continue.

Happy to discuss
Amanda

Amanda Pickrell
Department of Premier and Cabinet
Level 15, 35 Collins Street
M

| E: @dpc.vic.gov.au

This office is located on the land of the Traditional Owners of the Kulin Nation.



From: Amanda Pickrell (DPC) <@dpc.vic.gov.au>
Sent: Sunday, 5 July 2020 12:44 PM
To: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
Cc: Tim Ada (DPC) <@dpc.vic.gov.au>; Kate Houghton (DPC) <@dpc.vic.gov.au>;
Emma Cassar (DJCS) <@justice.vic.gov.au>
Subject: FW: OFFICIAL-SENSITIVE: FW: Update on Hotel Quarantine progress
Importance: High

Hi Ryan

The PPO has requested an urgent update by **2pm today** on several questions that have been raised following the Premier's press conference this morning.

- * Confirm that takeover of Pullman and Mercure occurred today;
- * Confirm that CV staff are being briefed and de-briefed at every shift, and temperature testing is continuing for staff before each shift;

- * Identify next hotels proposed for CV takeover and date of takeover;
- * Update on recruitment, including:
 - * how many CV and DJCS employees do they have?
 - * How many are sourced from outside the department and where are they from?
 - * Clarification on whether externals recruits become DJCS employees?
 - * What training are they provided? Do they have security qualifications?
 - * Are they of the same standard as CV officers?
 - * Are all management and supervisory roles held by existing CV staff?

Happy to discuss
Amanda

Amanda Pickrell
Department of Premier and Cabinet
Level 15, 35 Collins Street
M | E:

dpc.vic.gov.au

This office is located on the land of the Traditional Owners of the Kulin Nation.



OFFICIAL-SENSITIVE

From: Ryan W Phillips (DJCS) <@justice.vic.gov.au>
 Sent: Friday, 3 July 2020 5:20 PM
 To: Kate Houghton (DPC) <@dpc.vic.gov.au>
 Cc: Rebecca Falkingham (DJCS) <@justice.vic.gov.au>; Emma Cassar (DJCS) <@justice.vic.gov.au>
 Subject: Update on Hotel Quarantine progress

Hi Kate,

Please find an update below:

- Effective yesterday morning at 6.30am, DJCS (Corrections Victoria) has stepped in to provide residential support to return-travellers at the first hotel quarantine site (Rydges Hotel, Carlton).
- The step in of the second hotel quarantine site occurred this morning at the Four Points Sheraton.
- The department is progressively stepping in at further sites as quickly as possible, including the Pulman and the Mercure on Sunday morning.
- A senior representative from Corrections Victoria has been stationed at the Brady Hotel from 7.30am today, and will be there 24 hours a day.
- Over the past two days, more than 218 staff have been recruited as Residential Support Officers and Team Leaders.

Regards
Ryan

RYAN PHILLIPS
Deputy Secretary | Corrections and Justice Services

Operation Soteria - meetings for tomorrow

From: (DPC) </o=exchangelabs/ou=exchange administrative group (fydibohf23spdlt)/cn=recipients/cn=31479554ca224383abecf25508982571-vic24pb">
To: @dhhs.vic.gov.au
Cc: Kate Houghton (DPC) < @dpc.vic.gov.au>; Rowena x Hansen (DHHS) @dhhs.vic.gov.au
Date: Tue, 07 Jul 2020 18:02:18 +1000
Attachments: Operation Soteria - governance structure.pptx (1.31 MB); Slide pack - Operation Soteria update 6 July.pptx (1.32 MB); PD - Commander - Infection Control Operation Soteria.doc (1.05 MB)

Hi Jennifer,

As discussed earlier, please find below a summary of the meetings I have arranged for you tomorrow regarding Operation Soteria. I have sent these to your Hotmail account, but will also include your DHHS account so you can connect to the virtual meeting via Microsoft Teams on your laptop (where required).

- * 10am – Meeting with Kate Houghton (Deputy Secretary, DPC – on secondment to assist with the COVID-19 response), Rowena Hansen (Senior Commander, COVID-19 Accommodation and Enforcement), myself and my colleague (another principal policy adviser from DPC on secondment to help out). This can be a face to face meeting as we will all be in the office tomorrow.
- * 11:30am – Meeting with I , in Operation Soteria (this role is responsible for the Authorised Officers that are supporting the Operation). This can be face to face or virtual.
- * TBC (will confirm in the morning) – Meeting with Emma Cassar, Commissioner Corrections Victoria. Emma is overseeing the roll out of DJCS staff into the hotels as part of the new supervision model. This will be a virtual meeting.

I have not set up a meeting with Alfred Health, based on your advice that Simone Alexander will call you tomorrow to discuss their work.

Please find attached two documents to provide you with an overview of the Operation and the new governance arrangements (these are still being finalised and we would be keen for your advice on these). I have also attached a draft position description for a new role we are seeking to create to oversee Infection Prevention and Control within the operation, which we would also like to seek your advice on.

In terms of a daily evening report, I have confirmed there is nothing like this currently in place. Rowena will discuss this with you in the meeting tomorrow and this can commence from tomorrow evening. In terms of priorities for the Operation at this time, they include the continued roll out of the new staffing models by DJCS and Alfred Health and confirmation of governance arrangements for Infection and Prevention Control.

Please let me know if there is anything else you need.

Kind regards,

Operation Soteria | Department of Health and Human Services
 M | @dpc.vic.gov.au

(I am currently on secondment from the Department of Premier and Cabinet to assist with the COVID-19 response)



PROTECTED



CABINET-IN-CONFIDENCE

National Cabinet Meeting

Sunday 29 March 2020

Annotated Agenda

1. STRATEGIC DISCUSSION

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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CABINET-IN-CONFIDENCE

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

- **NOTE the arrangements implemented by Victoria to give effect to the 27 March 2020 National Cabinet decision to quarantine all returning overseas travellers for 14 days from midnight 29 March 2020.**
- Victoria's mandatory quarantine arrangements commenced from 11:59 Saturday 28th 2020.
- The Victorian Government has worked across all key agencies (EMV, DOT, DJPR, DHHS, Victoria Police and the ADF) to implement this direction.
- Key arrangements include:
 - Department of Transport has engaged SkyBus who has a fleet of 85 buses to transport arrivals directly from Melbourne Airport to accommodation.
 - The AFP will escort buses from Melbourne Airport to hotels.
 - The Victorian Government has agreements in place with hotels in metropolitan Melbourne and with the first plane having arrived at 6.30am on Sunday 29 March.
 - The Victorian Government is working to put arrangements in place with for an initial 5,000 rooms (most in metropolitan Melbourne metropolitan with some in regional areas including Geelong, Ballarat, Bendigo, Torquay and Marysville).
 - 620 people are expected to arrive today.
 - The Victorian Government has engaged 2 security companies to assist DHHS Authorised Offices and Victoria Police to enforce the arrangements.
 - Victorian Government staff will be available to provide information and support to when people arrive and also when they arrive at accommodation, led by DHHS.
 - Staff will seek to understand the needs of all arriving passengers to ensure that medical, cultural, mental health and family needs are met during the stay.
 - People will be provided with access to healthcare and support services whilst in quarantine.
 - The Government will provide meals, personal hygiene and other needed goods, laundry and cleaning services during the stay.
 - People will be required to stay in their rooms and avoid direct contact with other people.
 - They are able to communicate via electronic means and will be provided with appropriate access to fresh air during quarantine.

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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Crisis Council of Cabinet Brief - Meeting of 27 April 2020

CCC49 - Testing Update – Dashboard (Matter for Endorsement)

DPC Recommendation

Note the data presented in the Health Emergency Mission Dashboard.

Submission purpose

This submission presents key health indicators for managing Victoria's response to COVID-19, intended to inform the decision-making for managing the health emergency.

Expected position of agencies and stakeholders

Agencies are expected to note the submission.

Reasons for DPC recommendation

Data indicates that interventions are working to contain COVID-19 in Victoria

The submission outlines:

- Victoria's average rate of infection per confirmed case (*Reff*) is 0.44 though notes low case numbers give this value high variance daily testing rates have nearly doubled since the start of April to 3117
- Case numbers have declined to a daily average of 7.4 last week, down 58 per cent from the previous week
- 5845 returned travellers have been held in mandatory quarantine in Victoria, with 46 of these testing positive to COVID-19
- Future dashboards will track progress against target thresholds for preconditions to easing public health restrictions.

Presenting trends over time and key interventions will better support decision making

Initial indicators of other health related impacts of the COVID-19 pandemic include:

- a reported increase in presentations to general practitioners and telephone advice services such as Beyond Blue, Kids Helpline and Lifeline
- decline in access to care
- marked changes in substance use and consumption associated with a reduced supply of illicit drugs and an increase in alcohol usage.

Summary of submission

The dashboard presents a range of indicators related to public health, returned travellers and health sector capacity

It is intended to support CCC monitor the impact of new investments in enhanced testing, surveillance and outbreak management. This will complement advice in the whole of government dashboard on behavioural indicators of compliance with physical distancing restrictions (for example through data on public transport patronage and foot traffic).

Paul Scarmozzino, A/Assistant Director Security & Emergency Management

Kate Houghton, Deputy Secretary Social Policy Group



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 4 May 2020

CCC68 - Health Emergency Mission Dashboard (Matter for Endorsement)

DPC Recommendation

Note the data presented in the Health Emergency Mission Dashboard.

Submission purpose

This submission presents key health indicators for managing Victoria's response to COVID-19, intended to inform the decision-making for managing the health emergency.

Expected position of agencies and stakeholders

Agencies are expected to note the submission.

Reasons for DPC recommendation

Victoria's average rate of infection has increased, but this does not necessarily indicate increased community transmission

There were 36 new confirmed cases diagnosed in the week ending 2 May, a 112 per cent increase compared to the previous week. Victoria's average rate of infection per confirmed case (*Reff*) as at May 3 is 2.04, a significant upward trend likely due to increased positive tests identified in recent outbreaks, such as at the Brooklyn abattoir, and the current 'testing blitz'. Cases still under investigation will impact on the *Reff* over the coming days.

Victoria is over halfway to meeting the 'testing blitz' goal of 100,000 people in two weeks

As at 3 May, over 55,877 people have been tested since the blitz commenced. The total number of people tested since 1 January is now over 159,000. PPE stocks continue to grow to support the expanded testing with 20 million examination gloves, 4.8 million face shields, 24 million surgical masks and 6.5 million N95 masks expected in the week of 8 May.

Understanding trends over time and the impact of key interventions will better support decision making

Initial indicators of the impact of the COVID-19 pandemic on people accessing health services and supports include:

- The returned traveller quarantine program has now supported over 8,000 travellers.
- An increase in presentations to general practitioners and telephone advice services but decrease in mental health related hospital presentations and admissions.
- A reported decline in attendance at on-line alcohol and drug support service meetings such as Alcoholics Anonymous.
- A decline in the number of people accessing care at hospital and admissions to mental health inpatient units, with health system activity and Intensive Care Unit occupancy below last year's levels.

Mathew Boelsen, A/Director Health and Human Services

Kate Houghton, Deputy Secretary Social Policy Group



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 14 May 2020

CCC93 - Health Emergency Mission Dashboard (Matter for Endorsement)

DPC Recommendation

Note.

Submission purpose

This submission presents key health indicators for managing Victoria's response to COVID-19.

Agencies are expected to note the submission.

Agencies are expected to note the submission.

Reasons for DPC recommendation

Victoria's average rate of infection has slightly increased and will continue to be monitored

Victoria's average rate of infection per confirmed case (*Reff*) as at 10 May is 2.46, a slight upward trend. The increase is largely attributed to cases identified during the testing blitz and in recent outbreaks. The majority of Victoria's cases continue to be from returning travellers or contact with a confirmed case, though cases acquired from an unknown source have been increasing slightly. Cases still under investigation will impact on the *Reff* over the coming days.

Victoria continues to maintain strong rates of testing and supports for the community, though general health system utilisation remains lower than last year

- The returned traveller quarantine program has now supported almost 10,000 travellers.
- More than 169,000 people were tested during the recent two week testing blitz. Victorians will still be able to access testing and there will be an upcoming testing blitz of teachers ahead of the return to schools.
- PPE stocks continue to grow with more additional stock expected in the week of 15 May. Victoria's current testing kit stocks are estimated to last between one to two months depending on the number of tests conducted per day and with new stock expected to arrive from 16 May. PPE stock levels will continue to be monitored as elective surgery is progressively reintroduced.
- The number of people accessing care at hospital, admissions to mental health inpatient unit, health system activity and Intensive Care Unit occupancy continue to be below last year's levels.

Tracking progress against core metrics in future will inform Victoria's ability to move to Stage 2 easing of restrictions

From 18 May, the dashboard will include a traffic light summary against core metrics to indicate risks and system preparedness for future easing of restrictions. DPC will work with DHHS to identify and refine appropriate tracking metrics to include in future dashboards.

Mathew Boelsen, A/Director Health and Human Services Branch

Kate Houghton, Deputy Secretary Social Policy Group



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 18 May 2020

CCC101 - Health Emergency Mission Dashboard (Matter for Noting)

DPC Recommendation

Note

Submission purpose

This submission presents key health indicators for managing Victoria's response to COVID-19 and progress against core metrics for informing decision-making on Victoria's ability to ease restrictions.

Expected position of agencies and stakeholders

Agencies are expected to note the submission.

Reasons for DPC recommendation

Tracking progress against core readiness metrics better informs Victoria's ability to move to Phase 2 restrictions

Readiness indicators are presented in a traffic light summary as part of the dashboard from this week.

It is intended that all or almost all indicators should be at green, indicating the requirement is safely met, before Victoria progresses to the next stage of restrictions. Victoria's current readiness is a mix of amber and green, with all indicators improving or stabilising. All indicators were at a satisfactory level to move to Phase 1 on 8 May.

Victoria's average rate of infection has decreased to **Reff 0.43**

As at 17 May 2020 there were 117 active cases in Victoria. Most active cases are from the testing blitz, returned travellers and known outbreaks including 99 cases linked to the Cedar Meats abattoir. Only 39 cases are not associated with a known outbreak or hotel quarantine. Victoria's average rate of infection per confirmed case (*Reff*) as at May 17 is 0.43, representing a downward trend attributable to a decrease in positive tests identified after the recent expanded testing program. Cases still under investigation will impact on the *Reff* over the coming days.

The number of tests undertaken in Victoria has declined since the peak of the blitz, despite the lowered threshold for symptomatic testing and increased asymptomatic testing for priority groups. Victoria continues priority testing for teachers ahead of the return to school on 26 May 2020.

Mobility data shows increases in all forms of traffic but remains low compared to pre-COVID-19 levels

Overall pedestrian traffic is at a quarter of pre-COVID 19 levels in central Melbourne but is nearing pre-COVID-19 levels in certain locations and times, such as at the Queen Victoria Market on Saturdays. Public transport patronage has increased, particularly in older Victorians and particularly in Greater Dandenong. Road traffic has increased in Chadstone, Keilor and Templestowe Lower. Activity was slightly above pre-COVID-19 baseline levels on 9 May 2020 for visits to grocery and pharmacy stores, likely due to Mother's Day shopping.

Victoria continues to improve PPE stock availability and outbreak response activity

Rapid response units will commence operation from 19 May 2020. Units include Infection Prevention and Control nurses in multi-disciplinary teams to rapidly deploy to the site of



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outbreaks to manage case and contact tracing, isolation directives, testing and active case finding, determining work site closure requirements and overseeing infection prevention and control screening. PPE and testing kit stocks continue to grow with more additional stock expected in the week of 22 May 2020.

Mathew Boelsen, A/Director Health and Human Services Branch

Kate Houghton, Deputy Secretary Social Policy Group



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Crisis Council of Cabinet Brief - Meeting of 1 June 2020

CCC129 - Health Emergency Mission Dashboard (Matter for Noting)

DPC Recommendation

Note.

Submission purpose

This submission presents key health indicators for managing Victoria's response to COVID-19 and progress against core metrics for informing decision-making on easing restrictions.

Expected position of agencies and stakeholders

Departments are expected to note the submission.

Reasons for DPC recommendation

Readiness indicators continue to stabilise, supporting the decision to ease restrictions effective 1 June 2020 and extend the state of emergency

As at 31 May 2020 there has been a small increase in new and active cases, but a small reduction in the number of outbreaks and small improvements in the community exposures indicator. There has also been a small increase in the *Reff* to 0.91, which needs to remain below 1 to suppress the virus. The majority of Victoria's new cases continue to be from returned travellers and contact with known cases, including seven staff and contractors working at Rydges Swanston Street Hotel currently being used as part of the returned traveller quarantine program.

Improving testing and outbreak management remain key to the public health response

Victoria has conducted over 509,000 tests since 1 January 2020. A high level of testing will continue as set out in the testing strategy brought to CCC on 28 May 2020. A new role of Deputy State Controller - Outbreak Coordination will be established in the State Control Centre to coordinate cross-agency engagement. Victoria continues to have testing stock estimated to last four weeks, with more stock expected by 10 June.

Community mobility continues to increase, particularly from the return to school

Road use is at or exceeding normal levels in many areas of Melbourne between 10am and 3pm, though still remains below normal levels across most locations considering all time periods. The return to school on 26 May 2020 coincided with an increase in public transport use of 13 per cent. Regional bus use increased by 32 per cent, metropolitan buses by 15 per cent, trains by 14 per cent, and trams by 6 per cent. Pedestrian foot traffic in Melbourne CBD has also increased. Public transport use will likely increase with the second stage of return to face-to-face schooling commencing on 9 June 2020.

Victoria's PPE stock continues to grow and new data sets allow for elective hospital admissions tracking

The dashboard now includes information about elective hospital admissions, down in both public (down 29.6 per cent) and private (down 36 per cent) compared to the same time last year.

More stock of gloves, face shields, gowns, hand sanitiser and infusion pumps expected in the week of 5 June 2020. DPC notes 968 ventilators are also expected in the week of 5 June, bringing the state's supplies to a third of the additional peak needs assumed by DHHS (an additional 4000 ICU beds).



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Mental health admissions are at a similar level to last year, however mental health emergency department admissions have generally remained lower than last year.

Mathew Boelsen, A/Director Health and Human Services Branch

Kate Houghton, Deputy Secretary Social Policy Group



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Submission No.	
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: CoViD 19 Emergency Accommodation Framework

Submission Type: Matter for Endorsement

Portfolio/s: Coordination of Health & Human Services & Coordination of Jobs, Precincts and Regions

Mission/s: Essential Services Continuity – People

SUBMISSION PROPOSAL

Recommendation(s):

That the Crisis Council of Cabinet (CCC):

- Agree** that DHHS will coordinate the placement of accommodation support requests across DHHS, DJCS and DET, while DJPR will retain responsibility for acquiring appropriate accommodation supply based on demand.
- Note** the current target of 5,000 rooms was intended for a range of priority cohorts, but will now be insufficient to meet the demands of returning travellers and the Hotels for Heroes program, and **agree** that the Minister for Jobs, Innovation and Trade will be responsible for flexibly procuring further accommodation within the original \$80 million allocation to respond to demand.
- Endorse** the current service model and costings for returning travellers as described at Attachment A.
- Agree** to extend eligibility for the Hotels for Heroes program to any healthcare worker who wishes to self-isolate at a hotel, subject to costings being agreed with the Treasurer and the Premier.
- Note** the \$80 million based on current service models will be exhausted by the hotel quarantine and Hotels for Heroes programs in 1.5 to 2.7 months. Early modelling indicates that providing accommodation for other identified cohorts (see Attachment B) would cost up to a further \$150 million.
- Endorse** an additional investment of \$20 million for the Minister for Jobs, Innovation and Trade and the Minister for Health to commence procuring suitable accommodation for family violence victims.
- Agree** that the Ministers will return within 4 weeks with a further costed proposal for other vulnerable cohorts and to extend the Hotels for Heroes program to other first-responders and critical workforces, including Victoria Police, youth justice, corrections and workers in residential aged care and disability settings.



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8. **Note** that the CCC will be provided with regular updates on the performance of the COVID-19 emergency accommodation program.

Objectives:

1. To protect public health and reduce the spread and impact of COVID-19 by providing suitable accommodation for priority cohorts who do not have existing access to accommodation where they can safely self-isolate or self-quarantine.
2. To support the continued viability of Victoria's tourism and accommodation industry through the COVID health emergency and beyond.

Key Issues:

Current COVID-19 accommodation support arrangements

1. On 20 March, ERC approved \$80 million for the Minister for Jobs, Innovation and Trade to secure and operate up to 5,000 hotel rooms and other accommodation.
2. DJPR has secured 4,870 hotel rooms across 23 providers, spread across Melbourne CBD, metropolitan and regional Victoria, at a cost of \$20 million per month.

Other cohort requirements met to date

3. The Hotels for Heroes program was announced on 5 April 2020, allowing eligible health workers to request accommodation support if they cannot safely self-isolate or self-quarantine at home. A \$20 million allocation from the original \$80 million investment has been earmarked for this purpose. This would allow up to 8,000 eligible healthcare workers to be accommodated based on DJPR negotiated rates.
4. It is proposed to extend the eligibility criteria for health workers to enable any healthcare worker who wishes to self-isolate in a hotel to do so. Costings for this extension will be agreed with the Premier and Treasurer.
5. This submission seeks an additional \$20 million to centrally procure additional accommodation for family violence victims.
6. On 7 April 2020, the Treasurer approved reprioritisation of \$8.8 million of the original \$80 million allocation to support people who are rough sleeping or homeless to self-isolate and recover from COVID-19. This has not been included in the current cost and demand modelling.

Accommodation supply, demand and costings pressures

7. As at 12am 7 April 2020, 1,850 international arrivals have been quarantined (see Attachment C for more detail on hotel utilisation). Demand for existing stock is anticipated to spike this week as additional repatriation flights are directed to Melbourne and healthcare workers start to access the Hotels for Heroes program.
8. Additional repatriation flights could double the number of daily arrivals and will require rapid recruitment of additional concierge and Authorised Officer resources from across government. As demand for these resources increase, there will be less opportunities to provide supervised recreational opportunities for quarantined travellers.
9. Currently, hotel and other ancillary costs (security, groceries allowance, couriers, call centre, hospital grade cleaning etc.) total around \$4,700 per international arrival quarantined for 14 days, excluding DHHS and DOT costs. The cost for eligible healthcare

CABINET - IN - CONFIDENCE

Page 2 of 6



CABINET - IN - CONFIDENCE

workers is around \$2,500 per 14-day stay and would increase if other supports and services are required. Further costs would be incurred for rooms used by onsite nurses or left unutilised (around 10 per cent of all rooms).

10. Based on these estimates and the three demand scenarios for quarantined travellers and healthcare workers at Attachment A, the allocated \$80 million will be exhausted in around 1.5 to 2.7 months. Over three months, costs for these two cohorts are estimated to be \$112.2 million in the low scenario, \$146.2 million in the medium scenario and \$180.4 million in the high scenario. It will also require 5,450 to 8,000 rooms to be contracted.
11. This will leave no additional capacity to meet the emergency accommodation needs and public health requirements for priority cohorts including vulnerable Victorians who are either not connected to service supports or cannot access these supports due to provider or service system continuity failure.
12. These vulnerable cohorts include clients with complex needs who may be common clients across a range of community and justice services. These clients face significant barriers in accessing services and maintaining a stable housing environment. These cohorts, some of whom are the responsibility of the State to support, are at high risk of contracting and spreading COVID-19 creating a wider public health risk as well as risks to their own health.
13. There will also be no capacity to expand the Hotels for Heroes program to other frontline workforces such as police, youth justice, corrections and residential aged care and disability care staff.
14. A table of the full list of cohorts requiring temporary accommodation, their needs and what is known about the projected demand for each cohort is at Attachment B.

Decision-making on supply and accommodation acquisition

15. The original ERC decision stipulated that the \$80 million allocation for procuring temporary accommodation could be used to secure up to 5,000 rooms. With the increasing demand for rooms related to repatriation flights as well as other target cohorts, this level of stock will not be sufficient. DJPR requires greater flexibility to procure more rooms as needed within the agreed funding amount.
16. DJPR will continue to consult with and inform the Australian Hotel Industry Association (AHIA) on all additional accommodation supply for the purposes of quarantining travellers and a range of community cohorts. DJPR will also actively seek the AHIA's support for decision-making on specific accommodation providers and consider alternative options that the AHIA might put forward.

Decision-making and prioritisation of additional cohorts for accommodation

17. To provide capacity to service other accommodation needs, it is recommended that a further submission is provided to CCC as soon as possible to extend accommodation to other priority cohorts including vulnerable Victorians who are either not connected to service supports or cannot access these supports due to provider or service system continuity failure related to COVID-19. This will be available for eligible clients across DHHS, DJCS and DET funded and directly delivered services.
18. It is also recommended that CCC request ministers return with a costed proposal to open the Hotels for Heroes program to other frontline emergency and critical workforce at risk



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of COVID exposure while working, such as Victoria Police, youth justice and corrections staff as well as patient facing residential aged and disability care workers.

19. DHHS will contract a third-party provider of an integrated accommodation booking engine and call centre functionality in collaboration with DJPR, to support the potential scale of centralised placement activity required. Significant demand for emergency accommodation placements outside of the traveller quarantine and Hotels for Heroes programs should not be released until this system is operational. DHHS and DJPR will work with the third-party provider to include eligibility requirements in the booking engine for placement and agreed protocols and reporting to DJPR to assist with provider management and sourcing.

Roles and responsibilities

20. Roles and responsibilities for the hotel quarantine program have been shared by DJPR, SCC, DHHS and Victoria Police.
21. As the emergency accommodation program expands to cater to other cohorts, DJPR should continue to retain its responsibility for sourcing accommodation and managing industry and accommodation provider relationships, while DHHS will retain its responsibility for the specific needs of different cohorts in its remit, and health advice around COVID-19 precautions.
22. Under the new framework key roles and responsibilities will be:
 - a. DHHS will coordinate the day-to-day placement of eligible accommodation support requests across DHHS, DJCS and DET portfolio responsibilities.
 - b. DHHS will procure a third-party provider of an integrated accommodation booking engine and call centre functionality, to support the potential scale of centralised placement activity required. DHHS will provide staff to work with the booking provider to assess accommodation and other support needs of complex client requests, if not referred from an existing service provider or another government agency who has already conducted an eligibility, risk and needs assessment.
 - c. DJPR will work with DHHS to strategically source appropriate accommodation supply based on forecast and actual requirements.
 - d. DJCS and DET will be responsible for briefing on their client requirements for hotel placement, and for making other special arrangements as needed.
 - e. CCC will have overall oversight and direction of emergency accommodation allocations while the COVID Health Emergency is in place. CCC will use the SCC to make operational decisions including prioritisation of demand when insufficient supply if rationing becomes necessary. These decisions will be executed in line with CCC decisions on the use of a central mechanism to manage demand (coordinated by DHHS) and supply (sourced by DJPR). Other parts of Government seeking to access the COVID accommodation support program for their clients will use this process.

Next steps and related activities

23. Regular updates on emergency accommodation demand and supply will be provided to CCC with critical issues escalated to the Minister for Health as needed.



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24. DHHS will contract a third-party provider of an integrated accommodation booking engine and call centre functionality to support centralised placement of people with different needs into appropriate accommodation.
25. Subject to a decision on funding to extend temporary accommodation for other cohorts, DHHS will develop a more detailed allocation plan to bring back to CCC.
26. Portfolio ministers and responsible departments will continue to pursue activities that strengthen the ability of Victorians to safely remain in their current place of residence or other transitional options to reduce pressure on emergency accommodation program.

Risks:

1. If this submission is not supported the current funding and room allocation will not be sufficient to meet demand from different priority cohorts creating public health, personal safety and community safety risks.
2. There is a risk that announcement of a broad-based accommodation support program creates expectations that all eligible cohorts will be accommodated and reduce the incentive for individuals, employers and funded service organisations to plan and activate their own organisational and sector continuity plans. This can be managed by clear communication to sectors and across government.

Support/Criticism:

1. Access to government funded accommodation support where no other option exists would be welcomed by providers of health, community and justice services.
2. Continued bulk purchasing of accommodation by government will provide certainty to the accommodation industry.



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FUNDING

Table 1: Output/operating funding

(\$ million)

<i>i. Financial impact out</i>	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	Ongoing
Component a	20.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross output	20.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from internal reprioritisation	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources (e.g. new revenue, trust fund, Commonwealth funding) – please insert rows to specify each separately if possible	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal offsets	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Net impact output	20.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 2: Asset/capital funding

(\$ million)

<i>Financial impact (capital)</i>	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	2024-25	2025-26	TEI
Component a	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Risk allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Contingency allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Net impact capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 3: Lease liability if applicable

(\$ million)

<i>Financial impact</i>	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Recognition of lease liability	0.000	0.000	0.000	0.000	0.000	0.000

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this submission:

Yes

No

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Page 6 of 6

Attachment A - Scenarios for accommodation demand and costings

Notes

- **Costs.** Hotel and other ancillary costs (excluding DHHS and DOT-related costs) are around \$4,700 per international arrival quarantined. Costs for healthcare workers are around \$2,500 per person, and would increase if other supports and services are required. Three months of costs are modelled below.
- **Quarantine of international arrivals.** The number of repatriation flights arriving in Melbourne will impact the number of hotel rooms required for quarantine, as well as starting up new routes to bring Australians back. Currently, around 150-200 passengers are arriving each day on average.
- **Healthcare workers.** The government announced that the Hotel for Heroes program is open to 8,000 healthcare workers.

	Quarantine of international arrivals	Hotels for heroes (healthcare workers)	Family violence (under consideration)	Hotel rooms required to be contracted	Total cost
	14 day stay: ✓ Hotel room and meals ✓ Security ✓ Call centre ✓ Groceries and couriers ✓ Laundry and linen ✓ On site hotel check-in and support ✓ CPV to return home ✓ Hospital grade cleaning ✓ Contingency for sick individuals who need to stay longer ? DHHS costs TBC ? DOT costs TBC	17 day stay: ✓ Hotel room and meals ✓ Hospital grade cleaning ? DHHS costs	17 day stay: ✓ Hotel room and meals ✓ Hospital grade cleaning ? DHHS costs	Includes a 10% buffer of rooms to be used by staff (e.g. nurses) and unutilised rooms, including those on 'red floors' for individuals with COVID-19	
Low scenario	\$21.7M per month • 200 people per day / 6,000 people per month • Average over first week of the quarantine program	\$6.7M per month • 2,666 people per month/average	\$6.7M per month (TBC)	5,450 rooms \$2.3M for buffer rooms per month	\$37.4M per month \$112.2M over three months
Medium scenario	\$32.5M per month • 300 people per day / 9,000 people per month • 3 additional large repatriation flights a week	\$6.7M per month • 2,666 people per month/average	\$6.7M per month (TBC)	6,730 rooms \$2.9M for buffer rooms per month	\$48.7M per month \$146.2M over three months
High scenario	\$43.4M per month • 400 people per day / 12,000 people per month • 6 additional large repatriation flights a week	\$6.7M per month • 2,666 people per month/average	\$6.7M per month (TBC)	8,000 rooms \$3.4M for buffer rooms per month	\$60.1M per month \$180.4M over three months

Potential cohorts in scope

Cohort	Dept/Agency	Accommodation needs	What we know about demand
Incoming international passengers	DHHS/DJPR	<ul style="list-style-type: none"> • Security on premises • Essential goods (groceries, pharmaceuticals) 	5,000 rooms for international quarantine purposes
Health care workers	DHHS	Hospital workers and paramedics already in scope, potential to extend to residential aged care.	8,000 rooms made available
Justice essential workforce	DJCS/VicPol	For Correctional, Youth Justice, Police and emergency services staff - as per healthcare workers,	1,000 rooms made available
People experiencing domestic violence	DHHS/DJCS	<ul style="list-style-type: none"> • Secure premises • Reception staff trained not to give out client info • Assurance of no FV perpetrators in proximate rooms 	TBC
Family violence perpetrators	DJCS	<ul style="list-style-type: none"> • Secure premises • Reception staff trained not to give out client info 	TBC
People at risk of homelessness	DHHS	<ul style="list-style-type: none"> • Secure premises 	TBC
People with mental health issues	DHHS	<ul style="list-style-type: none"> • Safety and security adjustments to physical infrastructure, (e.g. ability to safely secure people inside (restrictive practices) 	TBC
Disability clients in supported accommodation or where their carer becomes unwell	DHHS	<ul style="list-style-type: none"> • Universal access requirements • Accessible infrastructure (e.g. accessible showers, wider doors, particular beds, no stairs) • People who are immunocompromised to have separate accommodation • Co-location with carers 24/7 for group home residents (with some requiring 2:1 support) 	TBC
People exiting the justice system (for example, people to be released from prison), and those on statutory orders	DJCS	<p>For exiting correctional facilities:</p> <ul style="list-style-type: none"> • Secure premises and minimising co-location of clients where possible • Essential goods (e.g. food) may be required for some individuals • Access to additional facilities (e.g. meeting rooms) to provide health, social and justice services and supports. <p>For those on community based orders:</p> <ul style="list-style-type: none"> • Accommodation should not be mobile (e.g. mobile homes / caravans) • For a small cohort, Government may require the ability to safely secure people inside (e.g. provision of security personnel) • Essential goods (e.g. food) may be required for some individuals • Access to additional facilities (e.g. meeting rooms) to provide health, social and justice services and supports. 	7,500 clients until end of June 2020 estimated
People who were sentenced in a correctional facility and have been released on a health permit	DJCS	<ul style="list-style-type: none"> • Accommodation should not be mobile (e.g. mobile homes / caravans) • Government may require the ability to safely secure people inside. Where this is required, Government may work with providers to discuss options (e.g. provision of security personnel) • Essential goods (e.g. food) may be required for some individuals. • Access to additional facilities (e.g. meeting rooms) to provide health, social and justice services and supports. 	TBC
Children in out of home care	DHHS/DJCS	<ul style="list-style-type: none"> • Capacity to co-locate • Security of premises • For children – cots, high chairs, play spaces, child safe requirements 	TBC
DET request	DET	<ul style="list-style-type: none"> • Secure premises 	50-80 students across a 16 week period

Demand and cost projections – vulnerable cohorts

Cohort	Month 1 (April)	Month 2 (May)	Month 3 (June)	Total people	Total cost – low (\$M)	Total cost – medium (\$M)
Vulnerable groups – total	5,549	177,3	17,267	40,579	103.5	146.1
DHHS clients	3,313	11,256	10,942	25,511	65.1	91.9
DJCS clients	2,236	6,507	6,325	15,068	38.4	54.2
DET clients	TBC	TBC	TBC	TBC	TBC	TBC

Key modelling notes:

- In each cohort type, service users have been segmented to identify sub-cohorts who require accommodation supports only. This significantly reduces cohort groups for disability and mental health clients
- A 20% discount rate has been applied to all DJCS and DHHS cohort numbers to account for common clients
- COVID infection and exposure profiles driving month to month figures based on COVID spread modelling from DHHS public health
- Low scenario: all stays costed as 17 day stay @ \$150 per night, to cover 14 day average stay with 3 day contingency to cover extended stays if cannot immediately exit as well as contingency for bio clean and other costs.
- Medium scenario: all stays costed as 24 day stay @ \$150 per night, to cover 21 day average stay with 3 day contingency. Sensitivity modelled as a 14 day stay may be unrealistic for vulnerable cohorts for whom it may take longer to arrange suitable exit options.

Attachment C - Quarantine of international arrivals: rooms occupied as at 12am 7 April

Property name	Rooms contracted	People in hotels	Rooms occupied	Reserved for red zones and staff	Rooms remaining
Crown Metropol	550	454	365	26	159
Crown Promenade	400	449	338	26	36
Crowne Plaza Melbourne	400	359	286	80	34
Pan Pacific Melbourne	370	372	276	28	66
Mercure Welcome Melbourne	330	151	108	31	191
Parkroyal Melbourne Airport	190	65	53	32	105
Four Point by Sheraton, Melbourne Docklands	250	0	0	TBC	250
Melbourne Marriott Hotel	170	0	0	TBC	170
Holiday Inn Melbourne Airport	180	0	0	TBC	180
Novotel Melbourne on Collins	380	0	0	TBC	380
Travelodge Hotel Melbourne Docklands	286	0	0	TBC	286
Travelodge Hotel Melbourne Southbank	260	0	0	TBC	260
Batmans Hill on Collins	170	0	0	TBC	170
Total hotels that meet DHHS requirements for quarantine	3936	1850	1426	223	2287
Mid City Hotel Ballarat	60	0	0	TBC	60
Novotel Melbourne Glen Waverley	190	0	0	TBC	190
All Seasons Resort Hotel Bendigo	70	0	0	TBC	70
Novotel Geelong	108	0	0	TBC	108
Peppers, The Sands Torquay	66	0	0	TBC	66
Rydges Geelong	120	0	0	TBC	120
Rydges On Swanston	95	0	0	TBC	95
Vibe Hotel Marysville	85	0	0	TBC	85
Zagame's House	90	0	0	TBC	90
Bell Tower Inn	50	0	0	TBC	50
Total hotels that do not meet DHHS requirements for quarantine	934	0	0	TBC	934
Total hotels contracted	4870	1774	1163		3707



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 8 April 2020

CCC14 - CoViD 19 Emergency Accommodation Framework (Matter for Endorsement)

DPC Recommendation

Support subject to the inclusion of eligibility criteria and development of an exit strategy as part of recommendation 7.

Submission purpose

The submission provides an overview of the COVID emergency accommodation support arrangements and current demand. It seeks agreement of governance arrangements, extension of Hotels for Heroes to all healthcare workers, and an additional \$20 million to secure suitable accommodation for victim survivors of family violence.

Expected position of agencies and stakeholders

DTF is likely to support all recommendations but agree that the \$20m additional allocation for family violence victim survivors be sourced from the existing \$80m allocation. They also will request consideration of recommendation 4 is deferred until further work is undertaken. Departments and agencies are expected to support the submission, noting that a further submission will be developed to consider additional cohorts.

Reasons for DPC recommendation

The COVID health emergency is driving demand for temporary accommodation to support self-isolation, complete mandatory quarantine, and support vulnerable Victorians

ERC allocated \$80 million to DJPR to secure a supply of temporary accommodation. This funding has been allocated to secure accommodation for airport arrivals, and support health care workers to self-isolate. The Treasurer approved \$8.8 million from the fund source to support people who are rough sleeping or homeless to self-isolate and recover from COVID-19.

Expansion of the eligibility criteria of Hotels for Heroes is supported in principle to ensure equity across the healthcare workforce, but will come with significant cost implications

DHHS and DJPR's demand projections for travellers subject to mandatory quarantine and Hotel for Heroes suggest the initial allocation will be exhausted in 1.5 to 2.5 months. Final costings will depend on upon definition of eligibility and demand. There may be challenges in securing adequate supply of appropriate accommodation to meet statewide demand.

An additional \$20 million is sought to centrally procure suitable accommodation for victim survivors of family violence

In times of crisis, rates of family violence increase substantially. Sudden unemployment and extended periods of isolation are also expected to contribute to a heightened risk of family violence driving demand for accommodation to enable women and children to escape family violence. The exiting supply secured by DJPR is unlikely to be suitable for many within this cohort and the current service system will not meet expected demand.

There is no capacity within the existing allocation to meet demand for vulnerable Victorians with complex needs such as Aboriginal Victorians and justice cohorts, or to expand the Hotels for Heroes program to other frontline workforces

Further consideration of demand modelling, prioritisation and eligibility of existing and additional cohorts, alternative accommodation solutions, capacity to deliver, and the longer-term impacts of vulnerable cohorts on the service system is recommended before any further



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funding is allocated. Clear eligibility criteria, planning for recovery, and developing an exit strategy is recommended to ensure any longer-term impacts on the system can be minimised.

Summary of submission

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Melinda Stuart-Adams, Director Family Violence
Kate Houghton, Deputy Secretary Social Policy Group



CABINET - IN - CONFIDENCE

Submission No.	CCC47
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: COVID 19 Emergency Accommodation Framework

Submission Type: Matter for Endorsement

Portfolio/s: Coordination of Health & Human Services & Coordination of Jobs, Precincts and Regions

Mission/s: Essential Services Continuity – People

SUBMISSION PROPOSAL

Recommendation(s):

That the Crisis Council of Cabinet (CCC):

- Note** updated usage and costs to date under the COVID-19 Emergency Accommodation (CEA) program for mandatory quarantine of incoming international passengers and *Hotels for Heroes* placements for eligible hospital workers and paramedics, which at 20 April 2020 represents 5,721 people accommodated to date, with costs modelled to be \$37.1 million to end April 2020, which does not include the cost of rooms contracted but not filled.
- Note** that, despite reduced projected demand for emergency accommodation based on updated pandemic modelling and sector response planning, there is still a need for a broad-based and flexible CEA program framework (see **Attachment 1**) to respond rapidly to any localised clusters and continue to support the tourism accommodation industry during a prolonged economic downturn.
- Endorse** the amended service model for quarantined travellers which includes expanded health and social supports. A further month of hotel-based quarantine at expected levels will cost between \$47.1 million to \$51.08 million depending on capacity to continue to redeploy VPS staff from other duties (see **Attachment 2**), noting that incoming international arrivals are only forecast a week in advance and hard to predict with accuracy, and that a further submission will come to CCC on alternative quarantine options.
- Endorse** the extension of access under CEA *Hotels for Heroes* program to frontline workers in hospital laboratories, Victoria Police, Youth Justice, Corrections, Metropolitan Fire Brigade and Country Fire Authority Emergency Medical Response, disability supported independent living, public sector residential aged care, community based pharmacy, and workers in primary care settings, where these workers have unprotected exposure to confirmed and suspected cases of COVID-19 and cannot safely self-isolate, including to prevent exposure to family and household members. This will be at an



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anticipated cost of \$3.2 million to end May 2020 to be encompassed in original \$20 million allocation for Hotels for Heroes (see **Attachment 2**).

5. **Endorse the extension of** access for an initial three month period under CEA Hotels for Heroes program to include a small number of essential frontline hospital and paramedic workers regularly operating in an environment that involves consistent exposure to COVID-19 positive patients, who require accommodation on compassionate grounds for up to a three month period over the pandemic and cannot safely self-isolate at home, at an anticipated cost of \$6.2m to July 2020 to be encompassed in original \$20 million allocation for Hotels for Heroes.
6. **Agree** that the emergency accommodation program will be used to reserve up to 150 rooms over three months for international students at risk of homelessness, at an expected cost of \$1m to end July 2020.

Objectives:

1. To continue to be as well prepared as possible to protect public health and reduce the spread and impact of COVID-19 by providing suitable accommodation for quarantined travellers, vulnerable Victorians, and the workforces that support them, in situations where they do not have access to existing accommodation to safely stay home, self-isolate or quarantine, and cannot access an existing service system response.
 2. To support the economy, the sustainability of Victoria's tourism accommodation sector and retain jobs during a prolonged period of restrictions on international and interstate travel through utilisation of commercial accommodation providers.
 3. To meet Victoria's obligations under the Charter of Human Rights and Responsibilities Act 2006 and other requirements to provide people subject to a mandatory quarantine with appropriate levels of material aid, health and wellbeing support.
-

Key Issues:

Previous Crisis Cabinet Committee decision

1. The CEA response is intended to provide safe, healthy and appropriate accommodation for people who are required to quarantine outside their home or as a 'last resort' contingency mechanism to support people with no other options to safely comply with relevant CHO directions during the COVID-19 public health emergency. It will also ensure safe accommodation for those who cannot safely isolate or recover at home, such as those experiencing family violence, and for essential frontline workforces.
2. Further, the program continues to provide essential economic stimulus for a range of businesses across the state.
3. On 8 April 2020, CCC agreed to the overarching CEA program including the following streams:
 - a. Confirming arrangements in place to accommodate incoming international passengers who are required under Chief Health Officer (CHO) directions to enter a mandatory quarantine.
 - b. Establishment of the *Hotels for Heroes* program for eligible healthcare workers to self-isolate at a hotel; with extended eligibility for any healthcare worker who wishes to self-isolate at a hotel subject to costings being agreed with the Treasurer and the Premier.

CABINET - IN - CONFIDENCE

Page 2 of 10



CABINET - IN - CONFIDENCE

- c. An additional \$20 million to support short-term accommodation for family violence victim survivors.
4. Additionally, CCC noted the need for flexibility in the CEA model to adapt to changing needs as the COVID-19 pandemic response evolves and requested monthly reporting to the Treasurer on accommodation utilisation across eligible cohorts.
5. CCC requested that we return within two weeks to provide a costed proposal to expand the emergency accommodation framework to include other vulnerable Victorians and essential frontline services beyond hospital and paramedic workforces.

Current and forecast CEA usage

6. As at 16 April 2020, DJPR has a current hotel stock of 31 properties across CBD, metropolitan and regional Victoria, with 6,535 rooms contracted at a monthly cost of \$27.19 million. Of these, 12 properties are currently accommodating guests as part of the quarantine program, and two properties are accommodating health workers as part of the *Hotels for Heroes* program. Since the Victorian Government announcement of the *Hotel for Heroes* initiative on the 5th of April, the *Hotels for Heroes* program has received 30 referrals for accommodation.
7. Accommodation bookings related to family violence have not yet commenced. Current demand is continuing to be met through existing service provisions and pathways, including state-wide crisis service safe steps.
8. To-date, \$25.5 million has been paid to hotels as part of the emergency accommodation program. This includes \$8.52 million to hold properties that have not yet been occupied. This compensates accommodation providers for reserving these rooms for non-commercial use. There are no financial claw-back arrangements in the funding agreements with hotels, as this would deter providers from participating and negatively impact Government's certainty of supply for the emergency accommodation program.
9. Revised modelling by the CHO suggests Victoria's current restrictions have significantly 'flattened the curve' of expected COVID-19 spread. This has allowed more time to assess and increase preparedness of community service sectors to respond to risk of outbreaks in community-based facilities or services, including through additional government investment in sector-specific contingencies for particular needs in child and family services (agreed by CCC but not yet announced) and disability setting (not yet agreed).
10. CEA demand estimates have been updated to reflect this modelling. Over the next four weeks while the State of Emergency and associated restrictions remain in place, there are now likely to be much lower numbers of critical workers or vulnerable Victorians exposed to COVID-19.
11. Accordingly, demand for emergency accommodation for workers to self-isolate away from home, or because individual organisations or sectors have been overwhelmed by outbreaks, is less likely.
12. However, the situation is fluid, and the potential for localised outbreaks which may overwhelm sector or regional planning like the recent outbreak in North-West Tasmania, remains.
13. Other demand for emergency accommodation related to COVID-19 may be exacerbated by continued restrictions to support a slower and flatter spread of COVID-19. For example, sustained and staggered removal of restrictions may increase the length of time it is desired to keep rough sleepers housed in hostels, the risk that more family violence

CABINET - IN - CONFIDENCE

Page 3 of 10



CABINET - IN - CONFIDENCE

will occur in the home and the risk that Victorians at critical transition points, such as exiting the justice system, cannot rely on as rapid a re-integration into their community and associated social and economic opportunities as may otherwise have been the case.

14. There are also likely to be significant medium-term demand pressures for affordable and social housing given the direct impact of COVID-19 and the significant economic deterioration that is likely to persist for some time. In addition, deterioration in the housing market may offer opportunities for purchase of housing stock at good value that also protects the housing market against some of the impact of the downturn. Discussions are underway between DTF, Director of Housing and others regarding a housing economic stimulus response that would respond to these issues.

Changes to Quarantine Program Service Model

15. As at 20 April 2020, 5,721 international arrivals have been quarantined. Demand is continuing due to repatriation flights. While repatriation flights may reduce over time, there may be a need to continue a large-scale quarantine program for a number of months.
16. To support the health and wellbeing of quarantined travellers and to facilitate orderly exit at the end of the quarantine period for people who normally reside outside Victoria, a number of changes are proposed to the service model. These changes have all been accommodated within original cost estimates or redirecting underutilised health system capacity in the short-term.
17. These changes include the delivery of deep cleaning for COVID-19 positive rooms, support for interstate residents to organise onward travel through Corporate Travel Management (CTM), limited accommodation support for onward travellers experiencing financial hardship, and expanding the Government Support Service call centre to cater to extra demand and operate 24/7.
18. In addition, DHHS is now providing an enhanced model of care with greater social and health supports including Authorised Officers to allow travellers to have supervised exercise breaks outdoors, a welfare check function incorporating escalation points to senior social workers (via phone) and suitably qualified nurses on duty at each hotel 24/7, supported by access to GPs, mental health nurses and pharmaceutical supplies.
19. Based on the revised service model, the total cost of the quarantine program for May would be a further \$51.1 million (including DHHS costs and fixed program costs) if arrivals average 300 per day.

Expanding COVID-19 Emergency Accommodation (CEA) – *Hotels for Heroes* offer to other critical workforces

20. Up-take to date of the *Hotels for Heroes* program has been small and updated pandemic modelling and preparedness suggests the level of unprotected exposure across frontline workforces will be smaller than originally anticipated.
21. As a result, the *Hotels for Heroes* offer of 14 days hotel accommodation and meals for workers who cannot safely self-isolate at home could be extended to other frontline



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workers without expanding the original allocation of \$20 million over three months set aside for this purpose.

22. It is proposed to expand access to Hotels for Heroes to the following essential frontline workforces:

- frontline workers in hospital laboratories, disability supported independent living, public sector residential aged care, community based pharmacy, and workers in primary care settings
- Victoria Police, Youth Justice, Corrections, Metropolitan Fire Brigade and Country Fire Authority Emergency Medical Response

23. In addition to the above, it is proposed to trial an extension of the *Hotels for Heroes* offer to frontline hospital and paramedic health workers working in environments that involve consistent risk of exposure to COVID-19. This would provide critical members of the frontline health workforce, for example those working on designated COVID-19 hospital wards, the option of a secure place to reside for up to 90 days during the pandemic if they are unable to safely do this at home (e.g. because they live with members of at-risk populations or other frontline hospital staff).

24. It is proposed that this extension would be reviewed in three months to determine demand and ongoing utility as further information about the duration of the pandemic becomes available. This would cost \$6.2 million to the end of July, as detailed in Attachment 2, and provide this accommodation to an estimated 500 frontline hospital workers and paramedics.

Expanding COVID-19 Emergency Accommodation (CEA) contingency offer to other vulnerable cohorts

25. The previous CCC decision confirmed access to the CEA for family violence accommodation. CEA bookings for this purpose have not yet commenced, with current demand absorbed by the existing service system response, and overseas experience suggests family violence reports will lag.

26. A range of other vulnerable Victorians with complex needs who rely on services and support across a range of community, and education service systems, are at risk of homelessness during the extended health emergency. In some cases such Child Protection or international school homestay students, the state holds a welfare responsibility.

27. The recovery pathway associated with a range of past crises, such as the Global Financial Crisis and bushfires, highlights that complex clients will be disproportionately impacted with a number pushed into more acute circumstances. These clients ultimately then face greater recovery challenges and tend to require greater long-term investment by Government.

28. For example, people that are at risk of homelessness and experience a number of co-morbidities such as poor mental health, a disability and addiction that, without support, will escalate and likely come into contact with the justice system. Outcomes for these people and lifetime costs to the State are significantly exacerbated where early intervention and diversion does not occur.

29. Expansion to include such complex needs individuals in the CEA program, where all other service response options have been exhausted, would provide emergency accommodation support if an individual met one of the three following criteria, reducing the likelihood of increased risk to both the individual and community.



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- a. A person who needs to self-isolate as they present a public health risk to themselves or others due to their COVID-19 positive status or their close contact with confirmed COVID-19 positive cases, AND are unable to safely do this at home, AND require government support to find and fund alternative accommodation.
 - b. A person whose personal circumstances mean complying with 'Stay at Home' directives places them at risk of being harmed by themselves or others, AND who requires government support to find and fund alternative accommodation.
 - c. A person whose personal circumstances mean complying with 'Stay at Home' directives places them at risk of harming others, AND who requires government support to find and fund alternative accommodation.
30. The primary response for vulnerable cohorts is to be supported through existing service arrangements, be they government or sector delivered. Where this is not possible inclusion in the CEA program would enable a 'last resort' response.
31. Given the breadth of cohort and the uncertainty regarding future service options, it is difficult to estimate precisely the uptake in accommodation by this group. Funding would be managed on a contingency basis, with access prioritised for those with no other alternative, and acute vulnerability.
32. Examples of priority cohorts include complex common clients, such as women exiting prison into homelessness or those rendered homeless due to the closure of rooming houses or people in residential alcohol and other drug treatment who are discharged early due to COVID-19 positive status.
33. These clients require a tailored approach to accommodation, that includes alternative settings such as motel options or serviced apartments across outer metropolitan Melbourne and regional Victoria, and continued provision of existing services in those settings. A 14-day stay is the assumed average stay.
34. The process for allocating these clients to accommodation is proposed to be as per existing arrangements for the program, and as detailed in **Attachment 1** which provides detail of the end to end service model
35. The potential cost of access for vulnerable cohorts will depend on whether the virus remains well contained. On current modelling, no additional funding is needed at this time. Take up will be monitored and reported back to CCC at regular intervals.

Emergency accommodation for international students at risk of homelessness

36. International students are at a high risk of accommodation instability due to loss of employment or other income sources as a result of the COVID-19 pandemic. Approximately 70 per cent of student visa holders report that they live in rental accommodation, and may be more likely to be on informal agreements that put them at greater risk such as subleases and informal leases. These students are not eligible for support programs such as the Commonwealth Jobseeker and Jobkeeper allowances.
37. Emergency accommodation is already offered as a last resort to international students through the Study Melbourne Student Centre (SMSC). DJPR considers that reserving an additional 150 rooms as part of CEA will be necessary to manage possible additional demand related to COVID-19. This support will only be offered once all other options are exhausted through the SMSC, which provides free case management, advice, legal support, material aid, medical support and rent relief to at-risk students. This support is

CABINET - IN - CONFIDENCE

Page 6 of 10



CABINET - IN - CONFIDENCE

currently only available through referral by SMSC and will not be publicly promoted to avoid a large volume of requests.

38. Under the proposed expansion of CEA, accommodation would be booked a fortnight at a time, with at-risk students eligible to stay for up to a month. During this time, students would have a case plan with clear expectations for action, such as sourcing alternative accommodation, contacting the consulate and organising flights home.
39. DJPR is exploring options to partner with the City of Melbourne to provide support for international students, including a possible financial contribution towards emergency accommodation.

Exit models and risks regarding the CEA

40. While the current situation continues to evolve, planning continues regarding how the overarching strategic decision-making framework for COVID-19 suppression and staggered removal of restrictions will impact both the social and economic settings in Victoria.
41. For the CEA this includes:
 - a. How to manage the sourcing of hotel and other tourism accommodation supply in order to support continued viability of the industry overall and equitable treatment of providers.
 - b. How to best support the exit of vulnerable cohorts into safe and suitable accommodation at the end of their hotel stay.
 - c. How to support the re-establishment of justice and community services capacity following the lifting of physical distancing and other restrictions, while also continuing any innovations in service delivery developed in response to COVID-19 that have longer term applicability.
 - d. The long term sustainability of the current hotel-based mandatory quarantine model and options for alternative forms of enforcing and supporting quarantine in a mix of returned travellers' own homes or hotels if the returned traveller does not have a settled place of residence in Victoria.

Next steps and related activities

42. Government will work with the booking and allotment team and other relevant services, to establish monthly reporting to support monitoring of CEA demand and to help understand the implications for the broader health, human services and justice service systems. This reporting will be incorporated in regular COVID-19 dashboard reports for CCC.
43. To ensure an operational and efficient CEA, in particular for expanded workforce cohorts, key contact centre infrastructure, scripts and guidance needs to be in place prior to announcement. Any critical need from government emergency service workers would be met on a case by case basis during this period.
44. Portfolio ministers and responsible departments will continue to pursue activities that strengthen the ability of Victorians to safely remain in their current place of residence or other transitional options to reduce pressure on emergency accommodation program.



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45. To ensure culturally safe accommodation options for Aboriginal Victorians, the COVID-19 Aboriginal Taskforce will propose options for the next round of short-term supply procured by DJPR. Medium-term supply will need to include accommodation options that are designed by Aboriginal organisations for Aboriginal communities.
46. A CCC submission is being prepared on alternative quarantine models that could support the staged removal of COVID-19 restrictions to support careful recommencement of community, economic and social services activity.

Risks:

47. Delays in expanding CEA will mean the current funding allocation cannot be used to provide necessary accommodation for vulnerable people who are not getting a service system response.
48. There is a risk that announcement of expanded criteria creates expectations that all eligible cohorts will be accommodated and reduces the incentive for individuals, employers and funded service organisations to plan and activate their own organisation and sector continuity plans. This can be managed by ongoing clear communication to sectors and across government.

Support/Criticism:

The expansion of the CEA to cover other critical workforces and vulnerable cohorts is expected to be welcomed by relevant unions and sector peak bodies.

FUNDING

Table 1: Output/operating funding

(\$ million)

<i>Financial impact (output)</i>	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	Ongoing
Incoming international passengers	122.969	46.018	0.000	0.000	0.000	168.987	0.000



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<i>Financial impact (output)</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>	<i>2023-24</i>	<i>5-year total</i>	<i>Ongoing</i>
Hotels for Heroes - current settings	2.623	1.278	0.000	0.000	0.000	3.900	0.000
Hotels for Heroes - expansion other HCW, disability & justice (current settings)	6.034	2.903	0.000	0.000	0.000	8.938	0.000
Hotels for Heroes - expansion 90 day trial for up to 500 healthcare workers	5.153	1.056	0.000	0.000	0.000	6.210	0.000
Vulnerable cohorts - short stay	1.297	1.664	0.000	0.000	0.000	2.961	0.000
Vulnerable cohorts - long stay	0.977	0.593	0.000	0.000	0.000	1.570	0.000
International students (excluding homestay students)	0.747	0.085	0.000	0.000	0.000	0.832	
Fixed costs per month	18.604	7.172	0.000	0.000	0.000	25.776	
Subtotal gross output	158.403	60.770	0.000	0.000	0.000	219.173	0.000
Offset from internal reprioritisation	12.326	4.651	0.000	0.000	0.000	16.977	0.000
Offset from other sources	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal offsets	12.326	4.651	0.000	0.000	0.000	16.977	0.000
Net impact output	146.078	56.119	0.000	0.000	0.000	202.196	0.000



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Table 2: Asset/capital funding
(\$ million)

<i>Financial impact (capital)</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>	<i>2023-24</i>	<i>5-year total</i>	<i>2024-25</i>	<i>2025-26</i>	<i>TEI</i>
Component a	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Risk allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Contingency allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Net impact capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 3: Lease liability if applicable
(\$ million)

<i>Financial impact</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>	<i>2023-24</i>	<i>2024-25</i>
Recognition of lease liability	0.000	0.000	0.000	0.000	0.000	0.000

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this submission:
 Yes
 No

Cabinet in Confidence

Attachment 1

COVID-19 Emergency Accommodation (CEA) Framework

24 April 2020

Crisis Council of Cabinet

Service system response to accommodation requirements

What is the CEA program?

The COVID-19 Emergency Accommodation (CEA) program is a 'third tier' response of last resort for most* cohorts. The service exists as part of a system-wide response to meet the needs of the Victorian community.

Most Victorians will have their needs met by public information and one-off advice. The service system is also adjusting to be able to meet the needs of vulnerable and in-need groups. Where the first two tiers of response cannot meet the needs of approved cohorts, the CEA program will provide emergency accommodation. Specific needs of the cohorts will be met through a range of accommodation options and associated supports.

**Noting that incoming international passengers are placed under a mandatory quarantine detention notice and placed in compulsory hotel quarantine for a period of 14 days.*

What does this framework contain?

Slide 2 outlines the service system response to accommodation requirements.

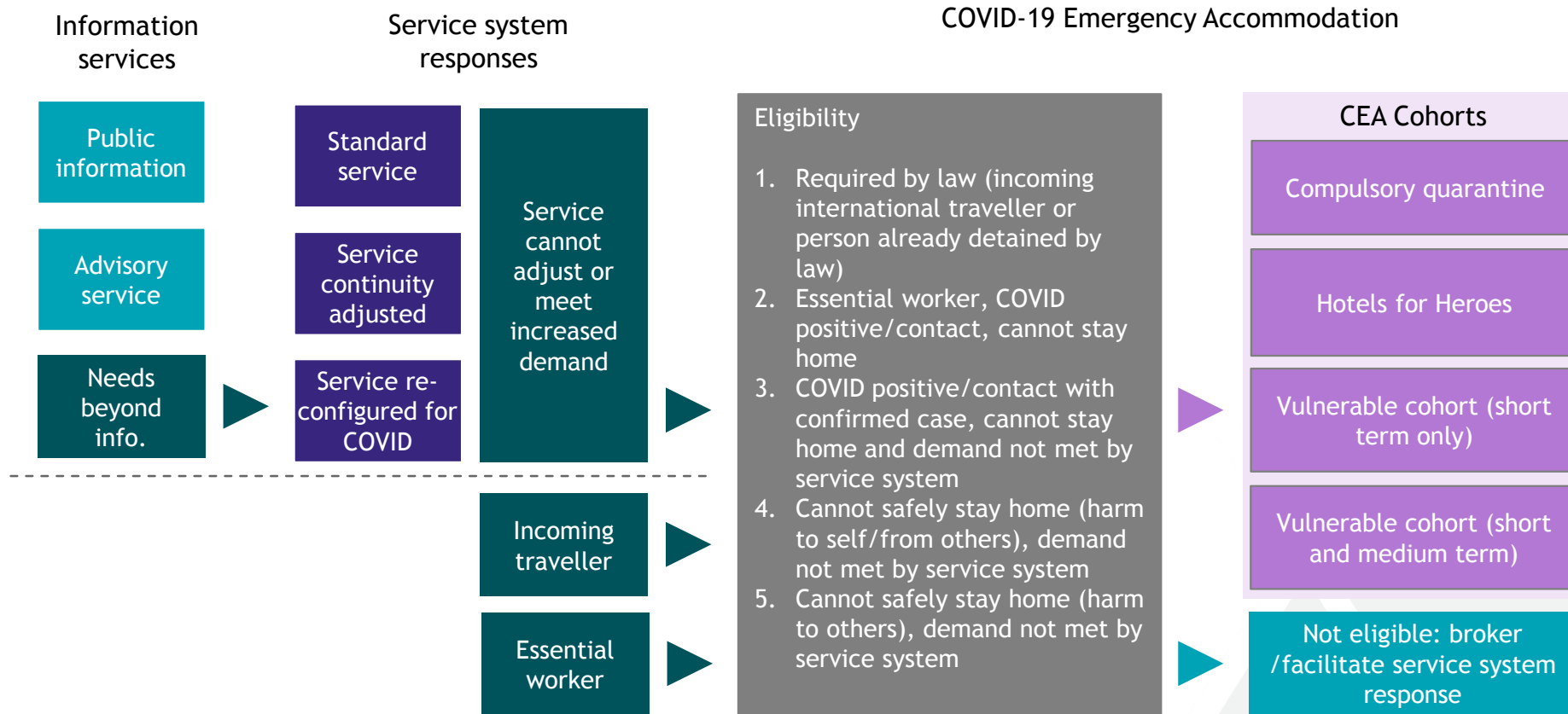
Slides 3, 4 and 5 address the specific details of the eligibility criteria and cohorts likely to require support. A person must be eligible, within a particular cohort, not able to be serviced by earlier system responses, and suitable for the accommodation supply, to be serviced by the CEA program.

Slide 6-7 outlines the end-to-end service model underpinning the CEA program.

Slides 8-10 outline the proposed services and service system responses during the accommodation period for broad cohorts and their exit planning implications.

Service system response to accommodation requirements

Principle: apply tiered response, starting with existing information and services →



Eligibility criteria

Key	Eligibility criteria
1	An incoming international passenger under a mandatory quarantine detention notice (noting that at 13 April 2020, the State of Victoria does not require interstate travellers to enter quarantine).
2	A worker who provides services that are essential for maintaining health and safety in the community during the COVID-19 pandemic AND Need to self-isolate as they present a public health risk to themselves or others due to their confirmed COVID-19 positive status or their close contact with confirmed COVID-19 positive cases AND Are unable to safely do this at home.
3	A person who needs to self-isolate as they present a public health risk to themselves or others due to their COVID-19 positive status or their close contact with confirmed COVID-19 positive cases AND Are unable to safely do this at home AND Require government support to find and fund alternative accommodation.
4	A person whose personal circumstances mean complying with 'Stay at Home' directives places them at risk of being harmed by themselves or others AND Require government support to find and fund alternative accommodation.
5	A person whose personal circumstances mean complying with 'Stay at Home' directives places them at risk of harming others AND Require government support to find and fund alternative accommodation.

Broad cohort definitions

Further detail about the cohorts is contained in the next slide.

Key	Cohort definition
A	Incoming international passengers
B-D	<p>Essential frontline workers, restricted to named categories as below:</p> <ul style="list-style-type: none"> • Patient facing hospital workers (public and private hospitals) and frontline paramedics • frontline workers in hospital laboratories disability supported independent living, public sector residential aged care, community based pharmacy, and workers in primary care settings • Front line Victoria Police, Youth Justice, Corrections, Metropolitan Fire Brigade and Country Fire Authority Emergency Medical Response teams
E-F	<p>Vulnerable Victorians (not included in this submission)</p> <p>Vulnerable Victorians who require safe, healthy accommodation to quarantine or self-isolate, and who cannot do so in their current place of residence or through existing service system accommodation options, including people experiencing family violence, perpetrators of family violence, people with disabilities, vulnerable children and families. complex clients exiting the justice system into homelessness and international students.</p>

Detailed cohort definitions proposed to be included in CEA contingency

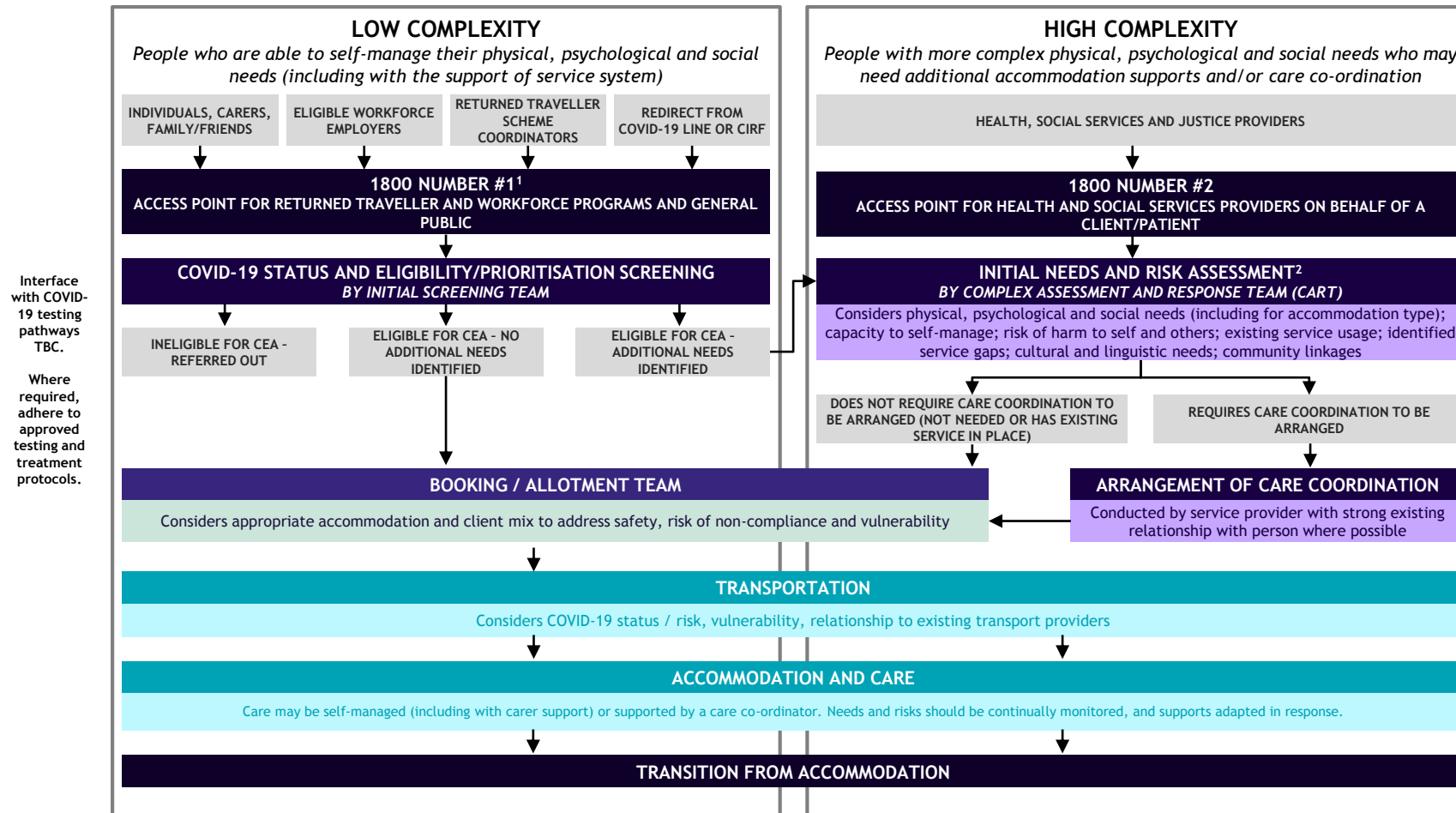
Cabinet in Confidence

Attachment 1

Grouping	Key (level 1)	Category	Key (level 2)	Further detail (if required)
International	A	Incoming international passengers	i	Incoming international passengers subject to mandatory quarantine detention notices
Essential workforces	B	Healthcare workers	i	Clinical and non-clinical hospital workers and paramedics - already in scope for Hotels for Heroes program
			ii	Clinical and non-clinical hospital workers and paramedics - allocation of support on compassionate grounds to those without COVID but living with at-risk population or another health care worker (capped at 500)
			iii	Public Sector residential aged care workforce
			iv	Community based pharmacy workforce
			v	Primary care workforce
			vi	Aboriginal Community Controlled Health Organisation (ACCHO) workforce
			vii	Hospital lab workers
	C	Justice workers (client-facing/contact roles)	i	Corrections Victoria
			ii	Youth Justice
			iii	Victoria Police
iv	Metropolitan Fire Brigade and Country Fire Authority Emergency Medical Response teams			

	D	Community services workers (client facing/contact roles)	i	Disability - supported independent living
Vulnerable cohorts	E	Vulnerable cohorts (not included in this submission)	i	Victim-survivors of family violence (people experiencing family violence) - already in scope
			ii	Perpetrators of family violence
			iii	People experiencing homelessness
			iv	People with serious mental health concerns who have been admitted
			v	People with a disability requiring integrated accommodation and support
			vi	People exiting the justice system
			vii	People remaining in the justice system, including young people, temporarily transferred from prison for health reasons
			viii	People who were sentenced in a correctional facility and have been released on a health permit
			ix	Children and young people in care services
Int'l students	F	Homestay students	i	International Secondary School Homestay students registered with the Department of Education and Training
		International students at risk of homelessness	ii	International students at high risk of accommodation instability due to loss of employment or other income sources and lack of eligibility for other support programs

End to end service model



Interface with COVID-19 testing pathways TBC.

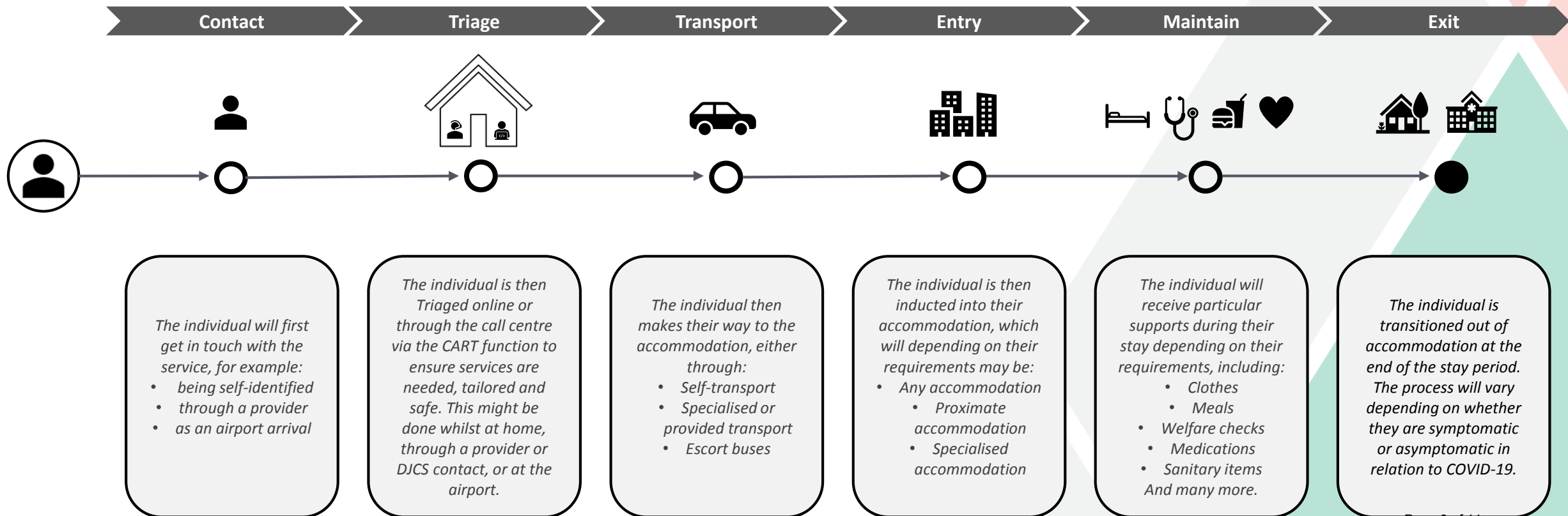
Where required, adhere to approved testing and treatment protocols.

¹ Options to combine with the existing COVID-19 hotline are being explored

² Ongoing assessment required as vulnerable cohorts may not disclose full set of needs initially

Generic Service Journey

The below diagram provides an overview of the standard steps all cohorts take on the service journey. The following slides describe the different products and services made available based on cohort needs.



Proposed services during accommodation period

The below describes the proposed services and service system response for cohorts during accommodation. The following slides show the allocation of these across cohorts.

Supports for these cohorts should be provided through existing service system responses, to enable continuity of care, and where not available, can be provided through the CEA flexible package funding.

KEY

- **Accommodation:** including medical grade cleaning
- **Service system response:** Individual is connected to a service provider (or already utilising an existing provider) to support their needs during incoming, maintaining, and transition out of accommodation.
- **Health model of care:** Including mental and physical wellbeing
- **Wellbeing checking:** Simple phone call check-ins to determine social wellbeing during stay.
- **Meals:** Includes groceries, meals and/or meal allowance depending on accommodation facilities
- **Transport:** Includes transport to accommodation, including specialised transport (i.e. buses, disability-friendly) where required.
- **Incidentals:** Includes personal hygiene, sanitary products, baby products, and medications where required.
- **Additional supervision / monitoring:** Where cohorts require the presence of additional monitoring or supervision during their stay, due to their age, security concerns, or detainment requirements.

Services included in costing for CEA during accommodation period for cohorts*

Cohort	Accommodation	Service system response	Health model of care	Wellbeing checking	Meals	Transport	Incidentals	Additional supervision / monitoring
New arrivals - mandatory quarantine	✓	X	✓	✓	✓	✓	✓	✓
All workforces (14 day stay)	✓	X	X	X	✓	X	X	X
Health care workers (90 day stay)	✓	X	X	X	X	X	X	X
Vulnerable cohorts (incl. homestay)	✓	✓	X	✓	✓	✓	X	✓
International students at risk of homelessness (excl. homestay)	✓	X	X	X	X	X	X	X

* Note a fuller list of services available in accordance with the three-tiered model

Exit planning implications for particular cohorts

Cohort	Exit planning implications
Essential workers (including healthcare workers)	<p>These groups may exit early, due to easy and fast access to prioritised testing</p> <p>These groups may return to accommodation program more than once, so where possible under privacy law, retaining their information, for ease of secondary booking is preferred</p>
Justice: temporary transfer	Returned to existing justice accommodation.
Justice: community-based	Exits for this group may be difficult due to difficulty in re-entering service system. Many in this cohort become homeless following exit. Exit strategy needs to be planned upfront.
Out of home care	Exits for this group may be difficult due to difficulty in re-entering service system. Exit strategy needs to be planned upfront.
Homelessness	Exits for this group may be difficult due to difficulty in re-entering service system. Exit strategy needs to be planned upfront.
Disability: in carer accommodation	Returned to existing accommodation.
Disability: in supported accommodation	Returned to existing supported accommodation provider.
Family violence victim	Exits for this group may be difficult due to difficulty in re-entering service system. Exit strategy needs to be planned upfront.
Family violence perpetrator	Exits for this group may be difficult due to difficulty in re-entering service system. Exit strategy needs to be planned upfront.
International students in homestay	May struggle to be exited at 14 day point - will require either repatriation, rehoming with a new homestay or a guardian arriving, all of which may take additional time.
International students at risk of homelessness	Students would have a case plan with clear expectations for action, such as sourcing alternative accommodation, contacting the consulate and organising flights home.

Attachment 2 - Summary of costs and persons by month and cohort

Gross costs by cohort groupings	Expenditure projections to May 2020			Expenditure projection to July 2020		
	Cost in April (\$m)	Cost in May (\$m)	Total cost to end May (\$m)	Cost in June (\$m)	Cost in July (\$m)	Total cost to end July (\$m)
Incoming international passengers	\$34.658	\$44.879	\$79.537	\$43.431	\$46.018	\$168.987
Hotels for Heroes - current settings	\$0.161	\$1.227	\$1.388	\$1.235	\$1.278	\$3.900
Hotels for Heroes - expansion other HCW, disability & justice (current settings)	\$0.369	\$2.832	\$3.202	\$2.832	\$2.903	\$8.938
Hotels for Heroes - expansion 90 day trial for up to 500 healthcare workers	\$1.031	\$2.061	\$3.092	\$2.061	\$1.056	\$6.210
Vulnerable cohorts - short stay	\$0.099	\$0.274	\$0.373	\$0.924	\$1.664	\$2.961
Vulnerable cohorts - long stay	\$0.076	\$0.194	\$0.270	\$0.707	\$0.596	\$1.573
International students (excluding homestay students)	\$0.013	\$0.191	\$0.204	\$0.542	\$0.085	\$0.832
Fixed costs per month	\$6.201	\$6.201	\$12.403	\$6.201	\$7.172	\$25.776
All cohorts	\$42.608	\$57.860	\$100.469	\$57.935	\$60.770	\$219.173
	Option 1			Option 2 (inclusive of Option 1)		
Net costs by cohort groupings	Cost in April (\$m)	Cost in May (\$m)	Total cost to end May (\$m)	Cost in June (\$m)	Cost in July (\$m)	Total cost to end July (\$m)
Incoming international passengers	\$34.658	\$44.879	\$79.537	\$43.431	\$46.018	\$168.987
Hotels for Heroes - current settings	\$0.161	\$1.227	\$1.388	\$1.235	\$1.278	\$3.900
Hotels for Heroes - expansion other HCW, disability & justice (current settings)	\$0.369	\$2.832	\$3.202	\$2.832	\$2.903	\$8.938
Hotels for Heroes - expansion 90 day trial for up to 500 healthcare workers	\$1.031	\$2.061	\$3.092	\$2.061	\$1.056	\$6.210
Vulnerable cohorts - short stay	\$0.076	\$0.212	\$0.288	\$0.714	\$1.213	\$2.215
Vulnerable cohorts - long stay	\$0.059	\$0.153	\$0.212	\$0.556	\$0.435	\$1.203
International students (excluding homestay students)	\$0.013	\$0.191	\$0.204	\$0.542	\$0.085	\$0.832
Fixed costs per month	\$2.260	\$2.260	\$4.521	\$2.260	\$3.133	\$9.914
All cohorts	\$38.629	\$53.816	\$92.445	\$53.633	\$56.119	\$202.196
	Option 1			Option 2 (inclusive of Option 1)		
Number of persons in each cohort	Number of people in April	Number of people in May	Number of people to end May	Number of people in June	Number of people in July	Number of people to end July
Incoming international passengers	7,182	9,300	16,482	9,000	9,300	34,782
Hotels for Heroes - current settings	61	464	524	467	471	1,462
Hotels for Heroes - expansion other HCW, disability & justice (current settings)	140	1,070	1,210	1,070	1,070	3,351
Hotels for Heroes - expansion 90 day trial for up to 500 healthcare workers	83	167	250	167	83	500
Vulnerable cohorts - short stay	9	24	33	81	170	284
Vulnerable cohorts - long stay	3	8	11	29	61	101
International students (excluding homestay students)	5	68	73	193	30	295
All cohorts	7,482	11,101	18,583	11,007	11,185	40,775

* **"Vulnerable cohorts - short stay"** covers clients in Justice, Housing and Family Violence, and assumes an average 14 day stay

* **"Vulnerable cohorts - long stay"** covers clients in Care Services and Disability, and assumes an average 33 day stay

* Offsets comprise a 100% offset from existing resources for VPS staffing costs, and a 50% offset for access to specialist supports from existing service delivery to vulnerable cohorts

Expenditure projections reflect scenario analysis to understand demand for various tiers of accommodation and related supports depending on key assumptions and cost drivers.

As these costings only provide costs by persons, they do not include the costs of holding rooms that are unoccupied. The monthly cost of holding DJPR's current hotel stock is \$27.19 million, whether it is occupied or not.

Incoming international passengers: The modelling for incoming international passengers is a medium demand scenario based on an assumption of 300 incoming people per day. This is consistent with the average over the first week of the quarantine program plus three large repatriation flights arriving per week

Hotels for Heroes (current settings): The modelling is based on applying revised COVID transmission modelling following introduction of restrictions to total workforce cohort size to determine proportion of workforce that may need to self-isolate due to COVID and assuming only a proportion of eligible workers take up the option of a hotel stay.

Hotels for Heroes (90 day extension): demand cannot be precisely modelled due to lack of information regarding household circumstances of workers. A capped allocation of 500 places is proposed.

For vulnerable cohorts: Given scale and spread of any localised COVID outbreaks cannot be accurately predicted at time, demand projections modelled based on applying current exposure spread rates to total size of each client cohort based on administrative data. All clients are assumed to stay 14 days on average with 50% already connected to a service provider who can meet wrap around support needs.

Fixed costs: reflect the costs of concierge and compliance officers, on-site health and wellbeing supports for each hotel in the program for quarantined travellers, emergency accommodation operations cell and booking engine and associated call centre capability. To date and for May, assume 100% offset where roles filled by existing VPS resources redeployed. This assumption may not be sustainable as health service activity recommences and VPS staff need to return to existing duties.



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Crisis Council of Cabinet Brief - Meeting of 24 April 2020

CCC47 - COVID 19 Emergency Accommodation Framework (Matter for Endorsement)

DPC Recommendation

Support. Request a report back in 3 weeks on updated costings, occupancy rates and projected demand for accommodation for quarantined travellers [based on draft submission]

Submission purpose

The submission seeks agreement to amend the current service model for quarantining return travellers and *Hotels for Heroes* placements under the COVID-19 Emergency Accommodation program (CEA), including to reserve rooms for international students at risk of homelessness, and to extend the program to a broader range of frontline workers.

Expected position of agencies and stakeholders

DTF are likely to support the submission. Departments and agencies are expected to support the submission.

Reasons for DPC recommendation

The CEA is evolving to reflect experience and current pandemic modelling with much lower numbers of critical workers anticipated to be exposed to COVID-19

To date, returning travellers subject to quarantine orders have driven demand for the CEA. Demand for emergency accommodation for healthcare workers has been much lower than anticipated with over 30 requests to date, and as expected the spike in demand for family violence services has not yet occurred. Appropriate changes to the CEA are proposed to ensure the health and well-being of those under quarantine, and better reflect the unique needs of individuals requesting accommodation.

There appears to be capacity currently within the existing \$80 million allocation to meet demand within existing cohorts, proposed additional workforces and at risk international students, subject to an acquittal of expenditure, occupancy rates to date and more details on demand assumptions

DJPR has contracted 6,535 rooms for one month at a cost of \$27 million. Across the 31 properties, 12 are accommodating quarantined travellers and two are accommodating health workers, leaving 17 contracted properties vacant. Despite variable numbers of repatriation flights, and ongoing risk of localised outbreaks, expansion of the CEA should be able to be funded from the original allocation in the immediate term, but will require monitoring.

The CEA is focused on a short-term response, but planning is underway to adapt to a staggered removal of restrictions while continuing to support the containment of COVID-19

Alternative quarantine models that could support the staged removal of COVID-19 restrictions to support careful recommencement of community, economic and social services activity are being developed for consideration by Crises Council



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Summary of submission

The submission provides an update on CEA usage and costs. The proposed amended quarantine program service model will include expanded health and social supports, as well as up to 150 rooms over three months for international students at risk of homelessness. Access to the CEA program is proposed to be extended to other critical workforces and certain vulnerable cohorts.

Melinda Stuart-Adams, Director Family Violence

Kate Houghton, Deputy Secretary Social Policy Group



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Submission No.	CCC143 R
Copy No.	

Submission to:	Crisis Council of Cabinet
Submission Title:	Coronavirus (COVID-19) Emergency Accommodation Report Back
Submission Type:	Matter for Endorsement
Portfolio/s:	Coordination of Health and Human Services & Coordination of Jobs, Precincts and Regions
Mission/s:	Essential Services Continuity – People Economic Program Delivery, Supply, Logistics and Procurement

SUBMISSION PROPOSAL

Recommendation(s):

That the Crisis Council of Cabinet (CCC):

- Note** updated usage and costs to date under the Coronavirus (COVID-19) Emergency Accommodation Program (CEA) (**Attachment 1**) which at **3 June 2020** has accommodated **14,232** returned travellers, **150** healthcare workers and **107** individuals under emergency relief accommodation.
- Note** that an initial \$80 million was allocated to the CEA, with allocations for specific purposes made within this amount (\$8.8 million redirected to the Department of Health and Human Services (DHHS) for pop up isolation units and other immediate accommodation for people experiencing homelessness, as well as notional allocations of \$20 million to Hotels for Heroes and \$1 million for vulnerable international students).
- Note** that total Department of Jobs, Precincts and Regions (DJPR) costs under the initial funding allocation of \$80 million (less \$8.8 million redirected to DHHS) are \$71.2 million to end May 2020.
- Note** that current cost modelling indicates that to continue to run the CEA program to the end of financial year 2019/20 will require approximately \$92.5 million.
- Approve** an additional \$71.25 million and the reprioritisation of \$19.1 million to support all coronavirus (COVID-19) emergency accommodation costs, including quarantine, to the end of financial year 2019/20 comprising:
 - DJPR emergency response funding of \$54.1 million, including a new allocation of \$35.0 million and the reprioritisation of \$18.2 million from the Hotels for Heroes

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Page 1 of 8



program and \$0.9 million from the allocation to vulnerable international students; and

- b. DHHS emergency response funding of \$36.25 million.
6. **Note** that DHHS advise this will be offset by an expected Commonwealth contribution of \$71.25 million covering the financial year 2019/20.
 7. **Note** there remains an unfunded balance of \$2.15 million for which funding will be sought if required prior to the end of the financial year.
 8. **Note** that under the National Partnership Agreement (NPA) on COVID-19 Response, the Commonwealth is expected to contribute 50 per cent to costs incurred by States for other coronavirus (COVID-19) activity undertaken by State public health systems for the management of the outbreak, including quarantine of international travellers.
 9. **Note** that planned DJPR cost reductions to hotel stock, contracted support staff, and contingency funding are projected to achieve a saving of \$11.3 million this financial year.
 10. **Note** that DHHS and DJPR will bring a further submission to CCC outlining sustainable future operational models for the CEA program in the longer term.

Objectives:

1. To provide an update to CCC on the usage and costs across cohorts in the CEA program, which continues to protect public health and slow the spread of coronavirus (COVID-19) by providing suitable accommodation for quarantined travellers, vulnerable Victorians, and the workforces that support them.
2. To provide crucial support to Victoria's tourism accommodation sector, helping retain local jobs and Victoria's accommodation offering so that Victoria remains competitive following this prolonged period of restrictions on international and domestic travel.
3. To meet Victoria's obligations under the Charter of Human Rights and Responsibilities Act 2006 and other requirements to provide people subject to a mandatory quarantine with appropriate levels of material aid, health and wellbeing support.

Key Issues:

Current quarantine arrangements for returned travellers

1. The CEA response is intended to provide safe and appropriate accommodation for people who are required to quarantine outside their home or as a 'last resort' contingency mechanism to support people with no other options to safely comply with relevant CHO directions during the COVID-19 public health emergency. The program also continues to provide essential economic stimulus for a range of businesses across the state. Although restrictions have relaxed to allow overnight stays, current occupancy of CBD hotels is around 5 to 7 percent, meaning for many, the CEA project is their only avenue to remain operating.



2. As a result of previous CCC decisions, the CEA project has expanded to ensure safe accommodation for those who cannot safely isolate or recover at home, such as those experiencing family violence, essential frontline workforces, and members of the community whose circumstances meant they can't safely quarantine at home.
3. Additionally, to support the health and wellbeing of returning travellers and restrict limitations on human rights inherent in quarantine, recent additions to the service model have included increased staffing to support more supervised exercise breaks outdoors, enhanced welfare checks supported by senior social workers, additional mental health-qualified nurses on duty, and senior medical oversight.
4. As at 3 June, the hotel quarantine program for returned travellers had accommodated 14,232 people across 16 hotels. As at 3 June, the Hotels for Heroes program had accommodated 150 health care workers across 11 hotels, with the broader CEA program having accommodated 107 members of the community that have tested positive for, or have had close contact with, coronavirus (COVID-19), where they are unable to safely self-isolate, including to prevent exposure to family and household members.
5. Approximately 1000 staff across DJPR, DHHS and contractors, DHHS and contractors are involved in delivering this program 24 hours a day, plus additional enforcement and compliance staff (not including Victoria Police resources).
6. Extensive use of Authorised Officers (AOs) is central to the current legal operation of hotel quarantine and they have been particularly difficult to source. DHHS has assigned approximately 127 AOs to the program. They have been drawn from DHHS (42), along with other VPS agencies (25), local government (49), and other contractors (11). They have largely left current roles in other regulatory schemes resulting in reduced compliance activity. In some cases, this is facilitated by the dampening impact of stage 3 restrictions on other regulated activity, but in other cases it means reductions in other essential compliance and safeguarding work such as supported residential services, radiation safety or local government environmental health oversight. As this is increasingly unsustainable, work is underway to train and authorise new staff as AOs.

Current CEA costs and cohort utilisation

7. At 1 June 2020, DJPR has a current hotel stock of 27 properties across CBD, metropolitan and regional Victoria, with 3,995 rooms contracted at a monthly cost of \$14.7 million. Of these, 16 properties are currently accommodating guests as part of the quarantine program, and 11 properties are accommodating health workers as part of the Hotels for Heroes program. Since the Victorian Government announcement of the Hotel for Heroes initiative, it has received 147 referrals for accommodation.
8. The initial funding allocation of \$80 million (less the \$8.8 million redirected to vulnerable cohorts) was exhausted in late May 2020. To date, \$55.6 million has been paid to hotels as part of the CEA program. This includes \$7.1 million to hold properties that have not yet been occupied. Of the original funding, \$20 million was notionally allocated for the Hotels for Heroes program.



9. Due to low take up by this cohort, the Hotels for Heroes program has outlaid approximately \$1.75 million in funding with \$2.1 million anticipated to be spent by the end June 2020. To date, no funding has been expended for vulnerable international students. For this reason, it is proposed that the uncommitted funding is reprioritised to support the broader CEA program, with additional funding sought in 2020-21 if outbreaks lead to demand for the Hotels for Heroes program.
10. To meet the increased demand for emergency relief accommodation, available rooms have also been used for community members who have tested positive for, or have had close contact with, coronavirus (COVID-19), where they are unable to safely self-isolate, including to prevent exposure to family and household members. To date 38 members of the community have been accommodated with a projected cost of \$120,000 to the end of June 2020.
11. Following the cluster outbreak at the DHHS-managed location for people who have tested positive for coronavirus (COVID-19), the Rydges on Swanston, the CEA has adapted its management plan to increase specialist cleaning requirements for this and other sites that accommodate coronavirus (COVID-19) positive people. Specialist cleaning reduces the risk of transmission and helps the CEA provide the highest possible levels of safety and security. These increases in cleaning correspond with an increase in cost of \$30,000 - \$100,000 per month, which is reflected in the projected cost for the program.
12. There continues to be low numbers of critical workers or vulnerable Victorians exposed to coronavirus (COVID-19). This means demand for emergency accommodation for workers to self-isolate away from home, or because individual organisations or sectors have been overwhelmed by outbreaks, is less likely. This is subject to changes in the public health situation following relaxations to the restriction arrangements instituted by the new State of Emergency directions implemented on 1 June 2020.

Projected CEA costs, expected Commonwealth NPA contribution and identified savings

13. The projected costs for the CEA are \$144.6 million to end of financial year 2019/20. This comprises DJPR costs of \$106.2 million and DHHS costs of \$38.4 million. Current cost modelling indicates that to continue to run the CEA program to the end of financial year 2019/20 will require approximately \$92.5 million. This is comprised of \$35.0 million in additional DJPR emergency response funding, \$19.1 million in DJPR reprioritisation, and \$38.4 million in DHHS emergency response funding.
14. DHHS advise that this funding will be offset by an expected Commonwealth NPA contribution of \$71.25 million received for financial year 2019/20, making the total net budget ask after offset and reprioritisation \$2.15 million. DHHS advise that based on discussions with the Commonwealth this funding has been committed and that revenue to be received from the Commonwealth under the NPA can be accrued in financial year 2019/20. As the activity has occurred in financial year 2019/20, the revenue should be offset in the same reporting period.
15. Under the NPA, the Commonwealth will contribute 50 per cent of the additional costs associated with the public health response to coronavirus (COVID-19). The Commonwealth has agreed that additional costs associated with quarantine of international travellers are within scope under the public health response as quarantining



international travellers was a direction of National Cabinet. This will cover costs such as hotel rooms, security, transport, food and welfare services (where provided by external providers) but not existing public service staff who are redeployed to the response effort.

16. Contributions from the Commonwealth are made monthly based on estimates and are subject to a reconciliation following every three months. Evidence of expenditure is required to be provided to the Administrator of the National Health Funding Pool who is responsible for making the payments under the NPA and undertaking the reconciliations.
17. DJPR and DHHS have begun investigating possible operating models that will reduce the cost burden on government while continuing to maintain the highest levels of safety and security. As of 23 May 2020, DJPR has identified \$11.3 million worth of possible savings to the end of financial year in the current operating model – specifically, reductions in room contracted to match demand and risk (\$4.9 million); reductions in contracted support staff (~\$70,000); and, reductions in contingency funding based on clearer demand modelling (\$6.1 million).
18. While the number of security staff per hotel is dependent on local requirements, as well as the need for 24-hour coverage, regular review of hotel contracts and the number of international quarantine rooms required could result in further savings to security costs.
19. There are discussions underway at National Cabinet regarding a user-pays model to support mandatory quarantine. It is expected that legislative change would be needed in all jurisdictions except the Northern Territory, there would need to be special provisions to accommodate hardship and a state-based model could be unnecessarily complex and costly to administer.
20. Contingent on changes to the service and operational model, further funding for financial year 2020/21 will be sought for the CEA program.

Previous Crisis Cabinet Committee decisions

21. CCC has made several decisions following the ERC approval of the initial \$80 million allocated to the CEA project. At the 8 April meeting, CCC agreed to the overarching CEA program including streams for mandatory quarantine for incoming international passengers and Hotels for Heroes, as well as an additional \$20 million allocation to DHHS to support short-term accommodation for family violence victim survivors. At this meeting, CCC also noted the need for flexibility in the CEA model to adapt to changing needs as the COVID-19 pandemic response evolves and requested monthly reporting to the Treasurer on accommodation utilisation across eligible cohorts.
22. At its meeting of 24 April 2020, CCC endorsed further service model changes including expanded health and social supports, as well as extensions to the Hotels for Heroes program where those workers have unprotected exposure to confirmed and suspected cases of COVID-19 and cannot safely self-isolate. CCC also agreed that the CEA will be used to reserve up to 150 rooms over three months for international students at risk of homelessness, at an expected cost of \$1 million to end July 2020.



The need for a sustainable, longer-term model

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23. The current arrangements for international quarantine are complicated and costly. This includes legislatively under the Public Health and Wellbeing Act 2008 (PHWA), logistically, through the hotel-based model, and due to the reliance on a high level of staffing by AOs. Work is underway to develop a flexible and adaptable long-term model that balances efficiency and cost while continuing to maintain the highest levels of safety and security.
24. Quarantine arrangements will also play a critical role in supporting Victoria's broader economic restart and long-term recovery. Many of Victoria's priority sectors, such as international education, tourism, and sport and entertainment, will rely on safe and efficient quarantine models to resume activity. Quarantine will also be relevant to other key economic enablers, such as skilled and business migration.
25. National Cabinet will be considering an Australia-wide model for a phased restart of international student entries. For Victoria, such a move could see around 1,500 international students arrive in July (up to around 3,000 in September) as part of a pilot program proposed to commence from July. Assuming a modest increase in the current level of travellers through reopening commercial routes, the proposed pilot would exceed the current capacity of quarantine by approximately 1,000 travellers at any one time in July (and up to 2,500 travellers in September). Under the current model, this could mean contracting significantly more hotels and AOs, noting that there are no hotel supply constraints to this potential expansion.
26. The scale and complexity of these cohorts, coupled with the possibility that the Federal Commonwealth Government may implement a staged re-opening of borders to specific countries, further reinforces the need to urgently develop a new quarantine model.
27. AHPPC has been commissioned by National Cabinet to provide advice on an alternative model.
28. Informed by this advice, DHHS and DJPR will investigate possible future operating models that balance efficiency and cost while continuing to maintain the highest levels of safety and security and will bring a joint submission to CCC further outlining proposed options for the longer term.

Risks:

1. Delays in funding approval for CEA will mean that the project will not be able to be sustained past June 2020. Failure to fund the CEA jeopardises the effectiveness of Victoria's public health response to the coronavirus (COVID-19) pandemic.
2. There is a significant risk to the long-term sustainability of the quarantine model incurred by sourcing AOs by reducing other work focused on compliance and safeguarding in other regulatory functions.
3. Inability to devise a long-term, cost-effective and efficient service model that can satisfy safety and security requirements will saddle government with an untenable cost burden and cause Victoria to miss significant economic development opportunities, such as in international education, which would be facilitated by such a model.



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Support/Criticism:

1. Funding to continue the CEA to is expected to be welcomed by the community, relevant unions and sector peak bodies.

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FUNDING
Table 1: Output/operating funding

(\$ million)

Financial impact outputs	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	Ongoing
DJPR - COVID19 Emergency Accommodation	54.147	0.000	0.000	0.000	0.000	54.147	0.000
DHHS – COVID19 Emergency	38.365	0.000	0.000	0.000	0.000	38.365	0.000
Subtotal gross output	92.512	0.000	0.000	0.000	0.000	92.512	0.000
Offset from DJPR internal reprioritisation	(19.112)	0.000	0.000	0.000	0.000	(19.112)	0.000
Offset from DHHS internal reprioritisation	(0.000)	0.000	0.000	0.000	0.000	(0.000)	0.000
Offset from other sources*	(71.250)	0.000	0.000	0.000	0.000	(71.250)	0.000
Subtotal offsets	(90.362)	0.000	0.000	0.000	0.000	(90.362)	0.000
Net impact output	2.150	0.000	0.000	0.000	0.000	2.150	0.000

*Commonwealth NPA offset includes offset to the total Quarantine costs incurred in addition to costs relating to the previous allocation

Table 2: Asset/capital funding

(\$ million)

Financial impact (capital)	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	2024-25	2025-26	TEI
Component a	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Risk allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Contingency allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Net impact capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 3: Lease liability if applicable

(\$ million)

Financial impact	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Recognition of lease liability	0.000	0.000	0.000	0.000	0.000	0.000

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this submission:

 Yes

 No

Attachment 1 –Budget breakdown and budget requirement

Approved Budget Breakdown

Initiative	Budget Approved \$'m	Comments
International Quarantine	50.200	Included below
Hotels for Heroes	20.000	
Vulnerable International Students	1.000	
Vulnerable Cohorts - Homeless	8.800	DHHS to acquit – separate request to spend budget into 2020-21
Family Violence Safety	20.000	DHHS to acquit – separate request to spend budget into 2020-21
Total	100.000	

Total Budget Requirement

Category	2019-20 Approved Budget \$'m	2019-20 Forecast Costs \$'m	2019-20 Budget Requested \$'m	Comments
COVID19 Emergency Accommodation - DJPR	71.200	106.235	(35.035)	Note: Submission requests for \$19.112m to be reprioritised from other Hotels for Heroes (\$18.212m) and Vulnerable International Students (\$0.900m). Total requested decisions on budget is \$92.512m . This will be offset by the expected Commonwealth Government contribution of \$71.250 million .
COVID19 Emergency Accommodation - DHHS	0.000	38.365	(38.365)	
Total	71.200	144.600	(73.400)	
Less Commonwealth Government NPA Contribution			\$71.25	
Total Net Budget Impact			\$2.150	

Hotels for Heroes

Category	2019-20 Approved Budget \$'m	2019-20 Forecast Costs \$'m	2019-20 Budget Requested \$'m	Comments
Hotels for Heroes - DJPR	20.000	1.788	(18.212)	Note: This includes costings for 12 hotels used for Hotels for Heroes and an allowance of \$100k for reimbursements to hospitals. It also includes approximately \$150k in contingency.
Hotels for Heroes - DHHS	0.000	0.312	0.312	This includes Call centre and Hotel Booking platform costs
Total	20.000	2.100	(17.900)	Reprioritisation of \$17.900m requested

Attachment 1 –Estimated Forecast Costs

Estimated Forecast Expenditure

Category	2019-20 Forecast Costs \$'m	Comments
COVID19 Emergency Accommodation - DJPR	106.235	Includes: <ul style="list-style-type: none"> • Hotel meals and accommodation • Security • Transport to and from hotel – taxis, Skybus, booking system • Guest costs – laundry, groceries, toys • Special cleaning of COVID positive hotel • Airport and catering services – DNATA contract
COVID19 Emergency Accommodation – COVID positive Hotel – DHHS	19.427	Includes: <ul style="list-style-type: none"> • Nursing and GP support • Pharmacy supplies • Agency/Contract staffing • Pathology costs • Personal Protective Equipment • DHHS staff salaries – compliance, AO's, welfare, Emergency Operations Centre (Fitzroy)
COVID19 Emergency Accommodation – Standard Hotel – DHHS	3.911	
COVID19 Emergency Accommodation – Airport Hotel – DHHS	1.872	
Command Centre costs - DHHS	12.847	Includes staffing costs for the following functions: <ul style="list-style-type: none"> • Enforcement and Compliance • Emergency Operations centre • Welfare/CART support
Hotels for Heroes - DJPR	1.788	This includes costings for 12 hotels used for Hotels for Heroes and an allowance of \$100k for reimbursements to hospitals. It also includes approximately \$150k in contingency.
Hotels for Heroes - DHHS	0.312	This includes Call centre and Hotel Booking platform costs



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Crisis Council of Cabinet Brief - Meeting of 4 June 2020

CCC143 - Coronavirus (COVID-19) Emergency Accommodation Report Back (Matter for Endorsement)

DPC Recommendation

Support

Submission purpose

The submission provides a report back on government costs for Coronavirus Emergency Accommodation (CEA) to date, and seeks funding of an additional \$71.25 million and the reprioritisation of \$19.1 million to support operations until the end of June 2020. The submission advises that this funding request will be offset by an expected Commonwealth contribution in 2019-20.

Expected position of agencies and stakeholders

Departments are expected to support the submission.

Reasons for DPC recommendation

Additional funding is required to operate the Coronavirus Emergency Accommodation program in 2019-20

Departments are forecasting \$92.5 million (gross) in additional costs for CEA to the end of this financial year, comprising \$19.1 million in reprioritisation within the existing funding envelope. These costs will be offset by an expected Commonwealth contribution (around \$71.25 million) under the National Partnership Agreement on COVID-19 response. The unfunded balance for CEA operations is \$2.15 million for which funding will only be sought if required. Departments are implementing a range of measures to reduce program costs including reduced contracting of hotel rooms and support staff based on demand, and less contingency funding based on clearer demand modelling. The demand for the international traveller quarantine program has been consistently high and projections indicate numbers will remain steady given the restart of commercial flights by several providers. In contrast, take up of emergency accommodation by health professionals and some at-risk Victorians has been below expected levels. Of the 14,489 persons accommodated to 3 June, 14,232 of these have been international travellers.

Until an alternative model of quarantine is agreed, emergency accommodation will be required

Hotel quarantine has proved an effective means of containing the spread of coronavirus to the broader community. AHPPC has been commissioned to provide advice on alternate models, in view of Commonwealth Government consideration of staged re-opening of borders to some countries and the possibility of a phased restart of international student entries. DHHS and DJPR are developing options for sustainable future operational models. Further funding for the CEA program will be contingent on government consideration of these options.

Separate decisions have been made about emergency accommodation for vulnerable cohorts

Most recently CCC agreed to DHHS reprioritising existing funding (\$9.81 million) to continue the emergency response (temporary accommodation) to COVID-19 for people experiencing homelessness until the end of July, with the source of funding to be agreed between the Ministers for the Coordination of Health and Human Services, Housing and Prevention of



CABINET-IN-CONFIDENCE

Family Violence. CCC had also agreed for an additional \$20 million to procure emergency accommodation for family violence victim survivors which has not been required to date. Further funding or re-phasing of existing funding beyond 2019-20 may be required to meet demand for these cohorts during the pandemic.

Amanda Pickrell, Assistant Director Energy, Resources & Environment

Tim Ada, Deputy Secretary Economic Policy & State Productivity



CABINET - IN - CONFIDENCE

Submission No.	CCC202
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: Alternative supervision model for COVID-19 hotel quarantine

Submission Type: Matter for Endorsement

Portfolios: Coordination of Justice and Community Safety – COVID-19
Coordination of Health and Human Services – COVID-19

Mission: Public Health Resilience

SUBMISSION PROPOSAL

Recommendations:

That the Crisis Council of Cabinet (CCC):

1. **Approve** the alternative approach to providing supervision services for Operation Soteria (the COVID-19 hotel quarantine program) to remove the reliance on private security providers and leverage the strengths of relevant departments detailed in paragraph [6].
2. **Approve** extending detention by up to 10 days for overseas travellers in quarantine where this is warranted by the public health risk.
3. **Note** that a phased approach is required to implement the alternative model.
4. **Note** the additional infection prevention and control measures being taken across all workforces in the quarantine program.
5. **Note** the options for mandating or incentivising testing in hotel quarantine settings, and more broadly in community hot-spots.
6. **Note** that funding will be required for the Department of Justice and Community Safety (DJCS) to implement the model and that this will be outlined in a future submission to CCC.

Objectives:

1. To outline the proposed alternative approach to the supervision of hotel quarantine for returned travellers to manage the risk of coronavirus entering the Victorian community, and the improved public health outcomes and additional level of infection prevention and control it will deliver.
2. To outline a phased approach to implementation, with a first phase able to be quickly implemented and embedded while further work is undertaken by DJCS and Department of Health and Human Services (DHHS) in preparation for phase two.
3. To highlight the risks posed by this model, and that DJCS will require funding to implement the alternative model and manage related risks.



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Key Issues:

Hotel quarantine for returning international travellers has been a key element of government's response to COVID-19, but there have been issues with its operation.

1. The quarantining of overseas arrivals in hotels has been demonstrated to be an effective mechanism for preventing and managing COVID-19 in Victoria. More than 20,000 travellers have spent 14 days in quarantine in up to 20 hotels located in the Melbourne CBD and at the airport.
2. DHHS currently has overall accountability for delivery of the hotel quarantine scheme. However, current operations utilise a combination of DHHS staff, Department of Jobs, Precincts and Regions (DJPR) staff, private security contractors, contract nurses and hotel support staff. This model has been built through a series of contractual arrangements across multiple departments, and security subcontracting arrangements.
3. Robust operational procedures have been developed to support all elements of the hotel quarantine, from arrival to departure, including health, welfare, safety, infection control and response to other risks. Plans, policies and guidelines have been supported with inductions, training and contractual discussions, to seek compliance across all staff.
4. Despite this, incidents of non-compliance with infection prevention and control and physical distancing requirements, particularly from security subcontractors, have resulted in outbreaks in hotel quarantine.
5. The highest risk activities in hotel quarantine are:
 - a. inconsistent application and use of personal protective equipment (PPE)
 - b. goods handling, particularly luggage
 - c. entry and exits of large numbers of quarantined people
 - d. provision of fresh air, exercise breaks for quarantined people
 - e. swabbing and other medical procedures.

In response, DHHS is putting in place comprehensive infection prevention and control strategies across all workforces in COVID-19 quarantine.

6. Three key strategies relating to workforce, services and oversight and on-site screening and surveillance are underway to ensure effective infection prevention and control and increased compliance with policies and procedures in quarantine hotels: engagement of expert providers of education, training, and services; staff screening and testing; and an auditing regime aim to maintain safe and healthy workers and guests during hotel quarantine.

Comprehensive approach to improving the infection prevention and control knowledge and practices of the hotel quarantine workforce

- a. **Education and training** – all staff and contractors across all sites are provided comprehensive information and training materials tailored to the hotel quarantine context, developed by Alfred Health and DHHS Infection Prevention Cell. All staff are required to undertake regular training in infection prevention and control, the correct use of PPE and other key protective measures, conducted by the DHHS Outbreak Squad and Infection Prevention Cell. Face to

CABINET - IN - CONFIDENCE

Page 2 of 10



CABINET - IN - CONFIDENCE

face infection prevention and control training has commenced for all staff across all shifts and on multiple days per week, with videos and other training aids tailored for this workforce. This will be supplemented by additional training provided by DJCS, including alignment with PPE requirements in custodial facilities, refresher training for professional boundaries, communication and de-escalation.

- b. **Briefing** – all staff will be briefed in infection prevention at the commencement of every shift, with regular reminders during shifts. Briefings are provided by on-site nurses with Infection Prevention training and/or staff who have been trained to deliver the Infection prevention messages. This is complemented by prominent communication materials and signage provided in all hotels.
- c. **Behavioural change** – the Department of Premier and Cabinet’s (DPC) Behavioural Insights Team has been engaged to develop more tailored material reflecting the diverse workforce and variable educational levels within the hotel workforce.
- d. **Rostering** – movement of staff between hotels will be restricted to reduce the potential of outbreaks across the whole program and to provide business continuity protection in the case of an outbreak. Implementation commenced on 23 June 2020 with security staff.

On-site screening and surveillance testing

- e. **Temperature and symptom screening** – all staff are now being temperature checked and assessed for potential symptoms by on-site nurses at the start of every shift. Those identified as unwell are sent home and requested to be tested.
- f. **Surveillance testing** – Alfred Health is developing a surveillance program to undertake regular random voluntary testing of the hotel quarantine workforce.

Provision of expert services and auditing

- g. **Clinical and Infection Prevention and Control services** - Alfred Health is being contracted to provide coordinated clinical and infection prevent and control services for hotel quarantine. This has commenced in one hotel and includes use of a cleaning contractor with experience in “hospital-grade” infection prevention and control. DHHS is working with Alfred to progressively introduce these services across all of quarantine hotels.
- h. **Auditing** – DHHS’s Infection Prevention and Control Cell – and then Alfred Health once onboard across all sites – is conducting regular audits of all quarantine hotels, including on site reviews and clinical risk and infection prevention and control assessments to ensure continuous improvement.

An alternative, whole-of-government approach to the supervision of returned travellers in hotel quarantine offers a more disciplined approach to infection control.

- 7. An alternative model has been developed to provide more effective infection control in Victoria’s hotel quarantine system. Under the proposed model, DHHS (and the Minister for Health) will retain overall accountability for delivery of the hotel quarantine scheme.
- 8. The proposed approach will streamline arrangements in a phased approach and gradually remove the reliance on private security providers. It will leverage the strengths of relevant departments through allocation of the following key responsibilities:

CABINET - IN - CONFIDENCE

Page 3 of 10



CABINET - IN - CONFIDENCE

- a. *Regulation of Detention Direction and Notice*, including specific issuance of detention notices per person, permissions provided for any movement in/out of designated rooms, daily verification that conditions of public health risk per person warrant continued detention, administration and implementation of any changes to the place of detention as approved by CHO's delegate – provided by Authorised Officers of the Department of Health and Human Services (DHHS) and local governments
 - b. *Health, welfare and hotel services* including meeting traveller needs, daily welfare checks, specialised welfare and referral service and nursing and mental health services – provided by DHHS employees in partnership with Alfred Health staff and contractors experienced in hospital grade infection control, including introducing Customer Service Officers (CSOs) from health services (including orderlies and hospital ancillary staff) to reduce the activities required of other staff, including supervision staff.
 - c. *Supervision, consisting of monitoring and DHHS Authorised Officer-approved internal escort of people in hotel quarantine* – provided by Residential Support Officers employed by the Department of Justice and Community Safety (DJCS) to gradually replace reliance on private security operators. DJCS staff will have no authorised powers at hotels and will perform non-contact functions.
 - d. *Enforcement* – provided as required by Victoria Police and Protective Service Officers (PSOs), who would be responsible for responding to public order instances and enforcement of CHO directions. Victoria Police and PSOs would also conduct regular spot checks for compliance with CHO directions in hotels.
9. DHHS will enter into Memoranda of Understanding with DJCS and Victoria Police to clarify roles and responsibilities under the model. The proposed changes to the hotel quarantine model will be made under the current emergency management governance arrangements as part of Operation Soteria and will continue reporting into the State Control Centre.

It may be possible to mandate, or better incentivise, COVID-19 testing compliance for people in hotel quarantine

10. There have been reports that 30% of returned travellers who are confined to quarantine hotel detention in Victoria have refused to take COVID-19 tests. NSW has today introduced mandatory testing for returned travellers.
11. The emergency powers in the *Public Health and Wellbeing Act 2008 (PHWA)* allow for similar mandated testing for returned travellers to Victoria if there is strong medical evidence of the infection and transmission risk that new arrivals present, and that compulsory testing is necessary to mitigate those risks.
12. Mandating testing could be done by way of a CHO direction under s200(1)(d) if the CHO (or authorised officer) determined it was reasonably necessary to protect public health.
13. The CHO can rely on non-emergency powers in the PHWA to mandate testing in individual cases. If the CHO believes that a person has, or has been exposed to, an infectious disease, he may make an examination and testing order in respect of that person under s113 of the PHWA. Use of this power requires an assessment of individual circumstances however and cannot be ordered in respect of a class (such as returned travellers).
14. The consequences for a returned traveller who refuses a compulsory a test could include:
 - a. Fines: a failure to comply with mandated testing would be a breach of a CHO direction and therefore punishable by fine.



CABINET - IN - CONFIDENCE

- b. Longer detention: if there is a medical basis to support it, it may be necessary to detain new arrivals who refuse to comply with testing for a longer period than 14 days. Those who comply would therefore be eligible for early release (potentially after 14 days). Detention cannot be used as a punishment however, so the medical basis for requiring longer detention is essential. Absent medical evidence, this would carry a high risk of legal challenge.
15. As an alternative to mandating testing, it may also be possible to incentivise people in hotel quarantine to agree to testing by:
- a. having differentiated practices for those in detention who agree to testing and those who do not, eg. those who submit to testing are given increased movement rights and access to outdoor spaces. This would require medical evidence to support the appropriateness of restrictions.
 - b. imposing tighter restrictions, such as requiring self-isolation or stay-at-home directions, upon people who have refused testing in detention, which would be effective upon their release. This would need to be supported by medical evidence of the need for such measures.
16. Additional options to reduce the risks of challenge and increase the flexibility of tools available to mandate or encourage compliance are under consideration. This could include using powers under the *Emergency Management Act* (which would require the declaration of a state of disaster) to suspend particular requirements under the PHWA – for example, by suspending the requirement to give individual detention notices every 24 hours to those in hotel quarantine, or suspending particular requirements in the *Charter of Human Rights and Responsibilities Act* that intensify the support required for those in hotel quarantine.
17. There are also opportunities to more strongly communicate the request of travellers to be COVID-19 tested under current arrangements, including:
- a. blunter messaging in scripts and information sheets about testing. By comparison, while NSW doesn't use mandatory language, their language gives less optionality than Victoria's current requests
 - b. using saliva testing for children as quarantine nurses report that parents do refuse for their children to undergo swab testing
 - c. extend detention by up to 10 days to cover the incubation and infection period, where this is warranted by the public health risk.

Similar measures to mandate or incentivise testing could be applied to people who live in identified community 'hot spots'

18. Mandated testing of people who live in community 'hot spots' could also be ordered under the same emergency powers, if supported by appropriate medical evidence. This is likely to carry a higher risk of legal challenge than mandating testing for returned travellers.
19. To minimise the risks of challenge, there would need to be strong medical evidence of the increased risk in the particular area, and clear epidemiological evidence of the connection between place of residence and infection risk. The more confined and targeted the areas, the lower the risk of legal challenge, eg. LGAs are quite broad and it will be harder to show the medical basis.



CABINET - IN - CONFIDENCE

20. Similarly, the non-emergency powers to require testing could also be relied upon in individual cases where there is a basis to believe that a person has been exposed to COVID-19, eg. if they live with someone who has tested positive.
21. The consequences for people who refuse mandated tests could include:
- a. Fines: a failure to comply with mandated testing would be a breach of a CHO direction and therefore punishable by fine.
 - b. Detention orders: imposing detention orders on people who refuse to take tests would require an individual assessment in each case of the risk they pose, and whether there are alternative options to mitigate that risk. The fact that a person resides in a particular postcode, for example, is unlikely to provide a lawful basis for detention, however if there are other factors (such as likely exposure from friends or family, or contact with known outbreak location) then there may be a basis for detention to be ordered if testing is refused.
22. Options to incentivise higher testing rates in hot spots, short of mandatory testing, include heightened restrictions imposing tighter restrictions, such as a stay-at-home directions, on those residing in hot spots who have not submitted to testing.

DJCS is well placed to quickly mobilise an effective, disciplined and well-trained workforce to deliver the supervision function.

23. DJCS's experience in managing emergency response and Victoria's prison and youth justice systems will be leveraged to ensure the supervision function can be delivered efficiently and effectively. Leveraging existing expertise within the department and recent experience responding to COVID-19 across the justice system, DJCS can implement an enhanced staffing model, with appropriate oversight of staff, and mobilise a professional, well-trained workforce to deliver the supervision function in accordance with infection prevention and control requirements.
24. The new Residential Support Officer (RSO) supervision workforce will be recruited primarily from existing DJCS workforces or contracted agencies, including principally the corrections workforce, meaning that staff will already have relevant skills and experience. For example, corrections staff have skills in supervision, communication, de-escalation and conflict management. They are bound by the Victorian Public Service Code of Conduct and are skilled in maintaining professional boundaries, working with diverse members of the public and the care of vulnerable individuals.
25. Further, throughout the pandemic, DJCS has demonstrated its capacity to deliver high quality and effective infection prevention and control responses, in line with expert health advice from the CHO and independent infection prevention and control experts. Quarantine, staff screening and other infection prevention measures have been in place in Victorian prisons since early March 2020. To date, these measures have been effective in protecting custodial settings from COVID-19. These measures also mean that corrections staff are already familiar with and practised in infection prevention and control measures, including correct use of personal protective equipment (PPE) and working alongside health staff to support people suspected to have COVID-19.
26. DJCS would establish and embed these workplace health protections in the hotel quarantine environment hotel to ensure workplace safety and industrial consistency, in line with public health infection prevention and control requirements. This will



CABINET - IN - CONFIDENCE

complement intensive face to face infection prevention and control training and symptom screening of all quarantine staff already being implemented by DHHS.

27. This will include development of an improved staffing model, with enhanced oversight of RSOs, more efficient rostering and integration with health and hotel services staff to reduce infection risk exposure for all staff. Corrections staff engaged as RSOs will not be able to exercise any power under the *Corrections Act 1986* in the hotel quarantine environment. RSOs will be identified through a customer-focused uniform branded with the DJCS logo, distinct from custodial uniforms. Therefore, RSOs will escalate to Victoria Police any incident requiring control, restraint or intervention powers, including enforcement of CHO directions.
28. An experienced prison General Manager from the Corrections Victoria custodial environment has been identified as the Department's operational lead for the Supervisory function (reporting through to the Commissioner, Corrections Victoria). While it is expected that the majority of staff will be sourced from the corrections environment, expressions of interest will be sought from a broad range of suitably skilled workforces across DJCS, including Sheriffs Officers. All workers will be provided with appropriate training and will be supervised by corrections staff, to ensure consistency and quality in service provision. Steps will be taken to mitigate the risk of undermining the delivery of other frontline services provided by DJCS through the expression of interest process.
29. Victoria Police will continue to respond to any instances where intervention is required with people in quarantine, and perform regular spot checks for compliance with CHO directions to quarantine hotels. Victoria Police would also continue to support movement of travellers on entry and exit and attend to manage any relevant risks or incidents.
30. Having regard to the size of the existing workforce available to DJCS for the purposes of the Supervisory function (e.g. casual staff not currently being fully utilised by Corrections Victoria), it is not possible to staff up to the full complement from the date of the commencement of the alternative approach. Further, attempting to do so in such a constrained timeline would also create significant implementation and operational risks. It is therefore proposed that the RSO workforce build up over time to be able to replace the current contracted security staff. Based on the existing security workforce model, it is expected that this could result in up to 1000 DJCS workers being deployed across 20 hotels on any one day. Subject to endorsement, DJCS would immediately mobilise to review the staffing and operating model requirements.
31. Depending on the final supervision staffing model and the interest and availability of DJCS staff, contracted staff could continue to play a role. It is anticipated that any contracted supervision staff would be supervised by RSOs directly employed and trained by DJCS, including a DJCS team leader at each site. This enhanced supervision model would help to ensure compliance with infection prevention control, social distancing and other CHO directions by all staff.



CABINET - IN - CONFIDENCE

Subject to CCC's endorsement, the proposed alternative workforce approach would be implemented in two phases.

Phase One – Staged transition to DJCS RSO workforce

32. Phase one of implementation would involve a phased transition of the supervision function from a private security contractor workforce to a DJCS RSO workforce. Phase One would commence in four priority hotels. The approach would scale up over time depending on the availability of staff and contract negotiations with existing private security contractors by DHHS. DHHS is already partnering with Alfred Health to be able to use their Customer Support Officers with experience in working in hospital environments. These experienced officers can be relied upon to support the transition period, as implementation is progressively rolled out.
33. Subject to CCC's endorsement of this submission, DJCS would progress further work to develop an operational and staffing model designed to reduce infection risk based on Corrections Victoria's current approach in custodial settings. This will require detailed engagement with the Community and Public Sector Union (CPSU). Subject to reaching agreement with the CPSU, rapid internal recruitment and training of RSOs would commence immediately.
34. It is anticipated that Phase One could commence approximately two weeks after endorsement of this submission, to enable enough time to mobilise the workforce and provide training. Alongside this, DJCS will take steps to ensure maintenance of other frontline service delivery while staff are deployed as RSOs.

Phase Two – Developing a sustainable and enduring delivery model

35. Phase Two will involve transition to a new sustainable whole-of-government model of supervision of hotel quarantine that can be maintained for an extended period of time (up to 12 months). A more detailed overview of Phase Two will be provided in a future submission to CCC. However, it is intended that:
- a. The new model will better utilise supervision staff and will be less resource intensive.
 - b. Lessons from Phase One will inform refinements to recruitment and training of staff. Phase Two will provide an opportunity to consider any necessary recruitment uplift, including recruitment of staff on longer-term assignments (up to 12 months) and identification of potential additional workforces with appropriate skillsets.
36. In addition, DHHS is continuing to pursue operational improvements and options to simplify the legal framework (for example by reducing the reliance on Authorised Officers by enabling them to issue general quarantine orders to returning travellers rather than each individual), which could support a more sustainable delivery model.

Additional funding will be required to implement the model, and this will be the subject of a future submission to CCC

37. The proposed model is likely to significantly enhance the efficacy of the hotel quarantine program and reduce the costs associated with COVID-19 infections. However, the model, including Phase One, cannot be implemented by DJCS within existing resources. DJCS has not been allocated any funding to deliver services in relation to the hotel quarantine program and will incur significant expenses in mobilising the RSO workforce.



CABINET - IN - CONFIDENCE

38. A more detailed funding breakdown will be provided in a future submission to CCC, but indicative expenses associated with DJCS delivering the supervision function include (but are not limited to):

- a. Incentives to attract and retain skilled and experienced staff, including funding for gratuity payments and penalty rates – this is likely to be required to incentivise the Corrections Victoria workforce to take on roles as RSOs. The CPSU is also likely to strongly advocate for such an incentive, for which there is a precedent in other contexts (e.g. Corrections Victoria staff taking on roles in the Youth Justice system).
- b. Training, uniforms, mobile phones, meals and incidental costs for RSOs.
- c. Accommodation for RSOs, as required, to manage the risk of spreading infection, particularly among families of RSOs (including for appropriate quarantine periods as required at the end of an RSO's employment). RSOs and their families are not currently eligible for the Hotels for Heroes program.
- d. Backfill for RSOs' usual places of employment within DJCS where relevant.
- e. Special leave provisions for RSOs required to be absent from work for 14 days before returning to their usual employment (for example, custodial officers in prisons would not be able to return to work in a prison without an appropriate period of time between working at the hotel and returning to work at the prison to ensure the ongoing safety and security of Victoria's custodial facilities).

39. However, these costs may be off-set by the reduction of security contract costs. The proposed model will also provide an additional level of infection prevention and control that warrants further investment.

Risks:

1. The RSO workforce will draw heavily on the corrections workforce from Victoria's public prisons. If there was a significant outbreak of COVID-19 in prisons, or in the community, impacting on workforce availability, there is a risk that there would be insufficient workers to fulfil all required functions. If an outbreak resulted in fewer staff in prisons, there is a risk that out-of-cell hours would need to be reduced. This risk is mitigated somewhat by existing infection prevention and control measures in prisons.
2. If a corrections employee was engaged as an RSO contracted COVID-19, there could be a risk of introducing COVID-19 into prisons. This risk will be managed through strict infection prevention and control protocols in hotel quarantine sites. It will be further managed by requiring all RSOs to be absent from work for 14 days between working at a hotel site and returning to their usual place of employment. As DJCS remains the employer of RSOs, it will be able to enforce compliance with this requirement. The introduction of special leave provisions will ensure that DJCS staff are not disadvantaged by this.
3. There is a risk that it will be difficult to recruit enough DJCS staff into RSO roles, if there is a perceived risk of infection, particularly among staff who live in regional locations. This risk can be mitigated through providing competitive wages and conditions, and ensuring the funding model includes measures such as alternative accommodation to manage infection risks and incentivise regional staff to work at these sites.

CABINET - IN - CONFIDENCE

Page 9 of 10



CABINET - IN - CONFIDENCE

4. Private security staff currently supervising hotel quarantine have contracted COVID-19 and have transmitted it to their contacts. There is a risk that DJCS staff could similarly contract COVID-19 in the same environment, although steps will be taken to minimise the risk. All DJCS staff will be provided with information and training in complying with infection prevention control, social distancing and other CHO directions. DJCS Team Leaders will be responsible for supporting and monitoring compliance.
5. Corrections staff are trained to manage prisoners and respond to incidents as required, and are given powers under the *Corrections Act 1986* to do so. For example, s 23(2) gives prison officers the power, where necessary, to use reasonable force to compel a prisoner to obey an order given by the prison officer. While RSOs will not have these powers, there is a small risk that staff may attempt to manage an incident in a hotel quarantine environment in the same way that they would manage it in a prison, instead of referring the incident to Victoria Police. While the risk is small, the consequences would be significant. Robust recruitment processes, clear communication of expectations and roles, operating model changes (such as working in pairs), high quality supervision and swift consequences for any unacceptable behaviour (including removal of the staff member as an RSO where appropriate) will be used to manage this risk.
6. There is a risk that the use of custodial staff to supervise people in quarantine could be seen to impact upon the right to liberty enshrined in section 21 of the *Victorian Charter of Human Rights and Responsibilities*. However, having the supervision function provided by custodial staff instead of private security contractors will not change the quarantine regime, which has already been deemed justifiable by the CCC. Effective public messaging that the staff will be engaged in a new role and unable to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment will help to correct any misperception.

Support/Criticism:

1. There is likely to be public support for additional measures to strengthen the management of COVID-19 outbreak risks related to hotel quarantine.
2. There may be some public concern about the utilisation of corrections staff in hotel quarantine (including concern from those held within protective quarantine), particularly if there isn't effective public messaging that the staff will not be able to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment. However, some members of the public are likely to support a strong approach to addressing the risk of transmission of coronavirus from hotel quarantine.
3. It is likely that the CPSU will be concerned about workplace health and safety risks for staff working in hotel quarantine, as well as the potential for inadequate staffing levels in prison as a result of diversion of staff. Active consultation with the CPSU on the model, and demonstrating robust risk assessment and management processes, will be a pre-implementation priority.



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 27 June 2020

CCC202 - Hotel quarantine security (Matter for Endorsement)

DPC Recommendation

Support (based on draft) noting that future submissions requesting additional funding for hotel quarantine programs will be brought to a future meeting of CCC.

Submission purpose

To outline an alternative approach to the supervision of hotel security and phased approach to implementation.

Expected position of agencies and stakeholders

Agencies are expected to support the brief.

Reasons for DPC recommendation

A new approach is warranted to address issues of non-compliance with infection prevent and control measures

Non-compliance has contributed to community outbreaks of COVID-19 cases and has occurred despite robust operational procedures having been developed and implemented. DHHS, DJCS and Victoria Police will streamline arrangements to remove reliance on private security providers for supervision of hotel quarantine. Roles and responsibilities will be determined through a memorandum of understanding. DJCS would seek to deliver this supervision function recruiting from existing corrections staff. Corrections staff engaged in these roles will not be able to exercise any power under the Corrections Act 1986, including incidents requiring control or restraint. Victoria Police would continue to perform regular spot checks for compliance with CHO directions in hotel quarantine and enforcement where required. Victoria Police would also continue to support movement of travellers on entry and exit and attend to manage any relevant risks or incidents.

Responsibility for hotel quarantine contract arrangements are transitioning from DJPR to DHHS over July. It is important that any risks identified through this process are also considered as new security supervision arrangements are implemented.

The alternative quarantine supervision model would be delivered in two phases and will require additional funding

Phase one would see hotel supervision transition from private security contractors to DJCS and will commence in two weeks. This arrangement will require detailed and early engagement with the CPSU. IRV advises the CPSU will likely support a reduction in reliance on private security contractors so long as impacts on existing workloads are considered. IRV note that the CPSU is likely to seek significant penalty rates to apply, given the approach taken in recent VPS bargaining.

Phase two would involve transition to a new sustainable supervision model for an extended period of up to 12 months and will be subject to a later submission to CCC. DJCS should ensure that the alternative model and use of Corrections staff for hotel supervision will not impact on frontline delivery and the safety of prisoners and staff in the corrections system.

DHHS is also putting in place additional comprehensive infection prevention and control strategies across all workforces in COVID-19 quarantine

DHHS will seek to ensure that hotel quarantine work force have a better knowledge of infectious disease prevention and control practices including through education and training.



CABINET-IN-CONFIDENCE

All staff will have their temperatures checked and be subject to random voluntary COVID-19 testing. Expert services from the Alfred Hospital will be contracted to provide coordinated clinical and infection prevention and control services and DHHS will conduct regular audits of hotels.

To further protect public health, options to mandate testing for returned travellers are included in the submission

DPC notes the submission does not recommend any specific options, but outline those that may further protect public health regardless of a refusal to test.

DPC recommends that DHHS and DJCS return to CCC with a further submission outlining detailed costs of the proposal and any initial feedback on discussions with the CPSU by 2 July

DJCS will require additional funding to deliver phase one of the model including (but not limited to):

- Incentives to attract and retain skilled and experienced staff
- Training, uniforms, mobile phones, meals and incidental costs
- Accommodation costs
- Backfill arrangements for staff
- Special leave provisions for staff required to be absent from work for 14 days before returning to their usual employment

Some costs will be offset by the reduction in security costs. An additional submission on the ongoing costs of hotel quarantine (including cost-recovery from the Commonwealth) is scheduled to be considered by CCC in early July.

Paul Scarmozzino, Assistant Director Security & Emergency Management

Nicola Quin, A/Deputy Secretary Social Policy Group



CABINET - IN - CONFIDENCE

Submission No.	CCC214
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: COVID-19 mandatory quarantine accommodation program

Submission Type: Matter for Endorsement

Portfolios: Coordination of Justice and Community Safety – COVID-19

Mission: Public Health Resilience

SUBMISSION PROPOSAL

Recommendations:

That the Crisis Council of Cabinet:

1. **Approve** accountability for delivery of the hotel quarantine program transferring from the Minister for Health to the Attorney-General as soon as possible, to be delivered by the Department of Justice and Community Safety (DJCS) upon necessary administrative and governance arrangements being finalised.
2. **Note** that Corrections Victoria assumed progressive responsibility for resident supervision functions for hotel quarantine from 2 July. Subject to the consolidation of guests, all hotel quarantine facilities with residents will be under the responsibility of Corrections Victoria post step in on 9 July 2020, with no private security on-site managing returned travellers who have not tested positive for COVID-19.
3. **Note** that different arrangements are in place at the existing hotel being used to accommodate people in the mandatory quarantine accommodation program, Hotel Brady, who have tested positive for COVID-19 and that this will involve use of the Alfred's existing health security contract with Spotless.
4. **Note** that DHHS is exploring options for the Grand Chancellor hotel to be used for positive cases from the public housing towers (hotel has a capacity of 135 rooms), and that this will also involve the use of the Alfred and an alternative service provider.
5. **Note** that Victoria has flagged with the Commonwealth a likely further delay to the return of international flights and that a decision will be made in due course.
6. **Note** the update on arrangements with Alfred Health, including the review of Infection Prevention and Control activity in the hotels.



CABINET - IN - CONFIDENCE

7. **Note** and agree that the Department of Justice and Community Safety is incurring costs in relation to the delivery of the hotel quarantine program, including resident supervision services in the hotels, and that a further submission will be brought to CCC seeking funding to cover the first three months of new supervision arrangements.

Objectives:

1. To seek CCC approval to shift accountability for the delivery of the hotel quarantine program from the Minister for Health to the Attorney-General.
2. To provide CCC with an update on the governance, accountability and recruitment approach for the hotel quarantine program and operating model.
3. To provide a progress update on service implementation and outline the steps towards the complete roll-out of Corrections Victoria supervising residents in hotel quarantine, including an update on timeframes for Corrections Victoria assuming responsibility for supervision at all hotels.
4. To provide the DJCS with authority to incur costs in relation to the delivery of supervisory services.



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Key Issues:

It is proposed that accountability for the hotel quarantine program transfer from the Minister for Health to the Attorney-General as soon as possible

1. Under the new approach to hotel quarantine the Attorney-General (through DJCS) will become accountable for co-ordination of the delivery of the COVID-19 hotel quarantine program. Centralising accountability for all aspects of the hotel quarantine program with the Attorney-General will help to ensure that the program can be delivered effectively and efficiently, with a single department responsible for coordination and delivery.
2. It is appropriate for this single point of accountability to sit with the Attorney-General because relevant skills sit within DJCS, for which the Attorney-General is Lead Minister. DJCS will draw upon its considerable expertise and experience in correctional management, emergency management, logistics and community safety to ensure that the hotel quarantine program is managed in an effective way that prioritises the safety of staff, hotel guests and the broader community. The transition of the hotel quarantine program to DJCS would also relieve pressure on DHHS, particularly given its need to mobilise in relation to COVID-19 hotspot outbreaks in public housing towers and the increase in hospital admissions resulting from COVID-19.
3. In addition to the supervision services now provided by Corrections Victoria, the following functions are therefore intended to transfer to DJCS:
 - a. detention oversight;
 - b. management of health services (through the existing contract with Alfred Health);
 - c. management of hotel services (including any incidents at the hotels); and
 - d. coordination of and the enforcement services provided by Victoria Police.
4. Machinery-of-government changes and associated administrative arrangements to effect these changes will be implemented as quickly as practicable.
5. Under the previous program model, the Department of Jobs, Precincts and Regions (DJPR) was responsible for a range of functions, including procurement, allocation of returned travellers to hotels, data analysis, hotel site management and logistics, exit planning and operation of the call centre and communications. These functions are currently being transferred to DHHS, and will now be transferred to DJCS.
6. Victoria Police will continue to be responsible for enforcement of the Chief Health Officer's directions, including directions to guests not to leave their rooms without the approval from the Authorised Officer (AO).
7. Importantly, the new model will deliver a more robust approach to ensuring the safety of staff, hotel residents and the broader community by embedding reliable quality and infection control, which will continue to be monitored and strengthened if required. To reduce the risk of infection and cross-contamination, stringent operational procedures have been introduced. This includes separate health teams at each hotel site being rostered on separate rosters and staff seconded to work at hotels not taking any shifts at prisons or hospitals where possible.

Governance and administrative arrangements will need to be made clear

CABINET - IN - CONFIDENCE

Page 3 of 17



CABINET - IN - CONFIDENCE

8. Under this model the CHO, Deputy CHOs and AOs would report to the DHHS Secretary on all matters relevant to COVID response, and to the DJCS Secretary for the hotel quarantine program.
9. The hotel quarantine program relies on Detention Notices issued by AOs to new arrivals, which is an exercise of the emergency powers under the *Public Health and Wellbeing Act* (PHWA). Two different Ministers and Secretaries would therefore be responsible for the exercise of the emergency powers by the AOs (noting that there is a statutory duty to report to Parliament on the exercise of these powers). It is critical that the governance arrangements and any necessary machinery of government changes are bedded down before responsibility transfers.
10. The CHO and AOs are currently all appointed by the DHHS Secretary. It is not clear that AOs can be subject to the direction of a Secretary which did not appoint them (that is, the DJCS Secretary) because the CHOs and AOs are generally subject to the direction of the Secretary that appoints them (ss 20 and 30 of the PHWA), being the DHHS Secretary. This would remain the case even if responsibility for the hotel quarantine program is transferred to the Attorney-General and the DJCS Secretary. This can be overcome either through requiring DJCS to appoint its own AOs, or by reaching agreement about the process for DHHS to continue issuing directions to the AOs. For DJCS to appoint its own AOs, the relevant provisions of the PHWA would need to be transferred into the Attorney-General's portfolio, and conditions imposed on the use of those provisions for hotel quarantine purposes. Transferring responsibility for parts of the PHWA would require careful consideration to avoid unintended consequences for the pandemic response and broader public health and wellbeing arrangements.
11. Administrative arrangements (including any reliance on Alfred's contract with Spotless or another specialist health service providers) will also need to be agreed between DHHS and DJCS regarding the delivery of quality health services to hotel residents, leveraging DHHS' expertise and relationships.

There will be some ongoing contracting arrangements as part of the model

12. The following key contracting arrangements will continue to exist as part of the model:
 - Contracts with hotel service providers, who are responsible for providing catering services to residents.
 - Transport of returned travellers from their point of entry to a hotel will continue to be provided by Skybus (DHHS is working with them to manage infection risk).
 - Contracts with continue to exist with the Alfred regarding the provision of medical services.
 - Sub-contractors to The Alfred will continue to provision of hospital services (Spotless in the case of the Brady) – subject to a Corrections Victoria supervisory presence.



CABINET - IN - CONFIDENCE

A phased alternative approach to hotel quarantine supervision has already commenced to overcome operational issues that have resulted in identified clusters of COVID-19 cases

13. On 27 June 2020 the Crisis Council of Cabinet endorsed an alternative supervision model for hotel quarantine. In particular, residential Support Officers (RSOs) employed by DJCS are replacing private security operators in supervision of residents.
14. DJCS (through its business unit, Corrections Victoria) is responsible for the supervision of residents within hotel quarantine and exiting contractual relationships with existing security providers. Led by the Corrections Commissioner, the Resident Support Officer role is responsible for:
 - a. Supervising entry and exit points of hotels utilised for mandatory quarantine
 - b. Monitoring entry and exit of guests on hotel floors
 - c. Signing in and logging all guest deliveries without touching any items
 - d. Escorting and supervising guests for outside exercise as directed by the Authorised Officer
 - e. Escalating issues, guest non-compliance or reportable incidents to their hotel's Team Leader



CABINET - IN - CONFIDENCE

15. At each hotel, the Team Leader responsible for managing the team of RSOs will work with the relevant AO responsible for managing and coordinating services at the hotel. The RSOs have no authorised powers under the *Corrections Act 1986* at hotels and will perform only non-contact functions. RSOs will escalate all issues to AOs though the Team Leaders, who will then make decisions about when to involve Victoria Police. In the case of emergencies, RSOs will contact emergency services directly.
16. The new supervision model will address key risks arising from the use of private security providers through providing a highly trained workforce with appropriate supervision and oversight, and will support improved public health outcomes and an additional level of infection prevention and control. Corrections Victoria is well placed to deliver the model given its experience in exhibiting strong leadership, safety and customer relations skills.
17. Importantly, the new model will deliver a more robust approach to ensuring the safety of staff and hotel residents and embedding reliable quality and infection control, which will continue to be monitored and strengthened if required. To reduce the risk of infection and cross-contamination, stringent operational procedures have been introduced. This includes separate health teams at each hotel site being rostered on separate rosters and staff seconded to work at hotels not taking any shifts at prisons or hospitals where possible.
18. A sound training program tailored to the existing capabilities of the different workforces, daily briefings to reinforce training, sufficient supply and appropriate use of PPE and a supportive staffing model with operational safeguards and clear separation of responsibilities will all help ensure previous program shortcomings are addressed and mitigate the risk of further COVID-19 cases in hotel quarantine.

A range of operational considerations underpin this operating model and will inform the roll-out

19. The Brady Hotel, referred to publicly as the 'hot' hotel, is being used to accommodate people in the mandatory quarantine accommodation program who have tested positive for COVID-19. Corrections Victoria commenced a shared supervisory role at the site on 3 July, supporting the existing partnership between DHHS and Alfred Health. DCJS will assume responsibility for this, and any future 'hot' hotels that may be established, and will continue to have a minimal presence, with one staff member positioned in the foyer monitoring entry and exit from the hotel. The rest of the supervision response at the site will be provided through the existing security contract with Spotless (Alfred Health's contracted security service provider). This shared approach has been adopted at the Brady Hotel due to Alfred Health's expertise in the area of infection control and management. Service delivery will continue to be reviewed and improved.



CABINET - IN - CONFIDENCE

20. DJCS staff and an independent infection control expert have inspected each active hotel location prior to the commencement of Corrections Victoria's operations. Inspections of the first locations have provided critical information for the operational model, occupational health and safety and rostering requirements, including the availability of closed-circuit television (CCTV) monitoring, door alarms and security requirements. These inspections will be completed for each hotel to ensure safety and operational readiness for staff.

Existing residents spread across multiple hotels are being consolidated into as few hotels as possible to enable Corrections Victoria to step into all hotels on 9 July

21. It is intended that Corrections Victoria step in to provide resident supervision at all hotels with residents from 9 July. To achieve this, DHHS is urgently consolidating residents into hotels under Corrections Victoria's supervision. This will involve the movement of approximately 573 people to be moved into four hotels currently led by Corrections Victoria (Ryldges on Swanston, Mercure, Four Points, Pullman). Movements will be facilitated by a priSkybus
22. This excludes approximately 500 people exiting the hotels at the end of their quarantine today and tomorrow.
23. We understand that there are existing family violence issues within these residents and further examination of other needs of the residents is required. There are many families and some residents with a disability.
24. This will involve AO processing the legal movement of people, luggage movement, Skybus logistics (38 buses and cleaning), infection control and prevention, and enforcement and compliance resources.

Table 1: Dates for DJCS takeover

Hotel	Security firm	DJCS proposed/ actual takeover date
Ryldges on Swanston	Unified	2 July 2020
Brady Hotel Central	Spotless	3 July 2020
Four Points Hotel – Docklands	MSS	3 July 2020
Mercure Welcome	Wilson	5 July 2020
Pullman on Swanston	Wilson	5 July 2020
Holiday Inn Airport	MSS	10 July 2020
Park Royal Airport	MSS	10 July 2020
Crown Metropol	Unified	
Crown Promenade	Unified	
Marriot – Exhibition St	Unified	
Pan Pacific	Unified	
Grand Chancellor	Unified	Rooms are either not in use currently or will become vacant due to consolidation of residents, and will not be needed until international flights resume.
Holiday Inn - Flinders St	Unified	
Novotel Hotel CBD	Unified	
Novotel Hotel South Wharf	Unified	
Stamford Plaza	MSS	

DJCS (Corrections Victoria) is actively recruiting a highly qualified and capable workforce to support its role in hotel quarantine



CABINET - IN - CONFIDENCE

25. The Corrections Commissioner is responsible for the delivery of supervision services for residents in hotel quarantine.
26. It is anticipated that more than 1,000 staff will be required to meet demand for RSO roles over the next six months. Staff are being sought from Corrections Victoria / DJCS in the first instance, and the Corrections Commissioner has identified suitable industry partners with highly skilled workforces including Qantas and Crown. Recruitment will then target other government workforces supplemented by external recruitment and partnerships with COVID-19 impacted sectors with relevant skills.
27. All Team Leaders are Corrections Victoria staff. Over time they will include DJCS and other Victorian public sector staff. External staff will only be Team Leaders when it is necessary to ensure custodial workforces are not depleted, and where they are deemed by DJCS to have the necessary skills and experience.
28. Prison officers have been the first workforce targeted to fill the RSO roles, given existing relevant skills and experience, including in supervision, communication, de-escalation and conflict management. They are bound by the Victorian Public Sector Code of Conduct and are skilled in maintaining professional boundaries, working with diverse members of the public, and providing care to vulnerable individuals. An internal expression of interest (EOI) process has commenced within Corrections Victoria and has been extended to other suitable DJCS staff (such as Sheriff's Officers) and the broader VPS via the Jobs and Skills Exchange, Working for Victoria and externally via the Careers website.
29. Internal CV and DJCS EOIs have received overwhelming interest, with hundreds of applications for RSO and Team Leader roles. DJCS is constrained in the number of CV staff that can be deployed as RSOs because of the operational needs of custodial facilities, and the need to ensure the safety and security of those facilities. Careful consideration is being given to how to increase the proportion of staff drawn from Corrections' custodial operations further, having regard to operational needs and risk.
30. Corrections Victoria has commenced targeted discussions with key companies including Qantas and Crown, and relevant unions, to attract their staff given their highly trained and professional workforces. Under this approach, suitably trained staff with relevant experience in supervision, communication, de-escalation and conflict management from these companies who wish to participate have been released to become VPS staff employed by DJCS on short-term fixed term contracts under the VPS Enterprise Agreement (and subject to the VPS Code of Conduct). Relevant short-form training and experience will ensure staff from industry partners engaged to support the program will be able to maintain professional boundaries while working with diverse members of the public, and provide support to vulnerable people.
31. There is an ongoing process of shortlisting applications as they are received, with consideration given to the safety and security of the prison system and the need to limit and phase the release of staff. The staffing breakdown as at 8 July is outlined in Table 2 below:



CABINET - IN - CONFIDENCE

Table 2: Current staffing profile

Originating workforce	Positions offered
Corrections Victoria	100*
Other DJCS	24
Qantas	235
Other external*	119
Total	478

*Other external includes Work for Victoria, Jetstar, Virgin and Tiger Air.

32. To ensure consistency and quality of service provision, Corrections Victoria is leading a tiered training program, underpinned by a skills assessment of all applicants. The training aims to build on existing transferable skill-sets such as passenger management de-escalation and conflict resolution skills, COVID-19 protocols, compliance with safety guidelines and security, emergency and procedures, which are relevant to the hotel quarantine environment.
33. Corrections Victoria staff undertake an intensive half-day training. Staff from DJCS more broadly and Qantas and other airline staff participate in a one-day program, while all other staff are required to undertake three days of training. All staff are also provided with emergency evacuation training and orientation on site.

The return of international flights should be staged to ensure the smooth transition to Corrections Victoria supervision services.

34. Working with the Commonwealth to implement a staged return, or further delay, of international flights after 15 July 2020 will be important to ensure a smooth transition to Corrections Victoria supervision services.
35. A staged return to international flight arrivals will help ensure that public confidence in hotel quarantine can be restored. Whilst it is important that Victoria is seen to be playing its part in the national response to repatriating citizens and others who need to land in Australia, an appropriately-timed approach to arrivals will help to ensure that all infection control systems and processes are in place to the highest standards to manage risk.
36. If a return to international flight arrivals is not staged, an immediate and significant increase in demand for quarantine in hotels is expected, with an estimated 500 people returning on repatriation flights per week once flights resume and an additional 2,000 on other international flights. DJCS would not be able to immediately establish a workforce to manage supervision of this many returned travellers.

There have also been changes to the provision of expert services and auditing, to ensure the new model is effective in infection prevention and control



CABINET - IN - CONFIDENCE

37. An Alfred Health service package continues to be rolled out across the hotels. This package includes three key services:
- Customer Service Liaison Officers (CSOs). This role will be the key liaison point for guests and will provide support and assistance to ensure a comfortable stay. This may include delivery of packages, carrying of luggage.
 - Clinical Team. Led by experienced nurses from Alfred Health, these teams provide high quality welfare and health services to guests, including triage and escalation of clinical issues as required. They will also administer the testing regime.
 - Cleaning Team (Spotless). This team will provide cleaning services in accordance with strict Infection Control guidelines and requirements.
38. As of 6 July 2020, five hotels (plus the Brady Hotel) had all three service packages embedded, with a continued focus on the roll out of the CSOs across all locations by 9 July 2020. Roll out of all services across all locations will be completed by 13 July 2020.
39. In addition to the roll out of the Alfred Health service package outlined above, changes regarding the use of personal protective equipment (PPE) and infection prevention and control (IPC) guidelines continue to be implemented by the DHHS Infection Prevention Cell and Alfred Health, including:
- Increasing supervision and surveillance at hotels to ensure staff are following appropriate hygiene and physical distancing measures
 - Staff retraining with every shift and briefings to remind staff of the precautions in place to protect themselves and travellers.



CABINET - IN - CONFIDENCE

40. In particular, Alfred Health is conducting a review of the IPC standards of each hotel, and ensuring that any improvements are in place as they embed their services. As of 6 July 2020, six hotels (including the Brady Hotel) had been reviewed, with the remaining hotels to be completed by 13 July 2020.
41. The audits and subsequent rectification plans will continue to be conducted at regular intervals to ensure the safety of staff and passengers.
42. A key feature of Alfred Health's work is the provision of a robust infection prevention model. As is standard practice within a clinical environment, Alfred Health Nurse Team Leaders will be provided with site specific infection prevention advice and training in order to ensure continuity of practice between infection prevention consultations. This advice will also be available to the Team Leader, embedded in the hotel.
43. Key areas that the Alfred Health Guidelines and approach to infection prevention cover include: the approach to common areas; guidelines and education; staff screening and wellness checks; passenger screening and wellness checks; movement and transfer of patients; housekeeping; PPE; staffing arrangements; hand hygiene; clean supply, environmental cleaning; and waste management.
44. Under the proposed new approach, these arrangements will continue, with contract responsibility transferring to DJCS.

A new operating model will support DJCS delivery of resident supervision



CABINET - IN - CONFIDENCE

45. DJCS has developed state-wide operating procedures to establish consistent supervision responsibilities and processes across all sites, with site-specific local operating procedures to reflect differences in physical infrastructure. Enhanced oversight of RSOs, more efficient rostering and integration with health and hotel services staff will reduce infection risk exposure for all staff.
46. Rostering will reflect the improved staff supervisory model, with experienced staff engaged as Team Leaders to ensure consistency and quality of service delivery, as well as compliance with infection prevention control, physical distancing and other Chief Health Officer (CHO) directions. RSOs will each work an 80-hour plus fortnight consisting of six 12-hour shifts and one eight-hour shift. Staff will be allocated to a specific hotel with no movement to other locations to reduce the potential of outbreaks across the whole program and to provide business continuity protection in the case of an outbreak. One Team Leader will be rostered on per shift, per hotel, around the clock. It is expected that each hotel will require between 30 to 100 FTE to cover a 24-hour, 7-day a week roster, across up to 20 hotels. The FTE required will depend on the number of active hotel floors each hotel is operating. In line with infection prevention and control best practice, RSOs will not be permitted to work across multiple hotels.
47. Teams will be supported 24-hours a day by a state-wide Operations Manager from Corrections Victoria who will provide oversight of day-to-day operations; situational awareness and intelligence to liaise with hotel staff, AOs, medical staff and other government staff at the hotel; a point of reference for all DJCS staff to resolve operational or logistical issues, or escalate them as required; and support the health and well-being of DJCS staff. The experienced General Manager will provide oversight of state-wide operations; provide advice and input on supervision matters; advise and support supervision and compliance as required; and work with the Operations Managers to support the health and wellbeing of DJCS staff.
48. DJCS has worked closely with the Community and Public Sector Union (CPSU) and has agreed an MOU, confirming the employment package and conditions for staff at the hotels. DJCS will continue to engage with the CPSU to ensure appropriate allowances for public sector staff being recruited to RSO roles.
49. The operating model also provides clear guidance on day-to-day functions of RSOs, infection prevention and control mechanisms, occupational health and safety, incident and emergency management and staff training and induction. This includes briefing and debriefing at the beginning and end of shifts, clear handover processes for Team Leaders, and temperature checks for all staff at the beginning of their shift.
50. Importantly, the operating model clearly outlines RSO obligations under the Victorian Charter of Human Rights and Responsibilities and provides guidance to ensure all RSOs act compatibly with human rights and give proper consideration to the human rights of anyone affected by a staff member's decisions.

In addition to returning travellers there may be a requirement to support priority cohorts in supervised hotel accommodation, including residents from locked down public housing



CABINET - IN - CONFIDENCE

51. Additional support may be required if residents from locked down public housing towers need to be quarantined away from their families. This could be due to a positive COVID-19 test result, the need to isolate from another infected person, or in response to a mental health episode or non-compliant behaviour in relation to the lockdown that requires more stringent supervision arrangements.
52. DHHS is exploring options for the Grand Chancellor hotel to be used for positive cases from the public housing towers (Grand Chancellor hotel has capacity of 135 rooms). This arrangement will also involve the use of the Alfred and an alternative service provider.
53. To support the welfare of residents in the nine sites the department is establishing 10 Public Housing COVID Response (PHCR) Teams (a team for each of the nine towers, and a team to specifically respond to the needs of Aboriginal residents across all nine sites). The PHCR Teams respond to referrals that relate to residents' needs and support requirements arising from either personal, social, cultural, health or wellbeing needs, which are likely to be significantly exacerbated by the need for self-isolation or emerge as a result of self-isolation.
54. Under current arrangements, if residents have needs that cannot be met through the PHCR teams or at the nearby urgent care centre established at the Showgrounds, Ambulance Victoria commanders will authorise transfer to an appropriate health care facility. For COVID-positive residents who need admitted care, beds will be available in a COVID-positive ward at the Royal Melbourne Hospital.
55. Victoria Police will continue to respond to criminal matters relating to residents of the towers. This includes working with DJCS contact points on issues that arise with offenders.
56. There are various options for government to consider in relation to moving residents from public housing towers, however opting to move large groups of people to non-hot hotels would present a significant resource challenge that would be difficult to absorb for both DJCS and health services. Meeting the additional support needs of public housing tower residents would require a level of training that is above where current RSOs have been trained for, particularly the external and non-CV staff.
57. If this was to occur, consideration will also need to be given to further delaying the return of international flights to ensure the ongoing integrity of the hotel quarantine scheme.

Stronger governance includes clarification of contractual arrangements

58. At the time DJCS took over the hotel security contracts all contracts had expired (30 June 2020). Since then:
 - a. Wilson Security are no longer providing services. They were exited from two hotels on 5 July, after which Corrections Victoria took over supervision;
 - b. MSS were exited from two hotels to enable Corrections Victoria to take over supervision, with the remaining two due to be exited on 9 and 10 July respectively; and



CABINET - IN - CONFIDENCE

- c. Unified security – providing services at the largest number of sites – have already been exited from some sites, with their remaining sites to be transitioned to CV from 9 July.
- 59. DJCS is working with DJPR to ensure that appropriate arrangements are in place following the 30 June 2020 expiry of DJPR's contracts. For oversight and contractual purposes, DJCS held meetings with key executives from the security firms to discuss key contract deliverables and accountabilities. Confirmation was sought that hotels understood operational requirements and public health directions.
- 60. In the meantime, while private security contractors are still providing services, DJCS is regularly communicating with MSS and Unified Security to ensure government's expectations are clear and adhered to. DJCS is also planning to audit their performance and seek evidence of services rendered.
- 61. DJCS anticipates some costs to the department associated with exiting service arrangements for the period from 1 July to their exit date at each site.

Funding is required to enable DJCS to deliver services relating to hotel quarantine

- 62. Corrections Victoria's experience in managing emergency response and Victoria's prison and youth justice systems will be leveraged to ensure the hotel quarantine program can be delivered efficiently and effectively. However, DJCS budget is under financial pressure due to increased demand for services and existing allocated government efficiency savings, as well as managing DJCS COVID-19 responses.
- 63. While some of the emergency prison beds initiative funding of \$72 million in 2020-21 is not currently being utilised due to declining demand and there are minimal savings in Prisoner Transport, this funding is needed to respond to COVID-19 costs being incurred in the corrections system as well as key budget pressures impacting services and operations in prisons.
- 64. DJCS does not have enough funding capacity to deliver the hotel quarantine program. In addition, there is no funding provided for this initiative in the Appropriation (Interim) Bill 2020.
- 65. DJCS is immediately incurring expenditure to facilitate its delivery of hotel quarantine ahead specific funding being allocated by government. DJCS is working with DTF on funding options to support this response. A subsequent submission will be made to CCC to agree funding arrangements for this initiative..

Risks:

1. A significant increase in prison demand or a COVID-19 outbreak among custodial staff or prisoners could impact staffing capacity in both prisons and the hotel quarantine program. As noted above, additional staff from external partners have been sourced to help mitigate this risk to the extent possible.
2. Private security staff currently supervising hotel quarantine have contracted COVID-19 and have transmitted it to their contacts. There is a risk that DJCS staff could similarly contract COVID-19 in the same environment, although the state-wide operating procedures have been designed in consultation with independent infection prevention



CABINET - IN - CONFIDENCE

and control specialists to minimise the risk. All staff and contractors will be provided with comprehensive information and briefing materials tailored to the hotel quarantine context, developed by Alfred Health and DHHS Infection Prevention Cell. This will be supplemented by additional DJCS briefing emphasising communication, de-escalation and effective infection prevention and control. DJCS Team Leaders will be responsible for supporting and monitoring compliance.

3. Robust recruitment processes, clear communication of expectations and roles, operating model design, high quality supervision and swift consequences for any misconduct and unacceptable behaviour (including removal of the staff member as an RSO where appropriate) will be used to manage the risk of RSOs failing to provide more effective supervision than private security contractors, leading to more outbreaks. These processes will also ensure that RSOs understand the differences between the RSO role and their usual role as a prison officer. The operating model also provides clear guidance for managing incidents and emergencies in the hotel quarantine context, noting that staff will not be able to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment.
4. There is a risk that the use of custodial staff to supervise people in quarantine could be seen to impact upon the right to liberty enshrined in section 21 of the *Victorian Charter of Human Rights and Responsibilities*. However, the need to manage community transition of COVID-19 and the requirement for international arrivals to enter hotel quarantine is well known and supervision provided by prison officers rather than private security firms does not change this model. Furthermore, DJCS staff will wear a polo shirt rather than a custodial uniform and will only perform non-contact functions.

Risks arise from DJCS assuming responsibility for administration of the hotel quarantine program

5. Risks arise as a result of the model creating dual reporting lines for senior public health officials and Ministers exercising the same powers under the *Public Health and Wellbeing Act*. As noted above, these risks arise due to:
 - The CHO, Deputy CHOs and AOs reporting to the DHHS Secretary on all matters relevant to COVID response, and to the DJCS Secretary for the hotel quarantine program.
 - Two different Ministers / Secretaries being responsible for the exercise of the emergency powers by the AOs.
6. Further, the basis for issuing the detention notices is the public health information available to the CHO (supported by DHHS). The dual reporting lines therefore also create a risk of the information being interpreted, information or powers being used inconsistently across the different departments, and in competing priorities impacting the efficient and effective making of decisions and exercises of power necessary for DJCS to manage the program.
7. To mitigate these risks to the greatest possible extent, DJCS and DHHS will clarify roles and responsibilities prior to the responsibility being transferred to DJCS.

There are public health risks that arise from the consolidation of residents in hotels



CABINET - IN - CONFIDENCE

8. Moving a significant number of people in a short period of time presents a range of risks, both in terms of coordination and managing infection risk. Careful consideration is being given to how to manage this risk (for e.g. use of PPE and the limited the number of people transported at a time). In addition, it is possible that people will object to being moved at relatively short notice, which could attract some media attention and lead to criticism.
9. This risk will be managed by DHHS, in close consultation with CV, and will involve ensuring that the physical and legal transfer are executed in an appropriate manner. It will also be addressed by providing as much notice to affected residents as possible, having regard to urgent public interest in having Corrections Victoria assume responsibility from private security firms.
10. Public health advice is also being obtained to enable Detention Orders and Location Orders to be amended to give effect to the change in locations.
11. DHHS and CV will explore whether Victoria Police is available to provide supervision of the consolidation process.

There are several risks specifically arising from the need to step-in as quickly as possible.

12. Due to the pace at which new staff are commencing in hotels, rostering pressures have created two industrial relations risks:
 - a. DJCS Team Leaders conducting on-site orientation of hotels prior to staff deployment may not have adequate breaks between shift; and
 - b. Staff may be deployed on-site without appropriate orientation or may have only received an induction on the day/night of their shift. This not only poses a risk to effective and safe supervision, but also an organisational reputational risk if staff are perceived to be unprepared and not site familiar.

Ongoing dialogue with the CPSU, continued recruitment of additional DJCS Team Leaders and rolling orientation sessions are expected to enable more flexibility and mitigate these risks.

7. If staff enrolled in training are deemed unsuitable or do not attend or complete their scheduled training, pressure will be placed on staffing capacity and rostering. Rolling training and induction sessions will enable some flexibility for staff unable to complete scheduled training, while a robust screening process at the recruitment stage is designed to filter out unsuitable candidates as early as possible and mitigate staffing shortfalls.
8. Occupational health and safety and infection control inspections have been conducted at all step-in sites. However, given timeframes, documentation of outcomes is not complete, nor has it been formally issued to DHHS. Instead, outcomes have been verbally communicated to hotel managers and the DHHS Team Leader on the day of inspections. Verbal communication through robust DHHS and DJCS governance structures is considered sufficient in the interim to ensure all relevant staff are aware of any site-specific risks or concerns.
9. The Corrections Commissioner and General Manager cannot be present at all site inspections and step-ins. Although this poses a risk by reducing their operational oversight, the other site inspections, new staffing structure and revised governance



CABINET - IN - CONFIDENCE

model ensure reliable oversight by CV and communication of outcomes to the Commissioner and General Manager in their absence.

10. There is a risk that DHHS will have insufficient time to procure the required number of new site ID passes, which creates a risk of media or other contractors gaining unauthorised access to the hotels. DHHS is working to overcome this issue and ensure sufficient passes are available.

Support/Criticism:

1. There is public support for additional measures to strengthen the management of COVID-19 outbreak risks related to hotel quarantine, particularly in light of recent negative media coverage of the program.
2. There may be some public concern about the use of corrections staff in hotel quarantine as being overly forceful (including concern from those held within protective quarantine). This will be offset through effective public messaging that the staff will not be able to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment. Conversely, some members of the public are likely to support a strong approach to addressing the risk of transmission of COVID-19 from hotel quarantine.
3. There may be some public criticism in relation to using former Qantas and other airline employees as RSOs, which are customer service focused roles, in place of security guards. This criticism will be addressed by highlighting the transferrable skills of the former airline employees, complemented by DJCS training and the opportunity to support the significantly impacted airline industry's displaced workforces, without which DJCS would not be able meet the required demand quickly. DJCS is also actively engaging with the Transport Workers Union and the Australian Services Union regarding the private sector workforce.
4. The CPSU has provided support for the operating and resourcing models. It is likely that the CPSU will be concerned about workplace health and safety risks for staff working in hotel quarantine, as well as the potential for inadequate staffing levels in prison as a result of the diversion of staff. Active ongoing consultation with the CPSU will be an ongoing priority.



CABINET-IN-CONFIDENCE

CCC214 - Hotel Quarantine – update (Matter for Agreement)

DPC Recommendation

Defer consideration, to better assess and mitigate infection control risks [based on draft submission]

Submission purpose

To seek agreement to new governance and accountability settings and operating model for the hotel quarantine program.

Expected position of agencies and stakeholders

Agencies are expected to note the update.

Reasons for DPC recommendation

Accountability is proposed to be transferred to the Attorney-General and delivery responsibility to Department of Justice and Community Safety as soon as possible to deliver a more robust approach to hotel quarantine

These new accountability arrangements will leverage the department's experience in correctional management, logistics and emergency management. In addition to supervision services, DJCS will also assume responsibility for management of health services and hotel services, detention oversight and coordination of Victoria Police. Victoria Police will continue to be responsible for enforcement of Chief Health Officer Directions.

The proposal to consolidate guests into as few hotels as possible over a 24-hour period presents a serious infection risk

The step in of Corrections Victoria to all hotels by 9 July requires the movement of approximately 573 people in a short period of time. If any of these persons have unknown COVID status, this presents a significant infection control risk and greater preparedness is desirable.

Specific roles and responsibilities of DJCS and DHHS require further clarity before formal transfer of responsibilities by way of administrative order can be finalised.

The new arrangements propose that governance for DHHS staff be split across two departments (DHHS and DJCS). Given the active health operation underway, including phase 3 restrictions and management of COVID outbreak at the towers, these arrangements will likely significantly stretch DHHS operational capacity.

The proposal to employ RSOs across both prisons and the hotel quarantine program presents health risks

Of the 1,000 staff anticipated to be required to meet Residential Support Officer demand under the new arrangements over the next six months, 286 staff have been recruited to date from Corrections Victoria, Virgin, Qantas and Crown. To supplement numbers, DJCS is proposing to employ RSOs across the hotel quarantine program and prisons. This approach requires further consideration.

The hotel quarantine program is transitioning to stronger infection control arrangements

To address issues of non-compliance and ensure greater infection prevention and control practices, a range of measures are being put in place across the hotel quarantine program. A new operating model is being implemented including increased training and the provision of government issued PPE to hotel



CABINET-IN-CONFIDENCE

and supervision staff; strengthened auditing and cleaning protocols; enhanced communication practices; and extended quarantine periods for people who refuse tests.

Infection control consultants from the Alfred hospital are advising on the implementation of new measures at all quarantine hotels

The Alfred Hospital has been contracted to provide expert clinical and infection control services to support the implementation of the new arrangements. These include providing customer service liaison officers, clinical team leaders and cleaning services. DHHS will also be required to conduct regular audits of hotels and staff practices.

DJCS will work closely with the Commonwealth to agree on a staged return of international flights

The cancellation of flights into Victoria from 1 to 14 July 2020 has reduced the immediate pressures on the hotel quarantine program by reducing the number of new people requiring quarantine. The return of travellers post 14 July will need to be carefully managed to mitigate pressures on the reset arrangements, including the recruitment of staff by DJCS. A staged return of flights will ensure the operations of the corrections system is not undermined.

A funding submission will be brought to a subsequent CCC meeting

DJCS will bring a submission covering the first three months of operations.

Amanda Pickrell, Assistant Director Economic Policy & State Productivity

Tim Ada, Deputy Secretary Economic Policy & State Productivity

CABINET-IN-CONFIDENCE



CABINET - IN - CONFIDENCE

Submission No.	
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: COVID-19 mandatory quarantine accommodation program

Submission Type: Matter for Endorsement

Portfolios: Coordination of Justice and Community Safety – COVID-19

Mission: Public Health Resilience

SUBMISSION PROPOSAL

Recommendations:

That the Crisis Council of Cabinet:

- Approve** accountability for delivery of the hotel quarantine program transferring from the Minister for Health to the Attorney-General as soon as possible, to be delivered by the Department of Justice and Community Safety (DJCS) upon necessary administrative and governance arrangements being finalised.
- Note** that Corrections Victoria assumed progressive responsibility for resident supervision functions for hotel quarantine from 2 July. Subject to the consolidation of guests, all supervision of hotel quarantine facilities with residents will be under the responsibility of Corrections Victoria post step in on 11 July 2020, with no private security on-site managing returned travellers who have not tested positive for COVID-19.
- Note** that the Chief Health Officer has endorsed the design of the hotel quarantine program.
- Note** that different arrangements are in place at the existing hotel being used to accommodate people in the mandatory quarantine accommodation program, Brady hotel, who have tested positive for COVID-19 and that this will involve use of the Alfred's existing health security contract with Spotless. Corrections Victoria has a staff member at Brady Hotel.
- Note** that the Brady and Grand Chancellor hotels will be used for positive cases from the public housing towers (hotel has a capacity of 135 rooms), and that this will also involve the use of the Alfred and a service subcontractor.



CABINET - IN - CONFIDENCE

6. **Note** that Victoria has flagged with the Commonwealth a likely further delay to the return of international flights and that a decision will be made in due course.
7. **Note** the update on arrangements with Alfred Health, including the review of Infection Prevention and Control activity in the hotels.
8. **Approve** the approach to hotel quarantine management, subject to endorsement from the Public Health Team, Department of Health and Human Services (DHHS) of the system design and infection control protocols.
9. **Agree** that to reduce the risk of infection and cross contamination, stringent operational procedures must include limiting staff to work at one hotel quarantine site only as far as operationally possible, and clearly enforcing that staff will not work shifts in correctional settings or hospital settings while they are employed through the hotel program, and will be encouraged to be tested before returning to normal duties.
10. **Note** and agree that the Department of Justice and Community Safety is incurring costs in relation to the delivery of the hotel quarantine program, including resident supervision services in the hotels, and that a further submission will be brought to CCC seeking funding to cover the first three months of new supervision arrangements.

Objectives:

1. To seek CCC approval to shift accountability for the delivery of the hotel quarantine program from the Minister for Health to the Attorney-General.
2. To provide CCC with an update on the governance, accountability and recruitment approach for the hotel quarantine program and operating model.
3. To provide a progress update on service implementation and outline the steps towards the complete roll-out of Corrections Victoria supervising residents in hotel quarantine, including an update on timeframes for Corrections Victoria assuming responsibility for supervision at all hotels.
4. To provide the DJCS with authority to incur costs in relation to the delivery of supervisory services.



CABINET - IN - CONFIDENCE

Key Issues:

It is proposed that accountability for the hotel quarantine program transfer from the Minister for Health to the Attorney-General as soon as possible

1. Under the new approach to hotel quarantine the Attorney-General (through DJCS) will become accountable for co-ordination of the delivery of the COVID-19 hotel quarantine program. Centralising accountability for all aspects of the hotel quarantine program with the Attorney-General will help to ensure that the program can be delivered effectively and efficiently, with a single department responsible for coordination and delivery.
2. It is appropriate for this single point of accountability to sit with the Attorney-General because relevant skills sit within DJCS, for which the Attorney-General is Lead Minister. DJCS will draw upon its considerable expertise and experience in correctional management, emergency management, logistics and community safety to ensure that the hotel quarantine program is managed in an effective way that prioritises the safety of staff, hotel guests and the broader community. The transition of the hotel quarantine program to DJCS would also relieve pressure on DHHS, particularly given its need to mobilise in relation to COVID-19 hotspot outbreaks in public housing towers and the increase in hospital admissions resulting from COVID-19.
3. In addition to the supervision services now provided by Corrections Victoria, the following functions are therefore intended to transfer to DJCS:
 - a. detention oversight;
 - b. management of health services (through the existing contract with Alfred Health);
 - c. management of hotel services (including any incidents at the hotels); and
 - d. coordination of and the enforcement services provided by Victoria Police.
4. Machinery-of-government changes and associated administrative arrangements to effect these changes will be implemented as quickly as practicable.
5. Under the previous program model, the Department of Jobs, Precincts and Regions (DJPR) was responsible for a range of functions, including procurement, allocation of returned travellers to hotels, data analysis, hotel site management and logistics, exit planning and operation of the call centre and communications. These functions are currently being transferred to DHHS, and will now be transferred to DJCS.
6. Victoria Police will continue to be responsible for enforcement of the Chief Health Officer's directions, including directions to guests not to leave their rooms without the approval from the Authorised Officer (AO).
7. Importantly, the new model will deliver a more robust approach to ensuring the safety of staff, hotel residents and the broader community by embedding reliable quality and infection control, which will continue to be monitored and strengthened if required. To reduce the risk of infection and cross-contamination, stringent operational procedures have been introduced. This includes separate health teams at each hotel site being rostered on separate rosters, seconded custodial staff not working shifts in correctional or hospital settings while they are employed through the hotel program and encouraging staff to undergo COVID-19 testing before returning to normal duties



CABINET - IN - CONFIDENCE

(noting that Corrections Victoria staff will have a period of 14 days paid leave before resuming normal duties to manage infection risk).

8. Over time, the model aims to limit staff to work at one hotel quarantine site only, but this is not possible at this stage of implementation, while the workforce is being established. Independent infection control advice has been sought on rostering arrangements, which confirms there is minimal risk in this approach.

Governance and administrative arrangements will need to be made clear

9. Under this model the CHO would advise the Minister for Health on all matters relevant to COVID response, and the Attorney-General in relation to the hotel quarantine program. The CHO, Deputy CHOs and AOs would be subject to the direction and control of both the DHHS Secretary and the DJCS Secretary. Arrangements will need to be put in place as between DHHS and DJCS to ensure that all relevant officers can efficiently and effectively exercise their powers.
10. The hotel quarantine program relies on Detention Notices issued by AOs to new arrivals, which is an exercise of the emergency powers under the *Public Health and Wellbeing Act* (PHWA). Two different Ministers and Secretaries would therefore be responsible for the exercise of the emergency powers by the AOs (noting that there is a statutory duty to report to Parliament on the exercise of these powers). It is critical that the governance arrangements and any necessary machinery of government changes are bedded down before responsibility transfers.
11. The CHO and AOs are currently all appointed by the DHHS Secretary. It is not clear that AOs can be subject to the direction of a Secretary which did not appoint them (that is, the DJCS Secretary) because the CHOs and AOs are generally subject to the direction of the Secretary that appoints them (ss 20 and 30 of the PHWA), being the DHHS Secretary. This would remain the case even if responsibility for the hotel quarantine program is transferred to the Attorney-General and the DJCS Secretary. This can be overcome either through by DJCS appointing its own AOs, or by reaching agreement about the process for DHHS to continue issuing directions to the AOs. It is proposed that the power for DJCS to appoint its own AOs will be transferred into the Attorney-General's portfolio and conditions imposed on the use of those provisions for hotel quarantine purposes. Consideration will be given to ensuring that there are no unintended consequences for the pandemic response and broader public health and wellbeing arrangements, and administrative arrangements put in place between DHHS and DJCS to mitigate any identified risks.
12. Administrative arrangements (including any reliance on Alfred's contract with Spotless or another specialist health service providers) will also need to be agreed between DHHS and DJCS regarding the delivery of quality health services to hotel residents, leveraging DHHS' expertise and relationships.

There will be some ongoing contracting arrangements as part of the model

13. The following key contracting arrangements will continue to exist as part of the model:
 - a. Hotel service providers remain responsible for providing catering services to residents.



CABINET - IN - CONFIDENCE

- b. Transport of returned travellers from their point of entry to a hotel will continue to be provided by Skybus (DHHS is working with Skybus to manage infection risk).
- c. DNATA will continue to manage luggage handling from the airport to hotels and concierge in hotels.
- d. The Alfred will remain contracted for the provision of medical services.
- e. Sub-contractors to the Alfred will continue to provision of hospital services, including the provision of cleaning services by Spotless and the security of packages delivered to hotels.

A phased alternative approach to hotel quarantine supervision has already commenced to overcome operational issues that have resulted in identified clusters of COVID-19 cases

14. On 27 June 2020 the Crisis Council of Cabinet endorsed an alternative supervision model for hotel quarantine. In particular, Residential Support Officers (RSOs) employed by DJCS are replacing private security operators in supervision of residents.
15. DJCS (through its business unit, Corrections Victoria) is responsible for the supervision of residents within hotel quarantine and exiting contractual relationships. DJCS will ensure, through robust contract management, that the service providers outlined above provide safe, high quality service delivery. Centralising contract management responsibility in DJCS will ensure consistency in contract management.
16. Led by the Corrections Commissioner, the Resident Support Officer role is responsible for:
 - a. Supervising entry and exit points of hotels utilised for mandatory quarantine
 - b. Monitoring entry and exit of guests on hotel floors
 - c. Escorting and supervising guests for outside exercise as directed by the Authorised Officer
 - d. Escalating issues, guest non-compliance or reportable incidents to their hotel's Team Leader
17. Victoria Police and Protective Service Officers (PSOs) will provide enforcement functions as required in hotels, and would be responsible for responding to public order instances and enforcement of CHO directions. Victoria Police and PSOs would also conduct regular spot checks for compliance with CHO directions in hotels.
18. At each hotel, the Team Leader responsible for managing the team of RSOs will work with the relevant AO responsible for managing and coordinating services at the hotel. The RSOs have no authorised powers under the *Corrections Act 1986* at hotels and will perform only non-contact functions. RSOs will escalate all issues to AOs through the Team Leaders, who will then make decisions about when to involve Victoria Police. In the case of emergencies, RSOs will contact emergency services directly.
19. The new supervision model will address key risks arising from the use of private security providers through providing a highly trained workforce with appropriate supervision and oversight, and will support improved public health outcomes and an additional level of infection prevention and control. Corrections Victoria is well placed to deliver the model given its experience in exhibiting strong leadership, safety and customer relations skills.



CABINET - IN - CONFIDENCE

20. A sound training program tailored to the existing capabilities of the different workforces, daily briefings to reinforce training, sufficient supply and appropriate use of PPE and a supportive staffing model with operational safeguards and clear separation of responsibilities will all help ensure previous program shortcomings are addressed and mitigate the risk of further COVID-19 cases in hotel quarantine.

A range of operational considerations underpin this operating model and will inform the roll-out

21. The Brady Hotel, referred to publicly as the 'hot' hotel, is being used to accommodate people in the mandatory quarantine accommodation program who have tested positive for COVID-19. Corrections Victoria commenced a shared supervisory role at the site on 3 July, supporting the existing partnership between DHHS and Alfred Health. DCJS will assume responsibility for this, and other 'hot' hotels, including the Grand Chancellor, and will continue to have a minimal presence, with one staff member positioned in the foyer monitoring entry and exit from the hotel. The rest of the supervision response at the sites will be provided through its contracted security services provider. . This shared approach, and the continuation of a contracted security service, has been adopted at the Brady Hotel due to Alfred Health's expertise in the area of infection control and management. Service delivery will continue to be reviewed and improved.
22. DJCS staff and an independent infection control expert have inspected each active hotel location prior to the commencement of Corrections Victoria's operations. Inspections of the first locations have provided critical information for the operational model, occupational health and safety and rostering requirements, including the availability of closed-circuit television (CCTV) monitoring, door alarms and security requirements. These inspections will be completed for each hotel to ensure safety and operational readiness for staff.

Existing residents spread across multiple hotels are being consolidated into as few hotels as possible to enable Corrections Victoria to step into all hotels on 11 July

23. At the time CCC last considered hotel quarantine arrangements at 8pm on 8 July, it was intended that Corrections Victoria step in to provide resident supervision at all hotels with residents from 9 July. To achieve this, DHHS urgently undertook planning to consolidating residents into hotels under Corrections Victoria's supervision. This would have involved the movement of 573 people into four hotels on 9 July.
24. As a result of detailed analysis by DHHS and consultation with their Public Health Team and Emergency Management Victoria, it was determined that this approach would create undue health and operational risks. This risk arises from the vulnerabilities and complexities of the residents in hotel quarantine, and the need to protect them, staff and the Victorian public from the risk posed by the COVID-19.
25. Given these risks, it is now intended that Corrections Victoria step in to provide resident supervision at all hotels with residents from 11 July. To achieve this, guests will be consolidated into hotels under Corrections Victoria's supervision. Current plans involve needing to move only one person still in quarantine from the 4 Points Sheraton to the Pan Pacific. All other guests in hotels not yet under Corrections Victoria's supervision are likely to have finished their quarantine by this time.



CABINET - IN - CONFIDENCE

26. If necessary, movement will be facilitated by a private transport operator, Skybus. Skybus takes steps to ensure that movements are carried out in a manner which manages risk of infection, including through appropriate cleaning of buses.

Table 1: Dates for DJCS takeover

Hotel	Security firm	DJCS proposed/ actual takeover date
Rydges on Swanston	Unified	2 July 2020
Brady Hotel Central	Spotless	3 July 2020
Four Points Hotel – Docklands	MSS	3 July 2020
Mercure Welcome	Wilson	5 July 2020
Pullman on Swanston	Wilson	5 July 2020
Holiday Inn Airport	MSS	10 July 2020
Park Royal Airport	MSS	10 July 2020
Crown Metropol	Unified	11 July 2020
Pan Pacific	Unified	11 July 2020
Crown Promenade	Unified	Rooms are either not in use currently or will become vacant due to consolidation of residents, and will not be needed until international flights resume.
Marriot – Exhibition St	Unified	
Grand Chancellor	Unified	
Holiday Inn - Flinders St	Unified	
Novotel Hotel CBD	Unified	
Novotel Hotel South Wharf	Unified	
Stamford Plaza	MSS	

DJCS (Corrections Victoria) is actively recruiting a highly qualified and capable workforce to support its role in hotel quarantine

27. The Corrections Commissioner is responsible for the delivery of supervision services for residents in hotel quarantine.
28. It is anticipated that more than 1,000 staff will be required to meet demand for RSO roles over the next six months. Staff are being sought from Corrections Victoria / DJCS in the first instance, and the Corrections Commissioner has identified suitable industry partners with highly skilled workforces including Qantas. Recruitment will then target other government workforces supplemented by external recruitment and partnerships with COVID-19 impacted sectors with relevant skills.
29. Wherever possible, Team Leaders will be Corrections Victoria staff. DJCS, other Victorian public sector staff and external staff will only be Team Leaders when it is necessary to ensure custodial workforces are not depleted, and where they are deemed by DJCS to have the necessary skills and leadership experience.



CABINET - IN - CONFIDENCE

30. Prison officers have been the first workforce targeted to fill the RSO roles, given existing relevant skills and experience, including in supervision, communication, de-escalation and conflict management. They are bound by the Victorian Public Sector Code of Conduct and are skilled in maintaining professional boundaries, working with diverse members of the public, and providing care to vulnerable individuals. An internal expression of interest (EOI) process has commenced within Corrections Victoria and has been extended to other suitable DJCS staff (such as Sheriff's Officers) and the broader VPS via the Jobs and Skills Exchange, Working for Victoria and externally via the Careers website.
31. Internal CV and DJCS EOIs have received overwhelming interest, with hundreds of applications for RSO and Team Leader roles. DJCS is constrained in the number of CV staff that can be deployed as RSOs because of the operational needs of custodial facilities, and the need to ensure the safety and security of those facilities. Careful consideration is being given to how to increase the proportion of staff drawn from Corrections' custodial operations further, having regard to operational needs and risk and additional squads of prison officers commencing employment at DJCS in coming months.
32. Corrections Victoria has commenced targeted discussions with key companies including Qantas and relevant unions, to attract their staff given their highly trained and professional workforces. Under this approach, suitably trained staff with relevant experience in supervision, communication, de-escalation and conflict management from these companies who wish to participate have been released to become VPS staff employed by DJCS on short-term fixed term contracts under the VPS Enterprise Agreement (and subject to the VPS Code of Conduct). Relevant short-form training and experience will ensure staff from industry partners engaged to support the program will be able to maintain professional boundaries while working with diverse members of the public, and provide support to vulnerable people.
33. There is an ongoing process of shortlisting applications as they are received, with consideration given to the safety and security of the prison system and the need to limit and phase the release of staff. The staffing breakdown as at 9 July is outlined in Table 2 below:

Table 2: Current staffing profile

Originating workforce	Positions offered
Corrections Victoria	100
Other DJCS	25
Qantas	287
Other external*	156
Total	568

**Other external includes Work for Victoria, Jetstar, Virgin and Tiger Air.*



CABINET - IN - CONFIDENCE

34. To ensure consistency and quality of service provision, Corrections Victoria is leading a tiered training program, underpinned by a skills assessment of all applicants. The training aims to build on existing transferable skill-sets such as passenger management de-escalation and conflict resolution skills, COVID-19 protocols, compliance with safety guidelines and security, emergency and procedures, which are relevant to the hotel quarantine environment.
35. Corrections Victoria staff undertake an intensive half-day training. Staff from DJCS more broadly and Qantas and other airline staff participate in a one-day program, while all other staff are required to undertake three days of training. All staff are also provided with emergency evacuation training and orientation on site.

The return of international flights should be staged to ensure the smooth transition to Corrections Victoria supervision services.

36. Working with the Commonwealth to implement a staged return, or further delay, of international flights after 15 July 2020 will be important to ensure a smooth transition to Corrections Victoria supervision services.
37. A staged return to international flight arrivals will help ensure that public confidence in hotel quarantine can be restored. Whilst it is important that Victoria is seen to be playing its part in the national response to repatriating citizens and others who need to land in Australia, an appropriately-timed approach to arrivals will help to ensure that all infection control systems and processes are in place to the highest standards to manage risk.
38. If a return to international flight arrivals is not staged, an immediate and significant increase in demand for quarantine in hotels is expected, with an estimated 500 people returning on repatriation flights per week once flights resume and an additional 2,000 on other international flights. DJCS would not be able to immediately establish a workforce to manage supervision of this many returned travellers.

There have also been changes to the provision of expert services and auditing, to ensure the new model is effective in infection prevention and control

39. An Alfred Health service package continues to be rolled out across the hotels. This package includes three key services:
- a. Customer Service Liaison Officers (CSOs). This role will be the key liaison point for guests and will provide support and assistance to ensure a comfortable stay. This may include delivery of packages.
 - b. Clinical Team. Led by experienced nurses from Alfred Health, these teams provide high quality welfare and health services to guests, including triage and escalation of clinical issues as required. They will also administer the testing regime.
 - c. Cleaning Team (Spotless). This team will provide cleaning services in accordance with strict Infection Control guidelines and requirements.



CABINET - IN - CONFIDENCE

40. As of 6 July 2020, five hotels (plus the Brady Hotel) had all three services outlined above embedded, with a continued focus on the roll out of the CSOs across all locations by 9 July 2020. Roll out of all services across all locations will be completed by 13 July 2020.
41. In addition to the roll out of the Alfred Health service package outlined above, changes regarding the use of personal protective equipment (PPE) and infection prevention and control (IPC) guidelines continue to be implemented by the DHHS Infection Prevention Cell and Alfred Health, including:
- a. Increasing supervision and surveillance at hotels to ensure staff are following appropriate hygiene and physical distancing measures
 - b. Staff retraining with every shift and briefings to remind staff of the precautions in place to protect themselves and travellers.
42. In particular, Alfred Health is conducting a review of the IPC standards of each hotel, and ensuring that any improvements are in place as they embed their services. As of 6 July 2020, six hotels (including the Brady Hotel) had been reviewed, with the remaining hotels to be completed by 13 July 2020.
43. The audits and subsequent rectification plans will continue to be conducted at regular intervals to ensure the safety of staff and passengers.
44. A key feature of Alfred Health's work is the provision of a robust infection prevention model. As is standard practice within a clinical environment, Alfred Health Nurse Team Leaders will be provided with site specific infection prevention advice and training in order to ensure continuity of practice between infection prevention consultations. This advice will also be available to the Team Leader, embedded in the hotel.
45. Key areas that the Alfred Health Guidelines and approach to infection prevention cover include: the approach to common areas; guidelines and education; staff screening and wellness checks; passenger screening and wellness checks; movement and transfer of patients; housekeeping; PPE; staffing arrangements; hand hygiene; clean supply, environmental cleaning; and waste management.
- Under the proposed new approach, these arrangements will continue, with contract responsibility transferring to DJCS.
46. The new approach will also embed Continuous Quality Assurance (CQA) so that any new challenges are identified and addressed and that there is a continuous review process as the transition to DJCS oversight is completed. This model follows the *plan, do, study, act* quality cycle, including:
- a. Regular audits of practice, followed by adjustments to practice, as necessary, based on audit findings – this includes observational audits for compliance with operational policies and protocols (i.e. teams observing practice on the ground and engaging with returned travellers about their experience) as well as relevant data analysis;



CABINET - IN - CONFIDENCE

- b. Written reports following each audit, setting out any recommendations for change;
- c. Each of these CQA functions being conducted by a dedicated team, independently of operations; and
- d. The CQA team also performing the near miss/critical incident investigation and reporting function, as an adjunct to regular practice audits.

A new operating model will support DJCS delivery of resident supervision

47. DJCS has developed state-wide operating procedures to establish consistent supervision responsibilities and processes across all sites, with site-specific local operating procedures to reflect differences in physical infrastructure. Enhanced oversight of RSOs, more efficient rostering and integration with health and hotel services staff will reduce infection risk exposure for all staff.
48. Rostering will reflect the improved staff supervisory model, with experienced staff engaged as Team Leaders to ensure consistency and quality of service delivery, as well as compliance with infection prevention control, physical distancing and other Chief Health Officer (CHO) directions. RSOs will each work an 80-hour plus fortnight consisting of six 12-hour shifts and one eight-hour shift. Following the initial step in, staff will re-balance across the system to ensure a capable mix of skills. Once this is complete, staff will be allocated to a specific hotel with no movement to other locations to reduce the potential of outbreaks across the whole program and to provide business continuity protection in the case of an outbreak. One Team Leader will be rostered on per shift, per hotel, around the clock. It is expected that each hotel will require between 30 to 100 FTE to cover a 24-hour, 7-day a week roster, across up to 20 hotels. The FTE required will depend on the number of active hotel floors each hotel is operating. In line with infection prevention and control best practice, RSOs will not be permitted to work across multiple hotels.
49. Teams will be supported 24-hours a day by a state-wide Operations Manager from Corrections Victoria who will provide oversight of day-to-day operations; situational awareness and intelligence to liaise with hotel staff, AOs, medical staff and other government staff at the hotel; a point of reference for all DJCS staff to resolve operational or logistical issues, or escalate them as required; and support the health and well-being of DJCS staff. The experienced General Manager will provide oversight of state-wide operations; provide advice and input on supervision matters; advise and support supervision and compliance as required; and work with the Operations Managers to support the health and wellbeing of DJCS staff.
50. DJCS has worked closely with the Community and Public Sector Union (CPSU) and has agreed an MOU, confirming the employment package and conditions for staff at the hotels. DJCS will continue to engage with the CPSU to ensure appropriate allowances for public sector staff being recruited to RSO roles.
51. The operating model also provides clear guidance on day-to-day functions of RSOs, infection prevention and control mechanisms, occupational health and safety, incident and emergency management and staff training and induction. This includes briefing and debriefing at the beginning and end of shifts, clear handover processes for Team Leaders, and temperature checks for all staff at the beginning of their shift.



CABINET - IN - CONFIDENCE

52. Importantly, the operating model clearly outlines RSO obligations under the Victorian Charter of Human Rights and Responsibilities and provides guidance to ensure all RSOs act compatibly with human rights and give proper consideration to the human rights of anyone affected by a staff member's decisions.

In addition to returning travellers there may be a requirement to support priority cohorts in supervised hotel accommodation, including residents from locked down public housing

53. Additional support may be required if residents from locked down public housing towers need to be quarantined away from their families. This could be due to a positive COVID-19 test result, the need to isolate from another infected person, or in response to a mental health episode or non-compliant behaviour in relation to the lockdown that requires more stringent supervision arrangements.
54. Rooms at the Brady hotel and the Grand Chancellor hotel will be used for positive cases from the public housing towers from 10 July. The current capacity of these hotels is as follows:
- 34 rooms are available in the Brady [at 3.15pm], of which 3 are family suites.
 - The Grand Chancellor hotel has a capacity of 135 rooms.
55. This arrangement will also involve the use of the Alfred and an alternative service provider. DJCS is progressing discussions with Victoria Police to have a Victoria Police presence at the Grand Chancellor tomorrow. Corrections Victoria will continue at the Brady and will step in at the Grand Chancellor to relieve Victoria Police (timing tbc).
56. At this point, only the Brady and Grand Chancellor will be used for COVID positive cases, although DHHS is currently considering options to expand the availability of hotels if necessary. This will be continuously assessed as demand becomes clearer. It should be noted, however, that there are likely to be significant workforce constraints that limit the Government's ability to easily establish more "hot hotels". Alternative staffing and operational models would need to be considered.
57. Consideration would also need to be given to further delaying the return of international flights to ensure the ongoing integrity of the hotel quarantine scheme.
58. Residents who have tested positive to COVID-19, their families and close contacts will be offered alternative accommodation in the Brady hotel and Grand Chancellor hotel. Residents will be prioritised for hotel accommodation based on their health, personal and family needs. Individuals with no medical needs will be transported by St John Ambulance vehicles, while individuals with health needs and families will be transported through Non-Emergency Patient Transport coordinated by Ambulance Victoria.
59. Residents who have tested positive and choose to access alternative hotel accommodation will receive the same rental support, hardship payments and employment support as other people in the public housing towers.



CABINET - IN - CONFIDENCE

60. To support the welfare of residents in the nine sites the department is establishing 10 Public Housing COVID Response (PHCR) Teams (a team for each of the nine towers, and a team to specifically respond to the needs of Aboriginal residents across all nine sites). The PHCR Teams respond to referrals that relate to residents' needs and support requirements arising from either personal, social, cultural, health or wellbeing needs, which are likely to be significantly exacerbated by the need for self-isolation or emerge as a result of self-isolation.
61. Under current arrangements, if residents have needs that cannot be met through the PHCR teams or at the nearby urgent care centre established at the Showgrounds, Ambulance Victoria commanders will authorise transfer to an appropriate health care facility. For COVID-positive residents who need admitted care, beds will be available in a COVID-positive ward at the Royal Melbourne Hospital.
62. Victoria Police will continue to respond to criminal matters relating to residents of the towers. This includes working with DJCS contact points on issues that arise with offenders.
63. There are various options for government to consider in relation to moving other residents from public housing towers, however opting to move large groups of people to non-hot hotels would present a significant resource challenge that would be difficult to absorb for both DJCS and health services. Meeting the additional support needs of public housing tower residents in non-hot hotels would require a level of training that is above where current RSOs have been trained for, particularly the external and non-CV staff. As above, consideration would also need to be given to further delaying the return of international flights to ensure the ongoing integrity of the hotel quarantine scheme.

Stronger governance includes clarification of contractual arrangements

64. At the time DJCS took over the hotel security contracts all contracts had expired (30 June 2020). Since then:
 - a. Wilson Security are no longer providing services. They were exited from two hotels on 5 July, after which Corrections Victoria took over supervision;
 - b. MSS were exited from two hotels to enable Corrections Victoria to take over supervision, with the remaining two due to be exited on 10 July; and
 - c. Unified security – providing services at the largest number of sites – have already been exited from some sites, with their remaining sites to be transitioned to CV on 11 July.
65. DJCS is working with DJPR to ensure that appropriate arrangements are in place following the 30 June 2020 expiry of DJPR's contracts. For oversight and contractual purposes, DJCS held meetings with key executives from the security firms to discuss key contract deliverables and accountabilities. Confirmation was sought that hotels understood operational requirements and public health directions.



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66. In the meantime, while private security contractors are still providing services, DJCS is regularly communicating with MSS and Unified Security to ensure government's expectations are clear and adhered to. DJCS is also planning to audit their performance and seek evidence of services rendered.
67. DJCS anticipates some costs to the department associated with exiting service arrangements for the period from 1 July to their exit date at each site.

Funding is required to enable DJCS to deliver services relating to hotel quarantine

68. Corrections Victoria's experience in managing emergency response and Victoria's prison and youth justice systems will be leveraged to ensure the hotel quarantine program can be delivered efficiently and effectively. However, DJCS budget is under financial pressure due to increased demand for services and existing allocated government efficiency savings, as well as managing DJCS COVID-19 responses.
69. While some of the emergency prison beds initiative funding of \$72 million in 2020-21 is not currently being utilised due to declining demand and there are minimal savings in Prisoner Transport, this funding is needed to respond to COVID-19 costs being incurred in the corrections system as well as key budget pressures impacting services and operations in prisons.
70. DJCS does not have enough funding capacity to deliver the hotel quarantine program. In addition, there is no funding provided for this initiative in the Appropriation (Interim) Bill 2020.
71. DJCS is immediately incurring expenditure to facilitate its delivery of hotel quarantine ahead specific funding being allocated by government. DJCS is working with DTF on funding options to support this response. A subsequent submission will be made to CCC to agree funding arrangements for this initiative.

Risks:

1. A significant increase in prison demand or a COVID-19 outbreak among custodial staff or prisoners could impact staffing capacity in both prisons and the hotel quarantine program. As noted above, additional staff from external partners have been sourced to help mitigate this risk to the extent possible.
2. Private security staff currently supervising hotel quarantine have contracted COVID-19 and have transmitted it to their contacts. There is a risk that DJCS staff could similarly contract COVID-19 in the same environment, although the state-wide operating procedures have been designed in consultation with independent infection prevention and control specialists to minimise the risk. All staff and contractors will be provided with comprehensive information and briefing materials tailored to the hotel quarantine context, developed by Alfred Health and DHHS Infection Prevention Cell. This will be supplemented by additional DJCS briefing emphasising communication, de-escalation and effective infection prevention and control. DJCS Team Leaders will be responsible for supporting and monitoring compliance.
3. Arrangements with sub-contractors present an ongoing risk to the successful operation of the program. Steps are urgently being taken by DJCS and DHHS to review the contractual arrangements between the Alfred and Spotless, noting that concerns



CABINET - IN - CONFIDENCE

have been raised by hotels and Corrections Victoria about the quality of the cleaning services they provide, and hotels have separately raised concerns with Corrections Victoria that the workforce appears to change frequently without notice. Given these concerns, it appears that these arrangements could present a risk to the quality and integrity of Victoria's hotel quarantine arrangements. Public health advice about the arrangements is being sought by DHHS and advice will be provided to relevant Ministers about the appropriateness of this model going forward as quickly as possible.

4. Due to industrial limitations, staff cannot be mandated to undergo COVID-19 testing prior to returning to their regular workplaces. Instead, staff – particularly those returning to work in prisons – will be encouraged to seek COVID-19 testing following their secondment to the hotel quarantine program, to mitigate the risk of any cross-contamination, especially into the uniquely vulnerable prison system. This approach will be supported by 14 days of paid special leave for all staff to self-isolate at the conclusion of their involvement in the program.
5. Robust recruitment processes, clear communication of expectations and roles, operating model design, high quality supervision and swift consequences for any misconduct and unacceptable behaviour (including removal of the staff member as an RSO where appropriate) will be used to manage the risk of RSOs failing to provide more effective supervision than private security contractors, leading to more outbreaks. These processes will also ensure that RSOs understand the differences between the RSO role and their usual role as a prison officer. The operating model also provides clear guidance for managing incidents and emergencies in the hotel quarantine context, noting that staff will not be able to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment.
6. There is a risk that the use of custodial staff to supervise people in quarantine could be seen to impact upon the right to liberty enshrined in section 21 of the *Victorian Charter of Human Rights and Responsibilities*. However, the need to manage community transition of COVID-19 and the requirement for international arrivals to enter hotel quarantine is well known and supervision provided by prison officers rather than private security firms does not change this model. Furthermore, DJCS staff will wear a polo shirt rather than a custodial uniform and will only perform non-contact functions.

Risks arise from DJCS assuming responsibility for administration of the hotel quarantine program

7. Risks arise as a result of the model creating dual reporting lines for senior public health officials and Ministers exercising the same powers under the *Public Health and Wellbeing Act*. As noted above, these risks arise due to:
 - The CHO being subject to the direction and control of both the DHHS Secretary and the DJCS Secretary.
 - Two different Ministers being responsible for the exercise of the emergency powers by the AOs, the Minister for Health and DHHS generally, and the Attorney-General and DJCS in relation to the hotel quarantine program.



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8. Further, the basis for issuing the detention notices is the public health information available to the CHO (supported by DHHS). The dual reporting lines therefore also create a risk of the information being interpreted, information or powers being used inconsistently across the different departments, and in competing priorities impacting the efficient and effective making of decisions and exercises of power necessary for DJCS to manage the program.
9. To mitigate these risks to the greatest possible extent, DJCS and DHHS will clarify roles and responsibilities prior to the responsibility being transferred to DJCS.

There are several risks specifically arising from the need to step-in as quickly as possible.

10. Due to the pace at which new staff are commencing in hotels, rostering pressures have created several industrial relations risks:
 - a. DJCS Team Leaders conducting on-site orientation of hotels prior to staff deployment may not have adequate breaks between shift;
 - b. Some staff will be deployed on-site without appropriate orientation or may have only received an induction on the day/night of their shift. Staff may also not have time to run through local emergency procedures before they begin at a hotel, relying on written procedures only. This not only poses a risk to effective and safe supervision, but also an organisational reputational risk if staff are perceived to be unprepared and not site familiar; and
 - c. Overtime is being used and operational staff are exceeding 100 hours per fortnight.

Ongoing dialogue with the CPSU, continued recruitment of additional DJCS Team Leaders and rolling orientation sessions are expected to enable more flexibility and mitigate these risks.

11. If staff enrolled in training are deemed unsuitable or do not attend or complete their scheduled training, pressure will be placed on staffing capacity and rostering. Rolling training and induction sessions will enable some flexibility for staff unable to complete scheduled training, while a robust screening process at the recruitment stage is designed to filter out unsuitable candidates as early as possible and mitigate staffing shortfalls.
12. The pace of the step-in process will also significantly reduce its rigour, with no opportunity for quality inspections, pre-step-in audits or Team Leader site familiarisation prior to service delivery commencing.
13. Occupational health and safety and infection control inspections have been conducted at all step-in sites. However, given timeframes, documentation of outcomes is not complete, nor has it been formally issued to DHHS. Instead, outcomes have been verbally communicated to hotel managers and the DHHS Team Leader on the day of inspections. Verbal communication through robust DHHS and DJCS governance structures is considered sufficient in the interim to ensure all relevant staff are aware of any site-specific risks or concerns.
14. The infection control standards required for RSOs are not yet in place at the Holiday Inn, Park Royal, Pan Pacific and Crown Metropol. This includes the absence of appropriate PPE donning and doffing stations, evident high touch point cleaning



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regimes, signage and access to PPE. DHHS are currently working to put these in place and mitigate any risks arising. Furthermore, the staffing amenities required for RSO step in are not currently in place at Crown Metropol. This includes a suitable area for radios and a suitable clean area for a break-out and meal facilities. DHHS will resolve this ahead of step in by Corrections Victoria.

15. The Corrections Commissioner and General Manager cannot be present at all site inspections and step-ins. Although this poses a risk by reducing their operational oversight, the other site inspections, new staffing structure and revised governance model ensure reliable oversight by CV and communication of outcomes to the Commissioner and General Manager in their absence.
16. DHHS will have insufficient time to procure the required number of new site ID passes, which creates a risk of media or other contractors gaining unauthorised access to the hotels. DHHS is working to overcome this issue and ensure sufficient passes are available as soon as possible.

Support/Criticism:

1. There is public support for additional measures to strengthen the management of COVID-19 outbreak risks related to hotel quarantine, particularly in light of recent negative media coverage of the program.
2. There may be some public concern about the use of corrections staff in hotel quarantine as being overly forceful (including concern from those held within protective quarantine). This will be offset through effective public messaging that the staff will not be able to exercise any power under the *Corrections Act 1986* as part of their role in the hotel quarantine environment. Conversely, some members of the public are likely to support a strong approach to addressing the risk of transmission of COVID-19 from hotel quarantine.
3. There may be some public criticism in relation to using former Qantas and other airline employees as RSOs, which are customer service focused roles, in place of security guards. This criticism will be addressed by highlighting the transferrable skills of the former airline employees, complemented by DJCS training and the opportunity to support the significantly impacted airline industry's displaced workforces, without which DJCS would not be able meet the required demand quickly. DJCS is also actively engaging with the Transport Workers Union and the Australian Services Union regarding the private sector workforce.
4. The CPSU has provided support for the operating and resourcing models. It is likely that the CPSU will be concerned about workplace health and safety risks for staff working in hotel quarantine, as well as the potential for inadequate staffing levels in prison as a result of the diversion of staff. Active ongoing consultation with the CPSU will be an ongoing priority.



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CCC231 - Hotel Quarantine (Matter for Agreement)

DPC Recommendation

Support

Submission purpose

To seek agreement to new governance and accountability settings and operating model for the hotel quarantine program.

Expected position of agencies and stakeholders

Agencies are expected to support the update.

Reasons for DPC recommendation

Accountability is proposed to be transferred to the Attorney-General and delivery responsibility to Department of Justice and Community Safety as soon as possible to deliver a more robust approach to hotel quarantine

These new accountability arrangements will leverage the department's experience in correctional management, logistics and emergency management. In addition to supervision services, DJCS will also assume responsibility for management of health services and hotel services, detention oversight and coordination of Victoria Police. Victoria Police will continue to be responsible for enforcement of Chief Health Officer Directions.

The hotel quarantine program is transitioning to stronger infection control arrangements, approved by the Chief Health Officer

To address issues of non-compliance and ensure greater infection prevention and control practices, a range of measures are being put in place across the hotel quarantine program. A new operating model is being implemented including increased training and the provision of government issued PPE to hotel and supervision staff; strengthened auditing and cleaning protocols; enhanced communication practices; and extended quarantine periods for people who refuse tests.

Infection control consultants from the Alfred hospital are advising on the implementation of new measures at all quarantine hotels

The Alfred Hospital has been contracted to provide expert clinical and infection control services to support the implementation of the new arrangements. These include providing customer service liaison officers, clinical team leaders and cleaning services. DHHS will also be required to conduct regular audits of hotels and staff practices.

DJCS will work closely with the Commonwealth to agree on the resumption of international flights

The cancellation of flights into Victoria from 1 to 14 July 2020 has reduced the immediate pressures on the hotel quarantine program by reducing the number of new people requiring quarantine. The timing for return of international travellers will need to be carefully managed to mitigate pressures on the reset arrangements, including the recruitment of staff by DJCS.

A funding submission will be brought to a subsequent CCC meeting

DJCS will bring a submission covering the first three months of operations.

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Amanda Pickrell, Assistant Director Economic Policy & State Productivity :
Tim Ada, Deputy Secretary Economic Policy & State Productivity

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Submission No.	CCC278
Copy No.	

Submission to: Crisis Council of Cabinet

Submission Title: Transfer and integration of COVID-19 hotel quarantine and emergency accommodation programs

Submission Type: Matter for Endorsement

Portfolio: Coordination of Justice and Community Safety – COVID-19

Mission: Health Emergency
Essential Services Continuity

SUBMISSION PROPOSAL

Recommendations:

That the Crisis Council of Cabinet (CCC):

1. **Note** that since 8 July 2020 the Attorney-General has been responsible for detention of people arriving in Victoria from overseas in quarantine, in a hotel or similar accommodation, for the purpose of eliminating or reducing the serious risk to public health posed by the COVID-19 pandemic, with the Minister for Health retaining responsibility for COVID-19 emergency accommodation programs after that date.
2. **Note** that DJCS:
 - a. through Corrections Victoria, progressively assumed responsibility for supervising guests in hotel quarantine from 2 July 2020. This involved providing all resident supervision services at non-COVID positive hotels (exiting private security firms) and having a limited supervisory presence at COVID-positive hotels.
 - b. assumed full operational responsibility for Victoria's hotel quarantine program (Operation Soteria) from DHHS at 9am on 27 July 2020. This includes responsibility for COVID-19 positive residents in hotels managed by Operation Soteria who require accommodation under COVID-19 emergency accommodation programs currently delivered by DHHS.
3. **Agree** that DJCS, through the Minister for the Coordination of Justice and Community Safety – COVID-19, will assume ongoing responsibility for the delivery of those

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COVID-19 emergency accommodation programs currently delivered by DHHS through hotels from 10 August 2020, and will report back to CCC by mid-September on a new integrated operating model for the delivery of these services including resource requirements.

4. **Agree** that following the transition of emergency accommodation programs under recommendation 3, Victorians who require specialist COVID-19 accommodation operated by mainstream services (including any COVID-19 accommodation provided by mental health, AOD, family violence and homelessness programs) are provided priority access to these DHHS specialist accommodation services on request of DJCS.
5. **Note** and **agree** Victoria Police will continue to provide on-site supervision and enforcement services at hotels accommodating COVID-19 positive residents and close contacts, and will provide enforcement services at other hotels in the hotel quarantine and emergency accommodation programs as agreed with the Deputy State Controller - Soteria (the Commissioner for Corrections).
6. **Note** and **agree** that DHHS will continue to lead the provision of public health advice to Government and the Victorian public sector.
7. **Agree** to implement changes to the *Public Health and Wellbeing Act*, to be agreed between the Premier, the Attorney-General and the Minister for Health, to facilitate:
 - a. a 'user pays' model for international travellers, noting this is being enacted in most other states and territories, and
 - b. consistent mandatory obligation to hold people in emergency accommodation programs who have been diagnosed with COVID-19 or in close contact with persons diagnosed with COVID-19 at a lower threshold than currently exists for detention orders.
8. **Note** that DJCS will work closely with DPC and DHHS on the proposed resumption of international flights and the necessary cap on arrivals and will bring a further submission to CCC on these matters as soon as possible.
9. **Note** the update in relation to international maritime crews arriving in regional Victorian ports.
10. **Note** and **agree** that DJCS and DHHS are incurring costs in relation to the delivery of services as part of Operation Soteria and COVID-19 emergency accommodation programs and that budget coverage is required to enable service delivery from 1 July 2020 until ongoing funding is considered as part of the 2020-21 State Budget process.
11. **Note** that the non-government aged care workforce will also be covered by the Hotels for Heroes program, in line with the government's announcement on measures to protect residents in aged care facilities on 19 July 2020.

Objectives:

1. To seek CCC agreement for changes to Ministerial and departmental responsibility in respect of COVID-19 hotel quarantine and emergency accommodation programs.
2. To update CCC on work between DHHS and DJCS to address critical operational risks arising from a significant increase in demand for DHHS' COVID-19 emergency accommodation programs, the strengthening of Operation Soteria governance and the

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transition of the COVID-19 mandatory hotel quarantine accommodation program to DJCS.

3. To seek approval to pursue legislative change in order to charge returning travellers for hotel quarantine, and for budget coverage in respect of Operation Soteria and COVID-19 emergency accommodation programs from 1 July 2020 until the 2020-21 State Budget.
4. To achieve a sustainable, stable, robust quarantine model capable of supporting Victoria to resume an intake of international travellers.

Key Issues:

1. As at 12pm on 26 July 2020, there were 92 residents in three active hotels run by Operation Soteria; the Parkroyal Airport hotel, the Brady Hotel and the Grand Chancellor. The Brady and the Grand Chancellor health hotels (previously referred to as “hot hotels”) only accommodate COVID-19 positive cases and close contacts of positive cases
2. These 92 residents are a mix of returned overseas travellers on detention orders and community members requiring emergency accommodation as follows:
 - a. 7 people subject to mandatory hotel quarantine. This figure includes a flight crew member due to complete the mandatory quarantine period on 28 July 2020, as well as other residents granted entry into Victoria for compassionate reasons, such as heart surgery and the death of a family member, and one unaccompanied minor who entered Victoria via transit from NSW on 26 July.
 - b. 85 community members in the two active Operation Soteria hotels for COVID-positive cases:
 - i. 5 community members from Operation Benessere
 - ii. 74 community members who require safe accommodation to enable them to self-isolate
 - iii. 6 community members as part of the Hotels for Heroes program.

Hotel quarantine and emergency accommodation programs aim to protect public health

3. Operation Soteria was established by the Emergency Management Commissioner on 28 March 2020 to enforce quarantine measures for international arrivals to stop the spread of COVID-19. The Operation was established as a key part of the Government’s emergency management response to COVID-19 and part of the formal emergency management framework being led by DHHS as the control agency.
4. The DHHS Commander COVID-19 Accommodation, working to the State Controller – Health, had operational accountability for Operation Soteria, namely the quarantine accommodation of returned travellers, including responsibility for:
 - a. provision of welfare to individuals in mandatory quarantine (through the Deputy Commander Welfare)
 - b. ensuring the safety and wellbeing of individuals in mandatory quarantine and DHHS staff

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- c. ensuring a safe detention environment at all times
 - d. provision of healthcare to individuals in mandatory quarantine.
5. As will be discussed below, over time and as particular community needs have emerged due to COVID-19 transmission, Operation Soteria has provided accommodation to support other DHHS programs (e.g. Operation Benessere). However, these programs are separate to Soteria.
6. The purpose of Operation Soteria remains to protect Victorians from the public health risks posed by international arrivals. The severity of this risk is reflected in the Chief Health Officer's (CHO) decision to subject all international arrivals to detention orders.
7. On 8 July 2020, CCC agreed to the delivery of the hotel quarantine program (i.e. quarantining of international arrivals) transferring from the Minister for Health to the Attorney-General as soon as possible, and for it to be delivered by DJCS. This was reflected in changes made to the General Order, giving the Attorney-General responsibility for people arriving in Victoria from overseas who are subject to an order requiring them to be detained in quarantine, in a hotel or similar accommodation. CCC also noted that Corrections Victoria assumed progressive responsibility for resident supervision functions for hotel quarantine from 2 July 2020.
8. In practice, this meant that DJCS, through Corrections Victoria, progressively assumed responsibility for:
 - supervising all guests in mandatory hotel quarantine at non-COVID positive hotels, and
 - providing a limited supervisory presence at the two COVID-positive hotels, which accommodated a mix of residents from the Operation Soteria and other program streams.
9. DHHS has retained control of Operation Soteria as a whole, including guest allocation, welfare, hotel services, and infection prevention and control. Its Authorised Officers have continued to issue detention notices and manage any exemptions.
10. This submission recommends a change in governance arrangements to transfer overall administrative responsibility for Operation Soteria from DHHS to DJCS. This transfer had taken effect from 9am on 27 July 2020, consistent with the change in General Orders noted in paragraph 8 above. Work has been rapidly progressing to effect this transfer.
11. A new role, 'Deputy State Controller Health - Soteria', has been established by the Emergency Management Commissioner to give effect to the transfer to DJCS.
12. The Commissioner, Corrections Victoria is being appointed the Deputy State Controller Health (Soteria) and will have operational control over all aspects of mandatory hotel quarantine, including the coordination of relevant agencies such as DHHS and Victoria Police.
13. This position will report to the State Controller, Health and the Emergency Management Commissioner and will be a member of the State Control Team that reports daily on the operations, risks and issues of Operation Soteria.
14. The new Operation Soteria structure, effective from 27 July 2020, and an overview of other COVID-19 operations is at Attachment A.

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Public health functions should remain with the Department of Health and Human Services

15. It is intended that public health functions will remain within DHHS (and the Minister for Health). DHHS also remains responsible for the management of outbreaks, contact tracing and all other critical public health activities, including for those people in mandatory hotel quarantine. This will help minimise the risk of the fragmentation of the public health approach to COVID-19, enabling DHHS to continue to lead the provision of public health advice to Government and the Victorian public sector.
16. However, it will be critical for strong processes to be quickly established between DHHS and DJCS to enable accurately and timely information sharing about decisions made by Authorised Officers. This will be facilitated by the 'dotted line' from the Commander - Public Health to the new Deputy State Controller Health (Soteria).

There are a range of hotel-based accommodation programs relating to COVID-19

17. Separate to Operation Soteria (i.e. returned travellers in mandatory hotel quarantine), DHHS is providing COVID-19 emergency accommodation in hotels in response to the needs of frontline workers and community members that cannot safely isolate within their home. As noted above, in some cases this has been delivered through Operation Soteria hotel stock despite being separate programs designed to support cohorts that often have more complex service needs than those intended for Operation Soteria.
18. In the absence of an existing service system for these Victorians, new bespoke service responses were quickly stood up, including:
 - a. Hotels for Heroes – frontline workers are currently being accommodated where they have had exposure to COVID-19 or have a positive diagnosis and cannot safely self-isolate at home or who require accommodation for compassionate reasons, and
 - b. Emergency Relief Accommodation – community members who are positive or close contacts of people that are COVID-positive and who are unable to safely self-isolate at home.
19. The speed at which these programs were established has resulted in a range of individual programs without the overall system architecture necessary to meet growing demand.
20. As numbers of returned travellers declined, capacity in Operation Soteria hotels has been used by DHHS to support people referred from the Hotels for Heroes and emergency relief accommodation programs, as well as for residents of the Flemington and North Melbourne public housing towers under Operation Benessere.
21. The consolidation of all COVID-19 emergency accommodation programs with mandatory hotel quarantine in DJCS will enable a community-wide response and overarching governance resulting in a consistent approach to operations, clinical oversight and security and enforcement.
22. In this submission the term 'COVID-19 emergency accommodation' encompasses accommodation service responses for Victorians who are COVID-19 positive or need to self-isolate, who are not already provided with an appropriate accommodation service response by an existing health or human services service system.

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23. This reinforces the ongoing role and obligation of the disability, aged care, child protection, family violence and homelessness systems to meet the accommodation needs of existing residents and new clients, including where they are COVID-19 positive or close contacts.

The public health considerations for providing emergency accommodation are strong

24. There are strong public health, welfare and safety reasons for government to provide emergency accommodation to support people to self-isolate away from their home. This is particularly evident for highly vulnerable cohorts such as people at-risk of or experiencing family violence or homelessness.
25. There are also clear public health benefits to ensuring that frontline workers are able to safely isolate away from their families or housemates, in order to minimise risk of transmission for potentially exposed individuals and to incentivise these workforces to continue to undertake critical frontline roles.
26. The underpinning principles for all hotel quarantine and emergency accommodation programs are largely the same, and include to:
- Protect public health,
 - Provide for the safety, security and health needs of Victorians in our care,
 - Provide for the safety, security and health needs of our workforces, and
 - Provide people with services that best meet their needs, and their level of public health risk/restriction regime.

The mixing of cohorts has created operational challenges, including public-health risks, and DJCS intends to cease this approach as soon as practicable

27. The current mix of mandatory quarantine and emergency accommodation cohorts in Operation Soteria hotels has created critical operational, welfare and safety challenges, due to:
- the differing restriction regimes for cohorts (including mandatory and non-mandatory people in hotel accommodation) has created enforcement challenges and health risks on the ground, and
 - a lack of understanding of and/or a general level of non-compliance (or both) by residents with the requirements of self-isolation and self-quarantine directions.
28. In most service settings, a risk-based and differentiated approach is adopted where an individual's freedom is restricted in some way, including youth justice facilities, prisons and mental health facilities. This is an important principle for considerations under the Charter of Human Rights and Responsibilities (the Charter) and those detained or subject to the exercise of emergency powers under the *Public Health and Wellbeing Act*. However, due to the pace of community transmission, cohorts subject to different restrictions have been accommodated together in Operation Soteria hotels. DJCS intends to adopt a risk-based and differentiated approach as soon as is practicable.
29. Operation Soteria residents in mandatory hotel quarantine are subject to a detention order, which means that they:
- Cannot leave their room without permission, and permission can only be granted:

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- on compassionate grounds (end-of-life, funerals),
 - to seek medical care,
 - where it is necessary for physical or mental health.
- b. Cannot go outside to exercise (although in practice, it is understood that permission has been granted to this cohort for fresh air, especially where there has been mental health concerns).
30. Other residents who require emergency accommodation are not differentiated in a public health sense from the general Victorian population - they are bound only by the same *Diagnosed Persons and Close Contacts Directions (No 5)* (DPCCD) as any Victorian who has tested positive or who is a close contact of someone who has.
31. This means that they must reside at that hotel for the duration of self-quarantine or self-isolation, but they are able to leave their accommodation:
- a. for purposes of gaining medical care/supplies,
 - b. in an emergency,
 - c. for exercise (but must take reasonable steps to maintain 1.5m and not enter another building noting that an Authorised Officer may direct people to comply with an exercise program if it is not practicable for an individual to take the 'reasonable steps' necessary to reduce the risk to public health),
 - d. if required to do so by law,
 - e. if they are visiting someone in hospital (in accordance with other guidelines).
32. As we have seen in the broader Victorian population, a number of emergency accommodation residents from the Hotels for Heroes program and Operation Benessere have not self-quarantined (for close contacts) or self-isolated (for diagnosed cases) in accordance with the DPCCD and have left the hotel accommodation, or their behaviour has presented a health risk to staff providing services in the relevant hotels.
33. Victoria Police and Corrections Victoria have both identified that this creates significant operational risks including:
- a. Supervision and security – it is operationally challenging to enforce differing obligations for people in the same hotel (e.g. CHO Directions), which can lead to enforcement failures. For example, there is a significant risk that persons subject to detention orders (who cannot leave their room unless authorised) may be able to do so undetected if co-located with people subject to directions that allow them to leave for exercise.
 - b. Infection control – the supervision and security risks noted above create significant infection control and management risks.
 - c. Appropriate accommodation and stock – people subjected to detention orders will have different accommodation requirements (and expectations) with respect to access to meal provision and outdoor spaces, noting that they are not permitted to leave their rooms.
 - d. Operational management/chain of command and workforce – DJCS staff who perform resident support functions, under Operation Soteria, have specific supervision roles in relation to people subject to mandatory detention with clear escalation processes. However, this function becomes difficult to manage when there are also separate cohorts with different escalation requirements in place (i.e. community members under Operation Benessere).

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34. As these accommodation options transition to DJCS, DHHS and DJCS will identify how the above risks can be managed, including separate accommodation for different cohorts wherever possible. This will also include consideration of restrictions and requirements that could apply to persons staying in government funded accommodation on a voluntary basis who are COVID-19 positive or a close contact, including through the DPCCD. This could involve a universal approach to restrictions and compliance in government funded hotel accommodation regardless of voluntary or mandatory admission, addressing the operational challenges highlight above.

There are significant operational challenges with the management of COVID-positive cases in hotel accommodation

35. Demand for emergency accommodation for COVID-19 positive community members, particularly Hotels for Heroes, is growing significantly, as community transmission has increased. Hotels for Heroes supported an average of 47 people per month between March and June 2020, and 311 people have been supported in July to date.
36. An increasing proportion of this cohort is COVID-19 positive and protocols for restricted movement need to be enhanced. Peter MacCallum Cancer Centre has been engaged by DHHS to provide clinical governance and operational management at COVID-19 positive Hotels for Heroes sites. There is not currently a security provider (for example, Victoria Police) engaged to support the Hotels for Heroes program. Workforce options to address these security concerns are limited, as set out below.
37. Corrections Victoria is responsible for the provision of resident supervision services at all Operation Soteria COVID-negative hotels containing residents subject to mandatory quarantine. It has also established a limited supervisory presence at the two 'hot' hotels (The Brady Hotel from 3 July 2020 and the Grand Chancellor from 10 July 2020).
38. At the time Corrections Victoria stepped in to provide resident supervision services, Alfred Health remained responsible for the provision of security services at the 'hot' hotels (alongside the provision of health and other services by Alfred Health). Spotless had been subcontracted by Alfred Health to provide security services. Key issues identified in service provision by Spotless included insufficient training, inappropriate subcontracting, poor communication, and a lack of understanding of infection control practices.
39. As a consequence, on 17 July 2020 Victoria Police agreed to a request from the Emergency Management Commissioner to provide supervision services at the Brady Hotel and Grand Chancellor. Victoria Police was considered to be the most appropriate workforce given its experience and statutory powers which enable it to deliver the supervision function required for this high-risk environment. Victoria Police has advised that it will only provide security and supervision in relation to people where the restrictions on their freedom are clear and targeted to the individual (e.g. people subject to detention orders).
40. Victoria Police has developed its own operating model for the two hotels and is now providing a 24/7 on-site enforcement presence.
41. From 27 July 2020, Corrections Victoria (Commissioner for Corrections) will take over full operational responsibility for the Brady and Grand Chancellor hotels, with Victoria

CABINET - IN - CONFIDENCE



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Police continuing to provide security and supervision. A highly experienced Corrections Victoria staff member commenced in a new position from 9am on 27 July 2020 - General Manager, Hotel Services - with all operational matters across the three active Operation Soteria hotels to be escalated through that position.

Victoria Police is the only appropriately trained and equipped Victorian workforce to manage the security issues and risks associated with managing COVID-19 positive cohorts

42. CCC is asked to note and agree the critical ongoing role for Victoria Police to provide enforcement services at all hotels and supervision services at hotels accommodating COVID-19 positive residents and close contacts. Careful consideration will need to be given to manage the community safety impacts of them playing this role. For completeness, the Australian Defence Force could be explored as an alternative workforce if Victoria Police is unwilling or unable to provide ongoing services or alternatively, a specific Victorian Government workforce established (supported by a new legislative framework).
43. Victoria Police has advised that they require residents in the health hotels to be subject to a "detention order" to enable residents to be safely supervised and obligations enforced in accordance with the operational processes.
44. For example, this approach is being pursued in the management of a cluster of cases at the Base Backpacker Hostel in St Kilda where three guests have tested positive for COVID-19, and the remaining 63 guests are considered close contacts. In response to concerns about the guests' ability to comply with the DPCCD at the hostel, some guests may shortly be issued a detention notice and moved into mandatory hotel quarantine at Operation Soteria hotels.

Legislative amendment to the *Public Health and Wellbeing Act* is required to provide greater operational flexibility

45. The ability for cases to be proactively managed according to risk is critical to the safe operation of hotel quarantine and COVID-19 emergency accommodation programs. The existing emergency powers under the *Public Health and Wellbeing Act* include appropriately high thresholds for detaining people. The Act allows authorised officers to issue detention orders to any person if it is reasonably necessary to eliminate or reduce a serious risk to public health.
46. However, it is desirable to manage the risk to public health pre-emptively (as in the case of the Base Backpackers). In such cases, the existing legislative threshold may not be fit for purpose, because it does not provide the flexibility necessary to address the risk of non-compliance with other directions (including, critically, the Diagnosed Persons and Close Contacts Direction).
47. Compliance and enforcement-led approaches are not usually appropriate for community members needing emergency accommodation, and making all such persons subject to detention order will likely act as a disincentive to voluntarily isolate in government supported accommodation, increasing risk of community transmission.
48. However, as noted above, there is no readily available workforce in Victoria other than Victoria Police to manage any security issues or provide supervision services in respect

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

of COVID-19 positive residents. CCC is therefore asked to agree to DHHS and DJCS developing legislative changes to facilitate a new mandatory obligation to hold people in emergency accommodation who have been diagnosed with COVID-19 or in close contact with persons diagnosed with COVID-19 at a lower threshold than currently exists in the *Public Health and Wellbeing Act* for detention notices. The detail of this change will be subject to further consideration by DJCS and DHHS, and will strike an appropriate balance between individual liberty (and other relevant rights), the need to enable some vulnerable community members to voluntarily isolate in government supported accommodation, and the need to protect the Victorian community from the serious risk posed by COVID-19.

Operation Soteria has been strengthened and the transition of mandatory hotel quarantine functions to DJCS is progressing well

49. DJCS is urgently progressing work to enable a “reset” of the operating model for hotel quarantine under Corrections Victoria, with the new operating model expected to fully commence in August 2020.
50. This work covers the end to end delivery of hotel quarantine including guest allocation, communications, transfer, accommodation, deliveries, supervision and security, health, safety and wellbeing, exit and cleaning. Note that further work will be undertaken between DHHS and DJCS to define the respective roles of the departments in respect of decisions to issue Detention Notices and the application of any exemptions.
51. This includes developing detailed operating procedures for each stage of the quarantine program under the four workstreams of Health Services, Operations, Hotel Services and Allocation. Corrections Victoria has also engaged closely with hotel managers and their staff on the ground to inform operational design.
52. The model will be based on the successful approach taken to custodial facilities in managing infection control and operational risk. Key operational settings are being reconsidered to address significant transmission risks, such as:
 - a. the ability of residents to receive parcels and deliveries,
 - b. whether residents should have fresh air breaks (noting this is not permitted in the NSW hotel quarantine model),
 - c. goods handling, particularly luggage,
 - d. ceasing the practice of staff working across multiple sites.
53. As noted above, the Corrections Commissioner will be appointed the Deputy State Controller - Soteria and will have operational control over all aspects of mandatory hotel quarantine, including the coordination of relevant agencies such as DHHS and Victoria Police. This position will report to the State Controller Health and Emergency Management Commissioner.
54. In delivery of mandatory hotel quarantine, Corrections Victoria will ensure senior staff oversee each of the following critical workstreams:
 - a. Hotel Quarantine Health Services
 - b. Hotel Quarantine Operations
 - c. Hotel Quarantine Hotel Services
 - d. Hotel Quarantine Allocation.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

55. DJCS is also actively working to source more and different accommodation stock to meet the needs of people in mandatory quarantine on detention orders, with a particular focus on securing more flexible and family-appropriate accommodation, such as serviced apartments.
56. In addition to the four operational workstreams, DJCS and Corrections Victoria has undertaken a rigorous assurance process with respect to the hotel quarantine program as a whole, including:
 - a. Undertaking risk assessments on all functions and areas being transferred from DHHS and DJPR, including commercial arrangements, stock and services procurement and IT and reporting mechanisms,
 - b. Due diligence on and amending existing contracts to address risks and operational issues as required,
 - c. Developing the methodology and operational approach for forecasting and allocating inbound travellers to inform workforce needs and stock demand,
 - d. Developing an operating audit and assurance system – including a process for spot checks, service quality audits and infection control compliance,
 - e. Developing frameworks for information sharing between agencies, including DJCS, DHHS, Victoria Police, Border Force and health providers,
 - f. Developing communication packs for hotel clients.

The Minister for the Coordination of Justice and Community Safety – COVID-19 has been asked to assume responsibility for hotel-based COVID-19 emergency accommodation programs

57. As noted above, responsibility for 'COVID-19 emergency accommodation' programs such as Hotels for Heroes, and Emergency Relief Accommodation are currently the responsibility of the Minister for Health. The Minister for the Coordination of Justice and Community Safety – COVID-19, supported by DJCS, has been asked to assume responsibility for the Emergency Relief Accommodation and Hotels for Heroes COVID-19 emergency accommodation programs, in order to consolidate responsibility for Operation Soteria with other COVID-19 emergency accommodation.
58. DJCS will undertake work to enable a reset of the operating model for these two programs as quickly as possible – the appropriate organisational model for managing these programs alongside Operation Soteria will be developed as a priority.

Emergency Relief Accommodation

59. This is a voluntary arrangement for community members who are confirmed COVID-19 positive or close contacts assessed by Public Health as requiring alternate accommodation due to living situation not being suitable to self-isolate or quarantine safely in their own home. Current state arrangements are described below.
 - a. **Access:** Referral to the DHHS State Emergency Management Centre (SEMC) by either Public Health Operations (contact tracing teams) or through other operational areas as agreed by Public Health Operations through the Enhanced Housing Response Unit supporting public housing tenants.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

- b. *Governance*: emergency relief accommodation is provided in line with the State Relief Plan for COVID-19, which is authorised through the State Relief and Recovery Team (SRRT), chaired by the State Relief and Recovery Manager (SRRM) who reports to the Emergency Management Commissioner.
- c. *Delivery model*: contracted serviced apartments through Quest and similar providers for close contacts who are not symptomatic. COVID-19 positive cases referred to Operation Soteria.
- d. *Scale and budget*: The program has accommodated around 50 people in the three weeks from July 3 to July 24 2020 (average of 2-3 per day). The current program costs are restricted to hotel accommodation and meals only – around \$150 per person per day. A decision on funding for 2020-21 has not yet been taken by CCC, and should be considered as part of a broader proposal of COVID-19 emergency accommodation.

Hotels for Heroes

- 60. This is a voluntary arrangement for frontline workers from a list of defined workforces and occupational settings who are COVID-19 positive, are close contacts or who have been directed by their employer to self-isolate while awaiting a test result. In addition, hospital workers and paramedics working in COVID-19 positive wards and other high-COVID-19 exposure environments can also access accommodation on 'compassionate grounds' where they live with a family member who is immunocompromised or elderly.
- 61. Current state arrangements are described below.
 - a. *Access*: Employers complete application forms for their staff and provide to the Hotels for Heroes booking provider (AOTHotels). In urgent cases, employees can contact the AOTHotels 24/7 call centre to access accommodation. Eligibility is only for defined frontline workers. On 19 July 2020 the government announced a package of measures to support the aged care sector, including adding non-government aged care workers to the list of eligible workforces eligible for the Hotels for Heroes program.
 - b. *Governance*: Following CCC agreement on 8 April 2020, Hotels for Heroes has been established and operated as a program in the DHHS Health and Wellbeing Division and more recently in Housing Division, reporting to the Deputy Secretary - Housing. Hotel contracting transitioned from DJPR to DHHS on 1 July 2020.
 - c. *Delivery model*: contracted serviced apartments through Quest and similar providers for close contacts and those self-isolating. Since July 17 2020, COVID-19 positive workers have been accommodated in the Adara Richmond which is at capacity. A further COVID-19 positive hotel is under negotiation with Pan Pacific. Hotels for COVID-19 positive workers have clinical oversight by Peter MacCallum Cancer Centre (currently transitioning from Alfred Health which has been providing clinical support to date).
 - d. *Scale and budget*: The program has accommodated around 400 people in the three weeks from July 3 to July 24 2020 (average of 20 per day), with a further 20 COVID-19 positive workers referred to Operation Soteria. As at 5pm 24 July

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

2020, 193 workers were in Hotels for Heroes hotels, including 43 COVID-19 positive workers. A decision on funding for 2020-21 has not yet been taken by CCC, and should be considered as part of a broader proposal of COVID-19 emergency accommodation.

62. The COVID-19 emergency accommodation provided across these programs is currently experiencing challenges that could be addressed through a more integrated approach to governance, operational management and comprehensive referral pathways. The key challenges are:

- a. Growth in demand: the Hotels for Heroes program has grown significantly, with the number of workers accommodated growing from an average of 1 worker per day in June to an average of 20 workers per day in mid-July. This increase has led to a reduction in available stock to place applicants, an increased range of organisations placing employees through the program and a reduced ability for DHHS and AOT to respond to requests and information provided in a timely way.
- b. Managing potential for unauthorised movement and COVID-19 exposure: frontline workers and community members who are close contacts are currently placed in mainstream hotels. These facilities do not have on site security or enforcement to require guests to comply with the DPCCD (or other relevant directions). This gives rise to a risk that inappropriate or unsafe behaviour by placed frontline workers or community members could expose hotel staff, other hotel guests or members of the community to COVID-19. This would be better managed as a continuum of COVID-19 emergency accommodation with security and enforcement arrangements tailored to the risk and cohort profile of guests.
- c. Consistent clinical governance: programs are currently operated with different clinical governance approaches. Emergency Relief Accommodation does not have clinical involvement, and only two Hotels for Heroes locations have clinical governance in place through a health service. The current COVID-19 situation in Victoria requires a much stronger clinical oversight of accommodation services change in approach where all those self-isolating are treated as potentially COVID-19 positive. This would better manage public health risks and reduce the need to transfer those self-isolating when they receive a positive diagnosis.
- d. Continuum of models and referral pathways: the lack of scale in operating a whole of system approach to isolation means that some people are inappropriately placed in models that do not meet their needs. A whole of system approach will ensure the continuum of accommodation models will be available and can be matched to people's needs.

63. The expansion of DJCS' responsibility to people voluntarily accessing emergency accommodation represents a significant shift in the work underway to reset the mandatory quarantine program. In order to meet the needs of people in its care, DJCS will need to establish its own service response for people with welfare support and other complex needs.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

64. DJCS will review the policy settings, eligibility criteria, referral pathways, governance and operations of each existing program to develop a best practice program and manage demand to deliver a sustainable solution. This approach will:
- give DJCS the ability to assess and place people in appropriate accommodation and provide the necessary service response, without needing to rely on referrals into other programs and departments.
 - clearly distinguish between programs – preventing the mixing of cohorts in the same accommodation.
 - ensure consistency of operations, compliance, supervision, and infection control for all sites and cohorts, with additional supports and services for family violence, AOD, mental health, homelessness and other vulnerabilities built into specific sites as a fit for purpose response, with escalation to specialist DHHS services available as required.
65. DJCS recommends a transfer date of 10 August 2020 to limit the impact of this expanded responsibility on the delivery of a new, stable and robust hotel quarantine model in August noting the need for international flights to resume arriving in Victoria.
66. DJCS will rapidly establish a detailed consultation, assurance, program redesign and transition process to ensure the safety, welfare and integrity of the integrated program, with the detailed work to design and stand up a new end to end service model to occur by mid-September.

It is appropriate that some accommodation programs continue to be delivered by DHHS, reporting to relevant DHHS Ministers

67. It will be critical that existing specialist service systems continue their obligations to meet the accommodation needs of their cohorts, including effective responses for residents and service users in a COVID-19 environment. Examples of these mainstream systems include disability accommodation; mental health acute, sub-acute and community accommodation; residential aged care; out of home care and homelessness systems.
68. To ensure the effective delivery of DJCS's new responsibilities, CCC is asked to agree that DJCS be provided priority access to any specialist COVID-19 accommodation services that continue to be delivered by DHHS (e.g. out of home care, residential aged care, disability, homelessness) as required to ensure appropriate escalation and service responses are available.
69. Each of these mainstream systems provide accommodation as their core business and have COVID-19 plans in place. COVID-19 accommodation responses should remain within these systems rather than being separated out into a stand-alone COVID-19 emergency accommodation response governance structure.
70. This accommodation is usually provided in tailored infrastructure that responds to the needs of the cohort and is managed as part of the service system. For example, homelessness responses through homelessness COVID-19 Isolation and Recovery Facilities (CIRFs) is managed by a homelessness service provider, in health/homelessness system accommodation and used to provide non-specific homelessness services when not in use as for COVID-19 responses.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

71. The continuing provision of accommodation to people who are COVID-19 positive or close contacts enables these systems to respond to manage system demand and highly cohort-specific service responses. Moving all accommodation responses for any Victorian with COVID-19 or a close contact would see a very significant burden transferred onto the COVID-19 emergency accommodation system that could be better managed by existing systems that are providing accommodation as their core business.

There are risks that need to be carefully considered and addressed as part of this transfer of responsibility

72. The benefit of the recommended approach to Ministerial responsibility is that it provides a single point of accountability for the delivery of COVID-19 related hotel accommodation programs, and there are likely to be administrative efficiencies in respect of hotel administration and opportunities to develop an integrated operating model and workforce solutions.
73. On the other hand, there are a number of key risks and issues that will need to be carefully managed, namely:
- a. *Ongoing reliance on DHHS social services and public health advice will be required:* Regardless of from where within Government the COVID-19 emergency accommodation is administered, the model will need to ensure the ongoing provision of health and human services. For example, persons from Operation Benessere who are accommodated in hotel accommodation may have experienced trauma, family violence or other complex factors requiring specialised service system responses. DJCS will therefore require ongoing support from DHHS to ensure the needs of this cohort are met. In addition, because of the genesis of and significant public health issues associated with this program, DHHS will need to continue to lead the public health advice underpinning the program and decisions relating to it.
 - b. *Need for differentiated program approaches to achieve policy objectives:* While there may be some administrative efficiencies gained by bringing all accommodation-related programs under one Minister, it will nonetheless be critical to retain programmatic differentiation within DJCS to ensure that each relevant policy objective is obtained.
 - c. *Impact on Corrections Victoria Operations:* The ongoing role of Corrections Victoria in this model requires careful consideration, noting the significant ongoing risk that COVID-19 presents to Victoria's corrections facilities (and persons detained therein). Robust measures will need to be implemented to ensure that the safe management of those facilities are not unduly affected by the proposed new DJCS responsibilities.
 - d. *Availability of an appropriate DJCS workforce:* There is no immediately available workforce within DJCS to service COVID-19 related hotel accommodation programs and careful consideration will need to be given to stand this up without adversely impacting on existing operations or creating new program risks.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

- e. *Victoria Police services will be required:* DHHS has advised that some hotels are insisting the provision of security services is a precondition to securing the hotel and safety and security risks have arisen with the management of some persons in COVID-19 emergency accommodation. As noted above, Victoria Police is the only workforce appropriately trained and equipped to manage the security issues and risks associated with managing COVID-19 positive cohorts. Victoria Police will therefore be required to provide such services, noting that there is not an alternative readily available workforce to provide this function.

There is a need to be able to safely manage residents in voluntary emergency accommodation who are considered high-risk to public health due to their behaviour or inability or unwillingness to comply with the DPCCD

74. Hotels have advised DHHS that they are unwilling to make available their services without appropriate security arrangements in place, it is desirable that certainty is provided to hotels that non-compliance will be appropriately managed and escalated, as required, without requiring a Victoria Police presence at every emergency accommodation site in Victoria.
75. There is a need to be able to safely manage voluntary residents of accommodation programs who are considered high-risk to public health on the basis of their behaviour, or due to their inability or unwillingness to comply with the DPCCD.
76. In many cases (for example nurses and doctors participating in the Hotels for Heroes program), residents are able to take responsibility for their own behaviour and safety and neither require nor expect extensive Government support or intervention. However, other participants in emergency accommodation schemes have demonstrated either that they will not comply with their obligations in respect of COVID-19 or that there is a strong likelihood that they will not comply.
77. To support increased self-compliance with public health directions for people in emergency accommodation, it is proposed that residents are made subject to a 'code of conduct' to facilitate a new formal mechanism to escalate such residents up to a detention notice (and transfer to a "health hotel") in situations of non-compliance, consistent with the public health intent of this service provision. The code of conduct will clearly outline the responsibilities of people entering into emergency accommodation to comply with the DPCCD (or relevant direction) and to keep themselves and staff safe.

Resumption of international flights and a cap on incoming arrivals should be informed by public health advice and operational readiness for the new hotel quarantine model

78. RSWs will be deployed to all quarantine hotels in the weeks leading up to the resumption of international flights to allow for on-site orientation, site-specific training and exercises including live testing of emergency management, evacuation and other protocols.
79. As part of the extensive program of work underway to assure and transition hotel quarantine functions to DJCS, work is progressing urgently to determine an

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

appropriate date to recommence international flights. It is recommended that this not occur until advised by the CHO.

80. In any event, DJCS recommends a staged approach to international flight resumption and will work with DHHS, DPC and other departments on advice to the Commonwealth on an appropriate cap as a priority in the coming weeks, noting the cap should be modest until such time as the ongoing safety and stability of Victoria's hotel quarantine system can be assured.
81. If Victoria recommences flights without a charging system in place (discussed below), or charges substantially lower rates, it may result in Victoria becoming a 'preferred' port of arrival and create unsustainably high demand on hotel quarantine.

Charging for hotel quarantine is recommended and would require legislative change

82. CCC is asked to agree to implement a 'user pays' model for international travellers, noting this is being enacted in most other states and territories. DJCS will work with DPC to identify an appropriate legislative vehicle to facilitate this change.
83. On 9 July 2020, National Cabinet discussed all states and territories moving towards charging users for mandatory hotel quarantine.
84. NSW, QLD, WA, SA and the NT have commenced charging for hotel quarantine at a rate of \$2500-3000 for one adult for 14 days. In all jurisdictions currently charging for hotel quarantine, people who are experiencing financial hardship may apply for a payment plan. In cases of significant hardship, a reduction of the fee may be considered.
85. Advice from counsel has confirmed that there is unlikely to be a basis under existing Victorian law to levy fees for the hotel quarantine program as it is currently structured. It is a general principle that the State cannot impose a charge, tax or levy except via legislation.
86. It is therefore necessary to pursue legislative amendment to allow for fees to be charged. Ordinarily, any legislative amendment to establish a fee or cost recovery arrangement for hotel quarantine would need to undertake all relevant Legislative and Regulatory Impact Assessments, which would consider:
 - a. the appropriateness of the fee, including who can be charged, if charging is feasible and practical, and whether full cost recovery is suitable;
 - b. the cost structure and nature of fees- including which costs should be recovered, and if fees are based on efficient costs; and
 - c. how fees can be monitored and reviewed.
87. However, sections 9(1) and 12G(1) of the Subordinate Legislation Act give the Premier the power to exempt a proposed statutory rule or legislative instrument (respectively) from this process where the Premier is of the opinion that the public interest requires that the proposed statutory rule or legislative instrument be made without complying with the normal process. This power is for use in cases of emergency or overriding public interest only. This exemption can only be given if the proposed rule is to expire on or before 12 months after its commencement date.

DHHS has directed vessels not to disembark crew in regional Victorian ports if local hotel quarantine accommodation is required

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

88. Experience from other jurisdictions shows maritime crews to be highly familiar and compliant with quarantine arrangements, including for COVID-19.
89. To date, 'pop-up' hotel quarantine arrangements have been made for maritime crews arriving in regional Victorian ports that were required to quarantine under the CHO's *COVID-19: Border Health Measures at Victorian International Ports (Air and Sea)* protocol.
90. In Portland, DHHS used Authorised Officers drawn from Operation Soteria to oversee the detention order process, and regional staff were used for the coordination and quarantine roles that were not medical/clinical, cleaning or security. Security staff were bussed from the Melbourne-based contractors servicing the Melbourne quarantine hotels. There are currently no maritime arrivals in hotel quarantine in Portland.
91. However, given concerns about the risk posed by international arrivals disembarking in regional Victoria, DHHS has communicated to the sector that mandatory quarantine accommodation will not be provided in regional Victoria until further notice. As a result, permission will not be granted to crew to disembark from vessels where mandatory quarantine needs to be undertaken in regional Victoria.
92. This does not prevent vessels from coming in to pick up cargo, and there has been no impact on port or shipping operations to date.
93. As a contingency, DJCS is scoping an appropriate accommodation and operating model for the very small number of vessels that may need to disembark crew for 48 hours to allow the ship to be fumigated, noting there are some options for this to occur with the crew on board, negating the need for them to disembark.
94. Corrections Victoria are in Portland this week to source appropriate accommodation. If required, RSWs will be deployed to supervise maritime arrivals in Portland at an appropriate DJCS-identified site.
95. In accordance with the CHO's Air and Sea protocol, DHHS can exempt maritime arrivals from mandatory quarantine for immediate transit or for compassionate/medical reasons. These decisions will be made in consultation with DJCS through Operation Soteria, who will also manage any necessary transport and supervision.

DJCS and DHHS require budget coverage to continue incurring costs

96. In an 11 July 2020 submission, CCC endorsed DJCS to immediately incur expenses associated with delivery of the COVID-19 mandatory hotel quarantine security program and noted that the department would submit a subsequent submission for consideration seeking funding for three months. This is likely to now be submitted through the upcoming 2020-21 budget process. In addition, Operation Soteria is only funded until 1 July 2020 and DJCS and DHHS require approval and budget coverage to incur expenditure ahead of funding being approved to continue providing services.
97. This approach will enable more agile and timely responses to new challenges arising from the pandemic. It will also allow for any amendments to the service model required as a result of the Victorian COVID-19 Hotel Quarantine Inquiry or the Commonwealth review of hotel quarantine arrangements announced on 10 July 2020.
98. This approach will also allow for robust analysis of the impacts on DJCS and Victoria Police workforces, budget implications of deploying these workforces in hotel

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

quarantine (such as the costs of hotel accommodation for workers who may need to isolate, special leave before workers return to their usual place of employment and any surge capacity required to manage normal operations), and options for charging for hotel quarantine.

Risks:

1. The hotel quarantine program draws heavily on the corrections workforce from Victoria's public prisons and highly trained airline staff. If there was a significant outbreak of COVID-19 in prisons, or further outbreaks in the community, impacting on workforce availability, there is a risk that there would be insufficient workers to fulfil all required functions. If an outbreak resulted in fewer staff in prisons, there is a risk that out-of-cell hours would need to be reduced. This risk is mitigated somewhat by existing infection prevention and control measures in prisons.
2. Conversely, should community transmission subside and air travel resume, there would also be a risk that a significant proportion of the RSW workforce would return to their 'pre-COVID' jobs in the airline industry. This is mitigated by employment contracts to a degree but will require a longer-term surge workforce.
3. If infection numbers increase to the point that additional 'hot' hotels are established, more police resources will be required, diverting personnel away from other critical functions, including enforcing the Melbourne and Mitchell Shire lockdown. This risk will be managed by the development of a robust rostering and staffing approach that enables sufficient flexibility for Victoria Police to balance a potentially expanded response with other priorities.
4. There is a risk that the use of police officers to supervise people in quarantine or the use of emergency powers under the *Public Health and Wellbeing Act* as part of the program could be seen to impact upon a range of rights protected by the *Victorian Charter of Human Rights and Responsibilities* (including the rights to equality before the law, freedom of movement, privacy, protection of families and children, liberty, and humane treatment when deprived of liberty). However, the need to manage community transition of COVID-19 and the requirement to quarantine international arrivals who test positive to COVID-19 is well-known and supervision provided by Victoria Police rather than private security firms does not change this model. Similarly, the use of emergency powers (and their impact on the human rights of those within the program) reflect the significant risks to life throughout the community (especially in vulnerable cohorts) if the spread of COVID-19 is not contained.
5. Charging returned travellers for hotel quarantine could potentially cause additional financial hardship to people already experiencing economic strain caused by COVID-19. Consideration will need to be given to establishing payment plans or waiving costs in circumstances where it would cause significant hardship and this could be built into relevant legislation.
6. There are a number of significant risks that arise from DJCS assuming responsibility for COVID-19 emergency accommodations, as outlined in paragraphs 60-61 above. Should

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

CCC decide to move responsibility for COVID-19 emergency accommodation programs from DHHS to DJCS ahead of 10 August 2020, there is a significant risk that the delivery of the new mandatory hotel quarantine program will be compromised, and the resumption international flights will need to be further delayed.

7. As at Tuesday 24 July 2020, 1160 RSWs were scheduled to have been recruited and trained and be available for deployment. This includes the maximum number of casual Corrections Victoria prison staff that can be released without compromising the safety of the prison system. Corrections Victoria does not permit any RSW to take on other work to minimise transmission risk. DJCS has received legal advice that it is not possible to mandate COVID-19 tests for the RSW or Corrections Victoria workforce, however rigorous health screening, including daily temperature checks, will continue.

Support/Criticism:

1. There is public support for additional measures to strengthen the management of COVID-19 outbreak risks related to hotel quarantine, especially in light of recent negative media coverage of the program. In particular, there will be widespread support for the removal of private security contractors from the program.
2. There may be some public concern about the use of police in hotel quarantine as being overly forceful (including concern from those held within protective quarantine). However, this will be offset through effective public messaging that police will only be stationed at hotels with COVID-19 positive residents, which pose the highest risk to the community. Conversely, some members of the public are likely to support a strong approach to addressing the risk of transmission of COVID-19 from hotel quarantine.
3. Charging for hotel quarantine may cause concern among returned travellers. Recent anecdotal accounts reported in the media that travellers had to wait long periods to secure seats on repatriation flights will lend weight to the argument that it is travellers will be unfairly disadvantaged if they now have to pay when those who were able to return to Australia earlier were not. However, National Cabinet endorsement on 10 July 2020 and use of the approach in multiple other states and territories will help garner public support for the change in Victoria.
4. The Police Association of Victoria, the CPSU and the TWU may be concerned about workplace health and safety risks for staff working in hotel quarantine, as well as the potential for inadequate staffing levels in prison as a result of the diversion of staff. Active ongoing consultation with relevant unions will be an ongoing priority.

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

FUNDING

Table 1: Output/operating funding

(\$ million)

<i>i. Financial impact out</i>	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	Ongoing
Component a	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross output	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from internal reprioritisation	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources (e.g. new revenue, trust fund, Commonwealth funding) – please insert rows to specify each separately if possible	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal offsets	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Net impact output	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 2: Asset/capital funding

(\$ million)

<i>Financial impact (capital)</i>	2019-20	2020-21	2021-22	2022-23	2023-24	5-year total	2024-25	2025-26	TEI
Component a	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Component b	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Risk allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Contingency allocation	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Subtotal gross capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Offset from other sources (e.g. proceeds from asset sales, trust accounts, Commonwealth funding) – please insert rows to specify each separately if possible	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Net impact capital	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

Table 3: Lease liability if applicable

(\$ million)

<i>Financial impact</i>	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Recognition of lease liability	0.000	0.000	0.000	0.000	0.000	0.000

Relevant DTF Relationship Manager(s) and the Department have agreed to the costings in this submission:

Yes

No

Does this submission include updated targets or new performance measures?

CABINET - IN - CONFIDENCE



CABINET - IN - CONFIDENCE

Yes (please fill in table below)

No

Performance measures	Existing / New / not in BP3	Unit of measure	Baseline	Target if proposal is endorsed			
			2019-20 published target	2020-21	2021-22	2022-23	2023-24

Output: [Insert output name]

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Add comments on likely impact

CABINET - IN - CONFIDENCE

CABINET - IN - CONFIDENCE



CABINET-IN-CONFIDENCE

Crisis Council of Cabinet Brief - Meeting of 27 July 2020

CCC278 - Hotel Quarantine Program Update (Matter for Endorsement)

DPC Recommendation

[based on a draft submission]

Support, noting that DPC understands the final submission will reflect updated timeframes and clarity regarding future obligations on emergency accommodation clients.

Submission purpose

To seek agreement to transition the responsibility for hotel quarantine programs to the Attorney General and DJCS to ensure a standardised approach to compliance, infection control and supervision/security.

Expected position of agencies and stakeholders

DPC understands that DHHS is expected to support the submission, and that DTF broadly supports the submission but is likely to raise a number of questions for clarification.

Reasons for DPC recommendation

The appointment of a single point of accountability across the hotel quarantine program, will ensure greater consistency across cohort groups and settings

The submission seeks to transition responsibility for the hotel quarantine program, mandatory and non-mandatory, to the Attorney General and DJCS. A single point of accountability is required to embed a uniform model and principles across settings to address some current inconsistencies and risks. DPC recommends this be implemented as soon as practicable. DJCS will continue to work closely with DHHS and Emergency Management Victoria on public health and emergency response elements of the program. A report back to CCC on the detailed operational and resourcing arrangements, including the specific roles and responsibilities of different organisations, is also required.

Integration of the program streams is an opportunity to standardise compliance, infection control and supervision/security measures

Any level of non-compliance in a high-density environment such as a hotel presents significant risks. The proposed reset arrangements will bring all quarantine programs under one banner by applying consistent principles to all guests and presuming that all guests, irrespective of cohort, are potentially COVID-19 positive cases. The stricter approach to supervision/security and compliance will address operational challenges and reduce the risk of transmission between clients and workers.

To support these arrangements, more robust provisions will be required for voluntary clients, including potentially through the application of a 'code of conduct'

Changes could also be considered to the *Diagnosed Persons and Close Contact Directions* to align these more closely with the direction and Detention Notice that applies to returning international travellers. Additionally, persons voluntarily in a hotel could be asked to comply with a code of conduct that provides for similar restrictions. Public communications regarding quarantine programs will need to be updated to reflect the changed arrangements, noting that more robust measures may impact on the voluntary uptake of emergency accommodation programs.

Budget coverage will be sought to cover operating costs through the State Budget process



CABINET-IN-CONFIDENCE

DJCS will seek funding for costs associated with the reset and operation of the program through the 2020-21 State Budget process.

A further submission will need to be brought to CCC before international arrivals recommence

The new arrangements will need to be settled as soon as practicable, in order for Victoria to consider resuming the intake of international arrivals. This future submission will need to outline:

- The capacity of the program to accept international arrivals and any limitations
- Detailed compliance, infection control and supervision/security arrangements, including roles and responsibilities of agencies
- How Victoria will commence charging fees for incoming travellers and the legislative changes required to achieve this
- Sustainable arrangements for quarantine arrangements for maritime arrivals in regional locations, especially in Portland.

Amanda Pickrell, Assistant Director, Energy, Resources & Environment,
Tim Ada, Deputy Secretary, Economic Policy & State Productivity,

Victorian Secretaries Board – terms of reference

Adopted 18 February 2015

Name	Victorian Secretaries Board (VSB)
Vision	To drive high quality public policy, public administration and public sector performance for the benefit of all Victorians
Purposes	<p><i>Coordination:</i> To share information and ideas, and form a coherent view on issues of strategic importance to the public sector</p> <p><i>Leadership:</i> To provide public sector-wide leadership and promote collaboration across departments and agencies, consistent with individual roles and responsibilities</p> <p><i>Stewardship:</i> To promote the highest standards of public administration, professionalism and integrity</p>
Scope	Strategic issues that directly relate to the vision and purposes of the VSB and require discussion and consideration by all members at the particular point in time, and for which no alternative forum is available
Membership	<p>The Secretary of the Department of Premier and Cabinet (DPC), as Chair</p> <p>The Secretary of each other Department</p> <p>The Chief Commissioner of Police</p> <p>The Victorian Public Sector Commissioner</p>
Support	<p>Secretariat support will be provided by DPC</p> <p>The VSB may establish one or more senior leadership groups, consisting of members determined by the VSB to assist in performing its functions</p>

Minutes

Victorian Secretaries Board

Date & time: Friday 27 March 2020; 4:00pm-5:00pm

Location: Via videoconference

Chair: Chris Eccles AO (DPC)

Attendees: David Martine PSM (DTF), John Bradley (DELWP), Tony Bates PSM (DET), Paul Younis (DoT), Rebecca Falkingham PSM (DJCS), Kym Peake (DHHS), Simon Phemister (DJPR), Julia Griffith (VPSC), Graham Ashton (Victoria Police)

Standing invitees: The Hon Daniel Andrews MP, Premier

Guests: Kate Houghton (DPC), Jeremi Moule (DPC)

Apologies: Jenny Atta (DET)

Secretariat: (DPC)

No.	Papers	Agenda Item	Lead	Time	Action
1	Verbal	<p>COVID-19 update – update on discussions at National Cabinet</p> <p>Kate Houghton, Deputy Secretary, Social Policy Group, DPC provided the update, including the decision by the National Cabinet, as publicly announced by the Prime Minister, to isolate return travellers at the location of their arrival in Australia.</p> <p>The Secretary, DJPR provided an update on work underway to support the decision of the National Cabinet regarding returned travellers.</p> <p>The Secretary, DoT provided an update on work underway to support transport operations regarding returned travellers, including engagement with Skybus.</p>	Chris Eccles AO	4:00pm	Noted
2		<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			

3	<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>				
4					
5	N/A	<p>Other Business</p> <p>N/A</p>	All	5:00pm	Noted

Next meeting: Monday 30 March 2020

SECRETARY'S EYES ONLY
Official – Sensitive

VSB Meeting 27 March 2020

Friday, 27 March 2020
3:57 PM

Apologies

- Jenny Atta, DET
- representing

Also in attendance:

- Kate H, DPC
- Jeremi M, DPC

CE

- Kate H to take through the national cabinet outcomes
- SP in particular has a lot of work to support the 'ban'

Kate H

- 2/3 of cases of COVID to Australia are returning travellers – decision has been made to isolate travellers at the location of their returned destination to take effect midnight sat night (already announced by the PM) the use of ADF - midnight Saturday night - comes into effect

SP

- We have already been running a program of hotel rooms – JPR already has this well underway
- We just had 30 CBD hotels offer their entire workforce and hotels - we have crew at the airport ready to go - we can provide any emergency relief - can stand that down if needed
- Yesterday 1300 arrivals through Tullamarine alone - we are getting flight and port numbers etc.
- We will work with airports and airlines to get peoples requirements as to the rooms - Paul (Younis) will lead with this - e.g. the management of the shuttle busses etc.
- Will stand up a regional offering -in regional centres - Geelong, Ballarat and Warrigal - disquiet from the hotels assoc. but what we can do?
- Work is happening to clear out the rooms - clearing out the mini bars - happening already etc.

Paul Y

- Skybus normally shift 10,000 a day - they have been stood up - we can shift 2,000 no worries - we have the sites and facilities to be able to do that work
- We are doing a full clean of the buses to do that work as well - two issues to clarify:
 - i. Are we doing the same with ports? If so, we need to think about that
 - ii. We can probably start the skybus program in about 3 hours if we need - 2000 a day is very manageable

SP

- Claire Febey – running point for us on all of this – is on top of this
- Note that Avalon has shut down due to the closure of Tiger airlines
- The 2000 Paul mentioned - will be spaced out - the team is off and racing - we will be pretty well oiled between now and midnight Saturday

CE

SECRETARY'S EYES ONLY

Official – Sensitive

- The cruise ship in WA is scheduled to dock tomorrow - the WA people will go to Rottnest Island - and then - a dedicated flight service from Qantas is likely to be sending people around the country - dedicated service on this we will need to find out the timings etc.

KP

- This is a reasonably simple adjustment to the Order we already have in place
- If someone's loved one is end of life - we will arrange for them to go see them
- Boat crew - they are subject (?)
- Commercial crew - only if they disembark

CE

- Important part is the reciprocation - if a Victorian comes in via Sydney then they are looked after by NSW
- The same with Melbourne and returning NSW people
- Obviously, this has more of an impact - to Melbourne and Sydney but that is just a thing to suck up
- The preparatory work and to now - I nothing short of remarkable

- [Redacted content]
- [Redacted content]
- [Redacted content]
- [Redacted content]
- [Redacted content]

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

DM

- [Redacted content]
- [Redacted content]
- [Redacted content]

CE

- [Redacted content]

KP

- [Redacted content]

CE

- We noted the state enforcement regime travellers
- The threshold for further restrictions

SECRETARY'S EYES ONLY

Official – Sensitive

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

- COVID modelling in relation to critical care - KH:
 - 10,000 surge capacity which will bring it back down to 7,000 - doesn't match our data - so what are they not counting and what are they counting - come back to Sunday

CE

- State of emergency flagged by Premier in the event that there is a breach - established not necessary for now

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

Questions ?

GA

- Spot checks - ADF will be assisting in the spot-checking process from what the PM and the Premier confirmed - in addition to the other states we're trying to keep the ADF presence back of house - to prevent the ADF presence obvious to the community etc .
- People coming in from OS - the process that Paul is coordinating - police wont guard but will be doing the checks?

SP

- We will have crowd controls issues at the hotels and the transport
- Claire(Febey) is coordinating
- Might have ugly scenes at the airport

CE

- When you mean only scenes at the airport do you mean Sydney?

SP

- No - we anticipate families coming to pick up families and not getting the news and we're turning them around - and language issues - we will need to think about that.

CE

- We will need to saturate as much of the media as possible to consider this.

GA

- I understood that this would be done airside.

SP

- Nick, Claire are managing this.

CE

- There will be cameras there

SP

- VICPOL' S role will be spot checks

SECRETARY'S EYES ONLY

Official – Sensitive

CE

- Is having VICPOL there convey calmness and authority - to calm the joint there - to calm things down?

GA

- Challenge will be static presence over a long period of time - will end up with some private contractor or else the ADF ideally - CE: I assume a private contractor.

SP

- Its 1000 a day - will trail off over time
- We will also take advice from Claire - about whether we get hotels together or whether we have them spread out.

CE

- Premier's statement on principal place of residence

SP

- I can't have a room here and a room there - if you get close to home then that is great

CE

- It was a 'we will have regard to your principal place of residence'

RF

- Technology issues - Corrie and have just spoken to Claire
- State control centre has been stood up - we just need to cognisant of that

SP

- Get it's the right call but we need to be practical about it
- I'm getting told that we are needing to stand up different things
- Getting direction out of PPO and DPC - but we need to have - I mean we have 11 projects here we are getting direction from all angles

RF

- It's more of a convo with DPC about the state of disaster and state control centre

CE

- Really good point - if we consider one side what is required to maintain civil order
- If it's to enable proper decision making - then that is a consideration to bring to bear
- That's right Rebecca
- Great then leave that with me

SP

- We have 9 projects that can be run out of state control

CE

- And Andrew (Crisp) has an Act that he has to comply with
- Leave that with me I will see what I can do about that

Paul Y

-

DM

-

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This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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SECRETARY'S EYES ONLY
Official – Sensitive

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DM

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SECRETARY'S EYES ONLY
Official – Sensitive

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***MEETING CONCLUDES**

Minutes

Victorian Secretaries Board

Date & time: Wednesday 1 April 2020; 9:00am - 10:00am

Location: Via Skype

Chair: Chris Eccles AO (DPC)

Attendees: David Martine PSM (DTF), John Bradley (DELWP), Jenny Atta (DET), Paul Younis (DoT), Rebecca Falkingham PSM (DJCS), Kym Peake (DHHS), Simon Phemister (DJPR), Julia Griffith (VPSC), Graeme Ashton (Victoria Police)

Standing invitees: The Hon Daniel Andrews MP, Premier

Guests: Jeremi Moule (DPC), Professor Brett Sutton (DHHS)

Apologies:

Secretariat: (DPC)

No.	Papers	Agenda Item	Lead	Time	Action
1	Verbal	<p>COVID-19 update – health update</p> <p>The Secretary, DPC, invited Professor Brett Sutton, the Chief Health Officer, to provide an update on COVID-19 health operations.</p> <p>The Chief Health Officer provided an update on COVID-19, including the latest updates on infection numbers and engagement with the Commonwealth Government on the COVID app.</p> <p>The Secretary, DHHS provided an update on COVID-19 operations.</p> <p>The Chief Commissioner provided an update on VicPol operations for COVID-19, including on the Mornington and Bellarine Peninsula.</p> <p><i>Professor Sutton departed the call following his updates.</i></p>	Professor Brett Sutton	9:00am	Noted
2	Verbal	<p>COVID-19 update – other business</p> <p>The Secretary, DPC provided an update on considerations to public administration in response to COVID-19, including a rationalisation of existing inter- departmental committees (IDCs) currently underway.</p>	All	10:00am	Noted

		<p>VSB members discussed items for consideration at National Cabinet, including considerations for childcare and early childhood sector.</p> <p>The Secretary, DTF provided an update on recent engagement with the Commonwealth Treasury on possible economic stimulus in response to COVID-19.</p> <p>VSB members discussed the management of the government legislation program and the potential timing of the return of parliament.</p> <p>The Deputy Secretary, Governance Policy and Coordination, DPC, Jeremi Moule, provided an update from Integrity and Corporate Reform sub-committee of VSB (ICRS), including updating on connectivity and IT systems performance with much of the VPS working remotely.</p> <p>VSB members discussed options for VPS fixed-term staff across both operational and office-based functions.</p> <p><i>The Secretary, DTF departed the call for a national Treasurers meeting.</i></p> <p>The Secretary, DJPR provided an update on engagement with the logistics and aviation industry.</p>			
3	N/A	<p>Other Business</p> <p>N/A</p>	All	10:00am	Noted



Operation Soteria

**Forced Quarantine
for all Australian Arrivals
from Midnight 28 March 2020
State of Victoria**

Operations Plan

Approved for distribution by:

Emergency Management Commissioner	Signature	Date / Time
Andrew Crisp	Signed and scanned	28/3/2020 2000

Operation Soteria

Distribution

State Control Team	As per planning contacts list:
Strategic Planning Committee	DHHS
EMJPIC	DJPR
State Relief & Recovery Team / CAOG	DPC
	VicPol
	Department of Transport

Document Details

Version	Status	Author	Reviewer	Authorised for Release	Date
0.1	Draft for initial discussion	Kaylene Jones / [REDACTED]		Andrew Crisp	27 March 2020
0.2	Draft for release as version 1.0	Deb Abbott / Kaylene Jones	Operation Soteria Coordination Meeting	Andrew Crisp	28 March 2020 1815 hours
1.0	Final Version released			Andrew Crisp	28 March 2020 2000 hours

Operation Soteria

1. SITUATION

Prime Minister Scott Morrison has announced that all passengers who arrive in Australia after midnight on Saturday 28 March 2020 will go into mandatory quarantine in hotels for a fortnight.

- Passengers will be quarantined in the city in which they land, irrespective of where they live
- Two thirds of Australia's coronavirus cases are from people travelling from overseas
- Defence personnel will help State and Territory Police enforce self-isolation rules

1.1 Background

- Australian National Cabinet has directed that all passengers returning to Australia from international destinations are to undergo 14 days enforced quarantine.
- Expected volume of international passenger arrivals is 1500 per day.
- Direction from the Chief Health Officer is pending
- Heightened measures to curb the spread of COVID-19
- Assume small window of opportunity will lead to a spike in arrivals
- Primary port is assumed as Melbourne Airport.
- Alternate ports of entry may include Essendon Airport (Corporate Charter); Port of Melbourne, Geelong Port, Portland Port, Western Port (Cargo); Station Pier (passenger)
- Control for every movement upon arrival remains the authority of the Chief Health Officer

1.2 Authorising Environment - TBC

Public Health and Wellbeing Act 2008 (Vic)

Supporting documentation – Detention Notice issued pursuant to Public Health and Wellbeing Act 2008 (Vic) Section 200 (to be provided - Appendix 1)

1.3 Definitions

Passengers: Are all individuals who arrive in Australia after midnight on Saturday 28 March 2020 and who are quarantined in hotels for 14 days

2. MISSION

To implement enforced quarantine measures for all passengers entering Victoria through international air and sea points-of-entry to stop the spread of COVID-19.

Operation Soteria

3. EXECUTION

- **Purpose.** Slow the spread of COVID-19 through Victoria
- **Method.** Implement enforced quarantine of passengers arriving internationally into Victoria.
- **End state.** All passengers that have arrived internationally to Victoria are quarantined for 14 days in order to mitigate the spread of COVID-19 within the Victorian community.

3.1 Phases to achieve identified objectives

3.1.1 Preliminary Actions

- During this period, all preparatory activities, to receive and comfortably accommodate arriving passengers that support each of the phases to be completed

3.1.2 Phase 1 – Reception

- Begins when passengers arrive via international airport or maritime port, separated from the general population to prevent transmission, transit through customs and prepared for travel to quarantine locations.
- This phase ends once passengers have embarked on bus transport

3.1.3 Phase 2 – Transport

- Begins with buses leaving international airport or maritime port.
- It involves the transit of passengers to quarantine accommodation in vicinity of COVID testing centres.
- This phase ends once passengers exit transport vehicles

3.1.4 Phase 3 – Accommodation

- This phase begins when reception party receives passengers for quarantine.
- This will involve 14 days of isolation within commercial hotel/motel solutions in vicinity of their entry points.
- This phase ends once 14 days has lapsed and members are reviewed for approval to exit quarantine accommodation.

3.1.5 Phase 4 – Return to the Community

- This phase begins when the member is reviewed for exit by quarantine management
- This will involve an assessment whether the passengers are safe to be allowed into the Victorian community.
- This phase ends once the member has been briefed on their health responsibilities and exits quarantine.

Operation Soteria

3.2 Preliminary Phase

- Information is developed, distributed and executed as per communications plan
- All resources (physical and human) are in position ready to execute phases as required

3.3 Phase 1 – Reception

Note

Department of Health and Human Services (DHHS) are lead State-side

3.3.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3

3.3.1

3.3.2 Airside Operations

3.3.2.1 AFP/ABF

- Melbourne airport security and customs liaison
- Provide passengers with required information about Direction/requirements
- Collection of entry data (manifest)
- Marshall passengers in an area that is secure and be able to facilitate health screening

3.3.2.2 DHHS

- Provision of and conduct of health screening and other well-being services (including psycho-social support)
- Provision of personal protective equipment for passengers
- Registration and initial needs identification of passengers for State-side use/application
- Provision of information pack for passengers [Joint contributions: DHHS/Department Jobs, Precincts and Regions (DJPR)/VicPol]

3

3.3

3.3.2

3.3.2.3 AFP/ABF

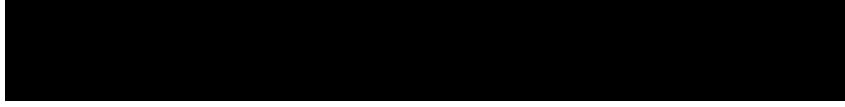
- Establish arrivals area for transport
- Marshall Passengers for boarding
- Assist boarding of passengers onto bus transport airside
- Escort bus transports to accommodation

3.3.2.4 Department of Transport (DoT)

- Manage bus transport State-side to accommodation

3.3.2.5 VicPol

Operation Soteria



Operation Soteria

3

3.4.2

3.3.3 State-side Operations

3.3.4

3.3.3.1 DHHS and DJPR

- Reception parties established and coordinated at all identified accommodation

3.3.3.2 VicPol



3.4 Phase 2 – Transport

Note: DoT are lead

3.4.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.4.2 DoT

- Skybus and other DoT solutions tasked in accordance with projected arrivals
- Ensure transport of passengers between point of entry and accommodation

3.4.3 AFP

- Escort passengers to assigned accommodation
- Transfer manifest to VicPol on arrival at accommodation

3.4.4 VicPol

- Security and management of passenger disembarkation
- Marshalling and security of incoming passengers
- Receive manifest and passengers from AFP on arrival at accommodation

3.4.5 DHHS and DJPR

- Prepare for incoming passenger accommodation registration

3.5 Phase 3 – Accommodation

3.5.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.5.2 DJPR

- Manage accommodation contracts

Operation Soteria

- Manage private security contracts to enforce quarantine requirements at accommodation
- Reception parties established to coordinate movement of passengers from transport into accommodation (with DHHS)
- Detailed identification of, capture and management of special/social needs (with DHHS)
- Management of services for all passengers including food and amenities

3.5.3 DHHS

- Passenger data reconciled with airside entry data
- Detailed identification of, capture and management of special/social needs (with DJPR)
- Establish FEMO teams at accommodation points to undertake initial health screening
- If required, social workers to provide support to passengers with complex needs
- Provision of psycho-social first aid
- Access to 24/7 nursing support for emerging health needs
- Provision of regular welfare calls to all quarantined passengers

3.5.4 VicPol

- Provision of support to private security as required

3.6 Phase 4 – Return to the Community

3.6.1 Communications

- DHHS will manage communications according to the Communications Plan
- DPC provide authorisation to overall Communications Plan

3.6.2 DHHS

- Conduct of health reviews to allow release back into the community
- Outgoing passenger responsibilities brief
- Arrangements for any ongoing Psycho-social support

3.6.3 DoT

- Provision of transport to passengers to original destination/transit node

3.7 Strategies and tactics proposed to achieve tasks and objectives

3.7.1 Coordinating Instructions

3.7.1.1 Timings

Preliminary Phase

- Arrival data and maritime ports confirmed no later than 28 1000 Mar 20
- Transport confirmed no later than 28 1300 Mar 20
- Quarantine Accommodation confirmed no later than 28 1600 Mar 20
- International terminal at Tullamarine prepared for quarantine by 28 2200 Mar 20

Phase 1

Operation Soteria

- Reception party at international airport and maritime port no later than one hour prior to scheduled flights/vessel arrivals

Phase 2

- Transport in position no later than 1 hour prior to scheduled flights/vessel arrivals

Phase 3

- Service provision is in place for passenger quarantine for a minimum of 14 days

Phase 4

- Release party in place to meet passenger needs for an effective return to community

3.7.1.2 Locations

Airports

- Tullamarine

Maritime Ports

- TBC

Quarantine Accommodation

- TBC

3.8 Daily arrivals schedule – *see Appendix 2*

3.9 Synchronisation matrix - *See Appendix 4*

4. COORDINATION

State Control Centre is the central coordination point for all phases

4.1 Communications Plan (Lead DHHS - Marita Tabain)

4.1.1 Authorisation of communications plan by DPC

4.1.2 Communications plan to incorporate:

- To returning citizens/residents
- To returning citizens/residents family
- Media release plan

4.2 Planning Points of Contact – *See Appendix 3*

Operation Soteria

Appendix 1

Detention Order pending

Operation Soteria

Appendix 2

DAILY TIMINGS (AS AT 28 1609 MAR 20)

Arrivals for 29 March 2020

Passenger arrivals MEL (Tullamarine)

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
QR994	29/3/2020	DOH	0700	77W	9	17	Doha
AC037	29/3/2020	YVR	0835	789	7	119	Vancouver
CZ321	29/3/2020	CAN	0940	333	16	38	Guangzhou
MU737	29/3/2020	PVG	1000	789	18	18	Shanghai Pudong
NZ123	29/3/2020	AKL	1050	77W	11	100	Auckland 1 X UNACCOMP. MINOR
QR904	29/3/2020	DOH	1830	351	9	200	Doha
Total Passengers						492	

Flights in transit 28 March 2020 – Flight tracking on time as at 1955 hrs 28 March 2020

Flight Number	Sched. Date	Depart. Airport	Sched. Arrival time	Aircraft type	Gate	Pax	Comment
CX163	28/3/2020	HKG	2252		16		Hong Kong

Operation Soteria

Appendix 3

Contacts List

Department	Contact Name	Email	Phone
State Control Centre – Deputy Controller Class 2 – Health.. Operation Soteria	Chris Eagle	██████████@delwp.vic.gov.au	██████████
Department of Transport	Jeroen Weimar Kim Schriner	██████████@ptv.vic.gov.au ██████████@transport.vic.gov.au	
Department of Jobs, Precincts and Regions	Claire Febey Rob Holland	██████████@ecodev.vic.gov.au ██████████@ecodev.vic.gov.au	
Department of Health and Human Services - SCC	Michael Mefflin	██████████@dhhs.vic.gov.au	
VicPol	Mick Grainger Sussan Thomas	██████████@police.vic.gov.au ██████████@police.vic.gov.au	
Department of Premier and Cabinet – Communications	Marita Tabain Sarah Caines		
Department of Premier and Cabinet	Helen Stitt	██████████@dpc.vic.gov.au	
Department of Health and Human Services – Melbourne Airport Representative			
Emergency Management Victoria	Deb Abbott Kaylene Jones	██████████@scc.vic.gov.au	
ADF	██████████ ██████████	██████████@scc.vic.gov.au	

Operation Soteria

Appendix 4

Outline of agency involvement across the stages of enforced quarantine

Function	Lead agency	Preliminary Stage	Stage 1 : Receive passengers at point of entry	Stage 2: Move passengers from point of entry to accommodation	Stage 3: Accommodate passengers for 14 days	Stage 4: Release of passengers from accommodation	
Command and Control	SCC	Queue and trigger DHHS as required	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	Monitoring the task and coordinate actions	
	DHHS	Plan/organise	Operational command	Operational command	Operational command	Operational command	
Process	Australian Border Force/ Australian Federal Police	Preparation	Receive and process passengers (airside).				
Process	DJPR	Preparation		Transfer of responsibility from DJPR to DoT	Assist DHHS	Assist DHHS	
Transport	DoT	Organisation of transport for stage 2	Position buses at the point of entry, ready for stage 2	Receiving transfer of responsibility from DJPR. Executive move of passengers from point of entry to accommodation	Transfer of responsibility to DHHS	Prepared to provide transport solutions for passengers to their home/intended residence while in Victoria	
Accommodation	DHHS	Organisation of transport for stage 3	Confirm readiness of accommodation, ready for stage 3	Receive travellers at accommodation	Receiving responsibility from DoT Manage, monitor and respond to passengers at accommodation	Manage release of passengers	
Strategic Messaging	DPC	Conduct messaging to: <ul style="list-style-type: none"> passengers any persons intending to receive passengers general public media 	Monitoring adverse media/public reaction (external stakeholders)				
Security	VicPol	Prepare for response, contain	Support containment and respond as needed				
Health and Wellbeing	DHHS	Prepare for support	Supporting				

Terms of Reference – Mission Coordination Committee (MCC)

The Mission Coordination Committee (MCC) is the principal officers' forum to support the delivery and coordination of public sector missions in response to the COVID-19 pandemic emergency.

Membership

- Secretary, DPC (Chair)
- Secretary, DTF
- Secretary, DJCS
- Secretary, DJPR
- Secretary, DELWP
- Secretary, DET
- Secretary, DOT
- Secretary, DHHS
- Premier's Chief of Staff
- Premier's Deputy Chief of Staff
- Treasurer's Chief of Staff
- Deputy Secretary, Economic Policy and State Productivity, DPC
- Deputy Secretary, Governance, Policy and Coordination, DPC
- Deputy Secretary, Social Policy, DPC

Terms of Reference

The Mission Coordination Committee will support delivery of critical missions to respond to the COVID-19 pandemic crisis and prepare for the recovery and post-event restoration of Victoria. It will support the work of the Crisis Council of Cabinet (CCC) including reviewing submissions proposed for the Council. The MCC is the principal officers' forum for the senior leadership of the Victorian public service and the Premier's and Treasurer's offices.

The MCC will complement the Victorian Secretaries Board, which will continue to meet from time to time in its stewardship of the Victorian public sector.

Supporting Governance

The Public Sector Administrative Committee (PSAC) will provide support as directed to the MCC.

Scheduling

MCC will meet as required.

Secretariat

Department of Premier and Cabinet

Minutes

Missions Coordination Committee

Date & time: Wednesday 15 April 2020, 9:00AM-10:00AM

Location: Wominjeka/Womindjeka room, Level 2, 1 Treasury Place/MS Teams

Chair: Chris Eccles AO (Missions Coordinator, DPC)

Attendees: (Office of the Premier), (Office of the Premier), (Office of the Premier), (Office of the Treasurer), Kym Peake (Health Emergency, Secretary DHHS), David Martine PSM (Economic Emergency, Secretary DTF), Simon Phemister (Economic Program Delivery, Supply, Logistics and Procurement, Secretary DJPR), Rebecca Falkingham PSM (Continuity of Essential Services – People, Secretary DJCS), Jenny Atta (Continuity of Essential Services – People, Secretary DET), John Bradley (Continuity of Essential Services – Economic, Secretary DELWP), Paul Younis (Continuity of Essential Services – Economic, Secretary DOT), Kate Houghton (Deputy Secretary, SP, DPC), Tim Ada (Deputy Secretary, EPSP, DPC), Jeremi Moule (Deputy Secretary, GPC, DPC), Sam Trobe (Missions Facilitation Office, DPC)

Secretariat: Jane Gardam (Missions Secretariat, DPC)

No.	Papers	Agenda Item	Lead	Time	Action
1.	Circulated	<p>MCC Terms of Reference and operations</p> <p>The Missions Coordinator and Chief of Staff introduced the inaugural meeting of the MCC, noting that it brings together into a regular forum the senior leadership of the PPO, TPO and public service. The purpose is to streamline and enhance decision-making to address the rapid cadence demanded by the COVID-19 pandemic. This different organisation of effort is designed to ensure the best possible advice to government.</p> <p>The Missions Coordinator provided members with an overview of the purpose and operational arrangements for the MCC.</p> <p>Members discussed MCC operations and the operating environment including that:</p> <ul style="list-style-type: none"> there is utility in including in missions a view of where Victoria should be at the end of the period and explicit links to reform the integration of the health and economic responses into a common frame will be important central agencies will continue to provide 	Chris Eccles		Endorsed

		<p>advice in Reds and Greens on matters discussed at MCC</p> <ul style="list-style-type: none"> • ministers are seeking clarity on matters of forum (ie what goes to Cabinet or CCC), particularly for budget • the cycle of coordination will be important to provide visibility of CCC submissions for ministers. <p>Members endorsed the Terms of Reference with one amendment to note the addition of the Director, Policy, Office of the Premier as a member.</p> <p>Members endorsed the Model Agenda, requesting the addition of a new standing item of an update on planned communication activities for the upcoming period ('Communications Update').</p> <p>Members endorsed the coordination process to support submissions for CCC consideration and noted the weekly cycle for National Cabinet, Crisis Council of Cabinet and Mission Coordination Committee meetings.</p>			
		Mission support arrangements at DPC			
2.		<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			
		Coordination discussion on CCC submissions for 16 April 2020 meeting			
3.		<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			
4.	Circulated	Forward agenda for Crisis Council of Cabinet and National Cabinet	Chris Eccles and		Endorsed

	<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			
	<p>Mission scope and verbal update on establishment of Missions</p>			
5.	<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			
	<p>MCC Forward Agenda</p>			
6.	<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>			

Next meeting: 2PM Friday 17 April 2020

Model Agenda

Missions Coordination Committee

Date & time: Wednesday/Friday DD MM YYYY, 9:00AM–10:00AM/1:30PM–2:30PM

Location: MS Teams

Chair: Chris Eccles AO (Missions Coordinator)

Attendees: (Office of the Premier), (Office of the Premier), (Office of the Premier), (Office of the Premier), Kym Peake (Public Health Resilience, Restoration and Reform of Public Services – People, Secretary DHHS), David Martine PSM (Economic Management, Secretary DTF), Simon Phemister (Economic Program Delivery, Supply, Logistics and Procurement, Economic Recovery and Growth, Secretary DJPR), Rebecca Falkingham PSM (Restoration and Reform of Public Services – People, Secretary DJCS), Jenny Atta (Restoration and Reform of Public Services – People, Secretary DET), John Bradley (Restoration and Reform of Public Services – Economic (public sector), Secretary DELWP), Paul Younis (Restoration and Reform of Public Services – Economic (public sector), Secretary DOT), Chris Barrett (Economic Recovery and Growth, CEO Invest Victoria), Kate Houghton (DPC), Tim Ada (DPC), Jeremi Moule (DPC), Sam Trobe (DPC)

Guests:

Apologies:

Secretariat: Jane Gardam (DPC)

No.	Papers	Agenda Item	Lead	Time	Action
1.	<ul style="list-style-type: none"> Pending Pending Pending 	Forward agendas for meetings: <ul style="list-style-type: none"> National Cabinet forward look (Wed)/debrief (Fri) Crisis Council of Cabinet, including coordination discussion for [insert date] meeting Missions Coordination Committee 	Chris Eccles AO and		Endorse
2.	Verbal	Updates on: <ul style="list-style-type: none"> Business of government Communications activities Industrial relations issues 	Chris Eccles AO and Jeremi Moule		Discuss
3.	Pending	[Friday only] Mission Implementation update	MFO		Discuss
4.	Verbal/ Pending/ Circulated	[Missions business]			Discuss/ Endorse
5.	Verbal	Other business	Chris Eccles AO		Discuss

Next meeting: 9:30AM/1:30PM, Wednesday/Friday DD MM YYYY

Agenda

Missions Coordination Committee

Date & time: Friday, 17 April 2020, 1:30PM-2:30PM

Location: Wominjeka/Womindjeka room, Level 2, 1 Treasury Place/MS Teams

Chair: Chris Eccles AO (DPC)

Attendees: (Office of the Premier), (Office of the Premier), (Office of the Premier), (Office of the Treasurer), Kym Peake (Health Emergency, Secretary DHHS), David Martine PSM (Economic Emergency, Secretary DTF), Simon Phemister (Economic Program Delivery, Supply, Logistics and Procurement, Secretary DJPR), Rebecca Falkingham PSM (Continuity of Essential Services – People, Secretary DJCS), Jenny Atta (Continuity of Essential Services – People, Secretary DET), John Bradley (Continuity of Essential Services – Economic, Secretary DELWP), Paul Younis (Continuity of Essential Services – Economic, Secretary DOT), Kate Houghton (DPC), Tim Ada (DPC), Jeremi Moule (DPC), Sam Trobe (DPC)

Guests:

Apologies:

Secretariat: Jane Gardam (DPC)

No.	Papers	Agenda Item	Lead	Time	Action
1.	<i>Circulated</i>	Standing item – Coordination discussion on CCC submissions for 20 April 2020 meeting <ul style="list-style-type: none"> Note that the CCC Forward Look will be used for this week – coordination lodgement process will commence from next week 	All	1:30pm	Discuss
2.	<i>Circulated</i>	Standing item – Forward agendas for upcoming meetings: <ul style="list-style-type: none"> NC Forward Look CCC Forward Look MCC Forward Look 	Chris Eccles AO and		Endorse
3.	<i>Verbal</i>	Standing item – Updates on business of government <ul style="list-style-type: none"> Issues from PSAC Updates on business re-prioritisation activities 	Chris Eccles AO (Jeremi Moule)		Endorse
4.	<i>Verbal</i>	Standing item – Update on communications activities	Jeremi Moule		Discuss
5.	<i>Circulated</i>	Mission and programs scope and verbal update on establishment	Mission Leads		Discuss and endorse
6.	<i>Verbal</i>	Workforce strategy [Mission 3]	Simon Phemister		Discuss
7.	<i>Circulated</i>	Update on Critical Information Unit [Mission Coordination]	Chris Eccles AO		Discuss

8.	<i>Circulated</i>	Social Services Dashboard [Mission 4]	Rebecca Falkingham PSM	2:25pm	Discuss
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Next meeting: 9AM Wednesday, 22 April 2020

Forward Look – National Cabinet, Crisis Council of Cabinet, Missions Coordination Committee

National Cabinet	
Tuesday 21 April 2020	<p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>
Future meetings	
Crisis Council of Cabinet	
2pm Monday 20 April	<p>Standing items</p> <ul style="list-style-type: none"> • Economic Outlook (Treasurer)
12pm Thursday 23 April	<p>Standing items</p> <ul style="list-style-type: none"> • Testing Update (Mikakos)
Future meetings list	<p>Standing items</p> <ul style="list-style-type: none"> • Testing Update (Mikakos) (weekly) • Economic Outlook (Treasurer) (fortnightly) <p>Urgent</p> <div style="border: 1px dashed black; text-align: center; padding: 5px; margin-top: 10px;"> <p>This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p> </div>

	<p style="border: 1px dashed black; padding: 2px;">This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p> <ul style="list-style-type: none"> • Report back on Hotels for Heroes for other cohorts (Mikakos / Pakula / Neville) <p>To come when ready</p> <p style="border: 1px dashed black; padding: 2px;">This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>
<p>MCC input on items</p>	<p style="border: 1px dashed black; padding: 2px;">This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p> <ul style="list-style-type: none"> • COVID-19 Emergency Accommodation Framework (Mikakos) – requested 23 April <p style="border: 1px dashed black; padding: 2px;">This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry</p>
<p>Missions Coordination Committee</p>	
<p>Wednesday 22 April</p>	
<p>Future meetings</p>	

Missions Coordination Committee

Consolidated Mission Plans

Mission Facilitation Office

17 April 2020



Mission 1: Health Emergency

Mission Plan

17 April 2020

1. Objectives & principles

Overall objectives

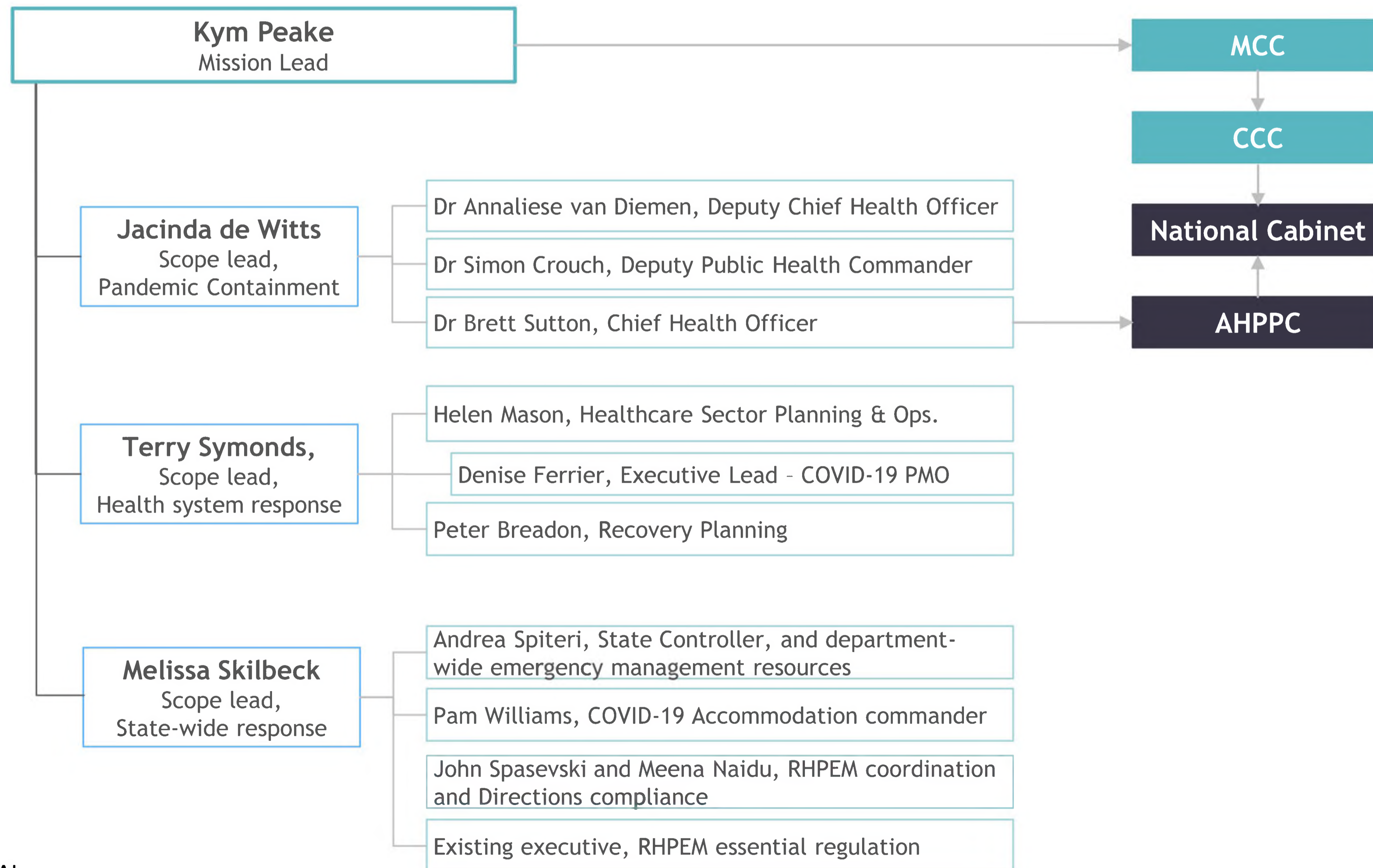
1. Reduce the morbidity and mortality associated with COVID-19.
2. Slow the spread of COVID-19 in Victoria through rapid identification, quarantine or isolation, and cohorting of risk groups.
3. Empower the Victorian community and health professionals to ensure a proportionate and equitable response.
4. Support containment strategies through accurate, timely and coordinated communication and community support.
5. Mitigate and minimise impacts of the pandemic on the health system and broader community.

Guiding principles for system & community response

1. Precautionary and proportionate, and can be scaled up or down as required
2. Reliant on existing health systems and health system governance where possible
3. Inclusive of all Victorians and reduces any form of xenophobia in the response
4. Focused on protecting vulnerable Victorians, including with underlying health conditions, compromised immune systems, the elderly, Aboriginal and Torres Strait Islanders, and those from culturally and linguistically diverse communities
5. Integrated with the efforts of the Commonwealth, other states and territories and relevant public agencies and sectors to make best use of common systems, plans and processes.

2. Mission structure and governance

Proposed structure



Governance

Services

- Hospitals (public & private)
- Public health
- Ambulance
- Community Health
- Aged Care
- Carers
- Mental Health
- Regulation
- Emergency Management

Ministerial Portfolios

- Minister Foley (Mental Health)
- Minister Donellan (Child Protection & Disability, Ageing & Carers)

CCC Minister

- Minister Mikakos (Coordination of Health & Human Services - COVID-19)

3. Program logic: all mission activities are geared to achieve our core objectives of reducing the pandemic's impacts on health, the system & the broader community

Inputs

Ongoing epidemiological modelling showing expected pandemic impacts, policy effects & health system demand

Government policy decisions, protecting Victorians' health to preserve our society and economy, while balancing broader assessments of acceptability to the community; feasibility of implementation; and equitable impact of measures

Population adherence to public health measures

Outputs

Introduce preventive public health measures, recalibrated as pandemic, modelling & evidence evolve

- Rapidly grow testing and contact tracing capabilities to test, identify, isolate & cohort cases
- Implement broader containment measures, with public communication & community support
- Introduce prudent restrictions on patient, sector and worker access to healthcare facilities

Introduce dedicated care pathways for COVID-19 patients

- Rollout phone line services to triage patients and divert away from EDs / GPs as appropriate
- Embed 'cohorting' in hospital design - separating infected patients from others at every level of acuity

Maximise system capacity to absorb expected demand, flexing up / down as expected demand evolves

- Develop readiness to defer, stop and divert non-urgent care to free up capacity, as needed
- Contract and integrate all private hospital sector resources into the system response
- Procure all equipment and consumables (incl. PPE) needed to meet demand & deliver BAU care safely
- Expand and upskill workforce, making best use of skills and capacity through flexible workforce models
- Maximise physical system capacity by filling existing facilities and bringing online old & new facilities

Reorient care to safely meet old and new health needs, innovating for both current & future benefit

- Rapidly scale innovative home-based and remote care models that enable safe ongoing delivery of care
- Public communication to build confidence in continuing to access emergency and primary care
- Restore in-person care as feasible, balancing risks / benefits & prioritising the most vulnerable
- Proactively identify and address pandemic impacts on population and workforce health & wellbeing

Consolidate system governance & management to improve its current and future effectiveness

- Coordinate demand across the system to maximise specialisation, efficiency, timeliness & equity in care
- Consolidate & centralise mgmt. of the supply chain to build scale & allocate supplies where needed most
- Increase scale in system governance by clustering services (public and private) under regional leads
- Expanding collaborative research on the health impacts of, and responses to, COVID-19

Outcomes*

The spread of COVID-19 in Victoria is slowed

Minimise COVID-19 transmission in the provision of health care

Achieve new system capacity & capabilities needed to meet demand for care

Achieve essential and safe care continuity for other patients, prioritising the most vulnerable

Prevent & address negative physical and psychosocial impacts of pandemic

Increase the health system's effectiveness and long-term resilience

Reduce the morbidity and mortality associated with COVID-19 and its long term health impacts

Mitigate and minimise impacts of the pandemic on the health system and broader community

4. Scope: the Health Emergency response has four phases, marked by agile decision-making to manage risk during uncertainty

Characterised by...	System response phase			
	1: Initial containment	2: Targeted action	3. Protect & reform*	4. Stand down & recovery
Uncertainty about pandemic impacts	High: extent and duration of state & national containment strategies were uncertain; effectiveness of these was to be based on population adherence which was unknown; modelling could not yet capture effects of these and was using international data, which predicts catastrophic impacts in their absence	Moderate: new modelling will be based on much more informative data (from local community transmission), and will give a sense of the effect of policy measures on demand. However there will be little certainty about the effect of <i>unwinding</i> individual measures on demand, and a lag between these changes and their impact.	Low: pandemic impacts on different groups and the effectiveness of policies in containing spread will be increasingly well-known at this point, from both local and international evidence.	Low: proven vaccinations will be rolled out, giving confidence that public health measures can be safely relaxed. Evidence on the long-term patient & population impacts to address will be emerging.
Approach to decision-making	Rapid ‘no regrets’ preventive measures and system preparations to avoid the unmitigated demand scenario predicted by modelling	Precautionary preservation of public health measures until preconditions are met, then cautious adjustment of them, while continuing to protect public safety, and keeping expanded health system capacity on standby.	Proactive work to prevent and cauterise pandemic harms, realign care delivery to the ‘new normal’, & consolidate system improvements enacted during the crisis	Cautious exit from remaining measures, social re-opening & sustained infection control, with work to build long-term system resilience.
Timing (approximate)	<p>January (first international case arrivals)</p> <p>→</p> <p>Mid-April (modelling capturing policy impacts)</p>	<p>End-April (forward public health strategy ready)</p> <p>→</p> <p>August (clear understanding of strategy impacts)</p>	<p>June (system ready to broaden focus)</p> <p>→</p> <p>2022 (manageable reform pace needed)</p>	<p>2021 (if vaccine available)</p> <p>→</p> <p>2023 (system recovery ongoing)</p>

*Note this phase would displace the original Stage 3 (“Peak Action Stage” in the COVID-19 Pandemic plan for the Victorian Health Sector) *if* the pandemic remains well-controlled and Stage 3 does not eventuate (which is still possible)

5. Scope lead responsibilities: leads will deliver priority actions across each of the four key phases

Key scopes	System response phase			
	1: Initial containment	2: Targeted action	3. Protect & reform	4. Stand down & recovery
1. Pandemic containment	<ul style="list-style-type: none"> Maximise case detection within testing constraints Trace contacts and contain clusters Arrest exponential growth in community 	<ul style="list-style-type: none"> Broaden testing across the community Scale up contact tracing capabilities through technology, recruitment and training Agree decision making framework for careful release of public health measures over time Agree roadmap for restoration of health services and targeted research capability 	<ul style="list-style-type: none"> Implement agreed approach to lift public health restrictions, protecting vulnerable people with targeted support & PPE Progressively introduce testing for antibodies & virus vulnerability as these become available 	<ul style="list-style-type: none"> Roll out vaccination, prioritising the most vulnerable Sustain and strengthen public health, diagnostic research and routine testing capability
2. Health sector response	<p><i>Manage demand</i></p> <ul style="list-style-type: none"> Minimise virus transmission in healthcare Limit non-urgent care to free up capacity Implement COVID-19 care pathways Develop care continuity plans Scale up role of primary care providers (pharmacy, GP, community health) <p><i>Expand and coordinate capacity</i></p> <ul style="list-style-type: none"> Expand system capacity Centralise supply chain & demand mgmt. Increase scale in sector governance 	<p><i>Manage demand</i></p> <ul style="list-style-type: none"> Recalibrate sector restrictions (e.g. visitors) to reflect emerging PPE certainty Progressively phase back in non-urgent care Shift to spatially distanced models of care (scaling up home-based care & telehealth) Anticipate & respond in a targeted way to pandemic impacts on health & wellbeing (including managing risks of deferred care) Increase support for vulnerable groups with barriers to complying with spatial distancing <p><i>Expand and coordinate capacity</i></p> <ul style="list-style-type: none"> Use extra capacity to run catch-up blitzes Concentrate COVID-19 care in key centres 	<ul style="list-style-type: none"> Make virtual & home care a new normal Build workforce staffing and skill flexibility to manage shortages Establish governance for geographic clusters of health services Health system research on long term impacts of COVID and impact of new services models on access and appropriate care Increase scale across the supply chain and in procurement processes Advance Royal Commission reforms in mental health aligned to pandemic response 	<ul style="list-style-type: none"> Address new physical & mental health needs directly and indirectly arising from pandemic Unwind surge capacity arrangements, while maintaining an uplift in ICU capacity and effective innovations in governance and models of care
3. State-wide response	<ul style="list-style-type: none"> Implementing and managing emergency accommodation to support safe quarantining and isolation (bringing on supply, triaging demand, and developing wrap around supports) Advising to other sectors on the application of public health advice (e.g. engaging expert occupational physicians to advise on infection control, cleaning and physical distancing). Supporting the public health response in residential settings (e.g. justice, disability care) Aligning community campaigns and communications with public health information 			

6. Example implementation approach

Health System Response in Phase 1

Key work	System response in Phase 1 (Initial Containment)		
	Key actions required	CCC decisions needed	Measures of success
1. Manage demand	<ul style="list-style-type: none"> • Minimise sector-based virus transmission <ul style="list-style-type: none"> • Expand delivery of remote & home-based care to limit transmission risk • Put in place prudent restrictions on visitor access to care facilities • Maintain strict stand down rules with accom. support for health workers • Hotlines to triage patients and divert mild cases away from EDs / GPs • Cohort moderate / severe patients away from others at every level of acuity • Free up capacity by limiting non-urgent care & preventing admissions <ul style="list-style-type: none"> • Cancel all non-urgent elective surgeries, dental care & breast screening • Stop / divert less acute care to the community as safe and appropriate • Scale up services to prevent hospital admissions & reduce length of stay 	<ul style="list-style-type: none"> • Future support for capital investment to permanently scale up alternative models of care (telehealth, home care) • Support and investment to adapt, preserve and extend access and protections for most vulnerable (incl. Aboriginal Victorians) • Future adjustments to care diversion / deferral settings 	<ul style="list-style-type: none"> • Most care that can be safely provided through alternative (virtual / home-based) models, is • Healthcare occupational infections reduced to zero (best-practice international benchmark) • Cross-patient infection reduced to international best-practice benchmarks • Most care that reduces capacity needed by pandemic response and can be safely diverted / deferred, is • Access to care is safely adapted and fully maintained for our most vulnerable people, incl. Aboriginal Victorians • Avoidable admissions and length of stay decline
2. Optimise capacity	<ul style="list-style-type: none"> • Build up scope for primary care to support the response, leveraging community health, amending pharmacy regulations, and accrediting GP respiratory clinics • Contract and integrate all private hospital sector resources into the system response, and establish sector governance for their effective use • Procure all equipment and consumables (incl. PPE) needed to meet expected COVID-19 demand & to also deliver un-deferred BAU care safely • Expand workforce FTE (redeployment, recruitment, fast-tracking re-registration, deferring leave, increasing hours) and skills (training, e-learning and simulation); maximising both through flexible workforce models • Expand physical system capacity by maximising use of existing facilities (bring online flex capacity, and repurpose facilities freed up by diversion with capital works as needed); (re)commissioning inactive infrastructure, and converting non-hospital facilities such as the Melbourne exhibition centre as needed • Consolidate & centralise mgmt. of the supply chain (procurement, warehousing, distribution, pathology) to build scale & allocate supplies where needed most • Simplify governance by clustering services (public & private) under local leads • Monitoring quality indicators to avoid risks of deferred care, including through public communication to maintain consumer confidence in accessing critical & 	<ul style="list-style-type: none"> • Investment for critical supplies, acute care capacity and workforce • Optioning and investment for further infrastructure capacity • Support to work through industrial barriers to meeting demand needs • Support for further supply chain consolidation • Support for enhanced governance - including cluster governance, quality indicators and collaborative research • Support for any further regulatory amendments (e.g. pharmacy) 	<ul style="list-style-type: none"> • Total system capacity needed to meet expected demand and deliver urgent BAU care is secured, incl. sufficient: <ul style="list-style-type: none"> • PPE to keep all healthcare workers safe • equipment to meet acute & critical demand • acute & ICU bed capacity across all facilities • workforce FTE • workforce skills • Private hospital capacity is appropriately leveraged • All services have supplies they need, at competitive prices, and allocated across sector according to need • Provider governance is streamlined, with full coordination and collaboration between members of locality clusters • Primary and critical care is accessed by people with non-COVID health needs

Mission 2: Economic Emergency

Mission Plan

17 April 2020

Mission 2. Economic Emergency

Lead: David Martine

Related CCC Minister/s: Treasurer

Leadership of the Government's economic emergency response to maintain a viable and sustainable economic and fiscal position through the health crisis

SCOPE

This mission will cover



- Managing the overall Victorian budget and financing including the fiscal position and state borrowing
- Changes to regulatory, tax, fees and charges to support business and households including state-wide regulation; tax concessions; and changes and waivers of State fees and charges
- Monitoring and modelling economic and business conditions to provide insights and proposed actions to inform government strategies

KEY PRIORITIES

1. Forecast and model economic conditions to provide insights and proposed actions to inform government strategies (including on virus containment) and interventions to support business and households
2. Assess Commonwealth interventions to identify further complementary options for support, and advocate Victoria's position
3. Develop options to provide temporary relief through taxes, charges and regulations to business and households
4. Track and maintain a sustainable fiscal position to help guide the Government's allocative resource decisions to build capacity for the economic recovery phase
5. Maintain access to financing through the Government's bond issuance program
6. Assess requests for financial support across Government (including the General Government sector, PNFCs and not for profit entities, along with major Victorian employers)
7. Chair the Economic Survival Package Project Control Board



INTERDEPENDENCIES

- Health Emergency Mission - collaboration on economic modelling and insights with health modelling and strategies
- Economic Program Delivery Mission - collaboration on macro settings with specific sector or business interventions
- Economic Recovery Mission - linkage between economic emergency measures and the economic recovery phase
- Engagement with the Commonwealth (through the Board of Treasurers as well as department counterparts)
- Engagement with business and/or industry bodies (in collaboration with Invest Victoria and DJPR)



NOT IN SCOPE

- Delivery of interventions targeted at particular sectors or businesses, which will be led by Economic Program Delivery
- Reform opportunities will be considered as part of Economic Recovery

Mission 3: Economic program delivery, supply, logistics and procurement

Mission Plan

17 April 2020

3. Economic program delivery, supply, logistics & procurement

Lead: Simon Phemister

CCC Minister: Minister Pakula

Leadership of business continuity in industry sectors critical to the economy and response effort



SCOPE

This objectives of this mission are to:

- Support the continuity of critical businesses, employment and workforce engagement opportunities
- Protect Victoria's supply chains
- Reform Victorian Government procurement rules and processes to support industry and response efforts
- Fulfil supply and logistics requirements for the response effort including both health and non-health needs

KEY PRIORITIES

Minister Pakula

In coordination with Ministers Somyurek, Symes, Allan, Foley, Kairouz and Spence

Secretary, DJPR

1. Supply and logistics lead for response effort

- > **Medical equipment and PPE:** Whole of Victorian Government supply and logistics for health and non-health medical equipment and personal protective equipment (PPE) requirements
- > **Accommodation:** Secure suitable accommodation stock for health and non-health response effort requirements
- > **Quarantine of international arrivals:** Working with DHHS, house arrivals in hotels and provide services throughout their stay
- > **Overflow hospital capacity:** Contractual and engagement lead on securing surge hospital bed capacity if required for Mission 1
- > **Contact centres:** Support Victorian businesses and returning travellers through dedicated contact centres

2. Economic Program Delivery

- > **Business Support Fund and other packages:** Design and administer business support packages to meet needs identified through Mission 2
- > **Institutional and major business sustainability:** Ensure the sustainability of institutional and critical businesses through supports such as restructuring, loans and grants

3. Immediate worker supports

- > **Working for Victoria:** Supporting displaced and disadvantaged workforces into short or longer term employment opportunities and support the response effort, including in agriculture and regional Victoria
- > **Workforce regulation:** Review need for potential temporary regulatory changes to reduce barriers for businesses to maintain workforces and supply chains (working in collaboration with Mission 6)
- > **Workforce engagement:** Design and deliver workforce engagement models (including training) to prepare workers for different recovery scenarios identified through longer-term planning. This includes checking for gaps in current worker supports, and influencing Cth. policy and services.

4. Underpinned by reform of the Victorian Government procurement framework and supply chains

- > **Procurement:** Rapid design and deployment of revised procurement rules/processes appropriate for adoption under the State of Emergency. Focus is on ensuring government can concentrate demand on local economy to protect business continuity, while ensuring speed and reliability of critical needs
- > **Critical supply chain stability:** Ensure supply chain stability for critical industry sectors including fast tracking industry initiatives and grants (e.g. food and grocery, manufacturing, construction) working in collaboration with Mission 6.

INTERDEPENDENCIES

- Other missions - Health and Economic Emergency Missions, Continuity and Restoration of Essential Services Missions (coordination of supplier engagement and interventions)
- Commonwealth government departments and agencies (coordination of state and federal interventions and demand shifting)
- Private sector businesses, industry groups e.g. Chambers of Commerce and Industry (Understanding supply chain needs and potential remedies)

NOT IN SCOPE

- Economic stimulus measures are the responsibility of Mission 2 (but identification and policy work may be in scope)
- An overarching economic recovery strategy and industry plans are the responsibility of Mission 6

Mission 4: Continuity of Essential Services - People

Mission Plan

17 April 2020

4. Continuity of Essential Services - People

Leads: Rebecca Falkingham and Jenny Atta

Identifying, mitigating and responding to risks to (non-health) social and human service delivery and outcomes related to the crisis



SCOPE

This mission covers a broad array of services

- Schools, early childhood education, vocational education and training and higher education
- Police and Emergency services
- Corrections and Youth Justice

- Courts and tribunals; legal services and assistance
- Children and family services (incl. child protection)
- Family violence services (victims and perpetrators)
- Disability care
- Housing and homelessness
- Child and maternal health
- Essentials, food delivered to isolated people

- Other essential services such as the blood bank and mortuary
- Services for CALD communities
- Sector engagement including partnerships with the private, community services and Aboriginal community-controlled sectors



KEY PRIORITIES FOR OVERALL MISSION

- Ensure continuity of core education and training across the life cycle
- Continued enforcement of social distancing guidelines/restrictions in the community
- Ensure courts, police stations, prisons, schools, social housing, crisis accommodation and other essential public spaces are equipped with necessary cleaning and PPE equipment to ensure safety and compliance with relevant guidelines
- Utilise the Joint COVID-19 Aboriginal Community Taskforce to develop responses specific to the Aboriginal community
- Ensure essentials (including food and health services) are delivered to vulnerable people, isolated and at-risk communities including the CALD community and refugees.
- Develop housing facilities to isolate people with no/insecure housing
- Work across Missions to ensure continued services, including through design of new service delivery models, to enable the delivery of sufficient social and human services support for the duration of the crisis (incl. supply to meet the peak in demand).
- Ensure adequate provision of tele/virtual alternatives wherever viable to support continued access to social and justice services e.g. counselling, welfare checks, visits for people in custodial environments.
- Ensure there are sufficient back-stop options for the delivery of services in the case of failure of current delivery modes (e.g. in aged and disability care)
- Develop plans for further regulation of private sector as another level to manage the social consequences e.g. eviction laws
- Partnership with the Commonwealth, NFP and private sector to support service delivery including alternative ways of providing essential services such as food and housing.
- Coordination with NFP and Cth funded sectors to monitor emerging risks and define responses
- Ensure sufficient provision of disability and aged care services in partnership with the Commonwealth. work with the Commonwealth on financial and service viability of early childhood education and non-government schools education



NEXT LEVEL PRIORITIES

- Ensure access to services in justice and social services sector to support people being released from custodial environments, including managing exposure to health risk
- Contingency planning for childcare, child and maternal health and other base-level services (e.g. do we increase capacity for nurse on call service, how do we handle service closures)
- Ensure public housing facilities are equipped to meet cleaning requirements
- Review models of service delivery to ensure meeting needs of isolated people and isolated communities
- Utilise the Justice Sector Emergency Coordination Committee to monitor and pre-empt issues in relation to justice system interfaces
- Continue to plan and monitor situation in custodial facilities to ensure health risks are mitigated and rights are maintained to extent possible
- Continue to engage with courts and tribunals to provide support to ongoing operations and access, and to address emerging issues.
- Assess University sector impacts, disruption to the international education market and planning for 2021.

REFORM OPPORTUNITIES

- More targeted engagement leading to innovative and alternative approaches to service delivery
- Increased provision of technology can increase people and community engagement with services, information and solutions that may have been difficult to access
- Developing service delivery solutions around people and critical need will support people and outcomes-centred design in restoration
- Potential to lock in step change digital capability of government school system and TAFE

Mission 5: Continuity of Essential Services - Economic

Mission Plan

17 April 2020

Mission 5. Continuity of Essential Services - Economic

Leads: John Bradley and Paul Younis

Identifying, mitigating and responding to crisis-related risks to delivery of essential physical infrastructure services, including all aspects of the utilisation, customer protection and financial viability of the service.



SCOPE

This mission will cover

- **Transport** - necessary freight & passenger transport services and infrastructure, ports and incident response
- Major Transport Infrastructure Projects
- **Water** - all rural, regional and urban water and wastewater services
- including associated systems like infrastructure projects and the water register
- **Telecommunications** - Including internet and broadcasting infrastructure, fibre, cell towers & associated infrastructure, city wi-fi services
- **Energy** - electricity, gas and liquid fuel services
- **Local Government** - Local roads/bridges infrastructure

- **Waste** - Collection, processing and disposal by all providers
- **Parks & Public Spaces** - Cleaning/maintenance & security of parks and public spaces, coasts including emergencies, hazard prevention and response
- **Environmental Regulation** - environmental and community protection
- **Other services** - Mail delivery



KEY PRIORITIES

- Monitor and address availability of workforces to mitigate supply risks
- Mitigate risks to service inputs including supply chains, PPE, chemicals, spare parts, testing services, critical capital & maintenance programs, regulatory/permitting risks
- Support private and public sector infrastructure operators (e.g. electricity network providers, transport, communication providers waste and recycling providers, water corporations) in provision of critical services
- Support sector continuity planning through supply/demand analysis (e.g. energy, fuel and water resource modelling) and altered scenarios (e.g. falling min. load threatens electricity security)
- Anticipate and address provider collapse (e.g. due to revenue shortfalls), risks to safety (e.g. waste stockpiles) and renegotiated service pricing structures
- Review customer protection and hardship programs and existing measures while balancing service financial viability, debt legacies and fiscal impacts
- Manage public transport services to match safety and network demands (incl. trading off cost savings vs. social distancing)
- Work with Department of Transport BAU to manage public transport services to match safety and network demands (incl. trading off cost savings vs. social distancing)
- Maintain essential dry conditions/drought response capability
- Develop & implement appropriate public transport, waste and recycling, parks and public spaces bio-safety procedures
- Maintain essential environmental regulation capability to ensure environmental and community protection
- Ensure relevant biosecurity protocols in place in ports of entry
- Manage risks to commercial shipping movements through Vic Ports
- Support councils in maintaining capital expenditure on local roads and bridges and other economic assets
- Ensure Registration and Licensing services are maintained in a safe manner
- Safely continuing delivery of Victoria's priority Transport Projects
- Maintaining a strong and viable construction and transport manufacturing industry



REFORM OPPORTUNITIES

- Promote collaborate procurement opportunities especially to support rural and regional councils in relation to their economic assets (e.g. Roads/bridges and civil works)
- Consider new model for delivery of Utility Relief Grants (4-6 month delay)
- Expedited model of waste and recycling services procurement, enabled by fast-tracked Waste and Recycling Authority and enabling economic recovery
- Assist businesses with energy & water efficiency measures with lasting economic and carbon benefits
- Consider streamlining governance arrangements (e.g. Boards) where appropriate
- Potential synergies in coordinated park & public spaces services
- Integrate telecommunications and related services into new dedicated whole of govt arrangements for critical network infrastructure and services
- Consider bringing forward asset maintenance program during low travel period (fast track safety improvements, support construction activity)
- Ramp up online services and offerings, real-time info for customers
- Consider flexible public transport timetables
- Provide franchise support to ensure continued service and preserving scope for immediate and future service reform
- Utilise commercial passenger vehicles and buses to deliver on-demand Essential Transport (in environment of reduced PT mass transit and/or further restrictions) for essential service workers and those requiring medical transport
- Enhanced stakeholder engagement, trouble shooting and scenario planning with ports, freight and logistics sectors
- Develop MTIA Delivery risks and mitigation Strategy
- Review industry financial pressures & sustainability analysis
- Consider flexible approach to contract management (time & cost impacts)

NEXT LEVEL PRIORITIES

- Co-ordinate with road & public safety policing to include upgrade of water infrastructure where appropriate
- Continue to deliver water infrastructure program and augmentations including delivery of the Connections project, critical infrastructure like Upper Yarra, and renewable energy projects like Colac Renewable Organic Network
- Progress critical energy reliability initiatives required for Summer 2020/21
- Evaluate opportunities to carry out infrastructure network maintenance while network demand is low



Mission 5. Continuity of Essential Services - Economic

Leads: John Bradley and Paul Younis

Identifying, mitigating and responding to crisis-related risks to delivery of essential physical infrastructure services including all aspects of the utilisation, customer protection and financial viability of the service.



SCOPE

This mission will cover

- **Transport** - necessary freight & passenger transport services and infrastructure, ports and incident response
- Major Transport Infrastructure Projects
- **Water** - all rural, regional and urban water and wastewater services including associated systems like infrastructure projects and the water register
- **Telecommunications** - Including internet and broadcasting infrastructure, fibre, cell towers & associated infrastructure, city wi-fi services
- **Energy** - electricity, gas and liquid fuel services
- **Local Government** - Local roads/bridges infrastructure
- **Waste** - Collection, processing and disposal by all providers
- **Parks & Public Spaces** - Cleaning/maintenance & security of parks and public spaces, coasts including emergencies, hazard prevention and response
- **Environmental Regulation** - environmental and community protection
- Other services - Mail delivery



INTERDEPENDENCIES

- Economic Programs Mission regarding supply chain stability for public and private sector providers of essential infrastructure
- Emergency services personnel
- State and Cth infrastructure departments, statutory corporations (e.g. Department of Infrastructure, Transport, Regional Development and Communications, Australian Rail Track Corporation, VicTrack), DAWE (water infrastructure, National Water Grid) DAWE (waste-export ban)
- Local Government - Commonwealth financial assistance grants
- Transport system operator franchisees (Metro trains, Yarra Trams, V/line, bus operators)
- Vic contribution to MDBP, e.g. SDL projects
- Private sector infrastructure operators (electricity networks, Transurban, telecommunications carriers) and transport services (commercial passenger vehicles)
- Australian Rail Tram and Bus Union
- Working for Victoria Initiative
- LGV grant programs (GSF, GAIC, LG loans scheme)
- Transport Manufacturing industries & supply chain (i.e. Rollingstock)



CAPABILITIES

- Asset management and service operation - can be found in existing departments and franchise operators
- Risk, sector analyses and modelling capabilities - sector-specific capabilities found primarily in DELWP and DOT & MTIA, also exist across Vic Gov and private sector
- Local Government risk management, project delivery and asset management capability
- Statutory planning advice and environmental impact assessment
- Legal, strategic communications, risk management, governance and procurement, human resources
- Sector specific industry-government stakeholder networks and coordination mechanisms



POSSIBILITIES FOR REGIONAL DEVOLUTION

- Risk monitoring and mitigation
- Infrastructure operation/maintenance continues under existing regional structure as appropriate (e.g., road maintenance, parks and public spaces management and maintenance and operations and operation is managed out of existing centres/depots)
- Community and business engagement



NOT IN SCOPE

- Transport operations remain the responsibility of the DOT Secretary
- Non-crisis-related transport initiatives (department BAU)
- Social infrastructure (prisons, schools, libraries, courts...) - under 'Continuity of Essential Services - People' Mission

Mission 6: Economic Recovery (private sector) - *under development*

Mission Plan

17 April 2020

Mission 7: Restoration of public services - People

Mission Plan

17 April 2020

7. Restoration of public services - People

Leads: Jenny Atta and Rebecca Falkingham

Whole of Government strategy to address key social and human service backlogs and deficits created by the crisis and support social and economic recovery



SCOPE

- Schools, early childhood education, vocational education and training and higher education
- Police and Emergency services
- Corrections and Youth Justice
- Courts and tribunals; legal services and assistance
- Children and family services (incl. child protection)
- Family violence services (victims and perpetrators)
- Disability care
- Housing and homelessness
- Child and maternal health
- Services for CALD communities
- Sector engagement including partnerships with the private, community services and Aboriginal community-controlled sectors
- Mental Health
- AOD



KEY PRIORITIES

- Identify critical areas for restoration of public services, including areas experiencing significant backlogs and lack of service (e.g. family violence, schooling, courts)
- Develop solutions that restore service levels while addressing backlogs and implementing new, more efficient service delivery models
- Identify long-run impacts and risks of the crisis on social and human services (e.g. mental health (incl. Royal Commission response), homelessness, alcohol and drugs, family violence, child protection) and the justice system, and develop plan to restore services in the short, medium and long-term
- Identify priority pathways for young people (and other people at risk of disengagement) to reintegrate post-crisis
- Ensure TAFE is positioned to contribute to social and economic recovery
- Supporting students at risk of disengagement from education
- Identify and cater to the likely wider range of developmental progress for children through early childhood, school and tertiary education systems.



NEXT LEVEL PRIORITIES

- Work with justice sector and social services providers to identify where alternative services have produced positive outcomes for impacted people and plan to implement this service delivery for the long-term
- Develop plan to address backlog of non-critical court cases, incl continued exploration of pathways to digitize and simplify the justice system for a post crisis world
- Assess risk and model scenarios for changing early childhood and school enrolment patterns as a result of 2020 disruption

REFORM OPPORTUNITIES

- Innovative and more flexible approaches to service delivery
- Increased familiarity with online services which can support accessibility and can be more cost effective
- Closer integration between justice and social services, supporting focus on client outcomes and experience
- Innovative approaches to keep vulnerable and disengaged students in education
- Progress reform of the TAFE network structure and operating model as Victoria transitions out of COVID-19 disruption



INTERDEPENDENCIES

- Continuity of Essential Services - People Mission - identifying the backlog of essential public services during the crisis
- DET departmental BAU - long-run education planning
- DHHS departmental BAU - backlog of social and human services
- DJCS departmental BAU - backlog of court cases



CAPABILITIES

- Synthesis and analysis - found in Vic Gov, Cth and private
- Psychological expertise - found in Vic Gov and Cth



POSSIBILITIES FOR REGIONAL DEVOLUTION

- Identifying avenues to increase rehabilitation from drugs and alcohol



NOT IN SCOPE

Mission 8: Restoration of Essential Services - Economic

Mission Plan

17 April 2020

Mission 8. Restoration of public services - Economic (public sector)

Leads: Paul Younis and John Bradley

Whole of Government strategy to address any infrastructure deficits arising from the crisis and support economic recovery by rapidly re-commencing and commissioning infrastructure projects



SCOPE

This mission will cover

- **Transport** - Necessary freight & passenger transport services and infrastructure, ports, airports, and capital transport projects.
- **Major Transport Infrastructure Projects**
- **Water** - All rural, regional and urban water and wastewater services

including associated systems like infrastructure projects, water register

- **Telecommunications** - Internet and broadcasting infrastructure, fibre, cell towers & associated infrastructure, city wi-fi services
- **Energy** - Electricity /gas networks, fuel supply
- **Waste** - Collection and processing and disposal
- **Parks & Public Spaces** - Cleaning/maintenance & security of parks &

public spaces, coasts, emergencies & hazard prevention and response

- **Other services** - Mail delivery



KEY PRIORITIES

- Review state infrastructure program using a risk based approach across whole-of-government & investigate opportunities to reprioritise, reduce COVID-19 risks
- Identify likely deficits and backlogs (e.g. construction, investments maintenance across infrastructure classes)
- Develop solutions that quickly restore service levels and program delivery while addressing backlogs and implementing new, more efficient service delivery models including activities to build up supply buffers in to deal with reliability risks caused by interrupted maintenance over winter
- Identify opportunities to automate network & services operation in future
- Support public and private-sector infrastructure operators and new tech-based mobility providers in developing & implementing new infrastructure and service delivery models
- Speed up planning and delivery of infrastructure projects
- Retain the positive telecommunications industry and regulatory adaptations made during the COVID-19 crisis and align future sector development with economic recovery
- Evaluating opportunities to support Local Government investment in its economic infrastructure (e.g. local roads/bridges)
- Implementation of remobilisation strategies for construction & related manufacturing industries.



REFORM OPPORTUNITIES

- Consider network operations review and reform - which could include:
 - Time table and service mix changes
 - Greater use of technology to improve utilisation
 - Introducing/expanding new service models e.g. on-demand
 - Revised ticket pricing
 - Customer information strategies
- Prioritisation of non-infrastructure solutions to improve road management and manage expected road congestion post COVID-19
- Revised Regulatory and commercial approaches to transport provision
- Review priority setting and pipeline investment strategy
- Fast tracking:
 - Bringing forward projects delivery for stimulus
 - Planning of new investments (new development work) for stimulus
- Supply chain / Industry development in conjunction with Mission 3
- New and reprioritised infrastructure spend to facilitate economic recovery (e.g. ecotourism infrastructure road and bridge repair, and community infrastructure (e.g. recreation, sporting, coastal erosion)
- Recycling Vic - incentivise waste, recycling infrastructure; implement Container Deposit Scheme; kerbside recycling reforms (4 bins etc)
- Consider trialling infrastructure delivery reforms (e.g. procurement, planning, IR) on projects of state significance. (consider extending this to include projects which demonstrate favourable economic and social recovery potential that do not meet 'state significance' threshold)
- Working with telecommunications industry and the Commonwealth Government, consolidate benefits of digital connectivity for economic recovery, resilience and government service delivery (e.g. teleworking, telehealth)
- Identify post-COVID-19 digital infrastructure gaps and opportunities through place-based digital plans working with Victoria's regional/metro partnerships and precincts - including preparing for 5G mobile
- Coordinate and leverage Whole of Government telecommunications infrastructure and service purchasing, asset management, and economic development activities to improve digital infrastructure for business, households and government.



NEXT LEVEL PRIORITIES

- Investigate impact of social distancing on state telecommunications networks & related issues (e.g. economic and infrastructure opportunities from widespread teleworking) & develop recommendations for improvement/investment as appropriate.

Mission 8. Restoration of public services - Economic (public sector)

Leads: Paul Younis and John Bradley

Whole of Government strategy to address any infrastructure deficits arising from the crisis and support economic recovery by rapidly re-commencing and commissioning infrastructure projects



SCOPE

This mission will cover

- **Transport** - Necessary freight & passenger transport services and infrastructure, ports, airports, and capital transport projects.
- **Major Transport Infrastructure Projects**
- **Water** - All rural, regional and urban water and wastewater services

including associated systems like infrastructure projects, water register

- **Telecommunications** - Internet and broadcasting infrastructure, fibre, cell towers & associated infrastructure, city wi-fi services
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- **Parks & Public Spaces** - Cleaning/maintenance & security of parks &

public spaces, coasts, emergencies & hazard prevention and response

- **Other services** - Mail delivery



INTERDEPENDENCIES

- 'Economic Recovery (private sector)' and 'Restoration of Essential Services - People' - cooperation on economic policy topics
- Emergency services personnel
- Private sector infrastructure operators (electricity networks, Transurban)
- Australian Rail Tram and Bus Union
- Transport Manufacturing industries & supply chain (i.e. Rollingstock)
- Operational co-dependencies of transport, energy, water and telecommunications networks
- Telecommunications infrastructure and capabilities associated with transport (e.g. Victrack) energy (e.g. fibre optic networks) water (e.g. Internet of Things) and other government services.



CAPABILITIES

- Asset management, policy, regulatory, commercial and service operation expertise - can be found in existing departments, franchise and bus operators and private sector (new mobility providers like ride-sharing companies, software providers)
- Research partners
- Capital project planning and execution - can be found in existing departments and in private sector
- Statutory planning advice and environmental impact assessment
- Legal, strategic communications, risk management, governance and procurement, human resources
- Sector specific industry-government stakeholder networks and coordination mechanisms.



NOT IN SCOPE

- Social infrastructure (prisons, schools, libraries, courts...) - falls under 'Restoration of Essential Services - People' Mission
- Local Government Sports, leisure and arts facilities.



POSSIBILITIES FOR REGIONAL DEVOLUTION

- Infrastructure operation/maintenance continues under existing regional structure as appropriate (e.g., road maintenance and operation is managed out of existing centers/depots)
- On-demand models supporting a changed service mix (e.g. might arise from less use of Vline train services/standard buses in short-medium term) can be deployed regionally - previous pilots already managed this way
- Community and business engagement.

Program 1: Critical risks and opportunities

Mission Plan

17 April 2020

9. Critical risks and opportunities

Lead: Chris Eccles

Leadership for the identification of critical risks, vulnerabilities and post-crisis reform opportunities for the public sector



SCOPE

This mission will cover

- **Long-term critical risks and vulnerabilities** - 'Over-the-horizon' risk identification for Victoria health, macroeconomic, budget position; Identification of long-term mitigation strategies; long-term scenario planning, integrated epidemiological-economic modelling; identification key trigger points for further action

- **Post-crisis reform opportunities for the public sector** - public sector governance; federal cooperation; ways of working, employment structures; service delivery models, esp. digital; relationship with private and not-for-profit sectors; budgeting, financial management controls



SUMMARY

- This program of work will focus on two streams of work:
- Preparedness for significant State risks during the that Victoria is responding to COVID-19, including risks that may be escalated as a result of current circumstances.
- Identifying, assessing and implementing reform opportunities, particularly for the public sector, as a result of disruption caused by the pandemic and the implementation of the government's response.



STREAMS OF WORK

- Linked into all other Missions, and risk and opportunities identification efforts across Commonwealth, private sector, NFP sector
- Requires timely and consistent information from all Missions and Command Centre to evaluate risks and current likelihoods
- Tightly connected to ongoing BAU work of DPC Public Sector Reform Branch

STREAM ONE

- It is proposed that the Chair of the State Significant Risk (SSR) IDC, Amy Auster, convene the IDC membership fortnightly to identify and assess risks that may be heightened during Victoria's pandemic response including environmental (seasonal) and malicious (cyber attacks), as well as considering unique or emerging risks. The IDC will also consider the impacts of decisions deferred or unmade during the pandemic.
- Some risks may already be under active management through the Missions, but the IDC will be tasked with identifying any risks which are not included in mission scopes.
- It is proposed that the IDC membership be expanded for this purpose to include representation from entities including Emergency Management Victoria and individuals including the Chief Information Security Officer (cybersecurity).
- The IDC will provide regular updates to the Secretary, DPC

STREAM TWO

- It is proposed that this stream of work be delivered by a cross government team, with a series of at least three workshops to harvest ideas and validate a list of reform opportunities for recommendation to the Secretary, DPC. It will focus on reform opportunities, particularly for the public sector noting the responsibility of each of the Missions to identify reform opportunities within their scopes.
- The workshops are likely to be the first week of May, late June/early July and the end of August. The attendees will be drawn from across the public and private sectors.
- A Deputy Secretary or senior Executive Director will be nominated to lead the work (not necessarily from DPC).
- The project team will include DPC staff Sam Hannah-Rankin, ED Public Sector Reform, Lisa Tepper, ED Enterprise Solutions, Jithma Beneragama, ED Digital, Design and Innovation and a representative from the VPSC, as well as executives from other Departments and the broader sector.

Program 2: Behaviour change, social cohesion and communications

Mission Plan

17 April 2020

10. Behaviour change, social cohesion and communications

Lead: Chris Eccles

Leadership for the design and coordinated implementation of communication, community activation and engagement activities



SCOPE

This mission will cover

- **Behaviour change** - incl. approach to drive effective social distancing; isolation (information and enforcement); and other pro-social behaviours
- **Communications** - to community about gov't actions and progress; behaviour changes required; to VPS; and coordinating communications with the PPO and Cabinet
- **Community activation and engagement** - support for communities and community organisations; driving pro-social behaviour; alternative mechanisms for community activities and sport



SUMMARY

- This program of work is made up of three primary streams, each of which is interdependent.
- The role of the Governance Group will be to ensure the streams and their work programs are integrated and engaging appropriately at a whole of government level. Each of the Stream and Project leads will attend and provide updated reporting at each Governance Group meeting. Other projects may be added as required.

GOVERNANCE

- These workstreams will be overseen by a governance group of
- Chair: Brigid Monagle.
- Members: Jeremi Moule, Lil Healy
- Attendees: (Stream and Project leads) Genevieve Dolan, Sam Hannah-Rankin, Jithma Beneragama, John Batho, Anthony Plummer
- The group will meet weekly for an hour for the first month, and fortnightly after that.
- Secretariat support will be provided by Fairer Victoria

STREAM ONE: BEHAVIOUR CHANGE

- This workstream coordinates and promotes approaches to drive effective social distancing; isolation (information and enforcement); and other pro-social behaviours. It has a significant advice and influencing role into streams two and three, as well as other parts of Government.
 - Lead: Sam Hannah-Rankin
 - Support: Fiona Grinwald, Kate Phillips
 - Outputs: Reporting on engagement and activity

STREAM THREE: SOCIAL COHESION THROUGH COMMUNITY ACTIVATION AND ENGAGEMENT

- To drive pro-social behaviour, this workstream facilitates, organises and provides support for:
- communities and community organisations
- mechanisms (primarily online) for community activities and experiences during a time of physical restrictions
- Project One: Multicultural COVID-19 Package - Lead: John Batho
- Project Two: Virtual Victoria - Lead: Jithma Beneragama
- Project Three: Framework for analysing the needs of Victorian communities in responding to COVID-19 - Lead: Anthony Plummer

STREAM TWO: COMMUNICATIONS

- This workstream coordinates and produces information to:
- the Victoria community about government actions, requirements and progress;
- diverse communities in appropriate languages or mediums, including Victoria's Aboriginal community, CALD communities, people with a disability, senior and young Victorians.
- the Victorian Public Sector about actions and requirements
- This workstream is also responsible for coordinating communications with the PPO, the CCC, Cabinet and Missions Coordination Committee.
 - Lead: Genevieve Dolan
 - Support: David Stockman, Department Senior Communication Executives
 - Outputs:
 - Completion of the first phase communication campaign, due to conclude in May
 - Delivery of the second phase communication campaign, as approved by CCC on 13 April 2020.
 - Delivery of a DPC and Whole of Government internal communications plan

Item 7
Critical Information Unit - update

Missions Coordination Committee – 17 April 2020

Prepared by: Mission Facilitation Office

Recommendation: 1. MCC discuss and endorse CIU forward agenda

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

TRIM

PROTECTED

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

Item 8
Establishing dashboard reporting to the MCC

This material has been redacted on the basis that it is irrelevant to the COVID-19 Hotel Quarantine Inquiry

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mean | Anticipated equipment requirements - ventilators | Dan | TBC | TBC | TBC