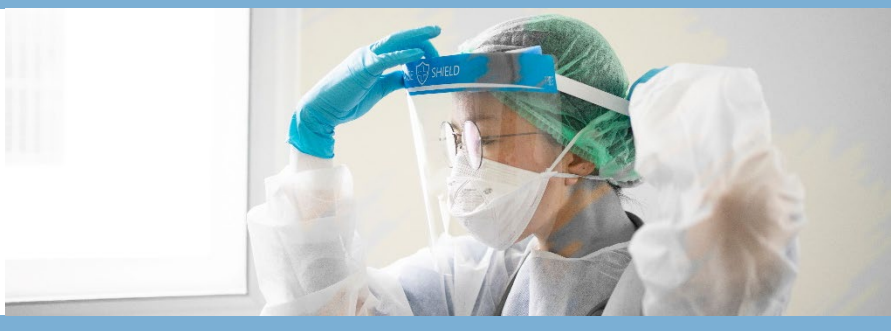
Western Australian
Auditor General's Report



Transparency Report: Current Status of WA Health's COVID-19 Response Preparedness

Report 5: 2020-21
24 September 2020

Office of the Auditor General
Western Australia

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The Office of the Auditor General acknowledges the traditional custodians throughout Western Australia and their continuing connection to the land, waters and community. We pay our respects to all members of the Aboriginal communities and their cultures, and to Elders both past and present.

WESTERN AUSTRALIAN AUDITOR GENERAL'S REPORT

Transparency Report: Current Status of WA Health's COVID-19 Response Preparedness

Report 5: 2020-21
September 2020

THE PRESIDENT
LEGISLATIVE COUNCIL

THE SPEAKER
LEGISLATIVE ASSEMBLY

TRANSPARENCY REPORT: CURRENT STATUS OF WA HEALTH'S COVID-19 RESPONSE PREPAREDNESS

This report has been prepared for submission to Parliament under the provisions of section 25 of the *Auditor General Act 2006*.

The objective of this transparency review was to provide information to Parliament and the public over the status of WA Health's COVID-19 response preparedness.

I wish to acknowledge the entities' staff for their cooperation with this transparency review.

CAROLINE SPENCER
AUDITOR GENERAL
24 September 2020

Contents

Auditor General's overview

This report provides transparency on the Western Australian health system's current state of preparedness in a number of areas for COVID-19 viral outbreaks. As a limited assurance review, it provides Parliament and the public with information from WA Health about its key plans and actions that have informed the State's overall response to the pandemic.

When the COVID-19 pandemic struck in the early months of this year, health systems around Australia, and many internationally, experienced shortages of essential supplies due to increased usage, stockpiling and global supply chain disruption. Personal protective equipment (PPE), ventilators and trained intensive care staff were the 3 areas particularly identified by Australian governments as critical for preparing health systems for community outbreaks of the disease on our shores.

While there was much panic and uncertainty about the disease in the early days of 2020, much has now been learned. There is now reliable information on the characteristics of patients most likely to experience severe illness and the proportion that may succumb to the virus. Much more has also been learned about the most effective clinical treatment protocols to reduce disease severity for those who do become ill. This can inform how we most effectively target our resources and support. In addition, on a community-wide scale, citizens have arguably become more hygiene-aware and hygiene-capable than at any other time in human history.

Here within Western Australia, in response to the pandemic, we have been in a rolling State of Emergency and under public health directions since mid-March 2020, with our interstate and international borders currently closed. Social distancing measures – including unprecedented restrictions on gatherings and movement of citizens across intrastate borders, cancellation of elective surgeries and forced closures of business and community facilities – were progressively enacted, and then mostly eased, over recent months. The stated aim of the response measures was to slow the spread of the disease and give the WA health system time to prepare in the 3 stated areas, while allowing the health system to manage the ongoing case load – that is, to 'flatten the curve'. Measures enacted to date have resulted in there not being any community transmission of COVID-19 in WA since mid-April 2020.

Current Status

Reassuringly, WA Health considers that it is now well prepared for a potential outbreak of COVID-19. The information presented in this report shows that surge planning and preparations have been made in the 3 key areas of PPE, ventilated bed capacity and staffing. In recent times, WA Health has also made good progress on developing outbreak plans and working more closely with various sectors, including aged care. An increased focus on testing and contact tracing capability is also evident in the information presented in this report.

Recommendations for optimised response and maintaining public trust

The COVID-19 pandemic has placed substantial pressure on the social contract between governments and communities around the world. Governments are requiring the public to make significant personal sacrifices. In this context, it is vitally important for the people of WA – and the strength of our overall community well-being and trust in the public sector – that WA's health planning and response measures are transparent, proportionate and well-informed by the latest global data on disease prevalence and severity, and the most up-to-date clinical treatment methods.

WA Health can support continued community confidence in public health measures by providing regular, up-to-date and evidence-based information to Parliament and the public on these matters. This will allow more expansive deliberations on their appropriateness, and due consideration of ongoing costs, risks and benefits of various support and response options.

As we move forward during these challenging times, it is important that as a community we manage for the virus as we now know it to be, and not for the virus that was feared in the earliest days of COVID-19's emergence. Future health responses should recognise our improved health and hygiene capability, and that we are no longer facing critical PPE shortages for our health workers.

Future OAG audits and reviews

The elements of health preparedness outlined in this report are not the full sum of activities underway in WA Health or throughout the community to prepare for and manage our society in response to the global pandemic. There have been many other measures with financial and human impact that warrant examination.

My Office will conduct audits and reviews of further aspects of the response and recovery measures, including advice to support decision-making around the expenditure of public money and implementation activities undertaken in the name of this virus. The work of my Office will provide transparency and assurance to support accountability of the public sector.

Much has and will continue to be learned by our community from this pandemic response, and many of those lessons will extend well beyond the public health sphere. There will no doubt be opportunities to strengthen our public infrastructure and institutions for the benefit of the community.

I thank the staff at WA Health – in the State Health Incident Coordination Centre and across Health entities - for their cooperation and assistance during this review. My team encountered many dedicated staff who are working hard with the aim of looking after the health of our community in the current environment, and in the event of infectious disease outbreaks.

Executive summary

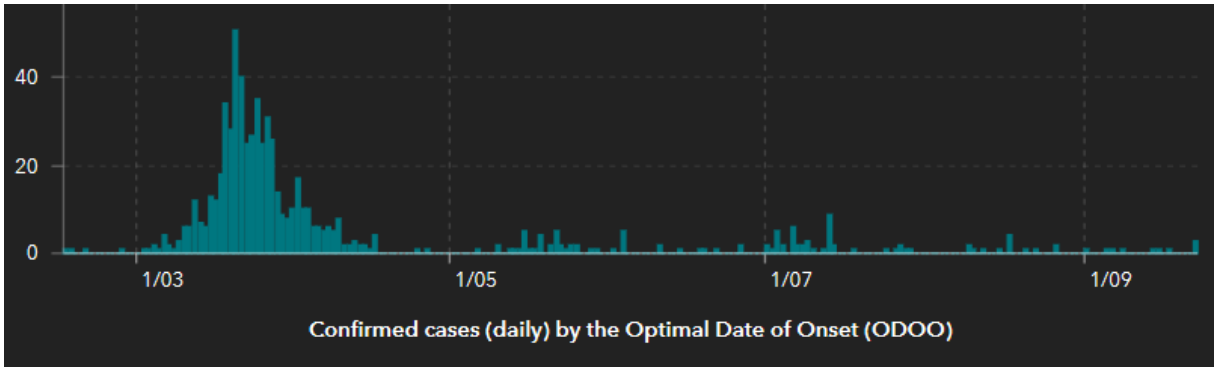
Introduction

The objective of this report is to provide transparency to Parliament and the public on the current status of key areas of WA Health's[1] preparedness for a COVID-19 outbreak.

Under the *Emergency Management Act 2005* and the *Public Health Act 2016*, the Department of Health (Department) is responsible for the planning, management and ongoing preparedness for Western Australia's (WA) response to matters related to public health, including COVID-19 outbreaks.

Background

WA recorded its first case of COVID-19 on 16 February 2020. At the date of this report, WA has had more than 660 confirmed cases, with 9 deaths. New cases peaked at 51 on 20 March, and the 'first wave' of the pandemic was controlled by mid-April (Figure 1). The vast majority of cases were from returned overseas travellers, and the last known case of community transmission was on 11 April 2020. The Department provides daily updates of COVID-19 information on its website (Appendix 1).



Source: Department of Health

Figure 1: Daily number of confirmed COVID-19 cases in WA, at 23 September 2020

The State Government's reliance on expert advice from WA Health in implementing a range of restrictions has been well publicised.

On 15 March 2020, in response to the pandemic, the State Government declared a State of Emergency under the *Emergency Management Act 2005*. A declaration of a Public Health State of Emergency, under the *Public Health Act 2016*, followed on 16 March 2020.

Later in March, the State Government announced a $15 million procurement of beds, ventilators and other clinical equipment. The procurement was part of a program to increase capacity across the public and private hospital systems to respond to the pandemic.

In April 2020, the State Government announced a plan to increase ventilated bed capacity from 111 to over 600, in the event of a surge in COVID-19 infections.[2] The plan involved a phased approach to make the beds available, using equipment obtained following the March

[1] WA Health consists of the Department of Health, Child and Adolescent Health Service, North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, WA Country Health Service, Health Support Services, PathWest and the Quadriplegic Centre.

[2] Minister for Health 19 April 2020 *Media release: WA Launches new plan for 600+ beds*

announcement. The plan, along with other initiatives at the time, aimed to increase WA Health's capacity and preparedness in the following key areas:

- ventilated bed capacity
- essential supplies including personal protective equipment (PPE)
- staff recruitment and training
- COVID-19 infection testing and contact tracing
- residential aged care and other vulnerable sector health response plans.

This report presents the current status of WA Health's capacity and preparedness in the above key areas.

Conclusion

WA Health has stated that it is well prepared for a potential outbreak of COVID-19. In compiling this transparency report, nothing has come to our attention to indicate that, in all material respects, the following status updates provided to us from WA Health as to COVID-19 response preparedness are incorrect.

WA Health has:

- developed surge plans for key areas, including ventilated beds and pathology services
- procured additional ventilators
- worked proactively with a range of sectors, including aged care to develop and test outbreak plans, and continues to review these
- identified essential supplies, including PPE, and is working to acquire more than 40 weeks of stock
- established a recruitment pool of skilled staff across a range of critical areas
- put testing and contact tracing systems in place.

WA Health has based its COVID-19 preparedness plans on an epidemiological model that uses Australian data up to mid-May 2020 to predict hospitalisation, ICU and ventilation rates. As knowledge of the disease evolves, new information on best practice treatment protocols, and other risk factors relevant to the WA population, will become available. In staying abreast of this information, including from international jurisdictions, WA Health can best inform its preparedness plans and provision of advice to State Government.

Our procedures were performed as a limited assurance engagement, in accordance with the Standard on Assurance Engagements ASAE 3500 Performance Engagements, and vary in nature, timing and extent from an audit. As such, the level of assurance provided in this report is substantially lower than for an audit.

Additionally, this report does not provide assurance as to the effectiveness, efficiency or compliance of the planning and actions undertaken by WA Health. These and other aspects of the pandemic response may be the subject of future performance audits by the Office of the Auditor General.

Findings

The Department has planned for increased use of equipment and facilities during a surge in cases

The Department, through its State Health Incident Coordination Centre (SHICC), developed plans to increase vital WA Health resources during a surge. This includes plans for:

- ventilated bed availability
- general bed use
- emergency departments
- radiology
- pathology
- mental health
- Intensive Care Unit (ICU) workforce availability.

The SHICC, formed as part of the State Health Emergency Response Plan, is responsible for the strategic coordination of WA Health's response. The SHICC reports through the Chief Health Officer to the State Emergency Coordination Group, and the State Disaster Council (Appendix 2).

Plans for resource availability increases are staged in line with rises in the number of active cases. The surge plans are underpinned by a model based on May 2020 national data for rates of hospitalisation, intensive care use, and ventilation. The modelling predicts for every 100 people infected:

- 13% will require hospitalisation
- 2.5% will be admitted to the ICU
- 0.7% will require ventilation.[3]

WA Health has a baseline of 111 ventilated beds with capacity to expand to 647

The Department advised us that in the early stages of the pandemic its focus was on sourcing as many ventilators as possible, to avoid the shortages seen in Spain and Italy. Following consultation and assessment across the private and public health systems, on 26 June 2020 it approved a *COVID-19 Ventilated Bed Capacity Framework (ICU surge)* that includes a 5-step approach to increase the number of COVID-19 suitable ventilated beds from a baseline of 111 to 647 (Figures 2 and 3).

The approach requires reconfiguring space and equipment in public hospitals and accessing private hospitals as demand on ICU rises.

Steps are triggered by rises in the number of active cases, with each step only utilising 90% of available ICU beds. The plan adopts a conservative approach, assuming all ICU admissions will require a ventilator. Based on the current ICU modelling, with 647 ventilated

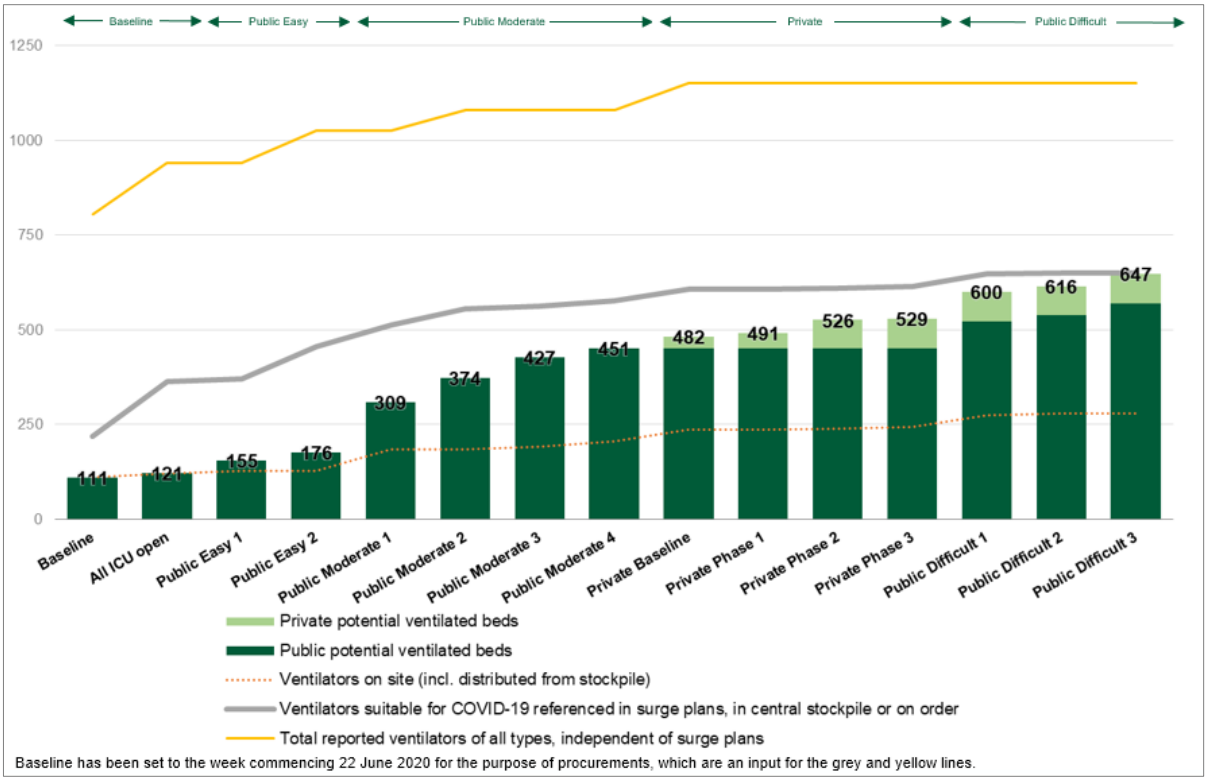
[3] Communicable Disease Intelligence 2020 COVID-19, Australia: *Epidemiology Report 16: Reporting period ending 23:59 AEDT 17 May 2020*; 44

beds, we calculate that WA Health has enough capacity to manage an outbreak of over 25,800 active infections.

Step	Overview
Baseline – (111 beds)	At the end of March there were 111 operational ventilated beds in public hospital ICUs across WA
Step 1 – ICU (121 beds)	All existing ventilated beds in public hospital ICUs are opened
Step 2 – Public Easy and Moderate (451 beds)	Enact easy and moderate phases of surge plans for public sites, in line with site surge phasing
Step 3 – Private (529 beds)	Private hospital capacity is used
Step 4 – Public Difficult (647 beds)	Enact difficult phases of surge plans for public sites

Source: OAG using Department of Health information

Figure 2: WA Health Ventilated Bed Capacity Framework, surge steps



Source: Department of Health

Figure 3: WA Health Ventilated Bed Capacity Framework surge capacity

In creating the *COVID-19 Ventilated Bed Capacity Framework (ICU surge)*, the response team:

- compiled information from existing individual hospital surge capacity plans
- considered which areas could be efficiently reconfigured for ventilated bed use, and how many additional ventilators would be required
- verified information with public and private hospitals', chief executives and key technicians.

According to the framework, as of 26 June 2020 WA Health had:

- 121 ventilators in hospitals (111 baseline, and a further 10 ready to go in ICUs)
- 33 ventilators in stock
- 304 ventilators on order
- 49 ventilators sourced via partnership with a not-for-profit organisation (Figure 4).

Health Service Provider	Site	Baseline	Additional ventilators added				Total
			Step 1	Step 2	Step 3	Step 4	
Child and Adolescent Health Service	Perth Children's Hospital	8	0	12	0	22	42
East Metropolitan Health Service	Armadale Kalamunda Group	5	0	0	0	0	5
	Royal Perth Hospital	20	0	0	0	0	20
	St John of God Midland Public hospital	5	0	7	0	0	12
North Metropolitan Health Service	Joondalup Health Campus	9	0	3	0	0	12
	Sir Charles Gairdner Hospital	23	0	0	0	0	23
South Metropolitan Health Service	Fiona Stanley Hospital	30	10	45	0	0	85
	Rockingham General Hospital	6	0	3	0	0	9
WA Country Health Service	Albany	0	0	3	0	3	6
	Broome	0	0	2	0	2	4
	Bunbury	5	0	3	0	0	8
	Geraldton	0	0	2	0	4	6
	Hedland	0	0	1	0	2	3
	Kalgoorlie	0	0	2	0	3	5
	Karratha	0	0	1	0	1	2
	WACHS Other	0	0	0	0	0	0
Total in hospitals		111	10	84	0	37	242
Private		0	0	0	38	0	38
Disaster Preparedness and Management Unit Warehouse stockpile (including Royal Perth Hospital)		33	0	0	0	0	36
Procurement		40	135	129	0	0	304
Sourced via not-for-profit		49	0	0	0	0	31
Total		236	145	213	38	37	651

Source: Department of Health

Figure 4: Summary by hospital of COVID-19 ventilators in WA Health June 2020*

* These figures have not been verified by OAG, but our general observations during key site visits have not raised any particular concerns that would cause us to doubt the overall reliability of the information provided.

The Department advised us that since June a number of procured ventilators have been delivered. At 16 September 2020, WA Health had 273 ventilators in stock, with 90 still on order.

Stock levels have increased, and plans are in place for the ongoing supply of essential items, including PPE

The Department has identified 11 items that are key in responding to a COVID-19 outbreak. It aims to maintain 40 weeks of supply for these items. This is a substantial increase from its business as usual target of 3 to 5 weeks.

The pandemic has severely disrupted global supply chains. To ensure flexible supply chains, and delivery of quality supplies, the Department has:

- confirmed contracts with additional suppliers and explored alternative options
- partnered with the Department of Jobs, Tourism, Science and Innovation to facilitate direct delivery from overseas manufacturing hubs in China
- engaged an independent auditor to conduct pre-production and packing inspections in China and Malaysia.

The Department told us that since 28 March 2020, WA Health executives were provided with a weekly summary of stock levels, including an assessment of confidence in the supply chain. This was made available on WA Health's intranet from 3 April 2020, and from 1 June 2020 published on WA Health's external facing webpage.

At 8 September 2020, 5 of the 11 items had 40 or more weeks of supply in stock (Figure 5), based on the average weekly usage over the last 21 days. There were at least 18 weeks of stock for the remaining items, and the Department had placed orders, or was in the process of sourcing suppliers, to increase those stock levels to at least 40 weeks.

Covid Category High	Stock on hand	Issued last 7 days	Avg Weekly Issued last 21 days	% increase in issued (weekly last 21 days compared to 2019 avg)	Weeks of Supply (on avg weekly issued last 21 days)	Highest Issued Weekly Avg 21 Days	Weeks of Supply (Highest Issued)	Forward Supply Risk (Placed Orders)
Face Shields	300,015	8,773	4,450	346%	67.4	9,163	32.7	230,400
Gloves Examination	29,784,492	1,670,610	1,584,973	24%	18.8	1,837,627	16.2	63,315,800
Gloves Surgeons	304,550	24,250	24,967	22%	12.2	24,967	12.2	116,590
Gowns Isolation	923,609	50,206	50,042	44%	18.5	81,923	11.3	2,215,950
Gowns Surgical	81,040	4,932	5,869	26%	13.8	6,268	12.9	169,140
Hand Sanitiser	120,809	2,039	1,656	67%	72.9	3,426	35.3	27,006
Mask Surgical Level 2	1,568,180	51,200	48,317	369%	32.5	51,270	30.6	111,500
Mask Surgical Level 3	1,196,087	48,665	31,610	8%	37.8	91,738	13.0	1,146,300
Masks N95 Regular (Inc. Substitution)	1,172,741	10,636	7,416	-7%	158.1	22,760	51.5	432,050
Masks N95 Small (Inc. Substitution)	102,180	1,000	1,283	52%	79.6	5,549	18.4	210,000
Safety Glasses	116,629	1,663	1,400	398%	83.3	3,989	29.2	
Swabs	438,909	10,644	14,078	603%	31.2	15,093	29.1	102,000
Wipes Disinfecting	9,986,003	444,310	372,367	1926%	26.8	461,271	21.6	10,416,945

Notes:
- *Data contained within this report is rapidly evolving due to increase in demand and global supply chain disruptions.*
- *Issued last 7 days did not always meet volume ordered / requested by users.*
- *Weeks of Supply (Highest Issued Weekly) is a measure to identify stock run down estimates during high demand periods and relevant weeks of supply holdings.*

Weeks of Supply Red = < 8 weeks = Short Supply; Amber = 8-16 Weeks = Risk of Supply; Green = > 16 Weeks = Limited Risk to supply

Placed Orders Red = Low confidence/assurance in supply continuity; Amber = Medium confidence/assurance in supply continuity; Green = High confidence/assurance in supply continuity

Source: Department of Health

Figure 5: Weekly key COVID-19 supplies update, at 8 September 2020

Note 1: The Department does not consider surgical gowns and gloves key supplies for a COVID-19 outbreak. However, they are monitored in the supply update as they are essential for business as usual practice, and are likely to be affected by supply chain disruptions.

Note 2: Individual figures have not been verified by the OAG at 8 September 2020, but significantly increased stock levels were observed on a sample basis as part of the 30 June financial audit stocktake procedures and accord with the trend observed in the Department's weekly reports.

The Department has developed a framework for the distribution of PPE in case of a COVID-19 outbreak. This framework takes a risk-based approach, and allows the Department to address PPE requests from across the public sector based upon 4 criteria:

- likelihood of exposure
- consequence of exposure
- consequence of service not being provided
- PPE item's effectiveness.

Guidance on infection prevention and PPE use was also developed by the Department for professional first responders (for example, WA Police Force) and workers in community settings (such as community service workers).

The Department has multiple storage facilities, to respond quickly to an outbreak

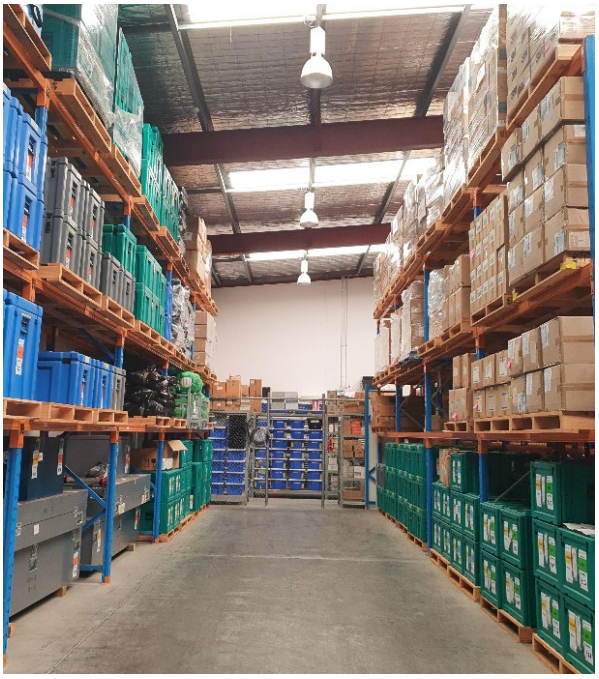
COVID-19 stocks are held in multiple facilities including:

- the State Distribution Centre – stores the majority of PPE stock
- the Disaster Preparedness and Management Unit Warehouse – stores emergency equipment, and acts as a secondary storage facility for PPE (Figure 6)
- regional distribution centres – 7 across the state[4], each storing 2 to 4 weeks of PPE.

To allow quick distribution of PPE for staff in case of an outbreak, the Department told us it holds at its head office:

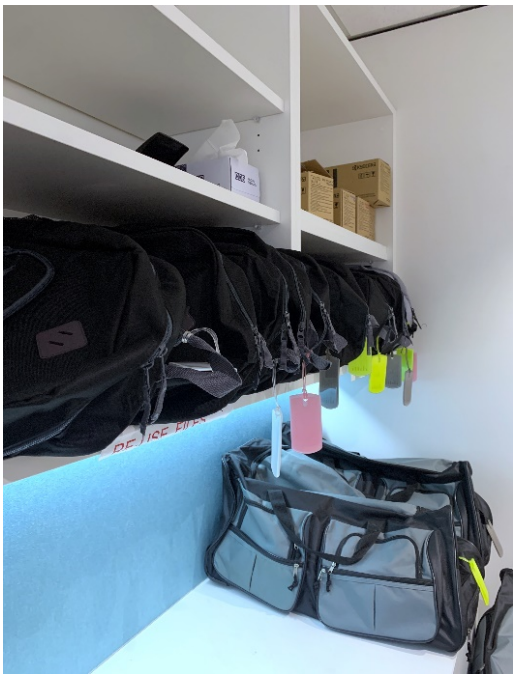
- a small quantity of PPE for immediate/urgent deployment
- 15-20 'Go Bags', each containing 3-7 days of PPE for WA Health and first responders (Figure 7)
- 5 'Go Boxes', each containing 20 sets of PPE for distribution to WA Health and other key first responders.

[4] WA Country Health Service operates these centres in Kalgoorlie, Albany, Bunbury, Broome, Geraldton, Port Hedland and Northam.



Source: Department of Health

Figure 6: Stores at the Disaster Preparedness and Management Unit warehouse



Source: OAG

Figure 7: 'Go bags' held at the Department's head office, ready for quick deployment

A pool of staff with relevant skills has been established

The Department identified that WA Health would need additional clinical, pathology and allied health staff during a surge in cases. This includes staff such as medical scientists, radiologists, nurses, doctors, psychologists, pharmacists, social workers, and technicians.

To meet this need the Department ran a recruitment process in March 2020 and received 8,218 applicants (Figure 8). The Department informed us that by 30 July 2020, all applications had been processed, with:

- 50 applicants appointed to positions
- 4,691 applicants placed in a pool of which 2,542 have completed pre-employment screenings, including relevant identification checks, integrity checks and confirmation of registration with the Australian Health Practitioner Regulation Agency if applicable
- 635 applications withdrawn by the applicant
- 2,892 applications deemed by the Department as unsuccessful.

	Apps received	Apps processed	Appointed to pool	Appointed from pool	Remaining in pool	In pool with complete pre-employment screenings
PathWest	1,968	1,886	771	30	741	580
Clinical – metropolitan	3,680	3,364	2,396	18	2,378	1,134
Clinical – regional	1,075	967	538	1	537	227

	Apps received	Apps processed	Appointed to pool	Appointed from pool	Remaining in pool	In pool with complete pre-employment screenings
Allied Health – metropolitan	1,240	1,137	817	1	816	509
Allied Health – regional	255	229	169	0	169	92
Total	**8,218**	**7,583**	**4,691**	**50**	**4,641**	**2,542**

Source: OAG using Department of Health data

Figure 8: Summary of COVID-19 recruitment pool*

* Figures have not been verified by the OAG

The Department is confident pathology services can support WA Health

The Department has developed a *COVID-19 Public Pathology Capacity Framework (Pathology surge)* to ensure the medical laboratories operated by PathWest can support WA Health during a rise in COVID-19 cases. The framework plans for a surge increase from 3,679 to 5,639 beds in use across WA Health. It anticipates that this would increase PathWest's workload by 38%, which can be met with current levels of equipment, and a minor increase in staff.

The turnaround time for tests is a critical factor in controlling a possible outbreak. PathWest is confident it can conduct tests within 24 hours. WA has 4 automated analysers to test for COVID-19. The pathology framework outlines a 10 stage approach to increasing daily testing, from 750 tests to 8,750 tests. PathWest is confident it can ramp up to 8,750 tests per day by increasing the time the analysers run. To do this, it has identified the need to train 24 new staff.

There are also 65 blood gas analysers across WA Health, which are required to monitor patients in ventilated beds. Based on their model of 1 analyser for every 20 ventilated beds, PathWest is confident this number can accommodate the anticipated increase in ventilated ICU beds in WA owned and managed public hospitals, provided some analysers can be moved between facilities.

We note that the pathology framework only estimates pathology services for patients in ICU beds in WA owned and managed public hospitals (up to a maximum of 499 beds). It does not estimate pathology services for patients in ICU beds in privately owned and privately managed hospitals (for example, Joondalup Heath Campus), even though these hospitals are included in the *COVID-19 Ventilated Bed Capacity Framework*. The Department advised us that the overall capacity of private pathology providers has been verified, and it is in the process of agreeing the role of private providers in the State's overall pathology surge plan.

Contact tracing abilities are designed to manage during an outbreak

The Department told us that it has a robust, scalable and efficient contact tracing system. The system's focus is to isolate cases of COVID-19, and quarantine their potential contacts, as quickly as possible.

The contact tracing system includes a tracing team of about 50 staff, primarily nurses and other health professionals, and an automated information system. The contact tracing team monitors COVID-19 cases in isolation, and actively traces and monitors their contacts. The Department has planned to increase the number of contact tracing staff up to 1,000 if

needed. It told us 400 people are being offered casual contracts and training. An expression of interest is also being completed, as well as discussions with suitable organisations, to meet the 1,000 target.

The Department advised that a database for cases and contacts was set up from late January 2020, that automated monitoring of cases and contacts via text messages. From 8 April 2020, a bespoke system called PHOCUS was put in place which provided increased functionality, including:

- streamlining the allocation of work, to speed up the contact tracing process
- sending daily text messages to all individuals in isolation and quarantine, to remind them of safety protocols and to check for symptoms
- generating links between COVID-19 cases, allowing the contact tracing team to identify areas that may be clusters of infection
- providing the Department with a live update of cases being monitored.

Outbreak response plans for high risk settings are in place

The Department has developed a State-level, integrated outbreak plan and COVID-19 outbreak response plans for the following high risk settings:

- residential aged care facilities (RACF)
- remote Aboriginal communities
- prisons
- hospitals
- school and child care services (including boarding schools)
- mining and offshore facilities
- commercial vessels
- congregate living.

The Department advised us that it developed the plans in consultation with relevant industry and government stakeholders.

The Department defines a COVID-19 outbreak in metropolitan or regional areas as '…two or more cases (who don't reside in the same household), among a specific group of people, confirmed by laboratory testing'.[5]

However, the Department recognises that a single confirmed case of COVID-19 may be sufficient to trigger an outbreak response in certain settings or communities. For example, where it will be difficult to manage or contain an outbreak because of a high risk of rapid spread, or where there is a high risk of serious illness if people are infected.

RACFs have been prioritised for outbreak planning

The Department developed a RACF outbreak plan in consultation with the aged care sector. The plan was completed in July 2020 and updated in August 2020. The Department tested the outbreak plans with 17 representatives from 6 RACFs on 12 August 2020, running

[5] Department of Health, 2020, *COVID 19: WA Integrated Outbreak Containment and Response Plan*, pp. 4–5.

through scenarios, and incorporated lessons identified in the updated plan. The Department intends to review the plan each month.

The plan includes a phased response:

- Phase 1 - outbreak prevention and preparedness
- Phase 2 - outbreak standby and monitoring
- Phases 3 and 4 - outbreak response[6]
- Phase 5 - outbreak recovery.

The Deputy Chief Health Officer (Public Health) activates the outbreak response (Phases 3 and 4) upon receiving notification of a positive COVID-19 result, and the definition of an outbreak being met.[7] The RACF is responsible for leading and managing the response, which is overseen by the Department, the Commonwealth Department of Health, and the Aged Care Quality and Safety Commission.

The Public Health Emergency Operation Centre in the Department will establish a RACF Outbreak Management Team to support the RACF in controlling an outbreak. The team is required to meet daily, and includes the management of the RACF, the State Manager of the Commonwealth Department of Health, and clinical and public health representatives from the Department.

The RACF Plan states that in the event that a resident tests positive for COVID-19 treatment in place is preferred over admission to hospital. The Department considers that acute hospitals are not well equipped or suited for treating elderly COVID-19 patients and that treating residents within the RACF results in better care and health outcomes.

RACF residents that test positive will be transferred to hospital if there is a clinical need. This may be a collaborative decision between the Department's geriatrician, the resident's general practitioner and their family. The Department will also take into account the specific environment of a RACF. For example, the ability to isolate COVID-19 positive residents, in deciding whether to transfer them to hospital.

The Department has deliberately not established precise triggers for some decisions. For example, for when:

- an Aged Care Response Centre will be established if outbreaks occur across multiple RACFs and across multiple sites
- the Department will take over the health response within a RACF.

The Department considers that loosely defined triggers provide WA Health with flexibility to consider other priorities in the community depending upon how the outbreak is evolving.

The Department has assessed RACFs preparedness and developed training

The Commonwealth Aged Care Safety and Quality Commission provided information to the Department on RACF preparedness. The Department used this information, and information from their own interactions with RACFs, to inform preparedness and training activities for the sector.

[6] The Department has combined Phase 3 and 4 to reflect the rapid escalation that would be required from initial action (Phase 3) to targeted action (Phase 4) once an outbreak is detected.

[7] The RACF Plan applies the definition used by the Communicable Diseases Network Australia. CDNA has defined a COVID-19 outbreak in a RACF as 'a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of a RACF.' Source: *CDNA National Guidelines for Public Health Units*, version 2.11 published 22 May 2020, section 6.

The Department has prepared guidelines[8] and an information pack[9] for RACFs, which are available on its website. The Department advised us that it is in the process of conducting face-to-face training on infection control with about 27 facilities that it judged needed the most support, and has developed a training package to roll out to the rest of the sector through on-line materials and train-the-trainer.

Public reports indicate that poor use of PPE contributed to outbreaks in RACFs in other jurisdictions.[10] The Minister for Health and the Director General of the Department held an open-forum meeting with the aged care sector in August 2020. The forum highlighted that RACFs were having difficulties accessing PPE. In response, the Department told us it was in the process of making 20 sets of PPE available to each RACF in WA for aged care worker training purposes.

Governance arrangements for outbreak response in RACFs

The Commonwealth Government is responsible for funding and regulating RACFs in Australia. RACFs are responsible for outbreak management, including infection control, in their facilities, with the WA Government responsible for public health across WA.

In this context, National Cabinet has committed to actions and joint Commonwealth-State plans will be developed. Key elements of which include:

- an audit of the State's aged care emergency response capabilities
- undertaking face-to-face infection control training with RACFs
- preparing for the establishment of coordination centres.

[8]https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Infectious-diseases/PDF/Coronavirus/COVID-19-Guidelines-for-the-Western-Australian-Residential-Aged-Care-Sector.pdf

[9]https://ww2.health.wa.gov.au/-/media/Corp/Documents/Health-for/Infectious-disease/COVID19/COVID19-Residential-Aged-Care-Info-Pack.docx

[10] Gilbert, L. and Lilly, A., 2020, *Newmarch House COVID-19 Outbreak: Independent Review Final Report*, pp. 23-24.

Recommendations

1. The Department of Health should:

   a. make sure its preparedness plans and other public health responses are proportionate to health risks identified by up-to-date information about COVID-19, including hospital and ICU admission rates, best practice treatment protocols, and other known risk factors relevant to the WA population

      Department response: Response preparedness for COVID-19 is broader than hospitalisation and ICU admission rates. There is a significant focus on this in the report; however there are also prevention and public health interventions ahead of acute healthcare service provision which are arguably just as relevant for WA.

      Risk profiling and modelling from the beginning of the COVID-19 response in WA indicated extreme ratings with severe consequences.

      The Department believes and continues to believe its response is proportionate, based on Chief Health Officer advice.

   b. enhance transparency, particularly while in the State of Emergency, through regular provision of information to Parliament and the public about what advice and other sources it uses to prepare and update surge and outbreak plans which inform its public health response options

      Department response: A response needs to be proportionate and relevant to the health risks of the population. Other situational factors need to be considered in responses.

      The Minister for Health may wish to consider additional reporting to Parliament.

   c. ensure its surge planning for the delivery of pathology services covers all potential ICU beds in public and private hospitals listed in its *Ventilated Bed Capacity Framework*

      Department response: Private pathology providers have confirmed their capacity to provide COVID-19 testing and pathology services to hospitals they are contracted to and that are included in the *Ventilated Bed Capacity Framework*.

   d. document how it will maintain quick turnaround of COVID-19 test results in the event of a surge in cases.

      Department response: An overall COVID-19 testing surge plan is currently well in development which will aim to assure a 24 hour turnaround time, including the role and capacity of public and private pathology providers.

      PathWest has confirmed the *Public Pathology Capacity Framework* was developed with the intent to maintain a 24 hour turnaround time to result.

Review focus and scope

This limited assurance review forms part of our increased focus on the State's COVID-19 response.

The objective of this first transparency review was to provide information to Parliament and the public over the status of WA Health's COVID-19 response preparedness. We focused on determining the current status of each of the following areas identified as important for health system preparedness since the start of the pandemic:

- ventilated bed capacity
- essential supplies (including PPE)
- staff recruitment and training
- COVID-19 infection testing and contact tracing
- residential aged care and other vulnerable sector health response plans.

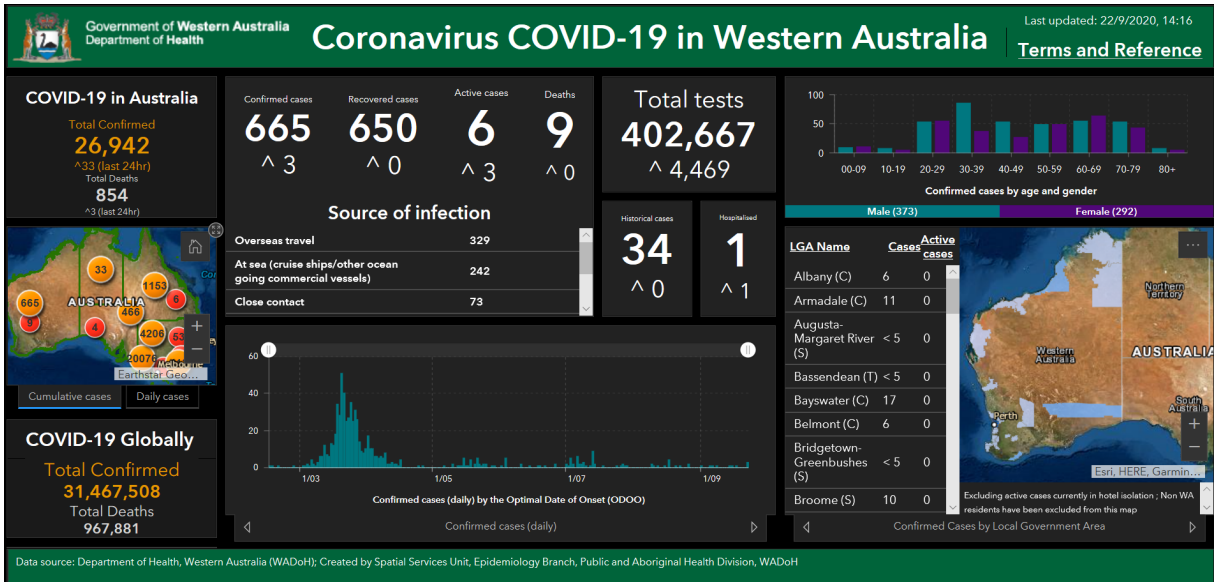
In conducting the review we:

- reviewed COVID-19 surge and outbreak plans
- analysed the data inputs used to generate surge plans
- interviewed key staff from the Department of Health, including members of the Public Health Emergency Operations Centre, and the State Health Incident Coordination Centre
- met with COVID-19 planning teams and other staff at Fiona Stanley Hospital and Royal Perth Hospital
- drew on the work undertaken as part of our recent financial audit cycle of health entities.

This was a limited assurance direct engagement, conducted under Section 18 of the *Auditor* General *Act 2006*, in accordance with the Standard on Assurance Engagements ASAE 3500 *Performance Engagements* issued by the Australian Auditing and Assurance Standards Board. We complied with the independence and other ethical requirements relating to assurance engagements. The approximate cost of undertaking the limited assurance review was $108,500.

Appendix 1: COVID-19 public information

The Department publishes daily statistics on cases of COVID-19 in WA, through a dashboard and a daily media statement. The dashboard includes statistics on the total number of cases, number of historical cases, sources of infection, and the number of tests conducted in WA. It also presents the number of cases and deaths for Australia and globally (see Department of Health website).



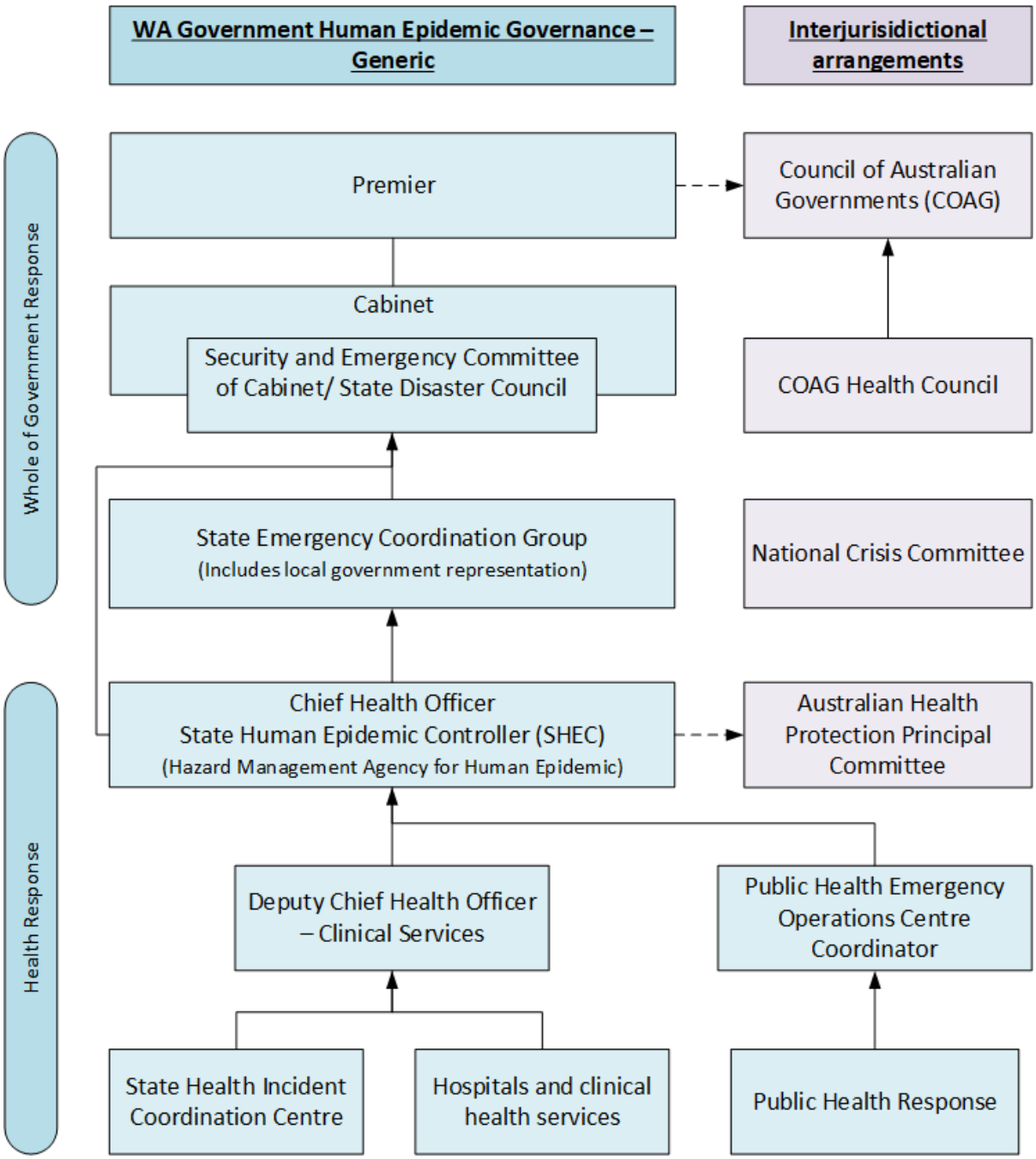
Source: Department of Health website

COVID-19 daily snapshot, at 23 September 2020

The dashboard allows the public to see the number of WA cases broken down by gender and age, geographic area, and source of infection. Infection sources are divided into 5 categories: overseas travel, interstate travel, at sea (cruise ship/other ocean going commercial vessels), close contact and unknown source. The current reporting does not distinguish between sources of close contact (for example, hospitals, workplaces, general community).

The Department has also published daily media statements on COVID-19 cases since March 2020. The media statements provide information on the number of new cases overnight, their age and gender, infection source, and health status (for example, hospitalisations). The media statements provide some descriptive information, such as whether the cases are a family group, and if relevant, from where travellers had returned.

Appendix 2: Western Australian governance arrangements and interaction with the Australian Government



Source: 2020 *Western Australian Government Pandemic Plan*. p8

Auditor General's 2020-21 reports

Number	Title	Date tabled
4	Managing the Impact of Plant and Animal Pests: Follow-up	31 August 2020
3	Waste Management – Service Delivery	20 August 2020
2	Opinion on Ministerial Notification – Agriculture Digital Connectivity Report	30 July 2020
1	Working with Children Checks – Managing Compliance	15 July 2020

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