



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL
TERRITORY**

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

(Reference: [COVID-19 pandemic response](#))

Members:

MR A COE (Chair)
MS T CHEYNE (Deputy Chair)
MRS V DUNNE
MS C LE COUTEUR
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 16 JULY 2020

Secretary to the committee:
Ms Annemieke Jongsma (Ph: 620 51253)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

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Amended 20 May 2013

The committee met at 10.12 am.

TONGS, MS JULIE OAM, Chief Executive Officer, Winnunga Nimmityjah Aboriginal Health and Community Services Ltd

THE CHAIR: Welcome to this hearing of the Select Committee on the COVID-19 pandemic response. Today we are hearing from Winnunga Nimmityjah Aboriginal Health and Community Services, and Aspen Medical. The first witness we will hear from is Ms Julie Tongs OAM, the CEO of Winnunga. Ms Tongs, I understand that you have been sent a copy of the privilege statement. Could you please confirm for the record that you received that, and that you are okay with it?

Ms Tongs: Yes, I have received it and I am fine with it.

THE CHAIR: I remind you that we are being recorded for transcription purposes and we are being webstreamed via the Assembly website. Ms Tongs, before we go to questions, do you have an opening statement that you would like to make?

Ms Tongs: I would like to thank the committee for giving me the opportunity to speak today. We are living in a very different environment at the moment, regarding the impact that COVID is already having.

THE CHAIR: With regard to the presentations that you have had, particularly for your GP services, as well as for your other health services, have you noticed any significant changes in recent months?

Ms Tongs: Absolutely. We cannot dismiss the impact of the bushfires, the smoke, the hail, then COVID. That has actually escalated people's mental health issues. People are feeling very isolated and very concerned. At Winnunga we have a testing site, and we did that right from the beginning, before we got any government funding to run that clinic. We knew that a lot of our clients would not be able to access the mainstream services. Also, there is the fact that, predominantly, we are testing Aboriginal and Torres Strait Islander clients, as well as existing non-Aboriginal clients.

THE CHAIR: I have a final question before I hand over to Ms Cheyne. You have previously told me that you have clients and patients from dozens, if not hundreds, of postcodes around the ACT and New South Wales. How have the border closures and the restrictions on movements impacted your ability to deliver health care?

Ms Tongs: Winnunga is a frontline service, and we have not stopped providing services since the COVID lockdown. Winnunga continues to do face-to-face—although it has been quite challenging for us because, as you know, we are on a construction site, and we have had to set up a healthy person's clinic as well as a COVID clinic, and there needs to be separation. One is at the front of the building and the other one is in a side office and containers at the back of the building. The healthy people go through the back of the building and people that need to be tested for COVID go through the marquee and into the COVID clinic. That has had its challenges but none of our clients have actually complained. They are grateful to get a service.

We have also been able to provide telephone consults for people that are well enough

not to come in but who need their medication. That can be emailed or faxed off to the pharmacy near where they live, so that they can pick up their scripts. For us, as a frontline service, we have not stopped, but it has been challenging because a lot of frontline services did go into lockdown, and that put more pressure on Winnunga and our staff.

MS CHEYNE: Thank you for appearing today. It is very useful to hear your perspective. What have the testing rates at Winnunga been for COVID-19? Has it been consistent all the way through or have there been certain periods when you have seen a spike in demand, regarding the numbers of people who are presenting for tests?

Ms Tongs: Yes, it has been fairly consistent, but there are spikes, and we are seeing spikes at the moment with what is happening in New South Wales and Victoria. It is a respiratory clinic, and quite a few people might go through there because at the moment we also have the flu season. The doctors test people that need to be tested and they treat people with flu-like symptoms who just have the common flu.

MS CHEYNE: It is good to hear that people are able to get that support, no matter what they actually have, once they present. With the funding that you have been provided with to give this service—and I appreciate that you had already set it up before you had funding—is it enough to meet the demand that you have had over this time?

Ms Tongs: Funding will always be an issue, and particularly with doctors and nurses, frontline workers, as well as the Aboriginal social health team. I worry about burnout because we have not missed a day. Some days are really busy. Since the rules have been relaxed a bit and the borders started to open, we have seen greater client numbers coming to Winnunga. We have tried to encourage people not to come in if they do not have to, because it is about keeping people safe, at the end of the day. Because a lot of Aboriginal and Torres Strait Islander people already have high levels of chronic disease, we cannot afford to have an outbreak in our community.

MS CHEYNE: No, absolutely not.

MS LE COUTEUR: What are your key concerns going forward for your community? Do you have any suggestions as to how they could best be responded to?

Ms Tongs: I think it would depend on what is happening in New South Wales. The *Canberra Times* this morning said that the borders might be closed between New South Wales and the ACT. That brings another level of challenges because I have a number of staff that live over the border; also, there is a large Aboriginal community in Queanbeyan and the surrounding areas. As Mr Coe said earlier, Winnunga sees clients from 334 suburbs and 223 postcodes. I think that there are about 66 postcodes in the ACT. Our clients are fairly mobile and we need to be sure that we are able to provide the service. Once somebody tests positive then that means the doctor and whoever the support staff are need to be tested. That then puts more pressure on the service. If there was an outbreak, we would need more clinical staff; that is for sure.

MS LE COUTEUR: Apart from the possibility of a border closure between the ACT and New South Wales—obviously, we hope that it does not get to that level—are there any other issues that you can see, going forward?

Ms Tongs: Aboriginal and Torres Strait Islander people are already living in poverty, and it has created another level of vulnerability. Winnunga has partnered with the Institute for Urban Indigenous Health in Queensland to provide support to Aboriginal people over 50. We need to remember that Aboriginal people at 50 years of age are classed as elderly because of the life expectancy gap. We provide food to those vulnerable clients over 50. We already have 100 clients lined up for that program. We have partnered with Michael's Restaurant at Walsh's Hotel in Queanbeyan. They cook all of the meals for us and we deliver them on a Wednesday.

MS LE COUTEUR: Great. I have more questions but I am conscious of the time, so I will hand over to the next committee member.

MRS DUNNE: Thank you, Ms Tongs, for being here this morning. Could you paint a picture for the committee about how you came to set up the clinic? I note that you said you did it without funding. What are the current sources of funding? You mentioned staff vulnerability—that if you have an outbreak you may not have the staff. Have you had an opportunity to look at where you might source other staff from in the event of an outbreak?

Ms Tongs: Firstly, we knew that, at Winnunga, it was a natural progression for us to set up a testing clinic. There is a perception that everybody in Canberra has a car, a mobile phone and access to the internet. That is not exactly how it is, and particularly for a lot of Aboriginal people. It was our natural instinct to do that, and we started testing pretty much straightaway.

We do have doctors and nurses, but I worry that if somebody comes in and they test positive, even though we have all of the protective equipment and clothing, and we have really good infection control processes, as well as a forensic cleaner on site, we only need one person to test positive and that can then stop everything. What we saw in New South Wales was one person infecting 37 others. We need to take every precaution that we can.

Our doctors share the clinic, which is really good, and at the moment we have seven doctors. We have capacity to open up all four rooms if we need to, and just have it as a COVID clinic. The thing for us is that it does not stop our well people coming in, because really they are not well. They have to come in and see the psychiatrist, the psychologist or another allied health professional. We cannot stop delivering their services at the same time, so it is challenging.

MRS DUNNE: Where would you source more staff from if you came under significant pressure?

Ms Tongs: We would have to go to agencies. We would have to go through a nursing agency; with GPs, we would have to get locums or whatever. I know that we could tap into the Capital Health Network if we needed to. Even though it is challenging, we are actually doing a very good job. The Aboriginal community-controlled health sector is leading the way when it comes to managing and delivering services in this uncertain time.

MR PETTERSSON: Thank you for being here, Ms Tongs. My question is quite a straightforward one: do you have any recommendations for how the ACT government can improve its COVID response?

Ms Tongs: The frustration for me is that most of the government services and employees are working from home. As I said earlier, a lot of the frontline services are too. I am at home only because I do not have an office at Winnunga now, because of the construction site. I am trying to sort out an office at home so that I can work from there and go into the office when I am needed.

It is challenging for me, but I think that, with what the government needs to look at, we need more funding for mental health. This has had a huge impact on people's mental health. I see the grants come out and it is \$10,000 to \$75,000. That really does not cut it. We do not get funded for our psychiatrist, and she has been with us for 20 years; yet there is all of this talk about mental health. We need to put the resources into mental health. I am not sure where the funding is going, but it is certainly not coming to where it is needed.

THE CHAIR: A final question from me: with regard to getting PPE, how has Winnunga gone in that pursuit?

Ms Tongs: We have been very good at that. We are funded for our COVID clinic through commonwealth Health and Aspen, so we have been able to access supplies when we need them. That has not been an issue for us.

MRS DUNNE: You mentioned in passing, Ms Tongs, Aspen. With the COVID clinic, the respiratory clinic that you have, is it one of the ones that was aided in its set-up by Aspen? What is the relationship between your clinic and Aspen?

Ms Tongs: It was set up through commonwealth Health, and it was Aspen that funded the marquee and looked at how we were already delivering our services. It was not a huge step; then the commonwealth funded it.

MRS DUNNE: You started it but then you became part of the Aspen set-up, commonwealth funding arrangement?

Ms Tongs: We did, yes. I think that we were the first Aboriginal community-controlled service in the country to do that.

THE CHAIR: If there are no further questions from committee members, and noting the time, we will leave it there. Thank you very much, Ms Tongs, for joining us today. Please pass on the committee's thanks to all of your staff for all that they are doing in this tough time.

Ms Tongs: I really appreciate that. Thank you very much, Mr Coe, and all committee members.

KEYS, MR GLENN AO, Executive Chair, Aspen Medical Pty Ltd

THE CHAIR: It is good to have Mr Glenn Keys, the founder and Executive Chair of Aspen Medical, with us today. I understand that you have been sent a copy of the Assembly's privilege statement. Could you please confirm for the record that you received that, and that you are okay with the implications of that document?

Mr Keys: I can confirm that I have received it. I have signed it and I am very comfortable with the requirements of it.

THE CHAIR: Very good. I remind you that we are being recorded today for transcription purposes and we are also being webstreamed on the Assembly's website. Mr Keys, thanks for being with us. Before we go to questions, do you have an opening statement that you would like to present?

Mr Keys: Yes, I do. Thank you very much for the invitation to present to you. I appreciate that greatly. I might lead off now, if that is okay?

THE CHAIR: Please.

Mr Keys: I would like to begin by acknowledging the Ngunnawal and Ngambri people, who are the traditional custodians of the Canberra area, and pay my respects to elders, past, present and emerging, of all of Australia's Indigenous peoples.

I would like to thank the committee for inviting me here today and for the opportunity to make this statement. The last six months have been a very tumultuous time for the world, Australia and the ACT and region. Through infections, the tragic loss of life, and the massive impact on our economy and our social fabric, our lives have been changed forever. Our thoughts and prayers at this time are with those who passed away, their families and friends, and those who are currently fighting a severe coronavirus infection.

What we took for granted is now gone, and this is far from over. With increasing infections across Australia, now is the time to be alert but not alarmed, to practise social distancing, hand washing, and cough and sneeze etiquette; and we know that if people feel unwell they should get tested, stay at home and isolate.

On behalf of Aspen Medical and myself, I would like to pay tribute to health professionals on the front line and those who support them on a daily basis, regardless of who employs them. In particular, I would like to thank those who put themselves in challenging circumstances every day, caring for the elderly. While many of us are acknowledging and thanking those in our hospitals and clinics, some of our more poorly paid health representatives in aged-care facilities are doing an amazing job, and we would like to thank them all.

Aspen Medical remains the only commercial organisation in the world to be certified by the World Health Organisation as an emergency medical team for infectious disease outbreaks, and joining AUSMAT in that regard here in Australia. We are very proud of the fact that we could use these skills and experiences to make a difference at this challenging time for our nation and the world. It has been not only our skills with

infectious disease that have allowed us to step up at this time but also the accumulation of our experiences since the company was founded here in Canberra just over 17 years ago. We manage healthcare workforces in remote, rural and Indigenous communities through federally funded programs such as the rural locum assistance program and the remote area health corps. I refer also to our knowledge of medical logistics and supply chain, managing and re-establishing hospital departments, developing clinics and mobile facilities, and our status as a registered training organisation.

Across Australia so far, we have established 144 GP-led respiratory clinics in both metro and regional locations in every state and territory jurisdiction, providing several hundred clinical professionals to assist with healthdirect, a government-funded telephone call service providing quality and approved health information and advice, and providing screening support services for COVID-related calls on a 24/7 basis.

We have also procured millions of units of PPE for the national medical stockpile. We have provided over 2,200 days of services to the elderly in aged-care facilities across the country. We have developed the federal Department of Health online training platform for COVID that can be accessed by any Australian. We have managed hotel quarantine facilities in Sydney, and we have provided infection control oversight that allowed cruise ships to leave Australian waters without endangering the crew, so that they could journey home.

Our work overseas includes the establishment of COVID mobile health hubs and testing in Canada, 200-bed COVID treatment facilities in California, and the provision of more than 2,000 healthcare professionals in the United Arab Emirates. We have also supported the development of public health messaging in Fiji, provided vital primary care services in Papua New Guinea, and critical guidance and support for specialists in Vanuatu.

Despite our global workforce and efforts, we are, first and foremost, a Canberra company. The opportunity to make a difference in Canberra by establishing the COVID-19 ED facility has been an absolute highlight for me and for those who work at Aspen Medical. The excellent working relationship and collaboration with the ACT government saw an innovative 51-bed facility delivered within 37 days, using 60 tonnes of Australian steel. There were 20 subcontractors employed, 396 jobs created and 100 people working on site every day.

It has been described by the media as the insurance policy we had to have. Whilst COVID-19 infections have not reached the heights that we feared, and that they said it could be, it has been a source of comfort for people of the ACT and region that this world-class facility is here in the heart of our city.

Whilst we continue to grapple with COVID-19, the healthcare challenges for the states and territories will be to reduce surgical waiting list times caused by the pandemic. I am delighted that, once again, the ACT government have led the way and are taking steps to get the surgical waiting list back on track through a surge workforce initiative. We are in discussions with the ACT department of health to support them with the provision of staff for that waiting list reduction program.

Our company motto is “Wherever we’re needed”. Over the years this has come to

signify our ability to respond rapidly around the country and overseas in remote and challenging locations. I can say that during this pandemic I and all of the staff of Aspen Medical were delighted that we could use this phrase so close to home.

THE CHAIR: Thank you very much. As you would be well aware, the committee had the opportunity to visit the surge facility about a month ago, and I think that we were all very impressed by the structure and by the capability that exists there.

The first question is from me. With regard to how this came about and how your company's involvement and engagement with the ACT government arose, who initiated what discussions in order to get that surge facility operational?

Mr Keys: We were contacted by a senior public servant within the ACT government to ask whether we had the capability to be able to support what they were looking at. We said that we were very interested in helping if we could. There was a range of exploratory discussions. While I believe that there was probably quite a lot of work going on in the background with the ACT government over what exact capability and facilities they wanted, we entered into those in a very open but without commitment discussion, so we were not holding the government to account for any of those discussions. We got to a position where we believed we could meet their deadline, which was to have a facility built and operational in May of this year. We then moved forward from there. The initial request came from government; we then supported, in a very iterative and collaborative fashion, the discussions from there.

THE CHAIR: Am I right in saying that the company took on some risk in doing a fair bit of work before you actually had the contract signed?

Mr Keys: Yes, we did; absolutely. I should point out that that has been the case with nearly all of the work that we have done, not just for the territory government but for other state governments and the federal government, and for governments overseas. There just was not the time, I believe, to follow what would have been a very typical process of, "Let's look at a statement of work. Let's give you a quote. You evaluate it, come back, and let's negotiate a contract and sign." To meet those time lines we realised that the government was operating in extraordinary circumstances and we did take on that risk, but in a way that we believed was appropriate and justified in these quite extraordinary circumstances.

THE CHAIR: Was there anything that was requested of you verbally that you undertook that did not end up forming part of the contract?

Mr Keys: I have to be honest with you: nothing comes to mind. There was a lot of discussion about whether it would just be an ED, and whether we would have a ward attached to it separately to the emergency department, but they were quite formative discussions, in that we brought some people down and we did some whiteboarding and stuff. Realistically, those were part of those iterative discussions. There is nothing that I would have said that we felt we had been asked to do that was not followed through with.

THE CHAIR: My final supplementary is: with regard to the work that Aspen did, alongside the work that Major Projects Canberra and ACT Health did, what was your

scope of work in that team in order to bring about the project?

Mr Keys: Our job was quite clear but, again, it was done in a very collaborative sense. Our job was to design the facility, build the facility, equip it and then staff it. There is an option for us to assist the commonwealth with the demobilisation of the facility at the end, if the government wishes us to be engaged.

As we were doing things, some of the discussions were around how to get the DA through or what to do about various elements that were required. The ACT government departments and personnel were very supportive in saying, “We can help with that,” or “Could you do this?” We found, in working with the departments of the ACT government, that it was a very collaborative approach. We would raise something and say, “These things need to be done,” and, literally, we would work out who was best placed to do it or who could assist in getting it done.

MS CHEYNE: Thanks very much for appearing today. How does the staffing aspect of it all work? I note that you are responsible for building up the staff, if that is necessary. I think that you touched before on looking to help ACT Health with some of the backlog—was it in elective surgery? I am curious about what that arrangement is with Aspen at the moment.

Mr Keys: I am sorry if I conflated those issues. That might have been confusing. The issue around the surgery waiting lists and provision of specialist staff is a separate request, and we are talking about that now. I only brought that into the discussion because so much elective surgery, not just in the ACT and Australia but worldwide, is on hold. They believe that there are over four million elective surgery cases worldwide that have been put on hold due to COVID. The ACT have a group of those, and they are looking at how they address those. That will not be part of this contract. That would be the requirement of a separate contract.

The current contract has a staffing requirement where we have three weeks notice to be able to stand up the staff requirements to meet the ED facility’s usage. It is not like we have all of the staff necessary to operate the facility standing idle and being paid for. As required, they will be stood up. Subsequently, that is how it would be activated if necessary.

We are ready for models so that if they said, “We don’t want all of the beds stood up; could we stand up a subset of those?” we would work with the department as they went through, because it might be a phased approach, if need be. At the moment we do not have any specific requirements for the stand-up of the staff for the running of the emergency department. You would know that it is being used as a testing facility at the moment. We have offered the clinical staff required in support of that. At the moment Canberra Health Services have that covered, with some fantastic staff managing that, but we stand ready to support them as required. Does that cover all of the questions?

MS CHEYNE: Almost. Where does the staffing pool exist so that you are able to be so agile with it in standing it up with just this three weeks notice?

Mr Keys: It is a great question. We have been very clear that we would not poach any staff from within the ACT health system. It is completely moving the deckchairs to do

that. That is something that we would not be doing at all. We would be very clear, when we went out to our pool of people, that if they were already working for ACT Health or within the health system in Canberra, we would not be wanting to access them for that.

We have a database of several thousand people Australia-wide that we access for our projects worldwide. We run a very robust credentialing system to check that people are appropriately credentialed, that they are on the APRA database and that they meet all of the credentials that we need for our customers.

Our various customers have different clinical standards. If you do work for Defence, they might have a very high standard of the number of years that you require in certain areas. If you work in the resource sector, they might have a different standard. If you work for NSW Health or Victoria Health, they will have different requirements. We credential those staff and keep them up to date on a regular basis. We would reach out to those staff, to utilise them, in the same way that we have done for other projects. For example, I mentioned the healthdirect project that we stood up. We stood up several hundred clinicians in five days to man those calls. That was a mix of doctors and nurses.

I will be honest with you: it is part of the way that we do our business. The reason that we are able to deliver is that core group of people we have Australia-wide and worldwide that we would use to draw on for those projects.

MS LE COUTEUR: Given that the facility is currently being utilised, but possibly under-utilised, you talked a little bit about what would happen with decommissioning. Can you tell us about what process there would be and what plans there are? Would there be a possibility of relocating it because there is other space reasonably close to the hospital?

Mr Keys: At construction, we thought very deeply about the decommissioning phase. We did not want to build this and try to think about it afterwards. Over 90 per cent of the facility can be reused. It can actually be packed into 20-foot containers, and there is a range of options that it could be used for. I do not believe that the ACT government has a fixed and firm view yet on how it wants it to be used, but I think that the flexibility that both the ACT government and ourselves have built into its usage will be very helpful.

It could be relocated to another site within the region. It could be stored in the event of another emergency requiring it, be it an infectious disease outbreak or anything else. It could be sold off to another state or territory for usage. One suggestion that was put forward to us was that it could perhaps be reused as a training simulation centre at the Hume emergency response training hub. It could be sold or donated to one of Australia's external territories, like Norfolk Island. Perhaps it could be utilised, as part of the Pacific step-up program, by one of our Pacific neighbours, as part of the regional health security initiative.

That shows that we have created an asset that is incredibly flexible and incredibly capable of being used elsewhere. I do not think that a decision has been made, and I do not think that we need to make one right now, either, because what we have seen in Victoria and some of the suburbs in Sydney suggests that this has a little while to run yet. Being flexible and adaptable will be very critical to how we get out of this as fast

as possible.

I know that that is quite a long answer to your question, but I think that there is a lot in it. The answer is that, yes, we can pack it up and use it elsewhere. Yes, we can reuse it, and the wonderful thing is that there are a lot of options that we could use it for within Canberra and the region, within Australia or perhaps further afield.

MS LE COUTEUR: This may be outside your field of expertise: when the facility is eventually moved, do you know what will happen to the oval and how long it will take before there is a full oval again?

Mr Keys: You have answered it for me already: it is well out of my responsibilities. I can tell you that once it is decided to demobilise, it will be a relatively quick procedure to pack it up. With the impact on the oval, we have tried to have quite a light footprint. There are some foundations which are set to be removed. They are quite easy. I assume that that is when the ACT government and the experts in the remediation of the oval would take over. I think that it would be a relatively quick process to be able to get it packed up and moved once the decision is made. I will defer to people who know lots more about ovals than I do.

MS LE COUTEUR: When you say “relatively quick”, do you have an idea of what that might be?

Mr Keys: Yes, the pack-up and consolidation would be just a matter of weeks.

THE CHAIR: Mr Keys, you mentioned that the ACT government can give you three weeks notice to stand up staff. Has the ACT government called on that at any point and then withdrawn it a few days later?

Mr Keys: No, they have not. We have had discussions about whether we were ready, how we would do it and whether we have had different models of thinking. Really, that is just part of our normal planning process. No, they have not asked us to stand it up and then turn it off again.

MRS DUNNE: I want to go to one of the things that, for a long time, was Aspen’s bread and butter, which is cutting elective surgery wait lists around the world. I know that you said that you have had discussions with the ACT government about workforce issues, but have you had wider discussions about what Aspen might be able to bring to the table in relation to elective surgery wait times?

Mr Keys: No, not recently. We were asked about the provision of some specialists, which we are in discussions about at this stage, but not further afield. You may be aware that Aspen is the only manufacturer, owner and operator of mobile surgical facilities in Australia. We have conducted quite extensive wait list surgery programs around the world, clearing massive surgery waiting lists in the UK, and we did some small surgery waiting list work in Canberra quite a number of years ago, but nothing more recent than that.

MRS DUNNE: In relation to the workforce discussions, what sort of workforce are we talking about? Is it reasonable to ask that question?

Mr Keys: I think that it is primarily anaesthetists at this stage. That is the area that we are in discussion about at the moment.

MR PETTERSSON: Thank you for being here, Mr Keys. You mentioned at the start your involvement in the New South Wales hotel quarantine program. Could you expand on what that involvement was?

Mr Keys: It was the Swissotel in Sydney. There was a group of quite elderly passengers being brought back from a ship in the Pacific. They were brought back into Sydney. We were tasked, at pretty short notice, with running the quarantine activities in Sydney at the Swissotel. We were contracted by the federal government; it was actually Border Force that had contracted us to do that.

The passengers arrived; it was either late at night or early in the morning, depending on how you count 3.30 in the morning. We worked very closely with the Swissotel staff to bring everybody in, process them in, check on their health status on arrival, get them into rooms, manage them, and coordinate their medical positions. You can imagine that quite a number of the people in their 70s and 80s had prescription medication requirements. We organised with the Swissotel how they would manage security and a range of other areas. We then provided the clinical oversight and the daily health checks on those people while they were in the Swissotel, leading up to the end of their quarantine period.

I should point out that New South Wales Health, obviously, because it is on the ground in Sydney, had the lead for that. We had been engaged at a federal level in support, and we worked very closely and collaboratively between the federal government, New South Wales Health and the hotel management—who, I have to say, did a fantastic job as well—so that those people could get through quarantine and get back out to their homes.

THE CHAIR: Unfortunately, I think that we are almost out of time.

Mr Keys: Could I add one thing, chair?

THE CHAIR: Yes.

Mr Keys: There has always been a lot of focus on what we have done in regard to the ED, and we are incredibly proud of what we have done. I would very briefly like to highlight how critical to the delivery other Canberra companies were. I mentioned briefly other companies, but Manteena, Benmax mechanical, Shepherd Electrical, ACT Stainless Steel, Austruss in Mittagong, Base Contractors, Hawker Roofing, Canberra Architectural Systems, and 360 Degree Fire all came together. They worked over Easter. They asked their customers if they could put work aside so that they could do this. They worked incredibly long hours, starting very early in the morning and finishing late at night.

We came up with innovative design practices that had never been done before that significantly reduced the time of construction; and the Canberra community got behind what was being done. We had lights on early in the morning and late at night, and

construction work. By far and away, the overwhelming commentary from the Canberra community was that this was what we had to do, and the community supported us doing it. Without the Canberra community, the ACT government, those businesses stepping up and the hours that those tradesmen put in, we could not have met this deadline. I think that this is an amazing example of every single element of the community coming together to ensure that the ACT and region was best placed to fight COVID.

THE CHAIR: Thank you. We certainly saw many aspects of that innovation, one small area being the medication dispensing passageway—all of these things that were done so quickly and that have resulted in a pretty extraordinary facility.

Mr Keys, thanks very much to you and your team, and to all of the contractors and subcontractors that worked tirelessly to help deliver that facility. You will be sent a copy of the transcript. Please review it and make sure that it is accurate. If you are okay with the committee getting in touch again, if there are any follow-up questions, that would be appreciated.

Mr Keys: Thank you, chair. I appreciate the opportunity and that offer. I thank committee members very much for your time, your interest and your commitment.

THE CHAIR: That concludes today's hearing.

The committee adjourned at 11.01 am.