BRM Advisory

Lessons Management Review of the COVID-19 Pandemic Response

Prepared for:

Department for Health and Wellbeing, Government of South Australia

September 2023

BUSINESS • RESOURCE • MANAGEMENT

Disclaimer

BRM ADVISORY
BUSINESS RESOURCE MANAGEMENT

Level 8, 420 King William Street, Adelaide SA 5000
(08) 8168 8400
ABN: 65 067 721 797

www.brmadvisory.com.au

Contents

BRM Advisory

Executive summary

All agencies involved in emergency response are required under the State Emergency Management Plan (SEMP) Lessons Management Framework to review and document their learnings. The goal of a Lesson Management Review is for those involved in leading an emergency response to reflect upon the experience as a whole in order to understand what happened and why, and capture learnings that can inform preparedness for future emergencies.

This report summarises the lessons that the Department for Health and Wellbeing (DHW) learnt from its experience as the Control Agency during the COVID-19 pandemic (the pandemic).

The intended audience is DHW to inform their continuous improvement in health emergency management. This Lessons Management Review may also be instructive to other organisations with emergency management responsibilities under the SEMP.

BRM Advisory was engaged to lead the Lessons Management Review process to provide independent facilitation of the process, and allow all DHW staff involved in leading the emergency management response to participate. The methodology was based upon the *Observation Insight Lessons-Identified Lessons-Learnt* (OILLs) approach used in lessons management across the emergency management sector.

The review was undertaken between March and June 2023 and is based on data collected during 25 interviews, 8 debrief workshops and through an online survey issued to 289 staff that attracted 106 responses.

The key findings arising from this process can be summarised as:

- DHW performed well overall, fulfilled its core responsibilities as a Control Agency, and sustained a campaign response to a highly complex and long duration emergency.
- Factors that contributed to the overall success included clarity of mission, the significant and sustained efforts of a large number of people, assistance from a range of partner organisations, and a commitment by DHW to an evidence based approach.
- The Department's achievements in implementing the response are significant, especially in the context of the scale and nature of operations, tight timeframes to deliver and wide-ranging practical constraints.
- DHW developed a bespoke governance model for the pandemic to reflect the volume and complexity of its work as the Control Agency. Parts of the governance model could have benefited from a stronger incident management approach and more delegation of operational decision making.
- The efficiency and effectiveness of the response could have been improved by a stronger focus on 'whole of response' planning, a more strategic approach to the development and use of electronic systems and applications, and earlier and additional engagement of support from external agencies.
- Many people across DHW, outside of key roles, had a limited understanding of its emergency management obligations before the pandemic and were unfamiliar with the nature of decision making and operations during an emergency. This impacted the Department's capacity to stand up and sustain the Control Agency response.
- DHW was unable to secure the human resources it needed to deliver the Control Agency response, and this impacted the workloads and wellbeing of those involved.
- Leading the Control Agency response had a material negative impact on the business-as-usual activities of the Department.

These findings are reflected in the report through lessons that are summarised into themes in the categories of:

- Overall performance.
- Governance.
- Incident management.
- Planning.
- Risk management.
- Implementation.
- Resource management.
- People and culture.
- Stakeholder engagement.
- Public information.

The review contains 22 recommendations for DHW to consider as part of its continuous improvement in the planning and delivery of its emergency management responsibilities.

1 Introduction

1.1 Purpose of this report

South Australia has never experienced an emergency event as long and complex as COVID-19. It can be expected that many lessons will arise that inform how governments think about, prepare for, and respond to future emergencies.

The Department for Health and Wellbeing (the Department or DHW) was the Control Agency responsible for taking control of the response to the COVID-19 pandemic (the pandemic) in accordance with the arrangements outlined in South Australia's State Emergency Management Plan (SEMP).

The purpose of this report is to summarise the lessons that the DHW learnt from its experience as the Control Agency during the pandemic.

The intended audience is DHW to inform their continuous improvement in health emergency management, and to ensure that the learnings from COVID-19 are not lost as those with lived experience from the response move on from their roles over time. This Lessons Management Review may also be instructive to other organisations with emergency management responsibilities under the SEMP.

1.2 Objectives of the Lessons Management Review

The goal of a Lesson Management Review is for those involved in leading an emergency response to reflect upon the experience as a whole to help understand what happened and why, and capture learnings that can inform preparedness for future emergencies. All agencies involved in emergency response are required under the SEMP Lessons Management Framework to review and capture their learnings.

More specifically, the objectives of the DHW COVID-19 Lessons Management Review are to:

1. Deliver a strategic and independent review of DHW's COVID-19 performance as the Control Agency for human epidemic.
2. Provide an opportunity for those involved in leading the DHW's COVID-19 response with the chance to review and reflect upon their experiences.
3. Identify observations, insights and lessons that can inform future iterations of DHW's emergency management plans and public health activities more generally.
4. Fulfill DHW's obligations under the SEMP Lessons Management Framework, including identifying learnings that can inform any whole-of-government COVID-19 lessons management processes.

1.3 About the Lessons Management Review

This Lessons Management Review is not a forensic examination of the Department's strategies, operational activities or decisions made during the pandemic, nor an evaluation of the broader social and economic outcomes that resulted from the State's response to the COVID-19 pandemic. The scope is limited to capturing, analysing and reporting the lessons arising from DHW's actions as the Control Agency, as expressed by those involved.

BRM Advisory was engaged by DHW's Disaster Management Branch to lead the Lessons Management Review process to provide independent facilitation of the process, and allow all staff involved in leading the response to participate. The methodology was based upon the *Observation Insight Lessons-Identified Lessons-Learnt* (OILLs) approach used in lessons management across the emergency management sector in accordance with the SEMP Lessons Management Framework[1] as well as the Australian Institute for Disaster Resilience Lessons Management Handbook[2].

The review was undertaken between March and June 2023 with data collected from 25 interviews, 8 Workstream debrief workshops, and an online survey issue to 289 and attracted 106 responses. We acknowledge and thank the many people who were engaged in DHW's response as the Control Agency for COVID-19, for the significant contribution made to this review.

1.4 Structure of this report

This report summarises the outcomes of the Lessons Management Review as follows:

Section 2 provides the context for the review in terms of DHW's legislative responsibilities in emergency management and public health, and a high level overview of the pandemic response.

Section 3 outlines the methodology, including an overview of how the SEMP Lessons Management Framework has been applied in the data collection and analysis, and a description of the scope and limitations of the review.

Section 4 contains the lessons identified by the review in the form of narrative text that summarises the findings, and where appropriate, recommendations for further action to help embed the learnings. This content is divided into in ten sections aligned with the responsibilities of a Control Agency.

Section 5 offers some conclusions.

This report is supported by a separate Appendices Report containing the data collection instruments and related resources.

1 - https://www.dpc.sa.gov.au/responsibilities/security-emergency-and-recovery-management/state-emergency-management-plan/Emergency-Management-Lessons-Management_-Framework..pdf

2 - https://knowledge.aidr.org.au/resources/lessons-management-handbook/

2 Background

2.1 Role of DHW as the Control Agency

Emergency management in South Australia is governed by the *Emergency Management Act 2004* (SA) (the Act). The SEMP is prepared under Section 9(1)(b) of the Act to ensure that effective arrangements are in place to enhance the safety and security of the South Australian community. Within the SEMP, DHW has particular responsibilities as the:

- Hazard Leader for human disease;
- Control Agency for human epidemic and food & drinking water contamination; and
- Support Agency (when not the Control Agency).

The role of a Control Agency is to provide leadership to a particular type of emergency, and as the title suggests, take control of the response. The SEMP, within Section 9.2, describes this role more fully as follows:

Role of the control agency

The control agency is the agency appointed under Section 20 (1) of the Act in relation to an emergency.

...

The control agency undertakes a leadership role for the planning of the emergency response activities, prepares and reviews appropriate plans, processes and documentation, and ensures those leading the response within the control agency are appropriately trained. Control agencies must use either the Australasian Inter-service Incident Management System (AIIMS) or the Incident Command and Control System Plus (ICCS Plus) as an incident management system to provide a common system for all responding agencies and personnel.

The control agency advises the State Coordinator on the existence of, or potential for, an emergency for which it has responsibility and must work with other emergency management agencies including Hazard Risk Reduction Leaders, control agencies, functional support groups and participating organisations to ensure a coordinated approach to emergency management.

Responsibilities of the control agency

The control agency is responsible for ensuring it is adequately prepared to respond to an emergency event. This includes monitoring for potential emergency events and, where appropriate, taking actions to prevent an emergency event occurring and responding to events of lesser significance in order to prevent escalation to an emergency level.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for

1. Taking control of the response to the emergency (including the appointment of an Incident Controller and incident management structure)
2. Ensuring a safe working environment and safe systems of work
3. Ensuring effective stakeholder engagement, communication and cooperation with all involved
4. Continually assessing the situation and identifying, assessing and managing current and potential risks and consequences, and sharing information with all involved
5. Developing and sharing plans and strategies in line with the Principles of the Act and the SEMP that meet the requirements of all agencies responding to the emergency (an incident action plan)
6. Implementing and monitoring the incident action plan
7. Ensuring the effective allocation and use of available resources
8. Ensuring the public is adequately informed and warned to enhance community safety
9. Facilitating the investigation of the emergency and review of response activities
10. Ensuring transition from response to recovery, including the coordinated handover to the state recovery arrangements where necessary.

A Control Agency is required to nominate a State Controller to lead its activities. For DHW, given that it is the Control Agency for human epidemic and food and drinking water contamination, the State Controller is pre-nominated to be the Chief Public Health Officer (CPHO). DHW has also appointed a Deputy State Controller.

It should be noted that emergency management is a shared responsibility, and when emergencies occur, a wide range of organisations work together to support the Control Agency.

SAPOL has a number of unique responsibilities, including to act as the Coordinating Agency to coordinate the overall response effort and ensure support is provided to the Control Agency. The position of Commissioner of Police holds the role of the State Coordinator with strategic State level accountability for the management and coordination of declared emergencies.

The SEMP also outlines appropriate roles for Support Agencies and Functional Support Groups, which are generally comprised of other parts of government with particular capabilities.

Finally, the State Emergency Centre (SEC) can be activated by SAPOL in anticipation of, or during, an emergency to enable coordination and support to the Control Agency from the State Coordinator, Support Agencies and Functional Support Groups.

Further information about South Australia's emergency management arrangements is detailed in the SEMP[3].

2.2 Role of DHW's Disaster Management Branch

To support the Department to fulfill its emergency management responsibilities, DHW operates a Disaster Management Branch (DMB) comprised of 5 full time equivalent staff. The DMB represents the Department on a number of State Government emergency management committees, provides strategic leadership, advice and direction across the health system on emergency management, and supports the development of the Department's capability in emergency management through education, training and exercise programs.

The DMB also maintains a suite of emergency management documentation. Documentation that was in place at the start of the pandemic included (but is not limited to):

- Disaster Resilience Policy Directive (v1.2 dated 29 October 2019)
- Emergency Management Framework (v2 dated June 2018)
- Business Continuity Management Framework (v3.2 dated October 2019)
- Public Health Emergency Management Plan (dated June 2015)
- Training and Exercising Framework (v1.0 dated June 2019)
- SA Health Major Incident Plan (v1.2 dated November 2018).
- SA Health Emergency Management Command Structure: Roles and Responsibilities (v1.3 dated June 2018)
- SA Health Major Incident Community Recovery Arrangements (v1.1 dated October 2018).

These documents are all publicly available on the SA Health website under the heading of Public Health, Disaster management[4]. Prior to the pandemic, the DMB also had developed a pandemic influenza operational plan and other internal documentation to support its preparedness for emergencies.

3 - https://www.dpc.sa.gov.au/responsibilities/security-emergency-and-recovery-management/state-emergency-management-plan

4 - https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/public+health/disaster+management/disaster+management

2.3 DHW's Public Health responsibilities

There are specific provisions relating to public health emergencies under the *Public Health Act 2011* which provide powers and responsibilities for prevention, response and recovery operations to be carried out to implement the Public Health Emergency Management Plan.

The Public Health Emergency Management Plan outlines the responsibilities, authorities and mechanisms to minimise, manage and recover from declared or undeclared public health incidents or emergencies within South Australia. The Plan is prepared by the DHW Chief Executive and approved by the Minister, it comprises strategies to be administered by the Department.

Under Section 87(1) of the Public Health Act, the DHW Chief Executive, with the approval of the Minister and advice of the Chief Public Health Officer, may declare a public health emergency. This declaration triggers the application of certain provisions of the *Emergency Management Act 2004*, including the issuing of public health directives to prevent and control infectious diseases in the community.

More generally, all persons or bodies involved in the administration of the Public Health Act must seek to further the Objects of the Act and have regard to the principles set out in the Act[5].

2.4 Overview of the response

COVID-19 was first detected in China in December 2019. In early 2020, the first cases were being reported in Australia as people returned from overseas with the virus.

DHW, as the Control Agency for human epidemic, established an Incident Management Team (IMT) in late January 2020, focused on preparedness as well as managing COVID-19 cases. South Australia confirmed its first COVID-19 case on 3 February 2020.

From early March, DHW received assistance from State Government emergency services to help scale its IMT into a State Control Centre–Health (SCC-H).

A Public Health Emergency was declared under the *Public Health Act 2011* by the DHW Chief Executive, with the approval of the Minister, on 15 March 2020. This declaration triggered the implementation of the Public Health Emergency Management Plan and enabled the partial application of the powers available under the *Emergency Management Act 2004*, in accordance with section 90 of the *Public Health Act 2011*.

A Major Emergency was declared under the *Emergency Management Act 2004* by the Police Commissioner acting as the State Coordinator on 22 March 2020. This declaration enabled the application of the broad emergency powers available under the *Emergency Management Act 2004* (which were subsequently temporarily broadened with the commencement of the *COVID-19 Emergency Response Act 2020*).

The approach to managing the pandemic regularly adapted to the changing context presented by a novel virus, and evolving understanding of the risks and how they needed to be managed. Over time, it was identified that additional structures beyond the SCC-H were required for the Department to effectively operationalise the response and satisfy its responsibilities as the Control Agency.

5 - These are detailed in Part 2 of the Public Health Act 2011, available here: https://www.legislation.sa.gov.au/__legislation/lz/c/a/south%20australian%20public%20health%20act%202011/current/2011.21.auth.pdf

2 Background

As a result, the Department established 'Workstreams' charged with delivering specialised components of the response, with Workstreams progressively added over time on a needs basis. Each Workstream was led by a DHW executive or other senior officer and reported into a DHW Leadership Team. When Workstreams were established, the SCC-H remained in place and continued to deliver components of the response, while also providing an enabling function to assist with some of the logistics and operations of the Workstreams.

Workstreams evolved and adapted as the response context and mission changed, addressing areas of operations including:

- Acute (hospitals)
- Borders and exemptions
- Community engagement
- Compliance (government and industry)
- COVID operations (communicable disease control)
- Public information
- Testing
- Quarantine and isolation
- Vaccination.

Broadly, DHW's response has been described in terms of three main stages.

The first stage covered the period from the start of the pandemic until the opening of the State's borders on 22 November 2021. During this stage, the initial mission was to 'flatten the curve'. Once it was clear that the virus had been effectively eliminated from the state the mission then focused on keeping the virus out until sufficient vaccine uptake had been achieved. There was also a focus on preparing hospitals and the broader community for the eventual lifting of restrictions and the move toward living with COVID-19 in the community, including a target of effectively vaccinating 80% of South Australians.

During this first stage, there were four main outbreaks of COVID-19 in the community, being:

- Initial outbreak at the start of the pandemic (March to May 2020)
- Thebarton Cluster (August 2020)
- Parafield Cluster (November 2020)
- Modbury Cluster (July-August 2021).

Outside of these clusters, during this stage, other COVID-19 cases were from returning interstate or international travellers who were required to quarantine.

The second stage of the response relates to period from the opening of the State's borders until the end of the declaration. During this stage, given the fact that the virus was now able to spread into South Australia, the mission was to manage the health impacts of the virus through vaccination, medical interventions (e.g. antivirals along with hospital and primary health supportive care), and public health measures (including contact tracing, isolation and quarantine).

For the first month (December) from the opening of the State's borders the Delta variant was the overwhelmingly dominant strain and the predictions of spread and the actions required to control the virus remained accurate. However, by early January 2022 the Omicron variant had appeared in Australia. This variant was significantly more transmissible than previous variants but proved to be associated with a lower level of disease severity.

The third stage of the response relates to the period after the cessation of the emergency declaration on 24 May 2022, at which point it had been in place for 793 days. The mission at this stage was described by the Commonwealth Government as 'living with COVID-19', and from a Control Agency perspective saw the gradual scaling back of response activities, and integration of these functions into business-as-usual practices. The last of the Department's dedicated COVID-19 workforce was demobilised on 30 June 2023.

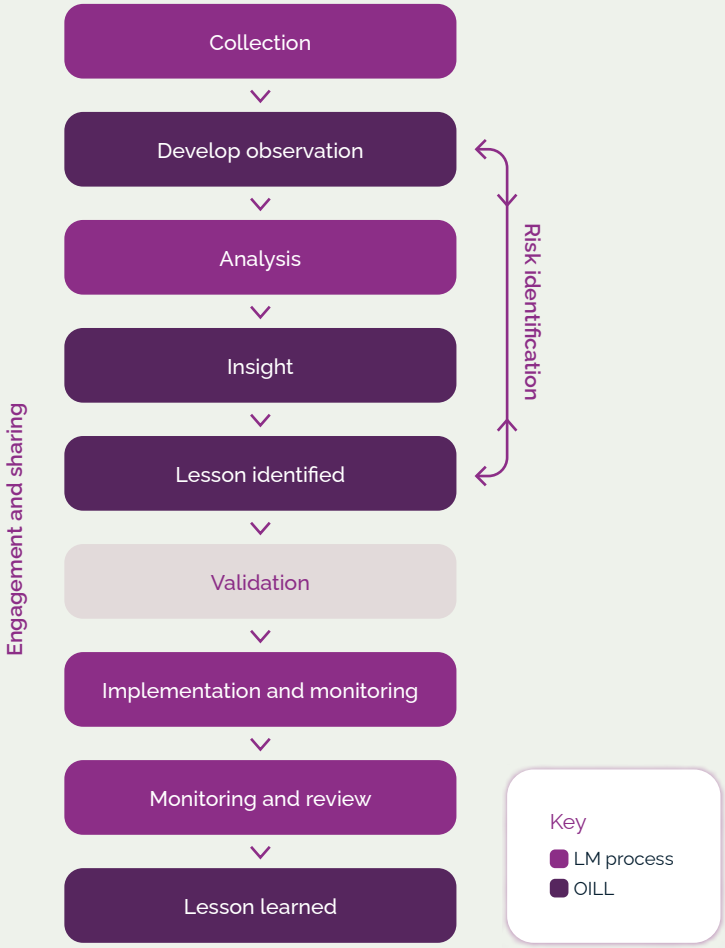
3 Methodology

This section describes how the approach to delivering the Lessons Management Review was developed, along with an overview of the methodology itself, participation statistics, and clarification of the scope and limitations of the review.

3.1 SA Lessons Management Framework

The approach to delivering the Lessons Management Review was developed having regard to the SEMP Lessons Management Framework, which forms Part 2 of the SEMP. The Framework references the nationally accepted OILLs approach to lessons management, which is summarised conceptually in Figure One, with key definitions in Table One.

Figure One: Overview of the lessons management process.
Source: AIDR Lessons Management Handbook



3 Methodology

Table One: Lessons Management definitions.
Source: South Australian Lessons Management Framework

Phase	Definition
Observation	A record of a noteworthy fact or occurrence as seen during an activity or operation.
Insight	A deduction drawn from the observations collected, which needs to be further considered. Insights provide guidance for future analysis and potential action.
Lesson identified	A lesson identified is a viable course of action, based on the analysis of one or more insights, which can either sustain a positive observation or address an area for improvement.
Lesson learnt	A lesson is only learned once the recommended action is implemented and embedded.

The SEMP Lessons Management Framework provides practical guidance on the collection of observations, data analysis and effective implementation and monitoring of the outcomes of lessons management processes.

The framework also, in Annex A, describes the process for reviewing 'significant events'. The term significant event is undefined but it has been assumed that the pandemic is a significant event for the purposes of the Framework.

To summarise, after a significant event, the State Emergency Management Committee (SEMC) will establish a time limited Lessons Management Reference Group to support and coordinate a review of the strategic lessons as a multi-agency, whole of government process. A key part of this group's work is to collect and collate strategic lessons from individual reviews, reports and debriefs to prepare a single integrated report for SEMC.

Given this, there are particular responsibilities allocated to the Control Agency, Coordinating Agency, Functional Support Groups, State Recovery Offices, NGOs/Utilities/Business Groups, the Lessons Management Reference Group and SEMC.

The Control Agency's lessons management responsibilities in a significant event are to:

- Conduct debriefs, review and data collection;
- Analyse data and validate as per internal processes;
- Prepare a Control Agency report for SEMC; and
- Implement any internally identified actions, and any actions allocated to it via the whole of government process.

3.2 Methodology for the Lessons Management Review

The methodology for this Lessons Management Review was developed having regard to the:

- Objectives defined by DHW for a strategic and independent lessons management review.
- Direction and guidance provided by the SEMP Lessons Management Framework.
- Established good practice in lessons management, as outlined in the Australian Institute for Disaster Resilience Lessons Management Handbook, and support resources.
- Time and resources available for the review.

The methodology can be summarised as follows:

1. Capture observations through interviews, workstream debrief workshops and surveys.
2. Develop insights and identify lessons through data coding and root cause analysis, and a validation process.
3. Documenting the findings and recommendations in this report. As noted in the SEMP Lessons Management Framework, lessons are not learnt until the Department has had the opportunity to respond to the recommended actions.

Table Two provides additional detail about the key tasks involved in the review, and the levels of participation.

Table Two: Overview of lessons management activities

Task	Definition	Participation
Data collection		
Interviews	Semi structured interviews conducted either one-on-one or in small groups with members of DHW Executive and nominated others who provided a leadership role in the Control Agency response. Interviews were 90 minutes in duration. Participants were provided a Briefing Paper and optional questionnaire to be completed in advance of their interview to assist their preparation.	25 interviews 27 participants
Workstream debriefs	Semi structured debriefs with people who held a leadership role in each Workstream. Debriefs were two hours in duration. Participants were provided a Briefing Paper to assist in their preparation.	8 debriefs 55 participants
Survey	Survey for members of Workstreams, targeted at people who participated in any of the Workstream activities during the review period. A survey distribution list was prepared by DHW and informed by leaders of each Workstream.	Survey responses: 106 Survey distribution: 289 Response rate: 36.7%
Data analysis		
Data coding and analysis	Data coding and grouping of observations against pre-identified review themes to develop insights. Qualitative root cause analysis to identify lessons and recommended actions arising from the insights. The data coding and analysis was undertaken by each member of the review team individually, and then as collective exercise to verify the analysis and mitigate facilitator bias.	Consultant team (3 reviewers)
Validation	Validation of insights, lessons and recommended action occurred though a working session where the outcomes of the data coding and analysis were discussed and stress tested.	Project Team

The lines of inquiry for all three methods of data collection were based upon the ten responsibilities of a Control Agency. The following data collection instruments and support materials are available in the Appendices Report:

- Appendix A –Questions for Interviews.
- Appendix B – Briefing Paper for Interviews.
- Appendix C – Questions for Workstream Debriefs.
- Appendix D - Briefing Paper for Workstream Debriefs.
- Appendix E – Survey questions.

3.3 Scope

The scope of this Lessons Management Review is limited as follows:

1. This review is a lessons management process that captures, synthesises and evaluates the learnings as expressed by those leading DHW's Control Agency response. It is an independently facilitated process to systematically capture, organise and evaluate the learnings.
2. This review is not an independent audit, inquiry or review of particular decisions made by the Department, nor is it an evaluation of the broader public health, economic and/or social consequences of the Department's actions.
3. This report documents lessons from a highly complex and long duration emergency response. As a strategic review, it deliberately considers the Control Agency response as a whole and as such, does not seek to separate out the lessons from any individual component, or particular stages, of the response.
4. This Lessons Management Review is limited to capturing the lessons associated with DHW's action as the Control Agency for the pandemic. It does not capture any lessons associated with the response from other parts of Government.
5. The review considers only the period under which the Emergency Declaration was in place, which was between 22 March 2020 and 24 May 2022.
6. In accordance with the SEMP Lessons Management Framework, this Control Agency Lessons Management Review will be provided to SEMC to inform the whole-of-government lessons management process for the pandemic.
7. The lines of inquiry were framed around the ten responsibilities of a Control Agency. This means that the lessons arising from the review focus on emergency management processes, and the recommendations generally relate to actions that can be taken to strengthen the Department's approaches as a Control Agency in future emergencies.
8. Data collection through interviews and debriefs was focussed on those who provided a leadership role. The survey ensured that those who performed more operational roles within the SCC-H and Workstreams were provided with an opportunity to contribute to the review.
9. Many other State Government agencies had a role in advising on and/or implementing the State's overall COVID-19 response. Participation of other agencies in this review was limited to individuals who played a key role in assisting DHW to mobilise its Control Agency response. Other agencies may conduct their own review process, or participate in a whole of government lessons management review.
10. Participation was optional but encouraged. Some people declined the opportunity to participate in an interview, debrief or survey.
11. Participants included people who are no longer employed by DHW, and/or were seconded to the Department to support the response and have since returned to their substantive positions.
12. This review has not been informed by a comprehensive review of DHW internal documentation. Documents provided to the consultant team included governance structures, terms of reference, issue-specific debriefs, reviews and lessons management reports, sample decision reports and sample operational plans. These documents were reviewed by the consultants only to provide context for matters that may arise during the Lessons Management Review.
13. The findings and recommendations are based upon an analysis of participant observations using a range of coding, theming, grouping and other qualitative analysis techniques that aim to understand the root cause of the observations and insights. External validation of participant observations has been limited to verifying relevant matters of fact.

4 Lessons identified

This section of the report summarises the lessons identified, and in accordance with the methodology and scope of the Lessons Management Review, is structured into the following subsections:

- Overall performance.
- Governance.
- Incident management.
- Planning.
- Risk management.
- Implementation.
- Resource management.
- People and culture.
- Stakeholder engagement.
- Public information.

Each subsection begins with an extract of the relevant Control Agency roles and responsibilities, followed by a discussion of the observations and insights, and any recommendations.

A selection of verbatim quotes from survey responses is provided to illustrate the context of some of the themes described in the narrative text.

4.1 Overall performance

Relevant Control Agency Roles and Responsibilities

The control agency undertakes a leadership role for the planning of the emergency response activities, prepares and reviews appropriate plans, processes and documentation, and ensures those leading the response within the control agency are appropriately trained.

The control agency is responsible for ensuring it is adequately prepared to respond to an emergency event. This includes monitoring for potential emergency events and, where appropriate, taking actions to prevent an emergency event occurring and responding to events of lesser significance in order to prevent escalation to an emergency level.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

1. Taking control of the response to the emergency (including the appointment of an Incident Controller and incident management structure).

4 Lessons identified

Summary of the observations and insights

Across all data collection methods, participants were asked to reflect on DHW's overall performance during the pandemic, relative to the 10 responsibilities of a Control Agency. Participants offered a wide range of observations that reflected their own measures of success, and their own understanding of the Department's responsibilities as a Control Agency. Many of the observations and insights summarised here are further discussed in subsequent sections.

It was consistently reported that, in the context of an unpredictable and uncertain global pandemic and South Australia's limited experience with long duration emergencies, DHW performed well overall, provided a good service to the South Australian community and "got the job done". This sentiment was also reflected in the survey where 89% of respondents either agreed or strongly agreed with the statement that "DHW fulfilled its responsibilities as a Control Agency during COVID-19…".

Participants commented on the satisfactory performance of the Department as the Control Agency in the context that:

- It was the first time for DHW to act as the Control Agency for a major emergency.
- It was a novel virus for which there was "no playbook", and every jurisdiction in the world needed to continually adapt to evolving evidence and experiences.
- It required a campaign (long duration) response that extended over months and years, and an unprecedented mobilisation of support from other arms of government, the private sector and the community at large.
- The nature of the pandemic saw the Department delivering logistical and operational activities of a nature and scale that cannot be compared with ordinary operations for DHW, nor the sorts of operations experienced in other emergencies in South Australia's history.

In reflecting on the overall performance of DHW as Control Agency, participants drew attention to the significant personal and professional commitment of a large number of people at all levels in the Department, and how this was instrumental to the overall response. In short, staff gave discretionary effort for an extended period of time, and consistently went above and beyond the ordinary expectations of public servants to deliver the response.

> ***"We had an extremely dedicated workforce that went above and beyond to implement operational strategies and protect the South Australian community"***
>
> **- Survey respondent**

Similarly, there were a large number of observations around the significant assistance DHW received from partner agencies and the way in which this addressed gaps in capacity and capability. A repeated observation was that "everyone wanted us to succeed", and that it was unlikely that the Department could have stood up and sustained an effective response without the expertise and additional resources from across government.

Notwithstanding these strengths, participants also identified a number of challenges that hindered the Department's overall response. The first among these was the limited understanding of the role of a Control Agency, and emergency management arrangements more generally, outside a small number of emergency management specialists within the Department. This meant that there was a need for intensive organisational learning about incident management fundamentals at the same time as mobilising the response, which in the view of participants impacted the speed and efficiency of response efforts.

Similarly, participants observed challenges experienced in adjusting elements of business-as-usual ways of working to the pace of an emergency response. This was linked to both a limited exposure to what is required in an emergency, and the differences in the business-as-usual structures, operations and culture of the Department compared with the command and control exercise of authority and direction used by the 'lights and sirens' agencies that have responsibilities for other emergencies under the SEMP. This, too, was identified as having impacts on the speed and efficiency of DHW's Control Agency response to the pandemic.

A number of participants also expressed the view that the level of investment in both public health and emergency management prior to the pandemic did not reflect the possibility that the Department might need to lead the response to an event as large and complex as COVID-19. As a result, there was a perceived underinvestment in departmental staff and systems that would support a significant and prolonged emergency response.

Finally, participants identified a strong desire for the Department to systemically and demonstrably embed the learnings arising from DHW's experience as the Control Agency for COVID-19. This was identified as requiring resourcing and a sustained focus on skills, workforce planning, systems, technology and stakeholder relations, so that the Department is better prepared in the event of another pandemic or public health emergency.

Conclusions – Overall performance

- DHW performed well overall, took control, and sustained a campaign response to a highly complex and long duration emergency.
- The significant and sustained commitment by staff and assistance from partner agencies was key to the Department's success.
- The speed and efficiency of the response was impacted by limited understanding of emergency management outside a small number of specialists; and perceived underinvestment in systems and processes to scale a response to a large, prolonged and highly complex emergency.
- There is a strong desire for the Department to embed the many learnings from leading the pandemic response.

Recommendations

1. Embed the learnings from the pandemic response into DHW's emergency management and public health business practices.
2. Develop a mechanism to communicate progress in implementing the findings of this Lessons Management Review.

4.2 Governance

Relevant Control Agency Roles and Responsibilities

The control agency undertakes a leadership role for the planning of the emergency response activities, prepares and reviews appropriate plans, processes and documentation, and ensures those leading the response within the control agency are appropriately trained.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

1. Taking control of the response to the emergency (including the appointment of an Incident Controller and incident management structure).

Summary of the observations and insights

The approach to governance during the response was a significant focus in the lessons management review and accounted for almost 20% of the observations captured.

Overall, participants observed the ways in which leading the response to a state-wide emergency required a different governance approach for SA Health and the Department. Participants contrasted the 'command and control' typically adopted in incident management with the health system's decentralised governance model, characterised by DHW acting as a system leader that assists other SA Health entities such as Local Health Networks (LHNs), who themselves are independently governed[6].

In this context, participants spoke to how DHW needed to adjust its governance approaches to effectively fulfill its Control Agency responsibilities, while also working within established norms and expectations around decision making and communication.

A range of perspectives were shared on the efficacy of the governance approaches adopted. Some participants observed that the Department could have drawn more heavily on incident management thinking in setting up its governance, while others observed that traditional incident management structures would not work well in a complex health context. The bespoke 'Workstream' governance model adopted by DHW was described by participants as a hybrid of the incident management approaches contemplated in the SEMP and the decentralised governance structure that was familiar to the Department.

Participants expressed divergent views on the roles that elected officials should have within the State's emergency management arrangements. Some saw a potentially larger role for political leaders in providing oversight of the economic and social consequences of emergency directions in a long duration event, while others supported the clear separation of the political sphere from the Control Agency. From an incident management perspective, it was generally considered that DHW was better enabled to fulfil its day-to-day responsibilities as a Control Agency during COVID-19 due to a level of independence from elected officials for much of the response period.

The positive working relationships between Departmental executive and political leaders was identified as a strength that not only assisted with governance, but also in building community trust in the overall response effort.

6 - Further information on SA Health governance is available here: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/sa+health+governance+reforms/sa+health+governance+reforms

4 Lessons identified

The positive working relationships between Departmental executive and political leaders was identified as a strength that not only assisted with governance, but also in building community trust in the overall response effort.

Many observations were made in relation to the role of and effectiveness of the Department's executives in leading the Control Agency response. Consistent themes were that the executive group stepped up to the challenge, provided strong and adaptive leadership, and played to their respective strengths, including recognising the need for both clinical and administrative expertise. A number of individual members of the Department's executive were repeatedly identified as providing outstanding leadership in a very challenging situation.

> *Governance structure worked well, enabling clinical and strategic decisions to be efficiently communicated and operationalised.*
>
> *Dedication and transparency of the leadership and management… and good training and upskilling provided by leadership, management and senior staff.*
>
> **- Survey respondents**

Notwithstanding these strengths, it was also observed that decision making was largely centralised in a small number of senior executives, and there may have been missed opportunities to delegate more operational decision making to create additional capacity for planning and proactive strategy at the executive level. Whilst an emergency requires a clear chain of command, a perceived over reliance on executives to determine such a volume of decisions, and making decisions via a large committee, was seen by some to have impacted the speed of the response effort and the flow of information. Participants observed that this approach in part reflected the risk context in that the consequences of many operational decisions was high, and also that it reflected the routine decision making approaches for the Department.

> *A delegation of roles and responsibilities on key areas of responsibility would have been beneficial in achieving a more seamless incident management response.*
>
> **- Survey respondent**

In this context, many observations were made about the level of responsibility centralised in the role of State Controller (CPHO). These observations did not relate to or criticise the performance of the individual filling the role but observed that a significant amount of responsibility sat with one person, thereby creating the potential for a key person risk in the response, which can be a common challenge with command-and-control structures.

4 Lessons identified

It is noted that when an emergency has been declared a disaster by the Governor in accordance with Section 24 of the *Emergency Management Act 2004*, the State Controller has legislative obligations to personally lead the Control Agency response and respond to the directions of the State Coordinator. It should also be noted that to enable the person appointed by the Governor as CPHO to fulfil the pre-nominated role of State Controller, and ensure that redundancies were in place, Deputy CPHOs were appointed early in the emergency response. The business-as-usual public health responsibilities of the CPHO were delegated to one of these Deputy CPHOs.

Workstreams formed a key part of the governance and enabled the Department to draw upon existing structures, personnel and ways of working to deliver core components of the response. Participants shared a range of perspectives on the relative efficacy of the Workstreams as an approach to manage the response and indeed the relative successes of each Workstream.

This difference of opinion is linked with the different structure, leadership and priorities of the Workstreams themselves in that they varied from relatively informal clusters of people doing linked worked that reported under the same executive, to a working group structure, to a highly structured and coordinated mechanism. Some participants struggled to identify whether their work fell within the structure of a Workstream, while others had a clear sense of purpose, structure and clear plans.

Through the review, it was also identified that some Workstreams operated collaboratively with other Workstreams and the SCC-H, while others worked in isolation with limited communication with other parts of the response, resulting in elements of siloing and duplication of effort.

As Workstreams were established and expanded, the role of the SCC-H became less clear, and it evolved into an enabling function that provided logistics and operations functions for some Workstreams and picking up ad-hoc areas of work that was not otherwise assigned. Examples were shared of instances where work was duplicated between the SCC-H and Workstreams, indicating shortcomings in internal communication and coordination processes.

These inconsistencies observed through the review provide an indication of how the Workstreams could have better utilised incident management principles to maintain operational focus and tempo, more clearly define roles and responsibilities and ensure resources were being used in the most efficient and effective manner.

DHW (and not the broader health system) holds responsibility within the SEMP as the Control Agency. It was observed through the review that LHNs, while providing staff to many of the Workstreams and delivering important pandemic response activities in their own right, were not included from the governance model for much of the response, with a governance role only emerging in the later phases of the pandemic in the lead up to the opening of the State borders. It was observed that this approach enabled LHNs to focus on providing health care and their own preparedness. However, it was also observed that they may have been underutilised in the Control Agency response, and there were missed opportunities to leverage their operational capabilities.

Finally, it was consistently observed that leading the emergency response had a material impact on the business-as-usual activities of the Department and its role as the health system leader. Participants commented that the Department did not formally separate some of its core functions from COVID-19 related activities and more people should have been taken 'off line' to work in the COVID-19 response with their substantive position backfilled to avoid a loss of organisational capacity.

Conclusions – Governance

- Acting as the Control Agency required a different governance approach to business-as-usual for DHW and SA Health.
- Clear separation of the roles of elected officials from the emergency management responsibilities of the Department enabled a clear focus on the Control Agency tasks for much of the response.
- While DHW executive provided strong, adaptive and evidence-based leadership throughout the response, there may have been missed opportunities to delegate more operational decision making within the parameters of the clear chain of command to create additional capacity for proactive strategy at the executive level.
- Workstreams provided a practical structure for the Department to deliver the response, but some Workstreams could have better utilised incident management principles to maintain operational focus and tempo.
- The State Control Centre – Health played a significant logistics and operations role across the response, but its effectiveness was impacted, on occasion, by disconnection from other areas of the response.
- Local Health Networks did not have a formal role the governance model for much of the response, which enabled them to focus on providing health care and their own preparedness, but meant they may have been underutilised in the Control Agency response.
- Leading the emergency response had a material impact on the business-as-usual activities of the Department due to the number of personnel maintaining their ordinary responsibilities while participating in the Control Agency response.

Recommendations

3. Review the approach to incident management across SA Health in consultation with relevant stakeholders, including consideration of:
   a. The most appropriate way for incident management concepts and principles to be applied across the complex health operating environment during an emergency response;
   b. The relationship between crisis leadership and maintaining business continuity and business-as-usual service delivery;
   c. The roles and responsibilities of the:
      i. State Controller
      ii. Departmental Executive
      iii. Disaster Management Branch
      iv. Public Health Division
      v. Other SA Health entities; and
   d. The governance model that the Department will follow to scale an operation in both declared and undeclared emergencies, including the roles of the SCC-Health and Workstreams.

4.3 Incident management

Relevant Control Agency Roles and Responsibilities

Control agencies must use either the Australasian Inter-service Incident Management System (AIIMS) or the Incident Command and Control System Plus (ICCS Plus) as an incident management system to provide a common system for all responding agencies and personnel.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

1. Taking control of the response to the emergency (including the appointment of an Incident Controller and incident management structure)

6. Implementing and monitoring the incident action plan.

10. Ensuring transition from response to recovery, including the coordinated handover to the state recovery arrangements where necessary.

Summary of the observations and insights

Incident management in an emergency context generally refers to the organisational principles and structures adopted in managing the response. Incident management systems are considered foundational to any emergency response to ensure that there is an agreed and well understood way of working for all agencies involved.

Participants commented that many people leading and working on the Control Agency response had limited understanding of, and prior exposure to, incident management in an emergency management context. It was observed that DHW employees, in the main, had not expected to be involved in an emergency response and did not consider the responsibilities of DHW as a Control Agency to be a core part of their role. This meant that the importance of understanding incident management was not realised or acknowledged until it was necessary to step into the role supporting the Control Agency response for COVID-19.

It was similarly observed that there was a general lack of awareness amongst DHW staff of the DMB nor understanding of its role, even at the senior executive level. Similarly, the doctrine that DMB maintains for use in incident management was not widely understood, which may have impacted decisions about how pre-existing documentation was used.

Participants noted that DHW's capability in incident management, prior to the pandemic, was largely vested in a small number of specialists, who as a collective team lacked the capacity, resources and influence to effectively embed incident management approaches and build capacity across DHW and the broader health system.

It was also observed that DMB would have been better served, both in a preparedness sense as well as during the pandemic, by being led by an Executive Director. This was not a reflection of the capability of the incumbent Director, but rather a limitation in the Branch's ability to effectively perform the role of the Commander SCC-H and to directly engage with and influence other Executive Directors. Any challenges in the ability to engage with other executives was thought to have impacted the flow of information around the response effort.

The SEMP requires Control Agencies to adopt either AIIMS or ICCS Plus as a consistent incident management system. DHW did not use either system across the pandemic response, although an AIIMS structure was used in the SCC-H. It was consistently observed that these systems, and related approaches adopted from front-line response agencies are not fit for purpose for managing a public health emergency and the nuances of responding to a human disease outbreak, especially in the context of the complexities of the health system, and a prolonged emergency characterised by broad consequences across the entire community.

It was also noted that, while these particular systems were not fit for purpose for health, DHW could have benefited from adopting some of their principles and approaches to assist in the incident management of the pandemic, and maintain the pace and focus required during an emergency response.

As one example, participants observed that there was a lack of a common operating picture across the DHW response (for access by DHW Workstreams, let alone other SA Health entities and external agencies). This impacted the access to information, placed reliance on more traditional internal communication processes, and contributed to siloing and duplication of efforts across some areas of the response. WebEOC was utilised within the SCC-H but not outside it.

There was a strong incident management focus within the SCC-H, which was established early in the pandemic from personnel deployed from the Australian Defence Force and State Government emergency services and sustained through the role of the Commander SCC-H and their team. This structure was seen as an important enabler of the SCC-H's success in being able to mobilise and deliver complex logistics and operations for the response.

> ***Defence and SAPOL, and other organisations with particularly well-established hierarchical structures found our approach difficult to work with…their structure did create more certainty about what was and wasn't in scope and removed a lot of duplication of efforts.***
>
> **- Survey respondent**

The evolution in the role of the SCC-H into more of an enabling function and its weakened connection to the State Controller via the DHW Executive, was observed as limiting the full potential of this incident management approach. There was not the same incident management focus within the Workstreams, where, as noted in Section 4.2 Governance, a wide range of approaches to organising work were adopted.

Finally, SAPOL as the Coordinating Agency played an important role in supporting effective incident management between all of the agencies involved in the response. It was frequently identified that SAPOL and DHW worked well together, understood their respective roles and played to their strengths.

Conclusions – Incident management

- The Disaster Management Branch capacity prior to the pandemic undermined its ability to effectively prepare the Department to perform its incident management responsibilities in the COVID-19 pandemic response.
- Traditional incident management systems, such as AIIMS or ICCS Plus, are not fit-for-purpose in a health context.
- There was a lack of a common operating picture across the entire DHW response, which impacted the sharing of information.
- Personnel from the Australian Defence Force and State Government emergency services provided valuable incident management expertise to the SCC-H, but less so to other parts of the DHW response.
- A strong and mutually respectful partnership with SAPOL as Coordinating Agency was pivotal to the Control Agency response.

Recommendations

4. Review the resourcing and reporting lines of DMB to ensure it is set up to fulfill the Department's responsibilities as a Control Agency and the Department's other crisis management obligations, and can effectively meet the expectations of Departmental, SA Health and external stakeholders.
5. Determine, establish and then maintain an adequate baseline level of incident management capability within the Department and across SA Health.
6. Sustain relationships with Control Agencies and other organisations with responsibilities in the SEMP as a means of supporting the mutually beneficial sharing of incident management capability across government.
7. Investigate an appropriate electronic incident management system that would provide a common operating picture for the health response to future emergencies.

4.4 Planning

Relevant Control Agency Roles and Responsibilities

The control agency undertakes a leadership role for the planning of the emergency response activities, prepares and reviews appropriate plans, processes and documentation.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

4. Continually assessing the situation and identifying, assessing and managing current and potential risks and consequences, and sharing information with all involved.
5. Developing and sharing plans and strategies in line with the Principles of the Act and the SEMP that meet the requirements of all agencies responding to the emergency (an incident action plan).

4 Lessons identified

Summary of the observations and insights

Participants consistently observed that there was a clear mission for the response, which provided focus for everyone involved, and helped define the 'bigger picture' that each component of the response was working towards.

Despite this, participants observed an absence of high level planning or documented strategy to outline how the mission was being achieved. There was no widely used Incident Action Plan (beyond the required State Emergency Centre reporting), nor 'whole of system' strategy (beyond one-page summary descriptors of the overall approach) that communicated how the various components of the response came together to support the achievement of the mission. Various attempts were made to address this, but never came to full fruition. This created the risk that the various components of the response and how they interacted were only fully understood or appreciated by a small number of people in senior positions.

It was observed that an emergency response needs to have 'thinkers' and 'doers' and a lack of dedicated resourcing to focus on the 'thinking' impacted the overall approach to planning. The key roles leading the response were also actively engaged in the delivery of the response, which reduced capacity for planning and proactive measures. Additionally, participants consistently commented that it was unclear how pre-existing plans, such as those developed by the DMB, were being used to frame the response.

> ***Strategic planning - while so much about the pandemic was unknown, I feel that we were very focused on "right now" with limited forward planning, particularly around operational processes, for different scenarios.***
>
> **- survey respondent**

Participants noted these challenges in the context of the pandemic, which presented particular planning challenges in terms of:

- COVID-19 as novel virus, and the associated evolving evidence base about how the virus behaves and thus the best way to manage it.
- Insufficient time to plan, due to the volume and urgency of work, and lack of human resources for the overall DHW response, which limited the ability to set aside dedicated planning resources.
- Limited experience or capability in planning in an emergency context, and missed opportunity to make better use of the incident planning capability of the Australian Defence Force and other partners.
- The role of the Commonwealth in setting a national response framework, and the expectation that South Australia's approach to managing the pandemic would fall within the agreed national parameters.

At a more operational level, it was noted that various plans, policies and protocols were developed and implemented, to varying extents, by the Workstreams. In some cases, these were well developed and provided a clear pathway for action, while in other cases, planning was more informal or reactionary.

Participants observed that while there was a wide range of datasets and modelling available, as well as data from the response itself, there was a lack of integrated information management processes to make best use of the available information across the response.

Participants also provided examples of detailed operational plans that were too comprehensive to be effectively picked up and used and/or were redundant by the time they were finalised due to the changing context. In future emergencies, it was suggested that operational planning should be more principle based to increase its relevance and value to the response effort.

Overall, it was observed that a stronger focus on planning may have helped to:

- Build a shared understanding across the Department as to how the mission is being operationalised, and the priorities of each Workstream.
- Clarify roles and responsibilities, and avoid duplication of effort.
- Stress-test proposed approaches; anticipate possible scenarios and explore the operational implications of decision making.
- Establish a clear roadmap for key changes in the mission.

Conclusions – Planning

- There was a clear mission throughout the different stages of the pandemic response that was well understood across the Department.
- There was limited strategic 'whole of response' incident planning because of the continually evolving evidence base, insufficient time to plan due to the operational tempo and the role of the Commonwealth in framing the national response.
- Operational plans, policies and protocols were developed and implemented to varying extents by the Workstreams.
- A stronger focus on planning may have helped to:
    - Build a shared understanding across the Department as to how the mission is being operationalised, and the priorities of each Workstream.
    - Clarify roles and responsibilities, and avoid duplication of effort.
    - Stress-test proposed approaches; anticipate possible scenarios and explore the operational implications of decision making.
    - Establish a clear roadmap for key changes in the mission.

Recommendations

8. As part of the review of the Department's approach to incident management, develop an agreed approach to strategic and operational planning in the response to future health emergencies.

4.5 Risk management

Relevant Control Agency Roles and Responsibilities

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

4. Continually assessing the situation and identifying, assessing and managing current and potential risks and consequences, and sharing information with all involved.

Summary of the observations and insights

Participants observed that risk management for the Control Agency took place in a context where everyone in the community was impacted, in some way, by the pandemic, uncertainty about how the virus would evolve and the societal consequences of this. The Control Agency applied the precautionary principle in the management of public health risks.

It was noted that DHW's efforts in continually assessing the situation and evaluating risks were assisted by the amount of research taking place about the virus, and the ability to access the evolving evidence base developed at global, national and local levels. Access to and quality of locally developed modelling, and the way it was used by DHW to inform decision making, was identified as a strength of the response.

It was observed that DHW's decision making and advice was risk based. It was also observed that decisions to manage risks associated with the virus considered broader consequences of proposed interventions, albeit within the context of DHW's responsibilities as a Control Agency.

Many participants commented on the challenges that DHW faced in proposing and implementing regulatory measures that sought to minimise health risks to the community while also seeking to minimising adverse social and economic impacts on the community. The review found divergent views on the extent to which this balance was achieved.

It was also identified through the review that the challenges of applying the proportionate regulation principle were exacerbated by the "prevention paradox" or the "public health paradox" whereby measures taken by the Control Agency to manage the risk of the virus, and prevent its spread, were questioned or seen as unnecessary when the expected impacts did not eventuate due to the public health measures put in place.

These challenges became more difficult for the Control Agency to manage in later phases of the pandemic, as the community's tolerance to the public health measures imposed to manage the virus began to change.

In this context, participants observed that consideration of the broader consequences of public health measures is not solely the responsibility of the Control Agency, but the whole of government response. Both the Directions and Transition Committees played important roles in evaluating and pressure testing proposed approaches to manage public health risks – and advising decisions makers about changes to these approaches taking into account a range of social and economic considerations.

It was also observed that risk management was assisted by the degree of unity between political leaders, SAPOL as Coordinating Agency, and DHW as the Control Agency in taking an evidence based approach and communicating risk considerations of key decisions, all of which was a product of a clear and well understood mission.

Finally, despite the strong risk management focus across the response, a number of participants identified that risk considerations in decision making were not always documented in a consistent manner, nor was there a centrally maintained risk register for the response. While this does not mean that risks were not being effectively managed, the lack of documentation was noted.

4.5 Risk management

Conclusions – Risk management

- The approach to risk management took place in a state, national and global risk context characterised by concern and uncertainty about the virus.
- The ongoing process of commissioning, evaluating and sharing the evidence base about the virus (within the Department, across the State and nationally) was important in understanding risk.
- The Department's clarity of mission helped drive a strong focus on managing risks associated with the hazard (virus), and a broad range of consequences were considered in decision making.
- The relative weighting placed on the public health risk compared with other areas of risk was a point of significant conjecture and commentary amongst stakeholders and the broader public throughout the response.
- The Directions and Transition Committees played important roles in advising on the broader social and economic considerations of the State's COVID-19 response.

Recommendations

9. Ensure risk management decisions and approaches are clearly documented in future incident management.

4.6 Implementation

Relevant Control Agency Roles and Responsibilities

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

6. Implementing and monitoring the incident action plan.

Summary of the observations and insights

Participants consistently observed the Department's ability to operationalise the response as a success. Significant pride was expressed by participants in reflecting on what was able to be achieved, often in very short time frames and with significant resourcing constraints.

These observations were also supported by the survey, whereby 'Delivery/Operations' was the highest ranked of all the Control Agency responsibilities, and with more than 79% of respondents assessing it as 'good' or 'very good'.

Examples of implementation success frequently mentioned included the medi-hotel system and associated repatriation program, border control operations, testing (including standing up the first drive through testing in Australia) and vaccination facilities. While each example had to overcome its individual challenges, participants observed that the Control Agency was able to operationalise 'against the odds' and achieve results in a constrained, uncertain and unfamiliar environment.

4 Lessons identified

> *The early operations at the airport, moving returned international travellers to the medi-hotels, was a key success given this was unprecedented and established very quickly. Cross-border traveller testing compliance was done well.*
>
> **- Survey respondent**

One challenge that impacted implementation was the speed of decision making and the lack of advanced notice, meaning that those with responsibility for implementing a significant operation often found out about the new directions at the same time as the rest of the State via a press conference. Participants displayed a level of understanding as to why advance notice was not always possible in a pandemic response, but equally the significant additional pressure this placed on delivery teams. It was also observed that the nature of some directions resulted in conflicting priorities, inefficiencies and unrealistic workloads for frontline staff.

Participants observed that the level of success implementing operations was not consistent across the response, given the different approaches taken by the Workstreams to their incident management structures, planning and operations. Participants contrasted aspects of the response that were well implemented with those that were not because processes could not effectively scale to the volume of work, a lack of standardisation in approaches and/or missed opportunities to work in a more efficient and effective manner.

The entire State was impacted by various forms of supply chain constraints and DHW as the Control Agency was no exception. Shortages of PPE, masks, testing supplies and vaccines presented significant risks to the COVID-19 response.

While in the main the Control Agency was able to resource its needs, it did encounter material supply chain risks that reflected broader matters of sovereign risk that are beyond the responsibility of the Control Agency to resolve, but represent a strategic whole-of-government risk.

Finally, in implementing response, participants discussed a number of examples of actions that did not demonstrate acceptable levels of cultural safety in working with vulnerable populations, nor alignment with adopted protocols. It was identified that many of the Control Agency objectives could have been achieved whilst also providing the appropriate level of cultural safety through the earlier and up-front consideration of the needs of these groups and engagements of cultural engagement experts.

Conclusions – Implementation

- The logistical achievements of the Department in implementing the response were impressive, especially in the context of the nature of decisions being made, and the speed at which they needed to be implemented.
- There were a range of approaches to implementing the mission, leading to a lack of consistency and varying levels of success in operations and logistics.
- Aspects of the response implementation were vulnerable to supply constraints, demonstrating broader matters of sovereign risk.
- Elements of the response did not provide the level of cultural safety for some groups of the population that would be expected in regular service delivery.

Recommendations

10. As part of reviewing SA Health's Incident Management approach, consider the most appropriate ways to provide logistics and operations functions to deliver emergency response activities (including any opportunities to leverage capability within other parts of the health system and government).
11. Advocate through SEMC for strategic supply chain risks and vulnerabilities to be reviewed on a whole-of-government basis as a strategic risk for the State.
12. Identify the best mechanism to ensure there is a strong cultural safety lens considered in the delivery of future emergency response activities.

4.7 Resource management

Relevant Control Agency Roles and Responsibilities

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

7. Ensuring the effective allocation and use of available resources.

Summary of the observations and insights

Resource management was a significant task for DHW given the scale of the response and the activities being undertaken.

Overall, participants observed that the Control Agency was able to access the funding it required to mobilise the response, and that significant effort was placed on removing obstacles to prompt and effective action. This was seen by many participants as a success of the response, especially given the actions being undertaken were essentially new and the Department needed to procure facilities and services at a scale and speed that was out of the ordinary.

> *The response team had fast access to resources if and as required.*
>
> - survey respondent

Participants observed that the Department's procurement practices were able to adjust to the operating context of an emergency, and that doing so created 'back end' pressure for business support functions, such as procurement, finance and contract management.

It was also observed that suppliers across supply chains stepped up and worked effectively with the Department to support wide ranging action, and these partners were pivotal to the response.

> *At the start of the pandemic, we got quickly involved and understood the need to secure sufficient stock of PPE. Various strategies were used to support stock availability and the relationship built with suppliers prior to the pandemic was extremely crucial to this success.*
>
> - survey respondent

There was significant commentary made around the use of electronic systems and applications in the response.

Firstly, it was observed that prior to the pandemic, the Department did not have an electronic system for communicable disease outbreak management capable of scaling, and that paper systems used for smaller outbreaks experienced in South Australia to date were inadequate.

Secondly, while many Workstreams identified the need for electronic systems and applications to bring efficiencies to work flows, it was difficult to anticipate the volume of the work (for example, the volume of exemption requests), and how long the systems may be required given the broader uncertainty about the trajectory of the pandemic. This meant that some decisions to invest in new electronic systems were made just in time or too late, creating operational pressures and limiting the benefit of the investment.

This also meant that systems and applications were developed quickly and in isolation and did not necessarily speak to or integrate with systems used in other Workstreams, or by response partners, such as SAPOL.

Notwithstanding these challenges, participants observed that the systems and applications that were developed significantly supported the response, and the assistance with digital solutions provided by the Department of Premier and Cabinet was valued.

Finally, it was observed that many of the systems and applications developed through the pandemic response are good systems, but most have now been decommissioned due to the cost of system maintenance. This was seen as a missed opportunity to pursue a more strategic, long term and potentially whole-of-government benefit, in addition to having potential for use in other emergency situations across government.

Conclusions – Resource management

- The Department had access to the budgets it needed to mobilise the response, and procurement practices were generally able to adjust to the emergency operating context.
- There was a lack of existing electronic systems and applications that were capable of scaling to operationalise the response.
- Some decisions to invest in new electronic systems and applications were made just in time or late because of uncertainty about the pandemic and future needs.
- The decommissioning of electronic systems and applications developed through the pandemic was seen as a missed opportunity to pursue more strategic, long term and potentially whole-of-government benefits.

Recommendations

13. Advocate through SEMC for DPC to provide a whole-of-government centrally coordinated approach to the procurement and management of electronic systems and applications in emergencies to maximise system interoperability and strategic benefit.
14. Ensure business support functions, including procurement, contract management, finance and IT support systems are adequately resourced in future emergency responses.

4.8 People and culture

Relevant Control Agency Roles and Responsibilities

The control agency…ensures those leading the response within the control agency are appropriately trained.

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

2. Ensuring a safe working environment and safe systems of work.

Summary of the observations and insights

The management of human resources generated a large number of observations in the interviews and debriefs. In the survey, it was the component of the response that received the lowest ranking when participants were asked to assess DHW's performance against the responsibilities as a Control Agency.

Overall, participants observed that the Department experienced significant challenges in attracting the quantity and quality of human resources it needed to mobilise the response, as a result, many existing personnel were stretched, and there was a lack of depth or backups for role across the response. Participants observed that these issues were, in the main, a result of an inability to recruit rather than a lack of funding for the required roles.

Whilst the response benefited from the support provided by key individuals and agencies across government, the Public Sector Mobilisation program was observed as being generally unable to supply the quantity of staff needed from across government, nor attract staff with the requisite skills and aptitude. The Public Sector Mobilisation Policy had only just been adopted at the start of the pandemic, and as such, its operating model had not been developed, nor its implementation ever tested.

It was observed that the shortcomings experienced with the Public Sector Mobilisation program was, in part, the product of some process-related issues as well as a perceived lack of support from a number of agencies. Some key practical challenges included DHW being able to sufficiently define their requirements, while those operating the program struggled to obtain the right level of visibility over the skillsets and capacity across government to help fill the needs. The mobilisation also presented a wide range of industrial, policy and process, safety and wellbeing issues for staff who were mobilised to DHW, but came with conditions and expectations from their home agency.

It was observed that the program, in the main, did not use its directional powers, and there was a perceived lack of support from the leadership of a number of government agencies, who did not provide DHW with the talented staff it needed to resource the pandemic response. In this regard, resourcing the Control Agency was seen to be DHW's problem, rather than a whole of government concern.

Participants also commented that the Department may not have had the capacity to adequately induct and support those deployed through the program, which negatively impacted the experience and overall efficacy of those deployed to support the response.

When the Department was directly recruiting new staff, it was observed that its own human resources practices, and those managed by Shared Services, did not sufficiently adapt or scale its processes to support the timely recruitment of new staff. This was contrasted with the experience of using private temporary labour hire arrangements, which were effective in sourcing staff for some components of the response.

It was also observed that some of the skillsets required were highly specialised, such as epidemiology, and that there was a critical shortage of people with the required skills and experience in South Australia and nationally. There was a small pool of qualified and experienced people to draw from in a nationally competitive market.

Participants also commented that the Department may not have had the capacity to adequately induct and support those deployed through the program, which negatively impacted the experience and overall efficacy of those deployed to support the response.

When the Department was directly recruiting new staff, it was observed that its own human resources practices, and those managed by Shared Services, did not sufficiently adapt or scale its processes to support the timely recruitment of new staff. This was contrasted with the experience of using private temporary labour hire arrangements, which were effective in sourcing staff for some components of the response.

It was also observed that some of the skillsets required were highly specialised, such as epidemiology, and that there was a critical shortage of people with the required skills and experience in South Australia and nationally. There was a small pool of qualified and experienced people to draw from in a nationally competitive market.

> *HR recruitment processes during the pandemic were disappointing as no processes allowed for a more efficient system to get people into positions quick enough.*
>
> **- Survey respondent**

These challenges meant that many staff worked throughout the pandemic with limited extended breaks or access to sufficient wellbeing support. Many staff at all levels continued to work through the response without the forced breaks that would typically be expected in a "campaign" emergency response. Moreover, it was observed that there was a culture in many parts of the response of people not wanting to take time off because of the impact it would have on others.

These resourcing challenges had a strong bearing on the experience of those working on the response. On one hand, participants regularly observed the sense of commitment, resolve, determination, comradery and a strong sense of purpose. A number of interview participants commented that working on the response was the most significant and fulfilling aspect of their career to date, and the sense of a higher purpose and solidarity with their team mates provided motivation to continue working in a challenging environment.

> *I've never worked with so many highly intelligent, friendly, critically thinking, problem solvers in my career. Employing a mix of skillsets (epidemiology, public health, clinical, project, ICT) was critical to the response.*
>
> *The comradery and shared vision were a highlight... the environment was generally happy and focused on providing optimal outcomes. From my perspective the team worked well together naturally, had a feeling of being part of the solution and were proud to be helping to protect the State of South Australia from COVID. The experience was a highlight in my long SA GOV career.*
>
> **- Survey respondents**

On the other hand, participants also observed that staff were overworked, under supported and insufficiently equipped to manage the complexity of the work. For some staff, working on the response meant they were regularly exposed to aggrieved members of the public, and this, on top of a heavy workload, took its toll. Others observed that staff experienced stigma associated with working with people who may have COVID-19.

> *There was not adequate resourcing to ensure that people's wellbeing could be prioritised. Relied heavily on the goodwill of staff to work long hours over an extended period.*
>
> **- Survey respondent**

These issues were associated with a sense of feeling under valued. Participants observed that while there was strong peer-to-peer recognition of the efforts people were making within their team, there was less external validation of the extraordinary contributions being made. The different and perceived unequitable approaches taken to recognition of staff efforts was a matter of concern for many participants.

Finally, as noted in other sections of this report, many DHW staff lacked basic understanding of the Department's emergency management obligations, nor training or exposure to emergency exercises. It was observed that the response would have been easier if there had been prior awareness raising of the Department's emergency management obligations, as well as opportunities to participate in training and exercises at all levels within the Department.

Conclusions – People and culture

- The Department was not able to recruit the people it needed to effectively operationalise the response, nor people with the requisite skills, knowledge and aptitude, meaning that teams were under resourced.
- Government recruitment practices managed via Shared Services did not sufficiently adapt processes nor scale to support the timely recruitment of new staff.
- The Public Sector Mobilisation program was unable to supply from across government the quantity and quality of support staff that DHW needed.
- Private temporary labour hire arrangements were effective in sourcing staff for some components of the response.
- Staff working on the response were not, in the main, rested and rotated, in the manner expected of a "campaign" emergency response.
- Across the response, staff reported commitment, resolve, determination, comradery and a strong sense of purpose.
- At the same time, staff also reported feeling overworked, under supported and ill equipped for the role.
- There has been insufficient and unequitable recognition of the significant commitment that large numbers of staff made to the response.
- Many DHW staff lacked basic understanding of the Department's emergency management obligations, nor training or exposure to emergency exercises.

Recommendations

15. Advocate through SEMC for a review into the Public Sector Mobilisation with a focus on taking a whole of government approach to resourcing Control Agencies during emergencies, strengthening the level of direction that can be given to agencies, and determining the baseline level of capability needed to support the effective operations of the program.
16. Review wellbeing and fatigue management guidance within the Department's emergency management and/or human resources policy, along with the most effective way to embed wellbeing support within incident management teams.
17. Review the DMB's approach to capability development of staff across the health system having regard to the level of emergency management training and exercising required for staff across the Department.

4.9 Stakeholder engagement

Relevant Control Agency Roles and Responsibilities

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

3. Ensuring effective stakeholder engagement, communication and cooperation with all involved.

Summary of the observations and insights

Participants consistently identified that stakeholder engagement was a significant task for DHW, given the ways in which the pandemic, and thus Control Agency activities, affected all parts of society to some degree.

Overall, participants observed that the approach to stakeholder engagement was not systemic or consistent, and that it improved over time with the learnings from experience, and offered numerous examples of successful, and less successful approaches.

> *Our unit undertook minimal stakeholder engagement, particularly as at times it didn't feel it had permission to do so. This is where I feel we failed a lot of stakeholders, as we were unavailable to them, unless they fit into a particular category*
>
> **- Survey respondent**

A success that was consistently observed through the review was the Department's approach to engaging with community and industry bodies. This was attributed to the skills of the key individual leading this area of work, along with a commitment to being available to community and industry leaders, and also an openness to change approaches based on stakeholder feedback, for example, modify a Direction that had unintended consequences on a particular group or industry.

Another success in stakeholder engagement was the Department's approach to working with private sector partners, such as major suppliers, as noted in Section 4.7 Resource Management. The Adelaide Airport was repeatedly singled out as a private sector partner who worked collaboratively with the Department to support the implementation of critical components of the response.

> ***Collaboration between different SA Health stakeholders and Suppliers. We would not be where we are today without this level of collaboration across different teams in DHW, LHN's and the good relationships we have with our suppliers.***
>
> **- survey respondent**

It was also observed that the Department was a proactive contributor to the national response to the pandemic in both supporting nationally agreed approaches and also assisting interstate jurisdictions in managing their response efforts. It was observed that assisting other States ultimately helped South Australia to learn from their experiences and feed these learnings into the Department's approaches. It was also observed that the early involvement of the Commonwealth Government created confusion for many stakeholders, but this was relatively short lived.

Relationships with State Government agencies were central to the response but presented challenges. On one hand, it was observed that a number of agencies made a significant contribution to the Control Agency response by providing staff and expertise. The relationship with SAPOL was particularly strong, with participants observing that SAPOL provided the right staff, and wide ranging practical assistance, to help the Department succeed.

On the other hand, it was observed that the Department may not have realised the full potential of expertise and capability that exists elsewhere within State Government. This observation was emphasised by those interviewed who were not ongoing DHW employees, who identified that there may have been a degree of reluctance within the Department to seek out, or value, external assistance. Local government was also identified as being under utilised by the Department as a resource that may have had capacity and capability to help mobilise components of the response.

A number of participants observed that the engagement of the LHNs throughout the response was suboptimal. There appeared to be a degree of confusion amongst the Department and LHNs as to whether LHNs formed part of the Control Agency response, or were a stakeholder alongside many others, and this confusion may have impacted the way they were engaged. Notwithstanding, the contribution that LHNs made to core areas of the response, including proividing health care, vaccination and regional and remote health care, was consistently observed.

Finally, a number of observations were made in relation to the engagement with and service delivery to CALD communities and First Nations people. This includes observations about good practices and engagement that made the most of pre-existing relationships with leaders and others in these groups in co-designing solutions, and closely tracking the impact of the virus on these population.

These observations were contrasted with other examples that illustrated late and poor engagement of these groups, and the unintended consequences experienced by vulnerable populations as a result. It was observed that cultural safety should have been considered earlier and more strategically in decision making.

Engagement with Multicultural Leaders involving senior officials in DHW was often superficial and too late.

Decision making by Aboriginal people, with Aboriginal people for Aboriginal people.

- Survey respondents

Conclusions – Stakeholder engagement

- The definition of a stakeholder for the purpose of the Control Agency response was very broad and thus stakeholder engagement was a significant task.
- Stakeholder engagement approaches were not systemic or consistent across the response.
- Engagement with community and industry bodies was generally well managed and improved over time.
- Interjurisdictional collaboration supported the Department with its role, and at the same time allowed South Australia to support interstate and national response.
- Engagement with other State Government agencies was central to the response, but challenging at times, and the Department may have benefited from involving other agencies earlier, and in a more significant way.
- Relationships with key private sector partners were pivotal to the overall response.
- Engagement with LHNs increased over time, but it was unclear the extent to which they were part of the Control Agency, or a stakeholder alongside many others.
- Engagement with, and service delivery to CALD communities and First Nations people was not always delivered in a culturally safe and appropriate manner, but this generally improved over time.

Recommendations

18. Invest early in stakeholder engagement (liaison) roles in future emergencies, as early engagement with stakeholders tends to result in better outcomes for all involved, and can assist with forward planning in emergencies.
19. Consider embedding expert advisers into incident management teams with expertise in working with CALD communities and First Nations people.
20. Use emergency management structures to support systematic and structured engagement of State and Local Government agencies in emergency response.

4.10 Public information

Relevant Control Agency Roles and Responsibilities

When responding to an emergency the control agency must ensure that the following 10 responsibilities are, as far as is practicable, accounted for:

8. Ensuring the public is adequately informed and warned to enhance community safety.

Summary of the observations and insights

Overall, participants observed that the Department was effective in ensuring that the public was adequately informed about the virus and the response measures. The press conferences, implemented daily at key points of the response, were observed as being an important vehicle for the entire community to hear from those leading the response. It was also observed that the Department effectively leveraged social media and its website to support its public information function.

Participants observed that the Department drew upon its existing corporate communications and media functions to deliver public information. This created some challenges in that public information in an emergency required a different approach than business-as-usual communications for the Department, given the different communication goals.

The Directions, as legislative instruments, created particular communication challenges given the way in which they were worded, and the impact they were expected to have on everyday activities across the community. Processes around their development and release improved over time. An important positive change was the inclusion of public information staff within the directions drafting team, which enabled them to prepare communications that would be ready as soon as practicable following announcements.

Conclusions – Public information

- A wide range of methods were required to effectively inform the public about the risks and response measures, especially given the uncertainty of the pandemic, the speed at which the situation was changing and the need to sustain public interest.
- Public information in an emergency required a different approach than business-as-usual corporate communications for the Department.
- Directions as legislative instruments created particular communication challenges, such as confusion around intent and interpretation, and timing of release.

Recommendations

21. In future emergencies, ensure the difference between departmental communication and emergency public information is well understood, and public information functions have dedicated resourcing separate from business-as-usual communications.
22. Enable the early involvement of public information specialists in any body established to draft Directions to support ease of interpretation and implementation.

5 Conclusions

The COVID-19 pandemic was a prolonged emergency that impacted all parts of society. As a novel virus, the course it was to take and the impact it was to have were unknown, presenting significant challenges for those charged with leading its response.

Under South Australia's emergency management arrangements, DHW is responsible for taking control of the response to a human epidemic and acted as the Control Agency for COVID-19, including 793 days under an emergency declaration. The Department mobilised its own resources, and sought the assistance of other arms of government, the private sector and community at large to lead a multi-faceted response that evolved through the phases of the pandemic.

Given the length and complexity of the response, how little was known about COVID-19 at the start of the pandemic, the evolving nature of the virus and DHW's lack of prior experience in acting as a Control Agency for a significant emergency, it should be expected that many lessons will be learnt from the response.

This report has summarised the lessons management process for DHW for the COVID-19 pandemic.
The overall learnings of the review can be summarised as:

- DHW performed well overall, fulfilled its core responsibilities as a Control Agency, and sustained a campaign response to a highly complex and long duration emergency.
- Factors that contributed to the overall success included clarity of mission, the significant and sustained efforts of a large number of people, assistance from a range of partner organisations, and a commitment to an evidence based approach.
- The Department's achievements in implementing the response are significant, especially in the context of the scale and nature of operations, tight timeframes to deliver and wide-ranging practical constraints.
- DHW developed a bespoke governance approach for the pandemic to reflect the volume and complexity of its work as the Control Agency. Parts of the governance model could have benefited from a stronger incident management approach and more delegation of operational decision making.
- The efficiency and effectiveness of the response could have been improved by a stronger focus on 'whole of response' planning, a more strategic approach to the development and use of electronic systems and applications, and earlier and additional engagement of support from external agencies.
- Many people within DHW, outside of key roles, had a limited understanding of its emergency management obligations before the pandemic, and were unfamiliar the nature of decision making and operations during an emergency. This impacted the Department's capacity to stand up and sustain the Control Agency response.
- DHW was unable to secure the human resources it needed to deliver the Control Agency response, and this impacted the workloads and wellbeing of those involved.
- Leading the Control Agency response had a material impact on the business-as-usual activities of the Department.

These finding should be taken together as a whole, noting the strong inter-relationships between the themes. It is also noted that lessons are not learnt until action has been taken and new processes are embedded. To support this process, this review contains 22 recommended actions for the Department's consideration. The conclusions and corresponding recommendations by category are summarised in Table 3.

5 Conclusions

Table Three: Conclusions and recommendations

Conclusions	Recommendations
Overall performance	
• DHW performed well overall, took control, and sustained a campaign response to a highly complex and long duration emergency. • The significant and sustained commitment by staff and assistance from partner agencies was key to the Department's success. • The speed and efficiency of the response was impacted by limited understanding of emergency management outside a small number of specialists; and perceived underinvestment in systems and processes to scale a response to a large, prolonged and highly complex emergency. • There is a strong desire for the Department to embed the many learnings from leading the pandemic response.	1. Embed the learnings from the pandemic response into DHW's emergency management and public health business practices. 2. Develop a mechanism to communicate progress in implementing the findings of this Lessons Management Review.
Governance	
• Acting as the Control Agency required a different governance approach to business as usual for DHW and SA Health. • Clear separation of the roles of elected officials from the emergency management responsibilities of the Department enabled a clear focus on the Control Agency tasks for much of the response. • While DHW executive provided strong, adaptive and evidence-based leadership throughout the response, there may have been missed opportunities to delegate more operational decision making within the parameters of the clear chain of command to create additional capacity for proactive strategy at the executive level. • Workstreams provided a practical structure for the Department to deliver the response, but some Workstreams could have better utilised incident management principles to maintain operational focus and tempo. • The State Control Centre – Health played a significant logistics and operations role across the response, but its effectiveness was impacted, on occasion, by disconnection from other areas of the response. • Local Health Networks did not have a formal role the governance model for much of the response, which enabled them to focus on providing health care and their own preparedness, but meant they may have been underutilised in the Control Agency response. • Leading the emergency response had a material impact on the business-as-usual activities of the Department due to the number of personnel maintaining their ordinary responsibilities while participating in the Control Agency response.	3. Review the approach to incident management across SA Health in consultation with relevant stakeholders, including consideration of: a. The most appropriate way for incident management concepts and principles to be applied across the complex health operating environment during an emergency response; b. The relationship between crisis leadership and maintaining business continuity and business-as-usual service delivery; c. The roles and responsibilities of the i. State Controller ii. Departmental executive iii. Disaster Management Branch iv. Public Health Division v. Other SA Health entities; and d. The governance model that the Department will follow to scale an operation in both declared and undeclared emergencies, including the roles of the SCC-Health and Workstreams.

5 Conclusions

Conclusions	Recommendations
Incident management	
• The Disaster Management Branch capacity prior to the pandemic undermined its ability to effectively prepare the Department to • perform its incident management responsibilities in the COVID-19 pandemic response. • Traditional incident management systems, such as AIIMS or ICCS Plus, are not fit-for-purpose in a health context. • There was a lack of a common operating picture across the entire DHW response, which impacted the sharing of information. • Personnel from the Australian Defence Force and State Government emergency services provided valuable incident management expertise to the SCC-H, but less so to other parts of the DHW response. • A strong and mutually respectful partnership with SAPOL as Coordinating Agency was pivotal to the Control Agency response.	4. Review the resourcing and reporting lines of DMB to ensure it is set up to fulfill the Department's responsibilities as a Control Agency and the Department's other crisis management obligations, and can effectively meet the expectations of Departmental, SA Health and external stakeholders. 5. Determine, establish and then maintain an adequate baseline level of incident management capability within the Department and across SA Health. 6. Sustain relationships with Control Agencies and other organisations with responsibilities in the SEMP as a means of supporting the mutually beneficial sharing of incident management capability across government. 7. Investigate an appropriate electronic incident management system that would provide a common operating picture for the health response to future emergencies.
Planning	

• There was a clear mission throughout the different stages of the pandemic response that was well understood across the Department.
• There was limited strategic 'whole of response' incident planning because of the continually evolving evidence base, insufficient time to plan due to the operational tempo and the role of the Commonwealth in framing the national response.
• Operational plans, policies and protocols were developed and implemented to varying extents by the Workstreams.
• A stronger focus on planning may have helped to:
  • Build a shared understanding across the Department as to how the mission is being operationalised, and the priorities of each Workstream.
  • Clarify roles and responsibilities, and avoid duplication of effort.
  • Stress-test proposed approaches; anticipate possible scenarios and explore the operational implications of decision making.
  • Establish a clear roadmap for key changes in the mission.
	8. As part of the review of the Department's approach to incident management, develop an agreed approach to strategic and operational planning in the response to future health emergencies.

5 Conclusions

Conclusions	Recommendations
Risk management	
• The approach to risk management took place in a state, national and global risk context characterised by concern and uncertainty about the virus. • The ongoing process of commissioning, evaluating and sharing the evidence base about the virus (within the Department, across the State and nationally) was important in understanding risk. • The Department's clarity of mission helped drive a strong focus on managing risks associated with the hazard (virus), and a broad range of consequences were considered in decision making. • The relative weighting placed on the public health risk compared with other areas of risk was a point of significant conjecture and commentary amongst stakeholders and the broader public throughout the response. • The Directions and Transition Committees played important roles in advising on the broader social and economic considerations of the State's COVID-19 response.	9. Ensure risk management decisions and approaches are clearly documented in future incident management.
Implementation	
• The logistical achievements of the Department in implementing • the response were impressive, especially in the context of the nature • of decisions being made, and the speed at which they needed • to be implemented. • There were a range of approaches to implementing the mission, leading to a lack of consistency and varying levels of success in operations and logistics. • Aspects of the response implementation were vulnerable to • supply constraints, demonstrating broader matters of sovereign risk. • Elements of the response did not provide the level of cultural safety • for some groups of the population that would be expected in • regular service delivery.	10. As part of reviewing SA Health's Incident Management approach, consider the most appropriate ways to provide logistics and operations functions to deliver emergency response activities (including any opportunities to leverage capability within other parts of the health system and government). 11. Advocate through SEMC for strategic supply chain risks and vulnerabilities to be reviewed on a whole-of-government basis as a strategic risk for the State. 12. Identify the best mechanism to ensure there is a strong cultural safety lens considered in the delivery of future emergency response activities.
Resource management	
• The Department had access to the budgets it needed to mobilise • the response, and procurement practices were generally able to • adjust to the emergency operating context. • There was a lack of existing electronic systems and applications • that were capable of scaling to operationalise the response. • Some decisions to invest in new electronic systems and applications were made just in time or late because of uncertainty about the pandemic and future needs. • The decommissioning of electronic systems and applications developed through the pandemic was seen as a missed opportunity to pursue more strategic, long term and potentially whole-of-government benefits.	13. Advocate through SEMC for DPC to provide a whole-of-government centrally coordinated approach to the procurement and management of electronic systems and applications in emergencies to maximise system interoperability and strategic benefit. 14. Ensure business support functions, including procurement, contract management, finance and IT support systems are adequately resourced in future emergency responses.

5 Conclusions

Conclusions	Recommendations
People and culture	
• The Department was not able to recruit the people it needed to effectively operationalise the response, nor people with the requisite skills, • knowledge and aptitude, meaning that teams were under resourced. • Government recruitment practices managed via Shared Services did not sufficiently adapt processes nor scale to support the timely recruitment of new staff. • The Public Sector Mobilisation program was unable to supply from across government the quantity and quality of support staff that DHW needed. • Private temporary labour hire arrangements were effective in • sourcing staff for some components of the response. • Staff working on the response were not, in the main, rested and rotated, in the manner expected of a "campaign" emergency response. • Across the response, staff reported commitment, resolve, determination, comradery and a strong sense of purpose. • At the same time, staff also reported feeling overworked, under supported and ill equipped for the role. • There has been insufficient and unequitable recognition of the significant commitment that large numbers of staff made to the response. • Many DHW staff lacked basic understanding of the Department's emergency management obligations, nor training or exposure to emergency exercises.	15. Advocate through SEMC for a review into the Public Sector Mobilisation with a focus on taking a whole of government approach to resourcing Control Agencies during emergencies, strengthening the level of direction that can be given to agencies, and determining the baseline level of capability needed to support the effective operations of the program. 16. Review wellbeing and fatigue management guidance within the Department's emergency management and/or human resources policy, along with the most effective way to embed wellbeing support within incident management teams. 17. Review the DMB's approach to capability development of staff across the health system having regard to the level of emergency management training and exercising required for staff across the Department.
Stakeholder engagement	
• The definition of a stakeholder for the purpose of the Control • Agency response was very broad and thus stakeholder engagement was a significant task. • Stakeholder engagement approaches were not systemic or • consistent across the response. • Engagement with community and industry bodies was generally • well managed and improved over time. • Interjurisdictional collaboration supported the Department with its role, and at the same time allowed South Australia to support interstate and national response. • Engagement with other State Government agencies was central to the response, but challenging at times, and the Department may have benefited from involving other agencies earlier, and in a more significant way. • Relationships with key private sector partners were pivotal to • the overall response. • Engagement with LHNs increased over time, but it was unclear • the extent to which they were part of the Control Agency, or a stakeholder alongside many others. • Engagement with, and service delivery to CALD communities and First Nations people was not always delivered in a culturally safe and appropriate manner, but this generally improved over time.	18. Invest early in stakeholder engagement (liaison) roles in future emergencies, as early engagement with stakeholders tends to result in better outcomes for all involved, and can assist with forward planning in emergencies. 19. Consider embedding expert advisers into incident management teams with expertise in working with CALD communities and First Nations people. 20. Use emergency management structures to support systematic and structured engagement of State and Local Government agencies in emergency response.

5 Conclusions

Conclusions	Recommendations
Public information	
• A wide range of methods were required to effectively inform the public about the risks and response measures, especially given the uncertainty of the pandemic, the speed at which the situation was changing and the need to sustain public interest. • Public information in an emergency required a different approach than business-as-usual corporate communications for the Department. • Directions as legislative instruments created particular communication challenges, such as confusion around intent and interpretation, and timing of release.	21. In future emergencies, ensure the difference between departmental communication and emergency public information is well understood, and public information functions have dedicated resourcing separate from business as usual communications. 22. Enable the early involvement of public information specialists in any body established to draft Directions to support ease of interpretation and implementation.

Appendices

Appendices reported under separate cover.

Appendix A – Questions for Interviews

Appendix B – Briefing Paper for Interviews

Appendix C – Questions for Workstream Debriefs

Appendix D - Briefing Paper for Interviews

Appendix E – Survey questions

admin@brmadvisory.com.au
Level 8 420 King William Street,
Adelaide, SA 5000
(08) 8168 8401

www.brmadvisory.com.au