



Tasmanian
Audit Office

**Report of the Auditor-General
No. 10 of 2020-21**

COVID-19 – Pandemic response and
mobilisation

23 March 2021

The Role of the Auditor-General

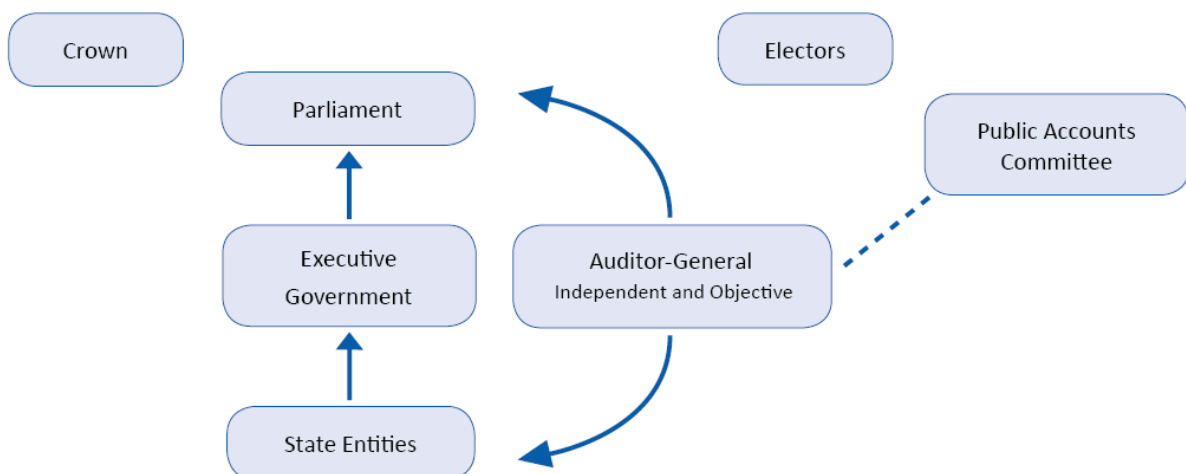
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2021
PARLIAMENT OF TASMANIA

COVID-19 – Pandemic response and mobilisation

23 March 2021

Presented to both Houses of Parliament pursuant to
Section 30(1) of the *Audit Act 2008*

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23 March 2021

President, Legislative Council
Speaker, House of Assembly
Parliament House
HOBART TAS 7000

Dear President, Madam Speaker

Report of the Auditor-General No. 10 of 2020-21 – COVID-19 – Pandemic response and mobilisation

This report has been prepared consequent to examinations and investigations conducted under section 23 of the *Audit Act 2008*. The objective of the review was to express a limited assurance conclusion the effectiveness of the Tasmanian Government's response to COVID-19 and mobilisation of resources.

Yours sincerely

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Rod Whitehead
Auditor-General

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Foreword

It would be difficult to look back at 2020 without framing it in terms of the impact of COVID-19 on our lives. Tasmania, like every jurisdiction in the World, has had to grapple with how to position its health, education, social and economic responses. Those responses have needed to be rapid. It was essential they were informed by the best available public health advice. They also required effective cooperation at all levels of government. Worldwide, we have seen that a connected and well-managed response can lead to better outcomes while a more disconnected and poorly managed response can have devastating impacts on local communities.

This review sits alongside a number of other parliamentary, internal and external reviews of aspects of the Government's COVID-19 response. Our work adds to that body of work but may differ in focus and approach.

My hope from this review is twofold. Firstly to bring some assurance to the Parliament and, more broadly, the community, of what has been, and continues to be, an extraordinary response, both in its duration and scale, but also the commitment shown by those involved. Secondly, to provide some pragmatic recommendations to help improve our health emergency response processes, should we ever have to face a similar challenge in the future.



Rod Whitehead

Auditor-General

23 March 2021

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Independent assurance report

This independent assurance report is addressed to the President of the Legislative Council and the Speaker of the House of Assembly. It relates to my review on the effectiveness of the Tasmanian Government's response to COVID-19 and mobilisation of resources.

Review objective

The objective of the review was to express a limited assurance conclusion on whether the Government's management of the response to COVID-19 and mobilisation of resources was effective.

Review scope

The review examined information collected from the following three lead agencies:

- Department of Health (DoH)
- Department of Police, Fire and Emergency Management (DPFEM)
- Department of Premier and Cabinet (DPAC).

The review looked at how the lead agencies worked together to establish governance arrangements, deployed human resources, and maintained effective lines of communication, supported by information management. The review examined the mobilisation in the lead up to, and months following (up until the end of May 2020), the declarations of both a Public Health Emergency and State of Emergency in March 2020. It was confined to management at a state-wide level for the response and did not look in detail at regional responses.

The review did not examine the following activities coordinated by agencies overseeing the emergency response:

- testing facilities
- contact tracing
- the outbreak in North West Tasmania¹ — the independent review of this outbreak covered the regional aspects of the emergency response which were not included in this review
- management of Personal Protective Equipment²
- quarantine and border activities.

¹ This was the subject of the 'Independent Review - Response to the North-West COVID-19 Outbreak', 30 November 2020, sourced at: [Report - North-West Outbreak.pdf \(dpac.tas.gov.au\)](#).

² This is a separate performance review by the Auditor-General, yet to be tabled in parliament.

Review approach

The review was conducted in accordance with the Australian Standard on Assurance Engagements ASAE 3500 *Performance Engagements* issued by the Australian Auditing and Assurance Standards Board, for the purpose of expressing a limited assurance conclusion.

The procedures performed in a limited assurance review vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently the level of assurance obtained in a limited assurance review is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

The review evaluated the following criteria:

1. Were the governance arrangements activated during the emergence of COVID-19 effective?
 - 1.1. Was there appropriate guidance (legislative authority, plans and procedures) in place to mobilise once the declarations of both a public health emergency and state of emergency took effect?
 - 1.2. Were the governance arrangements agile enough to be able to adapt to changing circumstances as they unfolded?
2. Were human resources deployed to manage and support the pandemic response sufficient and effective?
 - 2.1. Was there a clear understanding of people's roles, level of authority, lines of accountability and responsibilities?
 - 2.2. Was there appropriate training and support for people to execute their duties effectively?
 - 2.3. How did lead agencies ensure key personnel working on the pandemic response had the capacity to undertake those roles?
 - 2.4. How did lead agencies manage the health and wellbeing, including the risk of fatigue and unforeseen absence, for those key personnel involved in the pandemic response?
3. Was communication and information management to support the pandemic response effective?
 - 3.1. Were clear lines of communication established between lead agencies?
 - 3.2. Were communication protocols established for lead agencies to liaise effectively with external parties?
 - 3.3. Did lead agencies have access to accurate and timely information to support appropriate decision-making?
 - 3.4. How did lead agencies assure themselves external communication to the public was effective?

I have conducted my limited assurance review by making such enquiries and performing such procedures I considered reasonable in the circumstances.

Evidence for the review was obtained primarily through discussions with relevant personnel and examining corroborative documentation.

I believe that the evidence I have obtained is sufficient and appropriate to provide a basis for my conclusion.

Responsibilities of management

In the context of this review, management of lead agencies were responsible for managing the Public Health Emergency and State of Emergency according to the powers, functions and responsibilities set out in relevant legislation, policies and procedures.

Responsibilities of the Auditor-General

My responsibility was to express a limited assurance conclusion on whether the Government's management of the response to COVID-19 and mobilisation of resources was effective.

Independence and quality control

I have complied with the independence and other relevant ethical requirements relating to assurance engagements, and apply Auditing Standard ASQC 1 *Quality Control for Firms that Perform Audits and Reviews of Financial Reports and Other Financial Information, and Other Assurance Engagements* in undertaking this review.

Conclusion

Based on the procedures I have performed and the evidence I have obtained, nothing has come to my attention that causes me to believe that, in all material respects, the Government's management of the response to COVID-19 and mobilisation of resources was not effective, as evaluated against the review criteria.



Rod Whitehead

Auditor-General

23 March 2021

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Executive summary

Summary of findings

Overall, lead agencies collaborated and worked well together to manage the whole-of-government response and mobilisation of resources through the initial months of the COVID-19 pandemic in Tasmania.

On the whole, the governance arrangements enacted were effective with appropriate legislative authority and plans (such as the Tasmanian Emergency Management Arrangements – TEMA), structures, roles and responsibilities articulated. While not all existing plans were initially fit-for-purpose for a pandemic of this kind, these shortcomings were quickly identified and mitigated before the Public Health Emergency and State of Emergency declarations were made.

The overall structure of the response in Tasmania was multifaceted, with parallel response functions for both the emergency response and health response, as well as complex interrelationships. However, these structures were appropriate for the circumstances at the time, given the planning that had been done.

Due to the scale, changing nature and escalation of the pandemic, there were limitations with the capacity of Public Health Services (PHS) to respond fully to all the demands that were placed on them, such as briefings to the Premier and Health Minister, contact tracing and queries from stakeholders and the public. This issue was recognised early by the Department of Health (DoH), with PHS's role more targeted towards strategic public health advice and contact tracing.

Overall, the deployment of staff to support the pandemic response was sufficient and effective. Procedures and guidance were in place to support emergency response deployment, which was undertaken quickly using people with appropriate knowledge and skills. Capacity for staff to focus on the response was largely provided through the backfilling of their substantive roles in their home agencies. Staff generally had the skills to undertake their roles, although role orientation could have been stronger for staff with no prior emergency management experience deployed to the State Control Centre (SCC).

Additional human resources were deployed rapidly to provide support to established roles. Some of these additional staff required initial clarification to the duties they would be performing due to the speed of deployment. In other cases, some investment in training was lost due to the short duration of deployment within PHS.

All agencies placed a focus on health and wellbeing support for deployed staff and either enhanced or developed their programs and capability. This support could have been implemented more cohesively across agencies, if agencies communicated more effectively with one another to ensure everyone knew who was supporting personnel deployed throughout the initial months. As a result, some of this support was not timely, coordinated or always tailored to individual needs. Notably though, staff did not believe this impacted their ability to respond as they were motivated by a strong sense of common purpose.

The web-based online system (WebEOC) used by all of the emergency responders provided a single repository of information, situational awareness, intelligence, decision-making and actions to guide the whole-of-government response. Information flowed in real time to and from the decision-makers and was captured in the system. Responders were therefore able to base their decisions on the best information available at the time.

As the 'single source of truth', WebEOC contained significant bodies of information. We were told by some inexperienced users that the system was initially difficult to navigate, although training was provided for those that required it.

Communication to the public was adapted as the response progressed. Daily briefings by the Premier, supported by the Director of Public Health, continued through the critical early months. Other methods of communication were rapidly reconfigured when responders realised they were not fit-for-purpose. Notably, DoH's website (including its social media accounts), TasAlert (the emergency management communication tool) and the Tasmanian Emergency Information Service (TEIS) were used as early communication tools. These were switched to a dedicated coronavirus website to replace other online modes, and a dedicated Tasmanian Public Health Hotline replaced the TEIS. Having dedicated online and telephone sites helped ensure consistency of messaging and triaging of queries.

Lead agencies, through the Public Information Unit in the SCC, coordinated whole-of-government information which was exchanged, monitored and updated as the response unfolded. This was aided by the deployment of the Deputy Director of Public Health to the SCC who could provide timely public health advice. This approach led to both communication into government and out to stakeholders and the broader community to be centrally coordinated with consistent messaging, based on public health advice.

Overall, communication and information was generally effective in supporting decision-making and external communication with the public was adapted quickly to broadly inform and protect the Tasmanian community. This contributed to an effective response to COVID-19 within Tasmania.

We thank staff across the State Service for their cooperation and help in completing this review at a time when they were continuing to respond to the pandemic and remained busy and focused on keeping Tasmanians safe.

Recommendations

We recommend:

1. Lead agencies, once the current pandemic has passed, undertake scenario rehearsals of different types of emergency under the Tasmanian Emergency Management Arrangements (TEMA), including a future protracted pandemic. The pandemic rehearsal should incorporate the lessons learned from the COVID-19 response and, in particular, clarify the responsibilities and resources of Public Health Services in the context of the overall Department of Health's role.
2. Agencies develop a coordinated cross-agency health and wellbeing plan for responders during an emergency, with this approach referenced in the next revision of the TEMA.

3. Following a return of all staff to their business-as-usual roles, agencies conduct a post-pandemic review of the impact the deployment of staff away from their substantive roles to support an emergency response, had on the home agency and the deployed staff.

Submissions and comments received

In accordance with section 30(2) of the Audit Act, a summary of findings or Report extract was provided to the Premier and Treasurer, and other persons who, in our opinion, had a special interest in the Report, with a request for submissions or comments.

Submissions and comments we receive are not subject to the audit nor the evidentiary standards required in reaching an audit conclusion. Responsibility for the accuracy, fairness and balance of these comments rests solely with those who provided the response. However, views expressed by the responders were considered in reaching review conclusions.

Section 30(3) of the Act requires this Report include any submissions or comments made under section 30(2) or a fair summary of them. Submissions received are included below.

Response from the Premier and Treasurer

The Tasmanian Government welcomes and supports the recommendations outlined in the Report. It is important to acknowledge the unprecedented challenges COVID-19 has presented for Tasmanians, including the Tasmanian State Service (TSS), over the past 12 months. The efforts of emergency responders, from those on the ground to those working behind the scenes to ensure we have the most up-to-date advice and information, have been remarkable.

Lead agencies for the response to COVID-19 have continually adapted to changes arising from the pandemic and taken steps to ensure contingencies are in place for future outbreaks and concurrent emergencies. The Tasmanian Emergency Management Arrangements (TEMA) currently provide for emergency management exercises in relation to a number of hazards and the COVID-19 Coordination Centre has a dedicated Planning Liaison Group whose role is to facilitate planning and preparedness activities in collaboration with state government agencies, local government and organisations that have a role in supporting the response to COVID-19. The Government supports a dedicated preparedness exercise with a focus on lessons learned from COVID-19 and a clarification of the roles, responsibilities and capability of Public Health Services in light of the Department of Health's overall remit.

The health and wellbeing of Tasmania's emergency responders and the TSS as a whole is a priority for the Tasmanian Government. Under Employment Direction No. 23, Heads of Agencies are required to develop and maintain a workplace health and wellbeing program. As a result, individual agencies and workplaces have a range of existing supports in place for staff that they have been able to utilise and promote to support staff wellbeing during the COVID-19 pandemic. Examples include employee assistance programs (for both staff and managers), workplace contact officers, intranet pages, fact sheets and training modules.

In some cases, Wellbeing Strategies have been implemented to address particular issues raised in specific workplaces. These Strategies contain targeted activities and support to assist staff in dealing with particularly stressful or difficult situations that are likely to pose risks to their mental wellbeing.

While agencies have existing systems to support the health and wellbeing of staff in the workplace, the Government recognises the need to ensure these systems are fortified and consistent across agencies. Tasmanian Government agencies, led by the Department of Premier and Cabinet and supported by the State Service Management Office, have already commenced work on a suite of resources to empower and support employees during times of crisis, and to equip leaders and managers to foster physically and mentally healthy workplaces. This work will be built upon and incorporated into the appropriate emergency management frameworks, including the TEMA.

The Government acknowledges the flexibility, commitment and adaptability shown by TSS employees who have deployed to various locations throughout the COVID-19 response. These movements have been essential to the success and effectiveness of the Government's response, and demonstrated the agility of the TSS in pivoting its workforce to support Tasmania through times of crisis.

The Government supports a review by agencies of individual and collective experiences during this time, to ensure any lessons learned can be adapted into improvements to agency structures and systems that support the movement of staff during emergencies.

The Honourable Peter Gutwein MP

Response from the Secretary of the Department of Premier and Cabinet

The COVID-19 pandemic has been one of the longest emergency management operations in Tasmanian history. This has required the Government and Departments to adapt and change procedures to ensure that it can meet the health, social and economic needs of the community. As a small jurisdiction, Tasmania cannot afford to hold within the State Government all of the surge capacity required to deal with low probability/high impact events. Cooperation between agencies can provide some flexibility to shift resources from business-as-usual activities in response to priorities such as the public hotline however there are times when the State will need to bolster through arrangements with the private and community sectors, and local government. It is therefore pleasing to see such positive findings in relation to the mobilisation arrangements.

The Department of Premier and Cabinet (DPAC) supports the review's three recommendations, noting that DPAC and other lead agencies have undertaken a variety of scenario planning exercises during the pandemic on matters specific to COVID-19. The health and wellbeing of the Tasmanian State Service continues to be vital to each agency's success, therefore DPAC and other agencies have developed a workplace health and wellbeing program in response to COVID-19 and will revise the program as the situation changes. DPAC is of the view that the Tasmanian Emergency Management Arrangements should only require that health and wellbeing documents are developed, enabling plans to be specifically created for the individual event and agency.

Jenny Gale

Response from the Minister for Health

The Government welcomes the findings and outcomes of this report, which covers a range of aspects regarding the Government's COVID-19 response.

I can confirm the report recommendations are accepted and will be considered as part of the Government's ongoing improvement processes.

The Government wishes to thank all public service staff who have contributed to the Tasmanian COVID-19 response so far. We acknowledge the significant pressures they have faced, particularly during the height of the pandemic, and recognise their extraordinary efforts to ensure the safety of Tasmanians.

The Honourable Sarah Courtney MP

Response from the Secretary of the Department of Health

On review of the Report, I am pleased to see that your findings and conclusion reflect the tireless work of the Department of Health in response to COVID-19, and that this work continues as we help to keep Tasmania safe. I accept the report's recommendations and, as part of my Department's program of continuous improvement, I am committed to working with other agencies to action accordingly.

Kathrine Morgan-Wicks

Response from the Secretary of the Department of Police, Fire and Emergency Management

The COVID-19 pandemic remains the most significant crisis confronting Tasmania in generations. It continues to test Tasmania's emergency management arrangements in unprecedented ways, and at levels well beyond those associated with more conventional threats. Our arrangements have proven to be robust and appropriate even in these most challenging of circumstances. They have provided a solid foundation for coordinating the government's pandemic response to protect Tasmanians, and particularly those most vulnerable.

This review has focussed on whether the Government's management of the response and mobilisation of resources was effective. It has concluded that it was. As State Emergency Management Controller, I support that finding. There are lessons to be learnt in any experience and COVID has certainly presented many opportunities to review existing arrangements and rapidly implement new and innovative approaches. The review's recommendations are welcomed and will be considered.

I join the Auditor-General in commending the commitment shown by those directly involved in the response. Their efforts have been, and continue to be, outstanding.

I also acknowledge and thank the Tasmanian public for their trust and willing cooperation in working with us to keep on top of COVID. Without that support and assistance we would not be where we are today.

Commissioner Darren Hine

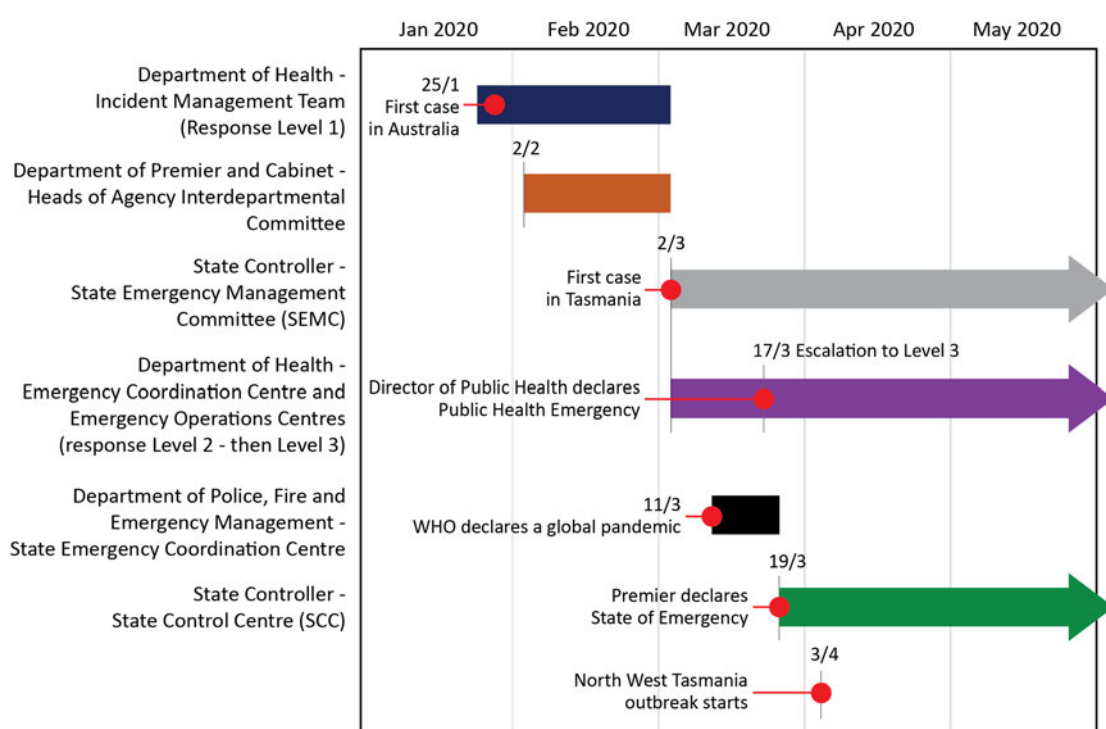
1. Introduction

- 1.1 A novel coronavirus was first identified in Wuhan, China, in late 2019 and became known as coronavirus disease of 2019 (COVID-19). On 25 January 2020³, the Australian Government confirmed Australia's first case of COVID-19.
- 1.2 DoH started to prepare its response to a potential outbreak of the virus in Tasmania from late January 2020 and it activated a Level 1 health emergency response under its planning arrangements. The response was led by the Director of Public Health as Incident Controller with support from the Chief Medical Officer and the establishment of an Incident Management Team within PHS.
- 1.3 On 2 February 2020, the Premier established a Heads of Agency Coronavirus Interdepartmental Committee which met regularly throughout February 2020 to provide cross-agency oversight and coordination of the pandemic response. The Interdepartmental Committee continued to meet until the State Emergency Management Committee (SEMC) under the *Emergency Management Act 2006* (EMA) was activated on 2 March 2020, following confirmation of Tasmania's first case of COVID-19. The SEMC's role is to provide oversight of the Tasmanian Government's emergency management plans. It has functions under the EMA such as advising the State Emergency Management Controller (State Controller) and reviewing the management of emergencies if they impact more than one region.
- 1.4 As cases began to emerge in Tasmania, the Secretary of DoH, as State Health Commander, authorised escalation to a Level 2 (system-level), covering all of DoH, emergency management response on 5 March 2020. As part of this response, DoH activated its Emergency Coordination Centre (ECC) on 10 March 2020. The ECC provided strategic oversight and coordination of the health response to the pandemic and was led by a Senior Executive Service employee from another agency, who assumed the Incident Controller role from the Director of Public Health, leaving the Director to focus on his statutory functions and providing high level public health advice. The ECC also managed the coordination of the service level response, involving all aspects of DoH, rather than just PHS, to the pandemic which was delivered by three Emergency Operations Centres (EOCs) covering Public Health, Ambulance Tasmania and the Tasmanian Health Service (THS).
- 1.5 On 11 March 2020, the World Health Organisation officially declared COVID-19 a global pandemic. On the same date, the State Controller authorised the establishment of the State Emergency Coordination Centre to facilitate cross-agency coordination and consequence management of the pandemic and to support DoH. On 17 March 2020, the Acting Director of Public Health declared a Public Health Emergency for Tasmania under the *Public Health Act 1997* (PHA), for a period of 12 weeks. The Director of Public Health has extended the Public Health Emergency several times, each for a period of 12 weeks, since the initial declaration.

³ [First confirmed case of novel coronavirus in Australia | Health Portfolio Ministers](#)

- 1.6 The Premier declared a State of Emergency on 19 March 2020 and appointed the State Controller to lead the whole-of-government response to COVID-19. The State Control Centre (SCC), where the whole-of-government emergency management policy and strategy was coordinated during response operations and/or exercises, was stood up on the same day. The Premier also announced border restrictions with all non-essential travellers entering Tasmania required to quarantine for 14 days. The Premier has extended the State of Emergency several times, each for a period of 12 weeks, since the initial declaration.
- 1.7 The timeline of key events is outlined in Figure 1.

Figure 1. Timeline of key events



Source: Tasmanian Audit Office

- 1.8 An outbreak in North West Tasmania was found to have started on or around 3 April 2020 and, while this report does not review the response to that outbreak, it was a significant event that occurred early in the emergency. The final report on the independent review of that outbreak was handed down after the completion of our fieldwork but before the completion of this Report. While we read and considered the report on the independent review of the outbreak in the context of the work we had undertaken, it did not alter our findings.
- 1.9 As at 19 January 2021, there have been 232 total cases of COVID-19 in Tasmania with 13 deaths⁴. While the State of Emergency declaration ended on 26 October 2020⁵ Tasmania remained in a Public Health Emergency as at the date of this Report.

⁴ Tasmanian Government Coronavirus disease (COVID-19) website: coronavirus.tas.gov.au [retrieved 21 December 2020]

⁵ http://www.premier.tas.gov.au/covid-19_updates/press_conference_-_23_october_2020

2. Effectiveness of the activation of governance arrangements

We assessed whether the governance arrangements activated during the emergence of COVID-19 were effective. In particular, we examined whether:

- there was appropriate guidance (legislative authority, plans and procedures) in place to mobilise once the declarations of both a Public Health Emergency and State of Emergency took effect
- the governance arrangements were agile enough to be able to adapt to changing circumstances as they unfolded.

Chapter summary

On the whole, the governance arrangements enacted were effective with appropriate legislative authority and plans, structures, roles and responsibilities articulated. While not all existing plans were initially fit-for-purpose for a pandemic of this kind, these shortcomings were quickly identified and mitigated before the Public Health Emergency and State of Emergency declarations were made.

The overall structure of the response in Tasmania was multifaceted, with parallel response functions at both the emergency response and health response, as well as complex interrelationships. However, these structures were appropriate for the circumstances at the time, given the planning that had been done.

Due to the scale, changing nature and escalation of the pandemic, there were limitations with the breadth of capability and capacity for PHS to respond fully to all the demands that were placed on them. This issue was recognised early by DoH with PHS's role more targeted towards strategic public health advice and contact tracing.

Appropriate legislation and nominated roles within key agencies supported the timely activation of governance arrangements

Key legislation, agencies and people

- 2.1 There were two key pieces of legislation guiding the response to the pandemic in Tasmania. These were the EMA and the PHA.
- 2.2 Collectively, the EMA and PHA set out statutory roles, bodies and key arrangements for the whole-of-government response to an emergency as well as the health response to a Public Health Emergency. Notable statutory roles include that of the State Controller (under the EMA), and the Director of Public Health (under the PHA), both of whom can enact a range of powers under emergency conditions. The EMA also makes provision for the State Recovery Advisor and Deputy State Controller.

- 2.3 The two Acts taken together, including some cross-referencing between them, provided sufficient powers to support the activation of a range of governance arrangements to manage a pandemic emergency. Both the State Controller and Director of Public Health could issue directions that certain things:
- happen
 - cease to happen, or
 - had additional controls applied to them.
- 2.4 At the statutory level, this has provided the government response with legislative authority to implement a range of measures to contain the spread of the virus. How those powers have been used specifically is not within the scope of this review.
- 2.5 While the response to the pandemic has been a whole-of-government effort, this review has focused on three key agencies, all with statutory roles:
- DPFEM is responsible for the TEMA, which sets out Tasmania's preparedness, response and recovery from emergencies. The TEMA defines the governance and legislative frameworks, supported by key plans, roles and structures to manage an emergency event.⁶ The key person is the Secretary of DPFEM/Commissioner of Police, who fulfils the statutory role (under the EMA) of State Controller — the accountable person for leading the whole-of-government emergency responses, chairing the SEMC and supporting the relevant Response Management Authority.
 - DoH is the Response Management Authority for a pandemic hazard under the TEMA and the key people are the Director of Public Health — the accountable person under legislation to declare and respond to a Public Health Emergency and the Secretary of DoH, who performed the role of State Health Commander.
 - DPAC is responsible for whole-of-government recovery planning, preparedness and coordination for disasters in Tasmania and is the Preparedness Management Authority for a pandemic influenza hazard or emergency under the TEMA.⁷ DPAC's Office of Security and Emergency Management works in partnership with emergency services and leads and supports Tasmania's capacity and capability to prepare for, respond to and recover from emergencies⁸. Under the EMA, the key person is the State Recovery Advisor performed by the Secretary of DPAC, or their delegate.
- 2.6 The three lead agencies collaborated and worked together in a multifaceted way. The relationship between them and their key people, is delineated and shown in Figure 2.

⁶ [Tasmanian Emergency Management Arrangements Issue 1](#)

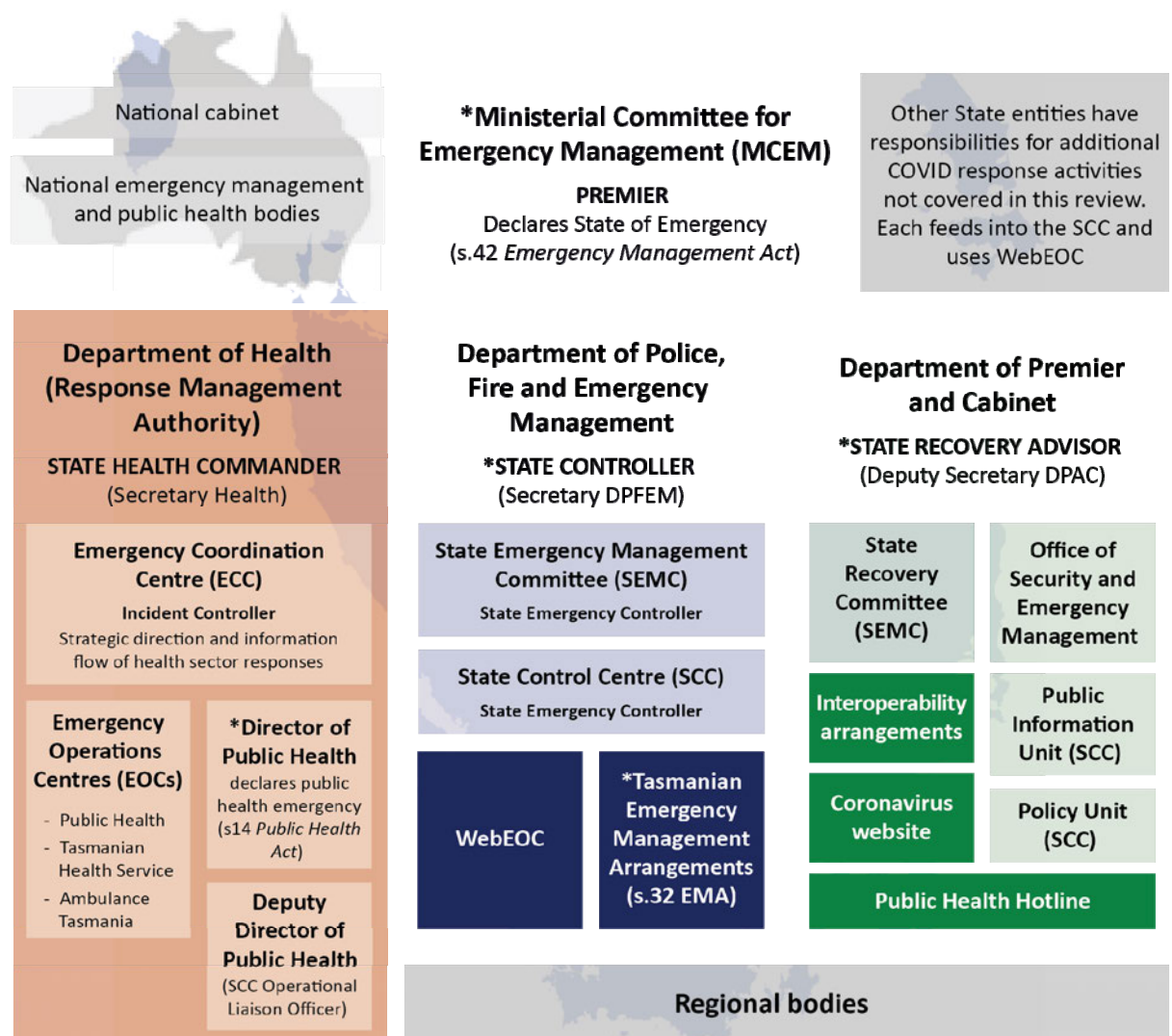
⁷ DPAC 'Recovery from emergencies in Tasmania': http://www.dpac.tas.gov.au/divisions/osem/recovery_from_emergencies_in_tasmania [retrieved 6 May 2020]

⁸ DPAC 'Office of Security and Emergency Management': <http://www.dpac.tas.gov.au/divisions/osem> [retrieved 7 May 2020]

There were effectively parallel operations running between the emergency response and health emergency response. In order to simplify the information presented in Figure 2, it does not outline in detail the:

- regional (for emergency management and the THS) and municipal (for emergency management) bodies that were a critical part of the emergency response. For completeness, the emergency management regional and municipal structures are shown in Figure 3
- remaining government agencies that also provided resources and undertook critical functions for the response, such as quarantine management and essential traveller processing
- network of relationships with national bodies.

Figure 2. Overview of management of COVID-19 in Tasmania



* Referenced in legislation

Source: Tasmanian Audit Office

- 2.7 The SCC coordinated the whole-of-government emergency management policy, response and recovery and supported the public health response and the Response

Management Authority. Senior personnel from DPFEM managed the operations of the SCC to support the pandemic response. They were supplemented with staff deployed from across the Tasmanian State Service. The ECC, EOCs and PHS continued to respond to the health system impacts of the pandemic.

Governance bodies

- 2.8 Key bodies under the EMA include the Ministerial Committee on Emergency Management (to provide ministerial level oversight) and the SEMC. The SEMC is chaired by the State Controller and becomes the strategic arm of an emergency response. It has a wide membership, including heads of government agencies and a range of other senior government officials with emergency-related roles.
- 2.9 The SEMC coordinates its whole-of-government emergency management policy strategy, response and recovery through the SCC. The SCC was stood up by the State Controller following the declaration of the State of Emergency on 19 March 2020. It provided a vehicle for the State Controller to monitor, direct, report and oversee the response.
- 2.10 The SCC was divided into a number of streams or units, each with defined responsibilities set out in 'role cards'. These included the State Controller and Deputy State Controller, Operational Liaison Advisor, Policy Advisor, Recovery Advisor, Public Information Unit Manager, Legal Advisor and Support Officers. The role cards were still marked 'draft February 2020', although the people who occupied those roles outlined functions that aligned closely with the role cards.
- 2.11 Sitting under the SEMC and SCC were regional and municipal (council) arrangements. While these bodies were not covered in detail in this review, they form a critical link by being more closely connected to local communities, non-government organisations and businesses.
- 2.12 Statutory powers under the PHA sit with the Director of Public Health. Supporting the Director of Public Health were the various bodies within DoH that were stood up at varying levels of the Public Health Emergency. Those levels were expressed as Level 1, 2 and 3 responses. DoH activated the Level 1 response in late January. The Director of Public Health, supported by PHS and the DoH Chief Medical Officer, initially led the response as Incident Controller.
- 2.13 As cases began to emerge in Tasmania, the Secretary of DoH authorised escalation to a Level 2 (system-level), covering all of DoH, emergency management response on 5 March 2020. As part of this response, DoH activated its ECC on 10 March 2020. A new Incident Controller was brought in from another agency at this point to lead and direct the activity of the ECC and DoH response, in order to free up the Director of Public Health to concentrate primarily on providing public health advice. The ECC was

supported by three EOCs — the Public Health EOC, the THS EOC (supported by regional teams) and the Ambulance Tasmania EOC.⁹

- 2.14 The various structures, bodies and roles, used to manage the emergency response from February 2020 to May 2020 were clearly articulated in legislation and planning documents. Adjustments were made to these as the pandemic progressed. This is discussed in more detail toward the end of this chapter. The emergency response involved a complex structure due to both a whole-of-government and health response working in conjunction but with differing focuses.

Plans and other guidance

- 2.15 Section 32 of the EMA provides for the TEMA. The TEMA is maintained by the State Emergency Service, part of DPFEM, on behalf of the SEMC. The current TEMA was authorised on 10 December 2019 by the State Controller and formally approved on that date by the Minister for Police, Fire and Emergency Management.
- 2.16 The current TEMA is based on the learnings from recent significant natural disaster emergencies, as well as the long history of emergency management at both the State and National level. It is reviewed every two years. Work has been undertaken at the National and State levels to look at preparedness for such events, including the role of the community, which culminated in the *Tasmanian Disaster Resilience Strategy 2020–2025*¹⁰.
- 2.17 The TEMA is designed to provide guidance on all facets of emergency management. This includes prevention, preparedness, response and recovery. The TEMA is based on responding to emergencies in defined, usually time limited, phases (such as bushfires or floods). This pandemic has differed to the bulk of emergency events covered by the TEMA as it has been predominantly in its response phase since March 2020.
- 2.18 Agencies acknowledged consideration should be given to how pandemics differ and how emergency management responses can provide efficient and effective responses over protracted timeframes. While pandemic influenza is mentioned as a category of emergency in the TEMA, there is little coverage overall.
- 2.19 Each category of emergency or hazard outlined in TEMA has a Management Authority(s) assigned to each. There are four Management Authorities: The Advisory Agency, the Prevention/Mitigation Management Authority, the Preparedness Management Authority and the Response Management Authority. The last of these is most relevant to this review and will be referenced in the remainder of this report.
- 2.20 For most categories of emergency or hazard the one agency (or division of an agency)

⁹ It should be noted that, subsequent to the timeframe covered by this review, two additional EOCs have been established within DoH to support ongoing COVID-19 response planning and service delivery. These are the Aged Care EOC (established late August 2020) and the Tasmanian Vaccination EOC (established early January 2021).

¹⁰ [Disaster Resilience Strategy \(alert.tas.gov.au\)](https://alert.tas.gov.au/), sourced from the DPAC website.

fulfils all four Management Authority roles. For example:

- for cyber security, the Digital Strategy and Services section of DPAC is the Advisory, Prevention, Preparedness and Response agency
- for marine pollution, the Environment Protection Agency in the Department of Primary Industries, Parks, Water and the Environment is the Advisory, Prevention, Preparedness and Response agency.

- 2.21 However, some categories of emergency/hazard have multiple agencies performing the different Management Authority roles. In the case of pandemic influenza, the Advisory, Prevention and Response Management Authority roles are all allocated to PHS within DoH but the Preparedness Management Authority sits with the Office of Security and Emergency Management in DPAC.
- 2.22 The EMA (s.35) also provides for State Special Emergency Management Plans (SSEMPs) for a specific emergency or class of emergencies. The State had a pandemic SSEMP approved in 2019 (SSEMP: Pandemic Influenza). This was initially used to activate the Level 1 response arrangements in DoH and guide the health and whole-of-government response. A COVID-19 specific SSEMP¹¹ was written and approved by the State Controller on 17 March 2020. Both documents cross-referenced the TEMA and provided for DoH as the Response Management Authority, which then guided both the health and whole-of-government response and, in particular, how agencies would work together. This issue is covered further in Chapter 4.
- 2.23 Finally, the State had in place a further pandemic plan, last updated in 2016 — the *Tasmanian Health Action Plan for Pandemic Influenza* (the 2016 Plan). The 2016 Plan was modelled from the equivalent Commonwealth plan (*Australian Health Management Plan for Pandemic Influenza 2014*). It had not been recently updated and contained overlapping information to the SSEMPs.
- 2.24 All plans were activated in a timely manner which meant the Government could start responding at an early point in the pandemic.

Temporary measures were adopted, and plans and structures adjusted, to prepare for the emergency response

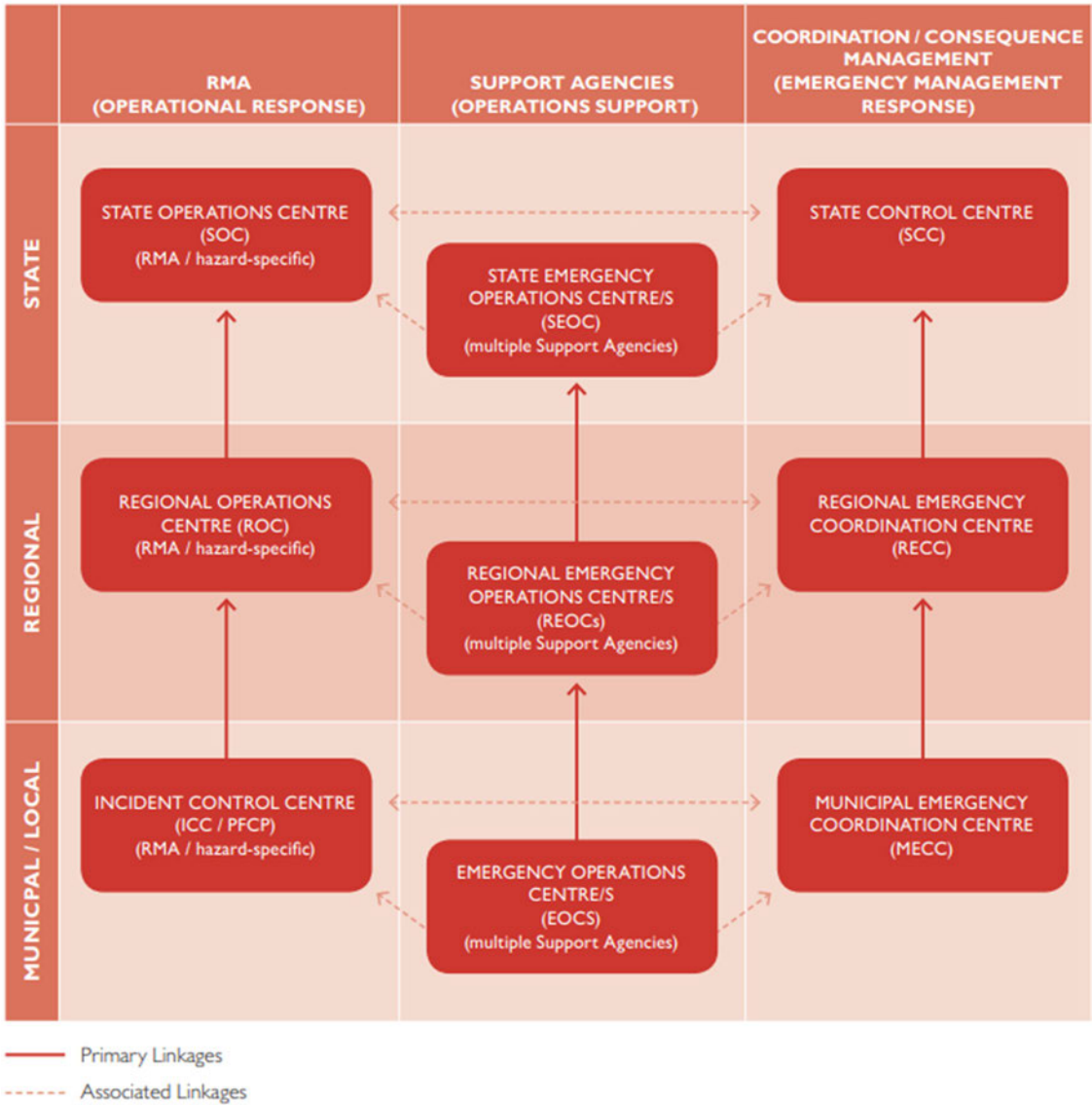
- 2.25 Well before COVID-19 was declared a pandemic by the World Health Organisation, the State Government started to monitor the situation at the global and national levels and lay the foundations for its own response. Four weeks prior to activating the SEMC, an interdepartmental committee was established by the Premier and led by the Secretary of DPAC, consisting of heads of agency from across the state service, to

¹¹ The SSEMP: COVID-19 has since been re-written twice post the period covered by this review. This reflects the adaptation to changing circumstances regarding the virus and adjustment of the response accordingly. They also include the role of State Health Commander.

discuss Tasmania’s preparations. This pre-dated the more formal emergency responses, as information on COVID-19 was changing and evolving on a daily basis, but not enough was yet known to declare an emergency.

2.26 The TEMA was structured around an emergency response being contained within a relatively defined geographical area and timeframe. Usually, a Regional Emergency Coordination Centre is stood up at an initial stage and only following a significant escalation resulting in a State of Emergency, does the State Controller stand up the SCC. The emergency management structures under the TEMA are shown in Figure 3.

Figure 3. Emergency management response structures under the TEMA



Source: TEMA, page 86

2.27 Because the State Controller recognised the need to begin responding at a statewide level, rather than escalate from a region, they rapidly created and established the State Emergency Coordination Centre as a temporary whole-of-government control centre just over a week before standing up the SCC.

- 2.28 The early establishment of the State Emergency Coordination Centre provided a mechanism to begin mobilising resources. This included moving responsibility for monitoring, reporting and communication at the whole-of-government level; and testing and preparing the WebEOC system to become the central repository for all emergency information (discussed further in Chapter 4). The intention was to free up DoH to focus on the health aspects and to have essential resources in place and operating once the State of Emergency was declared.
- 2.29 At the legislative level, some amendments were made to the EMA¹² early in the pandemic. This included an extension to the period for which the State Controller could authorise the exercise of emergency powers from seven days to 12 weeks. A range of other acts were also amended to provide further flexibility within government to respond.
- 2.30 Overall, we found key agencies were agile in preparing to respond and mobilise at the critical point. This was demonstrated through the establishment of preliminary bodies and structures at an early stage and the timely adaptation of supporting instruments. This agility was further evidenced as the whole-of-government response adapted to constantly changing circumstances as the pandemic progressed.

Initial governance arrangements put a strain on Public Health Services' capacity to deliver

- 2.31 PHS's current webpage¹³ states that its responsibilities are to:
- protect Tasmanians from public and environmental health hazards
 - prevent and reduce chronic diseases and injuries
 - prepare for and respond to public health emergencies like flu pandemics
 - promote good health
 - reduce inequalities in health.
- 2.32 While the focus of this review was on governance, human resources and information and communication during the initial months of the response, the role of PHS was central and critical to every aspect of these. DoH (PHS) was the Response Management Authority and Hazard Advisory Agency under the TEMA but, under the SSEMP and other health emergency plans, it was PHS in particular that carried the critical load of managing the many facets of the health emergency from the outset.
- 2.33 Over 70 additional staff were brought in for short periods to support PHS in contact tracing and supporting functions. Existing PHS staff invested time in training the additional staff but the short tenure of some of these staff meant this investment was

¹² The COVID-19 Disease Emergency (Miscellaneous Provisions) Act 2020, sourced at: [View - Tasmanian Legislation Online](#).

¹³ [Public Health Services | Public Health](#). Accessed 1 March 2021.

short-lived. This placed additional strain on PHS's resources. The human resources aspects are explored further in the next chapter.

2.34 It was evident from our review that, due to the scale, changing nature and escalation of the pandemic, there were some issues with PHS's capacity to deliver what was needed, particularly in the early period of the response and mobilisation. Along with managing its business as usual work, PHS was not able to respond fully to all the additional emergency-based demands placed on them. Those additional demands included:

- active response management (the Director of Public Health was initially the Incident Controller)
- responding to queries from, and providing advice to, a range of stakeholders including General Practitioners, allied health providers, employers and the broader community
- providing updated information for the DoH website
- contact tracing
- participating in national forums
- preparing for the Premier's daily media briefings.

2.35 Feedback from some stakeholders supported the view that PHS struggled during the early response to the pandemic. There were adverse views from some stakeholders regarding PHS's ability to deliver accurate, timely and much needed advice to those impacted early by the emerging pandemic. It is acknowledged that information about the novel coronavirus was emerging on a day-by-day basis and that PHS could only respond to the most recent information. The Deputy Director of Public Health's deployment to the SCC enhanced its ability to manage the whole-of-government response based on contemporary public health advice but further reduced PHS's capacity.

2.36 The pressure on PHS was recognised early by DoH and, in escalating to the Level 2 response, the Director of Public Health's role was converted from leading the response to that of strategic advisor. More broadly across the health service, an additional senior public servant from outside DoH was also brought in as the Commander of the THS EOC to free up the Chief Medical Officer for strategic health system advice. Finally, the Secretary of DoH delegated her business as usual powers to one of her deputies and took on the role of State Health Commander, which was referenced in the 2016 Plan. Relevant bodies from the 2016 Plan included:

- 'Incident Controller: A senior officer appointed by the Response Management Authority to lead and coordinate a multi-agency response to an emergency. For pandemic influenza the Incident Controller is generally the Director of Public Health — unless a Level 3 emergency response is activated, in which

case incident control is through the State Controller and the Director of Public Health is generally the State Health Commander.’¹⁴

- ‘Response Management Authority: The agency listed under the Tasmanian Emergency Management Plan as responsible for managing the emergency response to a specific type of emergency event; the DHHS¹⁵ is the Response Management Authority for public health emergencies, including influenza pandemics
- ‘State Health Commander’: The Secretary DHHS or their delegate, responsible for controlling all government-based health and human service capabilities and directing service providers as required in response to an emergency; if DHHS is the Response Management Authority, the Incident Controller (generally the Director of Public Health) will assume the same authority invested in the State Health Commander.

2.37 The 2016 Plan made it clear that it was the Secretary’s decision as to who fulfilled which role in a health emergency (aside from the statutory responsibilities of the Director of Public Health), as follows: ‘Given the likely protracted and complex nature of the health response to pandemic influenza, the Secretary DHHS may delegate additional persons as the Incident Controller or State Health Commander, on a rotating basis.’

2.38 The decisions taken by DoH as to who to assign the key roles in leading the health emergency response reflected the initial constraints under which PHS was operating prior to the escalation of the response to Level 2. The Director of Public Health’s statutory responsibilities under the PHA were not diminished or removed by these decisions.

2.39 While DoH demonstrated an agility and responsiveness to the needs of PHS, the scale and prolonged nature of this emergency has shown there was limited surge capacity built into PHS’s resources. It also showed that previous pandemic planning, such as scenario tests or rehearsals, had not effectively tested PHS’s capacity to surge under these kinds of pressures.

¹⁴ Tasmanian Health Action Plan for Pandemic Influenza 2016, page 6.

¹⁵ DHHS is the former Department of Health and Human Services. This is now DoH.

3. Sufficiency and effectiveness of the deployment of human resources

We assessed whether human resources deployed to manage and support the pandemic response were sufficient and effective. In particular, we examined:

- whether there was a clear understanding of people's roles, level of authority, lines of accountability and responsibilities
- whether there was appropriate training and support for people to execute their duties effectively
- how lead agencies ensured key personnel working on the pandemic response had the capacity to undertake those roles
- how lead agencies managed the health and wellbeing, including the risk of fatigue and unforeseen absence, for those key personnel involved in the pandemic response.

Chapter summary

Overall, the deployment of staff to support the pandemic response was sufficient and effective. Procedures and guidance were in place to support emergency response deployment, which was undertaken quickly using people with appropriate knowledge and skills. Capacity for staff to focus on the response was largely provided through the backfilling of their substantive roles. Staff generally had the skills to undertake their roles, although role orientation could have been stronger for those SCC staff with no prior emergency management experience.

Health and wellbeing services were available, although some staff felt they could have been more targeted and tailored to the circumstances. Dependencies on key personnel resulted in fatigue and limited respite for some staff. Despite these matters, adequate human resources were made available to support the response.

There was a clear understanding of senior emergency management roles, level of authority, lines of accountability and responsibilities

- 3.1 As previously stated, the relevant legislation establishes accountable roles for emergency responses. Other roles were articulated through guiding documentation such as the TEMA and SSEMPs and 'role cards' were developed for the key emergency management roles in the SCC.
- 3.2 Overall, we found there was a shared understanding of senior emergency management roles, level of authority, lines of accountability and responsibilities for those who have previously operated under the TEMA. People had clear roles, articulated in relevant documentation, supported by relationships built on existing

networks. We were consistently told by responders that those who had worked on previous emergencies together relied on those relationships to aid them in acting rapidly during mobilisation.

- 3.3 Arrangements set up under the *'State Special Emergency Management Plan: Interoperability Arrangements for Sharing Skilled Resources in Tasmania'* (the interoperability arrangements) and direct deployment were used to bolster key areas within the response, such as communications and policy. However, the scale of this pandemic meant that more resources were required and these were rapidly deployed.
- 3.4 The whole-of-government response saw a large movement of staff across most State Service agencies occur rapidly both in the lead up to and following the declarations of a State of Emergency and Public Health Emergency. Notably, in the three lead agencies alone:
- DPFEM dedicated 11 personnel to the SCC, with a range of other staff supporting the response through region-specific responses, back-of-house activities, and maintenance of business-as-usual activities.
 - DPAC deployed 46 staff in the initial months, the bulk of which consisted of 19 people to the Public Information Unit and 25 to the Recovery Unit within the SCC.
 - The Public Health Hotline (the Hotline) used the services of 207 people, excluding those from DoH, DPFEM or outside the Tasmanian State Service. At its peak, there were up to 73 staff working in there on a single day. Staffing was undertaken through the arrangements set up under the interoperability arrangements, as well as casual and fixed-term appointments.
- 3.5 In addition to the dedication of internal and external personnel to the various emergency governance structures, DoH also needed to support the capacity of PHS. PHS had 70 additional staff during the months of March, April and May 2020. These included:
- 55 nurses deployed to assist predominantly with contact tracing
 - 16 non-nursing staff transferred under the interoperability arrangements for non-contact tracing activities.
- 3.6 Most of these nurses came from the THS casual pool, with the remainder sourced from the interoperability arrangements, informal arrangements between DoH agencies, Commonwealth Department of Health and from THS on an 'additional hours' arrangement.
- 3.7 Additional staff were brought in to the SCC to support the more established emergency management roles. These staff were selected based on their assessed ability to support the response. Whilst there were some reports of an initial lack of clarity as to their role, due to the number of people and speed of deployment, the majority of these people were fully effective within a few weeks. Senior responders stated that these staff had skills and experience in a needed area and made significant contributions to the response once they were fully operational.

- 3.8 For the DoH-related roles, the ECC's *Operating Guidelines* (updated 26 March 2020) provided duty statements for all ECC roles, such as the Incident Controller. The Incident Controller's key responsibility was for 'the overarching strategic leadership, management and direction of the health system's COVID-19 emergency response.' The *Operating Guidelines* clearly outlined the interrelationships between people, although these were adjusted as the pandemic progressed.

Training and orientation was appropriate for most of those involved in the emergency response

- 3.9 People in defined emergency management roles had sufficient experience and previous training to undertake their functions. Supplementary staff brought in to assist the response had relevant skills for the areas in which they were deployed, such as policy development, public health or communications.
- 3.10 The orientation in emergency management could have been stronger for those staff without an emergency management background, brought in to assist in the whole-of-government response to enable a faster transition when they were initially deployed. However, those we spoke to considered this a relatively minor issue that did not significantly delay the overall response.
- 3.11 PHS invested significantly in training casual pool nurses to undertake contact tracing. However, due to the nature of this workforce generating rapid turnover, the placements were only for short periods and the training would then be repeated for new nurses.
- 3.12 Although this review focused on response and mobilisation, rather than preparation, the subject of preparation was brought up in the course of our discussions about training. We were told by DoH they had scenario tested for a major influenza pandemic. However, given the timing of the development of the pandemic SSEMP, in addition to the resourcing and breadth of capability issues experienced by DoH in supporting PHS in the early weeks of the pandemic, the scale and nature of COVID-19 came with significant challenges. This is an area where lessons will continue to emerge to strengthen response efforts for future pandemics and where changes to responses will require significant stress testing and rehearsal.
- 3.13 Similarly, at the whole-of-government level, it was clear from the types of previous emergencies and the structure of the TEMA that, although a pandemic was an emergency of the type envisaged by the arrangements, it was not a focus of detailed training or preparation. Personnel interviewed spoke of scenario testing and rehearsals for a range of emergencies on an annual basis, but not a pandemic. More generally, Australia was emerging from one of its most destructive and protracted bushfire seasons on record, when reports started to emerge about a new coronavirus. Thus the focus of those involved in discussions and planning for emergency management needed to shift quickly from one type of national emergency conversation to another.

- 3.14 Finally, as previously noted, responders we spoke to stated most emergency personnel had previously worked together in responses. This meant there were pre-existing relationships and cross-agency networks to assist them in adjusting to managing a much longer-term and complex response.

Most staff had the capacity to undertake their emergency response roles

- 3.15 Deployment of staff to the SCC and other key emergency response bodies occurred rapidly. This was aided by the release of staff from agencies with backfilling of their roles or their work reprioritised, in most cases. Some examples of providing capacity include the delegation by the Secretary of DoH of her powers to one of her deputies in order to focus on being the State Health Commander. In DPAC, there were projects that were formally paused to enable staff to be deployed to assist the response.
- 3.16 It was acknowledged that, while every effort was made to provide capacity, the size of the Tasmanian State Service impacted the ability to backfill temporarily vacated positions over a lengthy period of redeployment.
- 3.17 There were some areas where only limited backfilling was possible, meaning the incumbent had competing priorities and felt a responsibility for their business-as-usual role. This would have impacted on their capacity to dedicate their time to the response and taken some of the focus away from the emergency. This issue was understood broadly across the State Service by those we spoke to but the size of the State Service meant there was limited opportunity to mitigate the impact on the individual or on delivering competing priorities.

Health and wellbeing services were prioritised but were not always timely or tailored

- 3.18 The EMA and PHA are based around a number of key individuals performing accountable roles during an emergency. These dependencies, and a protracted emergency response, heightened the need to carefully manage the respite and support to those individuals. The lengthy duration of the pandemic resulted in those individuals, and the people supporting them, being in response mode for most of 2020. The strongest of health and wellbeing arrangements would be tested in such circumstances.
- 3.19 Lead agencies invested in health and wellbeing services in place for staff involved in the pandemic response. All agencies had access to psychologists to provide either direct support to individuals, or help design programs for groups of staff. Agencies supported staff through use and enhancement of their existing arrangements and/or bringing in additional resources.
- 3.20 While all people we spoke to said they felt well-supported during the response, almost every person remarked on the consistently long hours worked by all involved in the response during the initial months of the pandemic.

- 3.21 While a focus on the health and wellbeing of those involved in the response, as well as those supporting the business-as-usual functions of agencies, was clearly evident in all three lead agencies, there was some confusion between the agencies as to who was providing support to particular cohorts of staff at particular times. This was due to the large numbers of people deployed outside their home agency. Better coordination between agencies on working together to ensure all staff were covered over the course of deployment would assist managing this area in a future response.
- 3.22 The impact of the requirement for a more joined-up approach was that the timing and nature of the support was not always provided in the most effective manner and not always tailored to individual needs. Although sufficiently available and prioritised, support could have been implemented more effectively. While all personnel we spoke to said they felt supported, some felt it was not always at the level and timing that most suited them. None believed this impacted their ability to respond. A strong theme that emerged from those we spoke to was that they were driven and bolstered by a strong sense of common purpose, comradery and mutual support.
- 3.23 We were informed that Heads of Agency have subsequently undertaken work through DPAC to address these issues through drafting several whole of state service initiatives themed around mentally healthy workplaces.

4. Effectiveness of communication and information management

We assessed the effectiveness of communication and information management to support the pandemic response. In particular, we examined:

- whether there were clear lines of communication established between lead agencies
- whether there were communication protocols established for lead agencies to liaise effectively with external parties
- whether lead agencies had access to accurate and timely information to support appropriate decision-making
- how lead agencies assured themselves external communication to the public was effective.

Chapter summary

Communication and information management to support the pandemic response at the strategic level became more effective over time, as adjustments were made to processes and capacity to provide information.

Lead agencies, through the Public Information Unit in the SCC, coordinated whole-of-government information which was exchanged, monitored and updated as the response unfolded. This was aided by the deployment of the Deputy Director of Public Health to the SCC. Combined, this broadly led to both communication into government and out to stakeholders and the broader community to be centrally coordinated with consistent messaging, based on public health advice.

Lead agencies communicated effectively with one another

- 4.1 Overall, lead agencies communicated effectively with one another. Communication between DoH, as the Response Management Authority, and other responding agencies was coordinated effectively through the SCC. This was enhanced by the deployment of the Deputy Director of Public Health into the SCC as the Operational Liaison Advisor, supported by daily briefings to heads of agencies and relevant Ministers and a range of interactions at a regional level.
- 4.2 While significant numbers of individuals were based in the SCC, ECC and other bodies, others engaged in agency-centric response projects (such as the essential traveller program) were based offsite. Video meeting technology enabled a joined up approach regardless of the physical location of the participant.

- 4.3 The State Controller decided at an early stage of the response, prior to the declarations of a Public Health and State of Emergency, that the whole-of-government response would use a single system to capture all information flows.
- 4.4 The system, WebEOC, had been acquired by DPFEM in 2013, with rollout and training commencing in 2014. Meetings, logs of actions, decisions, situation reports, briefings, media releases and other reports were recorded in WebEOC, providing a 'single source of truth' to guide the whole-of-government response. DPFEM hosted WebEOC data, which was stored securely and backed up regularly.
- 4.5 Access to WebEOC was restricted to current DPFEM staff and other parties involved in the response through individual log-in identities. Differing levels of access meant users could only access the area relevant to their involvement.
- 4.6 The primary impact of using a single system was that all responders, regardless of agency, responding structure or role, had access to one set of consistently updated information. Everyone was responding to the same set of data.

Communication to external parties was effective

- 4.7 The SCC, through its Public Information Unit, relied on established networks in and out of government to distribute information. For example, the relationship between particular government agencies with a range of non-government organisations. This allowed for distribution networks where information flowed to the entity with the existing network and then relied upon those relationships for further dissemination. The Public Information Unit also produced daily public information documents that were circulated to a range of external stakeholders, ensuring consistent messaging and distribution of information.
- 4.8 The regional bodies from the TEMA, outlined in Chapter 2, had direct representation from relevant community groups such as not-for-profits and municipal bodies.
- 4.9 WebEOC, which could be accessed by all government agencies and other relevant bodies, such as local councils, not-for-profits and other stakeholders, provided a single focus of communication both in and out of the lead agencies. This was supported by the creation of the coronavirus website (coronavirus.tas.gov.au) and the Hotline (discussed further below).
- 4.10 Finally, there were communication methods in place for non-government organisations (NGOs) to provide input to the SCC during the pandemic. This was enabled using an issues register on the Tasmanian Council of Social Services (TasCOSS) website for its members. TasCOSS provided this information to the SCC weekly and outcomes were then reported back to members. This provided the SCC with an understanding of issues affecting TasCOSS members during the pandemic.

Decision-making was based on timely and accurate information

- 4.11 Decision-making by key individuals such as the State Controller and ECC Incident Controller was supported by daily briefings, minutes prepared by the Policy Unit in the SCC, as well as access to situation and daily consequence reports, where information was provided and updated regularly by a range of government and non-government entities.
- 4.12 Key individuals participated in regular meetings at a national level. These meetings included National Cabinet, chaired by the Prime Minister, and comprising State and Territory leaders and the Australian Health Protection Principal Committee, comprising State and Territory Chief Medical Officers and/or Directors of Public Health, and chaired by the Australian Chief Medical Officer. Information from these bodies was used to inform the latest public health advice and fed back into the daily updates on broader response issues, such as state borders.
- 4.13 All information flows were captured either directly, or summarised in other reports, in WebEOC. The nature of WebEOC, as the single source of truth and repository for information, meant it contained significant bodies of information which grew as the pandemic progressed. We were told by some inexperienced users that the system was initially difficult to navigate, although this was recognised as being a minor issue. DPFEM stated it had consistently offered training on WebEOC, since its inception, with varying levels of take up and will continue to promote training in and use of the system across agencies.
- 4.14 Overall, information flowed in real time to the decision-makers and was captured in WebEOC. Therefore, responders were able to base their decisions on the best intelligence available at the time.

There was effective messaging to the public

- 4.15 The Premier provided daily media briefings from early in the pandemic, which informed both the responders and the public. In addition, the DoH website (including its social media accounts), TasAlert (the emergency management communication tool) and the Tasmanian Emergency Information Service (TEIS) were used as early communication tools. These latter communication methods were quickly identified as not fit-for-purpose for the pandemic. In particular, there were adverse comments from some stakeholders who found it difficult to access timely and accurate advice in dealing with some of the earliest COVID-19 cases in Tasmania.
- 4.16 Consequently, a dedicated coronavirus website to replace other online modes was developed within four days and was launched on 24 March 2020. A dedicated telephone hotline and call centre to replace the TEIS was also established promptly and similarly commenced operation in March 2020.
- 4.17 The rapid reconfiguration and streamlining of the methods by which the public could access up to date information, through the coronavirus website and the Hotline,

meant that messaging could be kept consistent. Both the coronavirus website and Hotline drew information from multiple sources from across Government. The coronavirus website enabled navigation through to the relevant category of information and the Hotline provided a triage service for the query to reach the appropriate area. Both were improved and upgraded as the response progressed.

- 4.18 The SCC monitored whether public health messaging, such as social distancing, hand washing and limiting time away from the home, was working effectively through a number of mechanisms. The SCC had oversight of the pandemic's impact on large parts of the community through daily reports from entities such as non-government organisations, local government and the University of Tasmania, that were captured in its Consequence Management and Progressive Impact Reports. Calls into the Hotline, as well as visits to the coronavirus website, were regularly monitored by the Public Information Unit. For example, during the height of the initial pandemic period, over the Easter long weekend in April 2020, there were 331,454 total page views on the coronavirus website.
- 4.19 The reconfiguration and streamlining of public communication methods to essentially three mechanisms: a dedicated website, a dedicated Hotline and daily media briefings by the Premier, channelled information in a largely consistent and digestible format. This provided a foundation for the community to respond by adjusting its behaviour to assist in containing the pandemic in Tasmania during the initial months.

Acronyms and abbreviations

2016 Plan	Tasmanian Health Action Plan for Pandemic Influenza
DoH	Department of Health
DPAC	Department of Premier and Cabinet
DPFEM	Department of Police, Fire and Emergency Management
ECC	Emergency Coordination Centre
EMA	<i>Emergency Management Act 2006</i>
EOC	Emergency Operations Centre
interoperability arrangements	State Special Emergency Management Plan: Interoperability Arrangements for Sharing Skilled Resources in Tasmania
PHA	<i>Public Health Act 1997</i>
SCC	State Control Centre
SEMC	State Emergency Management Committee
SSEMP	State Special Emergency Management Plan
State	State of Tasmania
TasCOSS	Tasmanian Council of Social Services
TEIS	Tasmanian Emergency Information Service
TEMA	Tasmanian Emergency Management Arrangements
THS	Tasmanian Health Service

Audit Mandate and Standards Applied

Mandate

Section 23 of the *Audit Act 2008* states that:

- (1) The Auditor-General may at any time carry out an examination or investigation for one or more of the following purposes:
 - (a) examining the accounting and financial management information systems of the Treasurer, a State entity or a subsidiary of a State entity to determine their effectiveness in achieving or monitoring program results;
 - (b) investigating any matter relating to the accounts of the Treasurer, a State entity or a subsidiary of a State entity;
 - (c) investigating any matter relating to public money or other money, or to public property or other property;
 - (d) examining the compliance of a State entity or a subsidiary of a State entity with written laws or its own internal policies;
 - (e) examining the efficiency, effectiveness and economy of a State entity, a number of State entities, a part of a State entity or a subsidiary of a State entity;
 - (f) examining the efficiency, effectiveness and economy with which a related entity of a State entity performs functions –
 - (i) on behalf of the State entity; or
 - (ii) in partnership or jointly with the State entity; or
 - (iii) as the delegate or agent of the State entity;
 - (g) examining the performance and exercise of the Employer's functions and powers under the *State Service Act 2000*.
- (2) Any examination or investigation carried out by the Auditor-General under subsection (1) is to be carried out in accordance with the powers of this Act

Standards Applied

Section 31 specifies that:

'The Auditor-General is to perform the audits required by this or any other Act in such a manner as the Auditor-General thinks fit having regard to -

- (a) the character and effectiveness of the internal control and internal audit of the relevant State entity or audited subsidiary of a State entity; and
- (b) the Australian Auditing and Assurance Standards.'

The auditing standards referred to are Australian Auditing Standards as issued by the Australian Auditing and Assurance Standards Board.



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