



PERFORMANCE AUDIT

20 DECEMBER 2022

Coordination of the response to COVID-19 (June to November 2021)

NEW SOUTH WALES AUDITOR-GENERAL'S REPORT

THE ROLE OF THE AUDITOR-GENERAL

The roles and responsibilities of the Auditor-General, and hence the Audit Office, are set out in the *Government Sector Audit Act 1983* and the *Local Government Act 1993*.

We conduct financial or 'attest' audits of state public sector and local government entities' financial statements. We also audit the Consolidated State Financial Statements, a consolidation of all state public sector agencies' financial statements.

Financial audits are designed to add credibility to financial statements, enhancing their value to end-users. Also, the existence of such audits provides a constant stimulus to entities to ensure sound financial management.

Following a financial audit the Audit Office issues a variety of reports to entities and reports periodically to Parliament. In combination, these reports give opinions on the truth and fairness of financial statements, and comment on entity internal controls and governance, and compliance with certain laws, regulations and government directives. They may comment on financial prudence, probity and waste, and recommend operational improvements.

We also conduct performance audits. These examine whether an entity is carrying out its activities effectively and doing so economically and efficiently and in compliance with relevant laws. Audits may cover all or parts of an entity's operations, or consider particular issues across a number of entities.

As well as financial and performance audits, the Auditor-General carries out special reviews, compliance engagements and audits requested under section 27B(3) of the *Government Sector Audit Act 1983*, and section 421E of the *Local Government Act 1993*.



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In accordance with section 38E of the *Government Sector Audit Act 1983*, I present a report titled '**Coordination of response to COVID-19 (June to November 2021)**'.

A handwritten signature in black ink, appearing to read 'Margaret Crawford'.

Margaret Crawford
Auditor-General for New South Wales
20 December 2022

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RECONCILIATION COMMITMENT STATEMENT

The Audit Office of New South Wales pay our respect and recognise Aboriginal people as the traditional custodians of the land in NSW.

We recognise that Aboriginal people, as custodians, have a spiritual, social and cultural connection with their lands and waters, and have made and continue to make a rich, unique and lasting contribution to the State. We are committed to continue learning about Aboriginal and Torres Strait Islander peoples' history and culture.

We honour and thank the traditional owners of the land on which our office is located, the Gadigal people of the Eora nation, and the traditional owners of the lands on which our staff live and work. We pay our respects to their Elders past and present, and to the next generation of leaders.

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Auditor-General's foreword

This audit assessed the effectiveness of NSW Government agencies' coordination (focused on the Department of Premier and Cabinet, NSW Health, the NSW Police Force, Resilience NSW and the Department of Customer Service) of the COVID 19 response in selected Local Government Areas (Fairfield City Council and Dubbo Regional Council) between June and November 2021.

As noted in this report, Resilience NSW was responsible for the coordination of welfare services as part of the emergency management arrangements. On 16 December 2022, the NSW Government abolished Resilience NSW.

During the audited period, Resilience NSW was tasked with supporting the needs of communities subject to stay at home orders or stricter restrictions and it provided secretariat support to the State Emergency Management Committee (SEMC). The SEMC was, and remains, responsible for the coordination and oversight of emergency management policy and preparedness.

Our work for this performance audit was completed on 15 November 2022, when we issued the final report to the five audited agencies. While the audit report does not make specific recommendations to Resilience NSW, it does include five recommendations to the State Emergency Management Committee. On 8 December 2022, the then Commissioner of Resilience NSW provided a response to the final report, which we include as it is the formal response from the audited entity at the time the audit was conducted.

Section one

Coordination of the
response to COVID-19
(June to November 2021)

Executive summary

The community of New South Wales has experienced significant emergency events during the past three years. COVID-19 first emerged in New South Wales after bushfire and flooding emergencies in 2019–20. The pandemic is now into its third year, and there have been further extreme weather and flooding events during 2021 and 2022.

Lessons taken from the experience of these events are important to informing future responses and reducing future risks to the community from emergencies.

This audit focuses on the NSW Government's response to the COVID-19 pandemic, and in particular, the Delta variant (Delta) that occurred between June and November 2021. The response to the Delta represents six months of heightened challenges for the NSW Government.

Government responses to emergencies are guided by legislation. The *State Emergency and Rescue Management Act 1989* (SERM Act) establishes emergency management arrangements in New South Wales and covers:

- coordination at state, regional and local levels through emergency management committees
- emergency management plans, supporting plans and functional areas including the State Emergency Management Plan (EMPLAN)
- operations centres and controllers at state, regional and local levels.

This audit focuses on the activities of five agencies during the audit period:

- The NSW Police Force led the emergency management response and was responsible for coordinating agencies across government in providing the tactical and operational elements that supported and enhanced the health response to the pandemic. The NSW Police Force also led the compliance response which enforced Public Health Orders and included household checks on those required to isolate at home after testing positive to COVID-19. In some parts of NSW, they were supported by the Australian Defence Force in this role.
- NSW Health was responsible for leading the health response which coordinated all parts of the health system, initially to prevent, and then to manage, the pandemic.
- Resilience NSW coordinated welfare services as part of the emergency management arrangements and provided secretariat support to the State Emergency Management Committee (SEMC). The SEMC is responsible for the coordination and oversight of emergency management policy and preparedness. Resilience NSW was also tasked with supporting the needs of communities subject to stay-at-home orders or stricter restrictions.
- The Department of Customer Service (DCS) was responsible for the statewide strategic communications response.
- The Department of Premier and Cabinet (DPC) held a key role in providing policy and legal services, as well as supporting the coordination of activity across a range of functional areas and decision-making by our State's leaders.

This audit assessed the effectiveness of NSW Government agencies' coordination (focused on the Department of Premier and Cabinet, NSW Health, the NSW Police Force, Resilience NSW and the Department of Customer Service) of the COVID-19 response in selected Local Government Areas (LGA) (Fairfield City Council and Dubbo Regional Council) after June 2021.

The audit investigated whether:

- government decisions to apply LGA-specific Public Health Orders were supported by effective crisis management governance and planning frameworks
- agencies effectively coordinated in the communication (and enforcement) of Public Health Orders.

While focussing on the coordination of NSW Government agencies' response to the Delta variant in June through to November 2021, the audit also considered relevant planning and preparation activities that occurred prior to June 2021 to examine how emergency management and public health responses learned from previous events.

This audit does not assess the effectiveness of other specific COVID-19 responses such as business support. It refers to the preparedness, planning and delivery of these activities in the context of supporting communities in selected LGAs. NSW Health's contribution to the Australian COVID-19 vaccine rollout was also subject to a separate audit titled 'New South Wales COVID-19 vaccine rollout' tabled in NSW Parliament on 7 December 2022. [New South Wales COVID-19 vaccine rollout | Audit Office of New South Wales \(nsw.gov.au\)](#).

This audit is part of a series of audits which have been completed, or are in progress, regarding the New South Wales COVID-19 emergency response. The Audit Office of New South Wales [2022–2025 Annual Work Program](#) details the ongoing focus our audits will have on providing assurance on the effectiveness of emergency responses.

In this document Aboriginal refers to the First Nations peoples of the land and waters now called Australia, and includes Aboriginal and Torres Strait Islander peoples.

Conclusion

Prior to June 2021, agencies worked effectively together to adapt and refine pre-existing emergency management arrangements to respond to COVID-19. However, lessons learned from prior reviews of emergency management arrangements, and from other jurisdictions, had not been implemented when Delta emerged in June 2021. As a result, agencies were not as fully prepared as they could have been to respond to the additional challenges presented by Delta.

In the period March 2020 to June 2021, the State's Emergency Management (EM) arrangements coordinated the New South Wales emergency response to COVID-19 with support from the Department of Premier and Cabinet (DPC) which led the cross-government COVID-19 Taskforce. NSW Government agencies enhanced the EM arrangements, which until then had typically been activated in response to natural disasters, to meet the specific circumstances of the pandemic.

However, the State Emergency Management Committee (SEMC), supported by Resilience NSW, did not address relevant recommendations arising from the 2020 Bushfires Inquiry before June 2021 and agencies did not always integrate lessons learned from other jurisdictions or scenario training exercises into emergency management plans or strategies before Delta. As a result, deficiencies in the EM arrangements, including representation of vulnerable communities on EM bodies, well-being support for multicultural communities in locked down environments and cross-agency information sharing, persisted when Delta emerged in June 2021.

It should be noted that for the purposes of this audit there is no benchmark, informed by precedent, that articulates what level of preparation would have been sufficient or proportionate. However, the steps required to address these gaps were reasonable and achievable, and the failure to do so meant that agencies were not as fully prepared as they could have been for the scale and escalation of Delta's spread across the State.

The Delta Microstrategy complemented the EM arrangements to support greater coordination and agencies are working to improve their capability for future events

The Delta Microstrategy (the Microstrategy) led to innovations in information sharing and collaboration across the public service. Agencies involved in the response have completed, or are completing, reviews of their contribution to the response. That said, none of these reviews includes a focus on whole-of-government coordination.

On 23 July 2021, the NSW Government approved the establishment of the Microstrategy to respond to the additional challenges presented by Delta including the need to support communities most impacted by restrictions to movement and gathering in the LGAs of concern. An extensive range of government agencies were represented across eight Microstrategy workstreams, which coordinated with the existing EM arrangements to deliver targeted strategies to communities in high-risk locations and improve data and information sharing across government. This enhanced the public health, compliance, income and food support, communications and community engagement aspects of the response.

Agencies also leveraged learnings from early weeks of the Delta wave and were able to replicate those lessons in other locations. The use of pre-staging hubs in Fairfield to support food and personal hamper distribution was used a month later in Dubbo which acted as a central hub for more remote parts of the State.

Emergency management plans did not enable government to respond immediately to support vulnerable communities in high-risk LGAs or regional NSW

There are gaps in the emergency management plans relating to the support for individuals, families and businesses impacted by the stay-at-home orders and other restrictions to movement and gathering. These gaps affected agencies' ability to respond immediately when the need arose during Delta.

Emergency management plans and supporting instruments did not include provision for immediate relief for households, which meant arrangements for isolation income support and food security measures had to be designed in the early stages of Delta before it could be approved and deployed.

There were delays – sometimes only days, on occasion, weeks – in providing support to affected communities. In particular, there were delays to the provision of income support and in scaling up efforts to coordinate food and grocery hampers to households in isolation. In LGAs of concern, modest delays of a few days had a significant impact on people, especially those most vulnerable.

Although government issued stricter restrictions for workers in the Fairfield LGA on 14 July 2021, it only approved targeted income support for people in LGAs of concern on 16 August 2021.

Overall, agencies coordinated effectively to provide advice to government but there are opportunities to learn lessons to improve preparedness for future events

Agencies coordinated in providing advice to government. The advice was supported by timely public health information, although this was in the context of a pandemic, where data and information about the virus and its variants was changing regularly. However, agencies did not always consider the impact on key industries or supply chains when they provided advice to government, which meant that Public Health Orders would sometimes need to be corrected.

Public Health Orders were also updated as the response to Delta intensified or to address unintended consequences of previous orders. The frequency of changes hampered agencies' ability to effectively communicate changes to frontline staff and the community in a rapidly evolving situation.

The audit identified several occasions where there were delays, ranging from three to 21 days, between the provision of advice to government and subsequent decision-making (which we have not detailed due to the confidentiality of Cabinet deliberations). Agency officers advised of instances where they were not provided sufficient notice of changes to Public Health Orders to organise local infrastructure (such as traffic support for testing clinics) to support compliance with new requirements.

1. Key findings

Prior to Delta, agencies developed capability to respond to COVID-19 related challenges

Emergency arrangements activated during the 2019–20 bushfire season were extended to deal with the COVID-19 pandemic up to, and including, the time of the Delta outbreak. The arrangements evolved to meet the needs of a pandemic emergency where restrictions on movement and gatherings were imposed. By June 2021, preparedness was improved by capability developments, although these changes were not documented in the relevant emergency management plans or supporting plans. These include:

- adaptation of key welfare services to provide support for those in quarantine where agencies developed a process (not reflected in the Welfare Services Functional Area Plan)
- development, during the 2020 outbreak, of whole-of-government communications mechanisms by the Department of Customer Service to support coordinated messaging, assessment of community sentiment, stakeholder engagement, and use of data to develop behaviourally-focused engagement plans
- implementation of mechanisms to improve community engagement and outreach by agencies, including NSW Health's Local Health Districts and NSW Police Force area commands
- establishment of an intelligence capability within NSW Health to consolidate data across the health system and research global literature and insights into COVID-19 developments
- development of surge capacity in the health system, including intensive care units and the establishment of a central unit to manage capacity to coordinate patient flow during the Delta outbreak
- planning and engagement activities to prepare for potential impacts on Culturally and Linguistically Diverse (CALD) communities. This included scenario planning exercises informed by lessons learned from the Victorian Government's response to COVID-19 in 2020 and the establishment of a cross-agency CALD working group
- addressing gaps in Aboriginal representation in EM arrangements and improved Aboriginal communities' COVID-19 preparedness through the development of Community Action Plans.

Prior to Delta, the State Emergency Management Committee did not update emergency management arrangements to address gaps identified during the 2019–20 Bushfires or 2020 outbreak

Under the *State Emergency and Rescue Management Act 1989* (SERM Act), the SEMC is responsible for the development, monitoring and review of EM policy and practice at a statewide level. This includes the promotion of continuous improvement of EM policy through the consideration of reviews and inquiries.

In the period before Delta, an independent inquiry and a structured scenario exercise identified gaps in New South Wales's emergency management arrangements:

- The 2020 NSW Bushfire Inquiry recommended the SEMC undertake reviews of the State Emergency Operations Centre (SEOC) and functional area arrangements. The reviews were to consider the appropriate resourcing and support model for the SEOC and ensure that functional areas were aligned to the current Machinery of Government arrangements. The NSW Government accepted these recommendations in-principle in August 2020. It published quarterly reports from January 2021 to show progress in meeting the Bushfire Inquiry's recommendations. The SEMC approved the commencement of these reviews in June 2021. The review of the SEOC was completed in November 2021 and the review of the functional area arrangements was completed in early 2022.
- In July 2020, the State Emergency Operations Controller (SEOCN) initiated a planning exercise to test the readiness of EM arrangements and identify planning and capability gaps in the context of four scenarios: public housing high-rise in inner Sydney, postcode lockdown in south west Sydney, lockdown of a regional town, and border closure. The exercise identified several areas for improvement:
 - implementing processes for closer integration between combat agencies, functional areas, local stakeholders and emergency services
 - developing guidelines to support all agencies undertaking shared responsibilities, including the development of a common operating picture relevant to all organisations where statewide implications were apparent.

There is some evidence of the findings and improvements being integrated into preparations for the response to COVID-19. This was particularly the case with communications planning and engagement with CALD communities. However, these improvements were, for the most part, not incorporated into emergency management plans or sufficiently implemented at regional or local levels prior to June 2021.

Additionally, under the arrangements of the SERM Act, Local Emergency Management Committees (LEMC) are responsible to the relevant Regional Emergency Management Committee (REMC), who are then responsible to the SEMC. These arrangements make the SEMC best placed to provide oversight of continuous improvement of EM policy and assess risks to capability, resourcing and readiness at local and regional levels.

The establishment of the Delta Microstrategy improved coordination between NSW Government agencies leading to more effective local responses

On 23 July 2021, the NSW Government approved the establishment of the Delta Microstrategy (the Microstrategy) to better respond to the additional challenges presented by the pandemic, including the need to support communities most impacted by restrictions to movement and gathering in the LGAs of concern. The development of the Microstrategy approach was informed by recent evidence and lessons learned in other jurisdictions (UK, Canada, Victoria), alongside local data-driven insights into how best to support compliance. The Microstrategy was overseen by an Executive Committee (ExCo) co-chaired by the Secretary of NSW Health and the SEOCN (either the Commissioner, or Deputy Commissioner of the NSW Police Force).

The Microstrategy focused on the agile development of targeted responses in high-risk locations and was facilitated by effective partnerships across government agencies, communities and businesses. The Microstrategy leveraged data analytics and insights across several workstreams (also referred to as pillars):

- vaccination
- testing
- enabling compliance with Public Health Orders (PHOs)
- payment support to those impacted by restrictions and not covered by financial support packages
- empowering communities and community organisations
- local businesses
- public service resourcing and mobility
- protecting Aboriginal communities.

There was comprehensive representation from government agencies across Microstrategy workstreams, and multiple connections between Microstrategy workstreams and existing emergency management bodies. Coordination was improved as agency representatives were empowered to share information and make commitments that would be rapidly actioned.

At the ExCo meetings, each workstream reported insights, including the identification of key risks. The Co-Chairs of the Executive Committee (the Health Secretary and the SEOCON) were regular attendees to Crisis Policy Committee (CPC) of Cabinet meetings and, as such, able to provide government with risk information.

Emergency management plans did not enable agencies to respond immediately to support vulnerable communities in high-risk LGAs or regional NSW at the scale required

Prior to the COVID-19 pandemic, emergency management arrangements to support communities focused on welfare support for people in evacuation facilities as a result of natural disaster. These arrangements were not prepared for the broader scale or sustained duration of the Delta outbreak.

The use of social measures to restrict mobility and reduce transmission has been a key element of the response to COVID-19 since March 2020. These restrictions have an important public health benefit, but also entail a significant impact on businesses, livelihoods and the ability for households to support and care for each other. The NSW Human Influenza Pandemic Plan (HIPP) notes the importance of consideration for the social and economic impacts of these measures which may be disproportionately experienced by vulnerable communities.

Prior to June 2021, other jurisdictions determined that test and isolate payment mechanisms and household support care packages were necessary to support compliance with mobility restrictions. The emergency management plans and pandemic plans in New South Wales did not include pre-prepared models for payments or household care, meaning that it took time for support programs to be designed and implemented. While the Australian Government approved income support for some people on 23 June 2021, there were still significant numbers of people who were excluded from accessing income support due to their visa status. On 16 August 2021, the NSW Government deployed funding for the Test & Isolate Support Payment (TISP), a month after Fairfield was first subject to stricter mobility restrictions as an LGA of concern.

During Delta, the number of people who required food support increased from thousands of individuals mostly located in hotel quarantine to more than ten times that number of people distributed across households in multiple LGAs. Furthermore, previously established delivery arrangements focused on delivery of food support to metropolitan locations and were not immediately fit for purpose for regional New South Wales.

It took time to design and implement a coordinated response for the delivery of food and personal item hampers at the scale needed to support large numbers of people in the community. In south west Sydney, Regional Emergency Operations Centres (REOC) established well-being sub-committees to improve the coordination of logistics, distribution and delivery of food and personal care hampers to households in isolation on 2 August 2021, a fortnight after stricter restrictions on mobility were applied to Fairfield LGA.

The failure to plan meant that local councils in Fairfield and Dubbo met immediate needs by providing food hampers for residents, who were then supported by the NSW Police Force, NSW Health, the Australian Defence Force and other agencies and NGOs.

Overall, the emergency management arrangements supported coordination at the local level and information sharing to effectively identify and manage risk

There was recognition at statewide and local levels that effective communication and support was required for community compliance with Public Health Orders, and that implementing Public Health Orders needed to be more than 'boots on the ground' enforcement. Both the Emergency Management arrangements and the Microstrategy developed approaches centred on supporting communities to comply with Public Health Orders.

The recent use of the emergency management arrangements in the response to the 2019 bushfires, 2020 floods and 2020 response to COVID-19 meant that, at a local and regional level, key personnel involved in emergency responses had developed relationships and trust, which many interviewees advised was critical for an effective and efficient local emergency response.

The emergency management arrangements drove coordination for the implementation of Public Health Orders at the regional and local levels, especially through daily situation reports where all levels shared risks and followed up with updates. This daily connection between the three levels of emergency management (state, regional and local) effectively supported information sharing so that the SEOC had a complete view of issues relating to compliance and support. Furthermore, the DCS, Aboriginal Affairs NSW and Multicultural NSW were represented at the SEOC.

The daily SEOC situation reports included updates from the emergency management functional area coordinators and NSW Government agencies involved in the response. The SEOC provided a broad forum for sharing information including risks across regions and LGAs, and in agencies. This included risks relating to resource management, such as the ongoing logistics of providing supports to communities.

However, the audit identified minor issues regarding clarity of roles which exposed risks impacting on accountability and responsibility for required work:

- Local council staff responsible for communications in both Dubbo and Fairfield council were not fully aware of the Department of Customer Service's role in coordinating communication to support compliance with Public Health Orders. This issue is heightened by proposed changes to the emergency management arrangements, in particular the recommendation arising from the 2022 Flood Inquiry that the Department of Customer Service be made accountable for the Public Information Functional Area Coordination (PIFAC) role in all emergencies. The proposed change to the leadership of the PIFAC further exposes the risk of less effective relationships between local councils and PIFAC during future emergencies.
- In Dubbo, some emergency management personnel mistakenly believed that NSW Health was the combat agency during Delta. The impact on outcome was minimal because of the effective coordination and leadership of the emergency management response. However, likely updates or revisions to emergency management plans and supporting plans arising from recommendations from recent bushfire and flood inquiries further expose the risk that agency staff may not fully understand emergency management roles and responsibilities.

NSW Health deployed resources to support Western NSW Local Health District

During the audit period, Western NSW Local Health District (WNSWLHD) employed one full-time staff member responsible for ongoing engagement with REMCs, REOCs and LEMCs. WNSWLHD is a geographically large LHD, covering three emergency management regions and 27 LGAs. In August 2021, in response to the outbreak of Delta in Dubbo LGA and concerns regarding the spread of COVID-19 into Aboriginal communities in western New South Wales, NSW Health deployed additional staff to support WNSWLHD's emergency management capacity. This exposes the risk that in a future emergency event that acutely and simultaneously affects multiple regional LHDs, NSW Health may have insufficient capacity to support LHDs to meet their EM obligations in every REMC and LEMC.

Where possible, advice provided to government was supported by cross-government consultation and up to date evidence and insights, but did not always consider operational impacts or other consequences

Section 7 of the *Public Health Act 2010* provides the Minister for Health and Medical Research the ability to make Public Health Orders. However, during the audit period, some changes to Public Health Orders were the result of decisions taken by government, through CPC. The key leadership group for the New South Wales public sector, the Secretaries Board, coordinated the management of the NSW Government response to the pandemic, escalated complex and significant policy matters to the CPC and provided advice on these matters.

The SEOCN, responsible for the coordination of emergency operations during COVID-19, provided government with consultation and feedback arising from the emergency management response. The Chief Health Officer and the Secretary, NSW Health provided public health advice.

In March 2020, NSW Health established the COVID-19 Critical Intelligence Unit to consolidate local and global health data and evidence to support advice intended to inform decision-making. NSW Health also utilised data from other agencies, including the Department of Customer Service and Transport for NSW, to assess the effectiveness of restrictions and model impacts on the health system.

Where advice to government was led by other agencies, for example the Regional NSW led 'Roadmap to Recovery', NSW Health provided advice based on up-to-date evidence including modelling.

The imposition of stricter restrictions in LGAs of concern, which restricted movement into and out of the LGA, significantly impacted key industries including air traffic control, removalists and waste management services. Large proportions of the workforces of these industries live in south west Sydney, but agencies did not always provide advice to decision-makers on the implications of lockdowns in these areas with respect to the potential impact on food security or essential services. The Department of Premier and Cabinet had to make changes to the authorised worker list after Public Health Orders were issued, following feedback from industry or key government stakeholders.

Resilience NSW and the NSW Police Force advised the audit team that they were not always offered the opportunity to provide advice on matters to do with welfare or compliance arising from Public Health Orders. While agency staff noted the challenges of broad consultation during an emergency, they identified specific examples where Public Health Orders were unenforceable or where decisions to restrict movement or implement new COVID-19 testing requirements created avoidable logistical difficulties.

New South Wales could implement lessons from other jurisdictions in providing greater transparency and accountability over decisions to apply Public Health Orders during a pandemic

Public confidence in government decision-making is essential during times of emergency. The NSW Government held daily media conferences during the audit period which it used to regularly provide important information, such as case numbers, emerging risks and changes to Public Health Orders. On occasion, the NSW Government also publicly released information such as modelling commissioned by the National Cabinet regarding the impact of vaccination on infection rates.

This audit identified several occasions where the NSW Government did not follow agency advice, or delayed following advice, which we have not detailed due to the confidentiality of Cabinet deliberations.

In 2021, the Victorian Government legislated a pandemic framework that requires the public release of advice and reasoning that informed the Premier and the Minister for Health's decisions in relation to pandemic orders. Similar arrangements exist in the ACT. However, in New South Wales, public health advice is classified as Cabinet sensitive information and not routinely made public.

Transparency and oversight over the use of Public Health Orders, or similar orders issued during other types of emergencies, are fundamental to preserve the public's trust.

Most agencies have undertaken exercises to capture lessons learned and develop recommendations for ongoing improvement

In the context of the emergency response to COVID-19, and in line with the emergency management arrangements, the following after-action reviews have been completed and collated by the SEOC:

- State Emergency Operations Centre (led by the SEOCON)
- South West Metropolitan Region and Western NSW Regional Emergency Operations Centres
- Fairfield Emergency Management Committee and Dubbo Local Emergency Operations Controller.

Alongside the SEOCON-led review of the SEOC, undertaken by the NSW Police Force in its role as combat agency, the NSW Police Force completed a separate after-action review to assess its distinct role in supporting compliance and enforcing Public Health Orders.

Pillar 5 of the Microstrategy, which focused on community support and empowerment, including engagement with CALD people, Aboriginal communities and communication strategies, completed an after-action review in December 2021.

South Western Sydney Local Health District conducted a review of its COVID-19 activities during Delta, which included a focus on vaccination.

NSW Health advised it is currently completing a System Response Debrief scheduled for completion in November 2022. At the same time, NSW Health is undertaking a parallel public health-focused Intra-Action Review with finalisation anticipated by end November 2022. At the time of completing this performance audit report, NSW Health had not finalised these reviews and, as a result, we cannot validate their findings against our own observations.

These completed reviews identified several areas for improvement including information sharing, capability, representation of vulnerable communities in emergency management governance, relationships between state and local government, and the ongoing use of innovative practices developed during Delta.

The SEMC Capability & Development sub-committee have a Lessons Management Working Group which is intended to 'collate' after-action reviews and make recommendations where appropriate. However, none of the auditees have identified an intention to undertake a whole-of-government review of the New South Wales emergency response to COVID-19, exposing the risk that cross-agency innovations and lessons will not be incorporated into the future emergency management plans.

2. Recommendations

By June 2023, the Department of Premier and Cabinet should:

1. improve transparency and accountability during an emergency by working with relevant agencies and Ministers to publish advice provided to decision-makers when emergency powers or Public Health Orders are used

By June 2023, the State Emergency Management Committee (SEMC) should:

2. capture lessons learned from the new models of cross-government coordination developed during the response to Delta
3. include the Department of Customer Service, Aboriginal Affairs NSW and Multicultural NSW as members of the Committee
4. report on and continuously improve the preparedness of emergency management at local and regional levels including representation of and engagement with local and vulnerable communities
5. monitor risks from proposed changes to the governance arrangements of functional areas, including the impact on local level capability, relationships with local councils and representation of vulnerable communities

By June 2023, the Department of Premier and Cabinet and the SEMC should:

6. work with relevant agencies to develop financial support models suitable for rapid deployment during emergencies

By November 2023, NSW Health should:

7. publicly report on progress addressing recommendations of its COVID-19 Response Debrief.

1. Introduction

1.1 Background

The New South Wales response to the Delta variant (Delta) of the COVID-19 pandemic between June and November 2021 involved extensive preparation and coordination across and within NSW Government agencies, local councils and non-government organisations (NGOs) on a scale rarely seen.

NSW Health's role focused on providing clinical services for people infected with COVID-19 and the public health response. This included COVID-19 testing and vaccination services, the collection of epidemiological data, and the provision of public health advice to government and the community.

The NSW Police Force through the State Emergency Operations Controller (SEOCN) led the coordination of the emergency management response while also fulfilling its role with regards to the enforcement of Public Health Orders.

Other government agencies supported NSW Health and the NSW Police Force by focusing on the broader emergency response, which included the:

- logistical support for implementation of testing and vaccination services
- provision of welfare and well-being services to support compliance with Public Health Orders
- communication and engagement with affected communities and the general public
- delivery of income and food support to people required to isolate and quarantine.

The response to the Delta variant represented six months of heightened challenges, and the response to COVID-19 is ongoing, with New South Wales now in its third year of pandemic management. It is also important to acknowledge that New South Wales experienced significant bushfire and flooding events in the months immediately prior to the emergence of COVID-19 in Australia and flooding events during 2021–22. A timeline of key events is included in Appendix two.

In August 2022, the NSW Government released the Independent Report of the NSW Floods Inquiry. Some of the recommendations in the Independent Report relate to the functional areas, agencies and emergency management arrangements discussed in this report.

This section provides context to the arrangements that supported the coordination of the response across NSW Government agencies. In providing this context, this section describes the:

- roles and responsibilities of entities involved
- legislative context
- planning framework
- governance arrangements.

1.2 Roles and responsibilities

This audit included five auditees:

- Department of Premier and Cabinet (DPC)
- NSW Health
- NSW Police Force
- Resilience NSW
- Department of Customer Service (DCS).

Stakeholders who have supported this audit included:

- Multicultural NSW
- Aboriginal Affairs NSW (part of the Community Engagement Group of DPC)
- Fairfield City Council
- Dubbo Regional Council.

Each of the auditees and stakeholders played specific roles in supporting and coordinating the response to COVID-19 as shown at Exhibit 1:

Exhibit 1: Role of auditees and stakeholders

Agency	Role/s
Department of Premier and Cabinet	<ul style="list-style-type: none">• coordination of strategic policy• coordination of Cabinet processes and decision-making• coordination of support for Ministerial communications including provision of assets and copy for messaging to the community (in cooperation with NSW Health and the Department of Customer Service)• coordination of Public Health Order promulgation and preparation of drafting instructions to Parliamentary Counsel to amend or draft a Public Health Order• industry and business engagement• Aboriginal Affairs NSW is part of the Community Engagement Group of the Department of Premier and Cabinet.
NSW Health	<ul style="list-style-type: none">• coordination of Health advice to government including preparation of drafting instructions to Parliamentary Counsel to amend or draft a Public Health Order• coordination of the public health response• coordination of the State Health emergency response including the health system (local health districts (LHD) and networks) response• development and coordination of the Microstrategy for Delta response in high-risk locations (the Microstrategy)• co-Chair of the Microstrategy Executive Committee (Secretary, NSW Health).

Agency	Role/s
NSW Police Force	<p>Emergency management role including:</p> <ul style="list-style-type: none"> • combat agency, coordinating the emergency (non-health) response through the State Emergency Operations Controller (SEOCON) either the Commissioner or a Deputy Commissioner of the NSW Police Force • co-Chair of the Microstrategy Executive Committee (as SEOCON) • SEOCON establishes and controls the State Emergency Operations Centre (SEOC) • control of emergency operations centres at local and, where required, regional level • support of emergency management committees at local and, where required, regional level • provision of support for communications through the Public Information Functional Area with Coordinators at a statewide and in South West Metropolitan region. <p>Policing role including:</p> <ul style="list-style-type: none"> • coordination of compliance with Public Health Orders • management of hotel quarantine and COVID-19 related airport operations • coordination of requests for support from the Australian Defence Force • coordination of other relevant police operations.
Resilience NSW	<ul style="list-style-type: none"> • secretariat of the State Emergency Management Committee (SEMC) which has a coordinating and oversight role of the emergency management bodies and plans, and supporting functional areas • administration of the State Emergency Operations Centre (SEOC) • coordination of the Welfare Services Functional Area • establishment of well-being sub-committees to support regional emergency management welfare and coordination of arrangements across relevant stakeholders • partnership, support and other coordination arrangements (including with NGOs) to provide/deliver well-being services.
Department of Customer Service	<ul style="list-style-type: none"> • coordination of whole-of-government communications including the establishment and ownership of: <ul style="list-style-type: none"> – the primary communications channel (nsw.gov.au) – the infrastructure, tools and relationships to monitor and track sentiment on pandemic related matters – media and advertising arrangements and partnerships to general population and specific audiences including Culturally and Linguistically Diverse (CALD) and Aboriginal communities • development of strategic communications and messaging to support the response to the pandemic • engagement with EM arrangements for tactical coordination • engagement with local Health arrangements to support health-response focused communications • support for communications requirements and strategies for the Microstrategy including: <ul style="list-style-type: none"> – Microstrategy-wide communications and updates – detailed community engagement, communications and monitoring through Pillar 5 – behavioural data and insight-driven methods to enable compliance with Public Health Orders in high-risk locations.

Agency	Role/s
Other entities relevant to the scope of this audit	<ul style="list-style-type: none"> Multicultural NSW: the CEO of Multicultural NSW lead the Pillar 5 workstream of the Microstrategy and provided a team to support the Microstrategy Project Management Office (PMO) and other functions for this pillar. Supported agencies above in community engagement particularly in the high-risk LGAs of south west and western Sydney. Multicultural NSW was consulted as a stakeholder agency during this audit Department of Communities and Justice: management of critical contracts and relationships with NGOs under the Welfare Services Functional Area Plan, involvement in Pillar 5 around partnerships and social cohesion, identifying and advising other agencies about individuals and households at risk, coordinating with other agencies with respect to public housing and other 'at risk' constituencies such as the homeless and unaccompanied minors NSW Treasury: design and oversight of financial and other support packages mainly focused on business Service NSW: communication to the community, provision of service centres for individuals and businesses in need of support, and development of a range of permit schemes (e.g. for essential workers, border access).
Local Government stakeholders (Fairfield City Council and Dubbo Regional Council)	<ul style="list-style-type: none"> leadership/chairing of Local Emergency Management Committees (LEMC), involvement in regional sub-committees and provision of staff to support EM arrangements immediate support for highly affected communities, supported or coordinated delivery of support packages to households in isolation provision of facilities to NSW Government agencies and NGOs for logistical support such as storage, pre-staging, cooking, packing and deliveries, provision of facilities to support Public Health Order requirements such as testing and vaccination provision of staff to support above arrangement both councils were consulted as stakeholders for this audit.

Source: Audit Office.

1.3 Legislative framework underpinning the New South Wales response to COVID-19

The arrangements to support and enable coordination of the response were supported by three pieces of legislation. The legislative arrangements were used to coordinate the response to COVID-19 from the first outbreak in March 2020 through to December 2021. The enactments:

- describe the emergency management planning frameworks, governance and oversight, and the structures for use in any emergency in New South Wales
- provide the powers to the Minister for Health and Medical Research to make orders to support the public health response
- enable further powers to the Minister for Health and Medical Research to address matters relating to COVID-19.

The *State Emergency and Rescue Management Act 1989* (SERM Act) established the emergency management arrangements in New South Wales including:

- coordinating arrangements at statewide and regional levels
- the development and operations of the State Emergency Management Plan (EMPLAN).

Administration of the SERM Act sits with the Minister for Emergency Services and Resilience and Minister for Regional NSW since December 2021. During the period in the scope of this audit, the SERM Act sat with the Minister for Police and Emergency Services.

The *Public Health Act 2010* has a number of objectives. Of relevance to this audit are objectives to:

- promote the control of, and prevent spread of, infectious diseases
- monitor diseases and conditions affecting public health.

The *Public Health Act 2010* empowers the Minister for Health to issue Public Health Orders if a situation has arisen that is, or is likely to be, a risk to public health, to deal with the risk and its possible consequences.

The *Public Health Act 2010* allows for the order to 'declare any part of the State to be a public health risk area and... to reduce or remove any risk to public health in the area, to segregate or isolate inhabitants of the area, and... prevent, or conditionally permit, access to the area'. The *Public Health Act 2010* also recognises the role of local government in protecting public health.

The *COVID-19 Legislation Amendment (Emergency Measures) Act 2020 No 1* (COVID-19 Act No 1) provided emergency powers for the use of Public Health Orders to manage the response to the pandemic. This included temporarily amending sections in the Public Health Act relating to the duration of Public Health Orders, restrictions of the ability to appeal Public Health Order decisions to the NSW Civil and Administrative Tribunal (NCAT) and providing police powers such as arrest, directions to take name and address, and penalty notices.

1.4 Emergency management plans

The SERM Act articulates an emergency planning framework to govern and guide the operational aspects of the response. The framework includes the requirement for local, regional and statewide plans for emergencies for all hazards.

The SERM Act requires a State Emergency Management Plan (EMPLAN). The objectives of the EMPLAN are to:

- a) provide clarity as to command and control, roles and coordination of functions in emergency management across all levels
- b) emphasise risk management across the full spectrum of prevention, preparation, response and recovery
- c) emphasise community engagement in the development and exercise of plans as well as in their operational employment
- d) ensure that the capability and resourcing requirements of these responsibilities are understood.

EMPLAN is a broad plan, intended for application across all hazards, but it provides for hazard-specific sub-plans and functional area supporting plans. Of particular relevance to this audit are:

- Health Services Functional Area Supporting Plan (HEALTHPLAN) which details the role of a Health Services Functional Area Coordinator who is responsible for establishing a State Health Emergency Operations Centre
- Public Health Services Supporting Plan to HEALTHPLAN which articulates the public health emergency management arrangements in support of HEALTHPLAN and the effective coordination of public health resources during an emergency response
- NSW Human Influenza Pandemic Plan (HIPP) which provides guidance to agencies on how to effectively prepare for, and respond to, an influenza pandemic. The plan is intended to be flexible enough to provide guidance on the response to a large outbreak of any highly transmissible respiratory pathogen with a significant morbidity and mortality. NSW Health also reported it used a nationally developed plan (the Communicable Disease Network of Australia Series of National Guidelines) for public health measures. This was also developed and refined over the two years and remains operational to date.

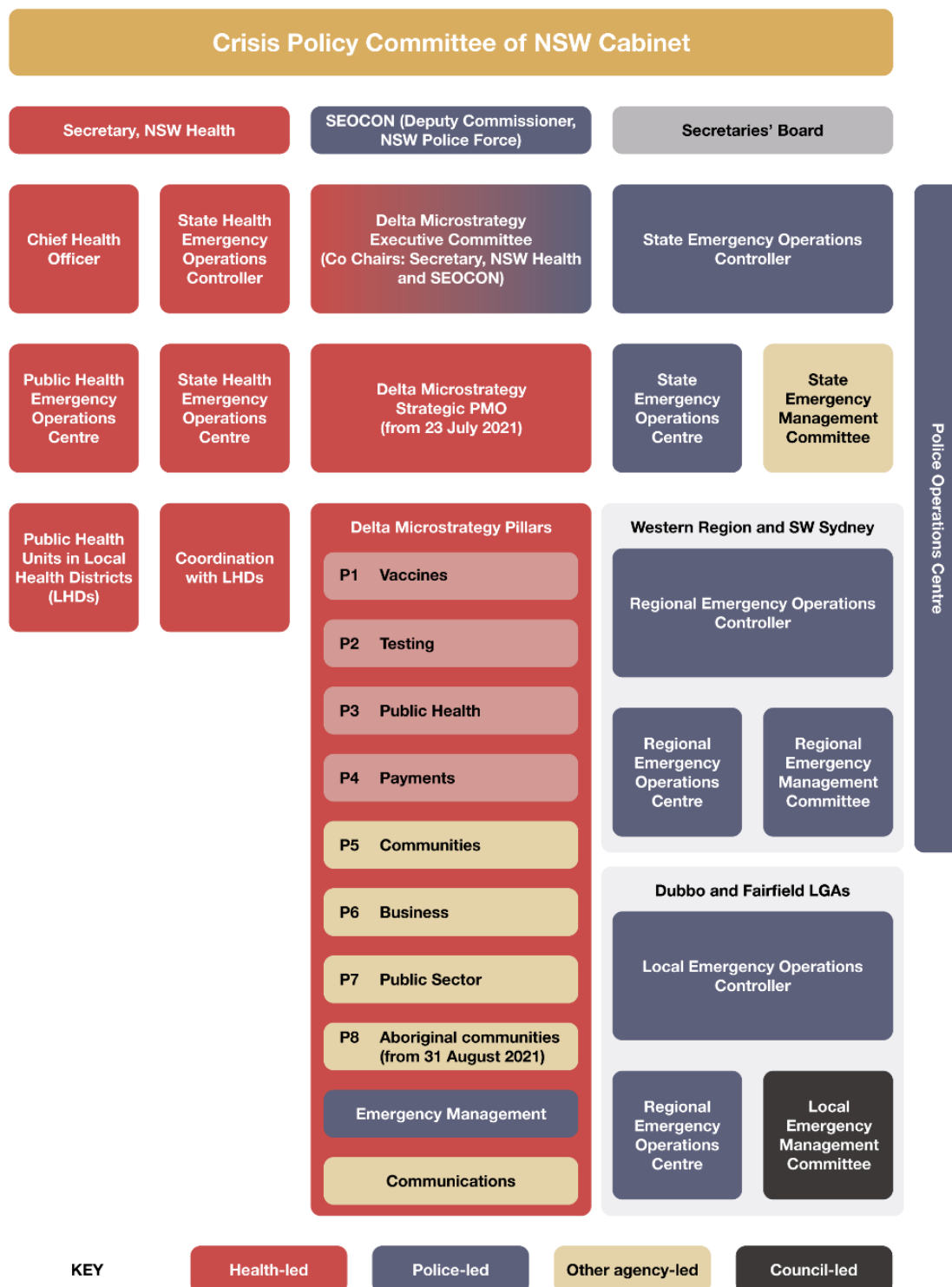
Other mechanisms outside of the standard emergency management arrangements were used to support the response. This included:

- NSW Health established a Strategic Project Management Office (PMO) in March 2020 to support the Secretary of NSW Health lead a health system-wide response
- The Department of Premier and Cabinet established and led a taskforce in April 2020 to coordinate the non-health responses to the first wave of COVID-19 (which included workstreams for economic impacts, industry, social services, disability services, support for people experiencing hardship, Aboriginal communities and employee relations)
- The NSW Government established the Delta Microstrategy in July 2021.

1.5 Governance arrangements

Exhibit 2 depicts the governance bodies that were used to coordinate and/or support coordination of the response at strategic and tactical levels.

Exhibit 2: Governance arrangements used from 31 August 2021



Source: Audit Office.

Crisis Policy Committee of Cabinet

The Crisis Policy Committee of Cabinet (CPC) was convened in response to the 2019–20 New South Wales bushfires and provided overarching strategic policy leadership during the COVID-19 response, with over 150 meetings held since January 2020.

Representation includes the Premier (as Chair), Ministers of key relevant portfolios, plus Commissioners and Secretaries, as required.

The CPC was supported by the Secretaries Board, which coordinated the management of the NSW Government response to the pandemic and escalated complex and significant policy matters to the CPC and provided advice on these matters.

Emergency management bodies

The SERM Act includes the following emergency management arrangements:

- State Emergency Management Committee (SEMC) which developed emergency management-related strategic advice, reviewed policy and practice, and maintained and updated the State Emergency Management Plan (EMPLAN). During the audited period, Resilience NSW was responsible for providing secretariat support to the SEMC. Under the SERM Act, the SEMC is responsible for convening, briefing and raising the situational awareness of its members during emergencies.
- The State Emergency Operations Controller (SEOCON) was responsible for the control and coordination of emergency response operations at State level and control of the SEOC. The SEOCON is a member of the NSW Police Force and responsible for:
 - establishing and controlling a State Emergency Operations Centre (SEOC). During the audited period, the SEOC coordinated emergency operations and support and was operational from late 2019 (due to the bushfire emergency). NSW Health and the NSW Police Force were both physically co-located in the SEOC based in NSW Health before the Delta outbreak.
 - On 29 March 2020, in order to allow Health to focus on the health aspects of the response, the NSW Government directed the SEOCON take on the designated controller/combat agency role. The combat agency role was handed back to NSW Health on 1 December 2021.
- Local Emergency Management Committees (LEMC) chaired by the relevant council General Manager. A NSW Police Force-appointed Local Emergency Operations Controller (LEOCON) led operations.
- Regional Emergency Operations Centres (REOC) led by a NSW Police Force-appointed Regional Emergency Operations Controller (REOCON) supported by a Regional Emergency Management Committee (REMC). REOCs are used during emergencies that affect more than one Local Government Area (LGA) in a region.
- Functional Area Coordinators (FAC) provide specific services to support a statewide response. The audit considers the activities of several key FACs including Public Information and Welfare services FACs. Other FACs, such as those for transport, ambulance, energy and utilities and telecommunications, also played a role in the response to COVID-19.
 - The Public Information Functional Area Coordinator (PIFAC), was based in the SEOC, and active from March 2020. The PIFAC worked with media officers across NSW Government agencies (including the Department of Premier and Cabinet, NSW Health, the NSW Police Force, Resilience NSW, Transport for NSW and the Department of Customer Service). The PIFAC remained active until December 2021. The South West Metropolitan REOC included a regional PIFAC in July 2021. The statewide and regional PIFACs worked closely with the Department of Customer Service's strategic communications role.

- The normal focus of the Welfare Services Functional Area Coordinator (WelFAC) functional area is focused on evacuation centres. In March 2020, the WelFAC role evolved to coordinate the supply and delivery of food and personal items and related arrangements to support people in hotel quarantine. The WelFAC then developed and implemented a hamper program across the Greater Sydney Area to support persons directed into home isolation with no other means of supporting themselves. This role evolved during Delta to include the Regional Isolation in Care program that supported communities when the pandemic spread beyond Greater Sydney. During the audited period, Resilience NSW was responsible for the WelFAC role.

NSW Health governance bodies

Roles used to lead the health response to the pandemic included the:

- State Health Emergency Operations Controller (SHEOC Controller) who led the State Health Emergency Operations Centre (SHEOC) and coordinated key elements of the health response including COVID-19 testing clinics, accommodation, vaccination, quarantine exemptions, New South Wales borders, airport and Maritime operations, workforce operations, aged care, regional New South Wales, intensive care operations, logistics, and health-related aspects of communications.
- Public Health Response Branch (incorporating the role of the Public Health Emergency Operations Centre) and the Chief Health Officer.
- NSW Health State Pandemic Management team, chaired by the Health Secretary, led the NSW Health response to a pandemic. The SHEOC Controller and CHO were both members of this group, which met from March 2020.
- The Microstrategy (co-chaired by the SECON and Secretary of NSW Health) complemented the above arrangements to provide a health and community-focused response that addressed the needs of communities in high-risk locations and supported them in complying with Public Health Orders.
- State and LHD-specific Health Service Functional Area Committees (HSFAC) and emergency management units in LHDs.

1.6 About the audit

This audit assessed the effectiveness of NSW Government agencies' coordination of the COVID-19 response in selected LGAs (Fairfield City Council and Dubbo Regional Council) after June 2021.

The audit investigated whether:

- government decisions to apply LGA-specific Public Health Orders were supported by effective crisis management governance and planning frameworks
- agencies effectively coordinated in the communication (and enforcement) of Public Health Orders.

While focussing on the coordination of NSW Government agencies' response to the Delta variant in June through November 2021, the audit also considered relevant planning and preparation activities that occurred prior to this period.

While this audit does not specifically assess the effectiveness of other specific COVID-19 responses such as business support, it does make reference to the preparedness and planning of these activities in the context of the broader coordinated response. This audit complements our performance audit on the New South Wales COVID-19 vaccine roll-out, which was tabled in NSW Parliament on 7 December 2022.

For further detail on our audit procedures see Appendix 3.

2. Planning, preparation and lessons learned before Delta

The COVID-19 pandemic arrived in Australia in late January 2020 as the bushfire and localised flooding emergencies were in their final stages. Between 2020 and mid-2021, agencies responded to the initial variants of COVID-19, managed a border closure with Victoria that lasted nearly four months and dealt with localised 'flare-ups' that required postcode-based restrictions on mobility in northern parts of Sydney and regional New South Wales. During this period, New South Wales had the opportunity to learn from events in Victoria which imposed strict restrictions on mobility across the State and the growing emergence of the Delta variant (Delta) across the Asia Pacific.

This section of the report assesses how emergency management and public health responses adapted to these lessons and determined preparedness for, and responses to, widespread community transmission of Delta in New South Wales.

2.1 Adaptation of arrangements to increase preparedness

Between March 2020 and June 2021, NSW Government agencies refined and developed their responses to COVID-19

During the period March 2020 to June 2021, NSW Government agencies adapted and refined their approaches to meet the evolving challenges presented by COVID-19 and the imposition of restrictions on community movement and gatherings. Key developments included:

- Resilience NSW expanded the remit of the welfare service functional area to include the provision of food and grocery support for those in quarantine and hampers to those in home isolation. Prior to COVID-19, welfare services functional area responses largely focused on supporting people displaced by emergencies, such as those in evacuation centres
- The Department of Customer Service developed COVID-19-related whole-of-government communications mechanisms to support coordinated messaging, including the assessment of community sentiment and use of data to develop behaviourally-focused engagement plans. In April 2020, the Department of Customer Service also established a cross-government communications group that met regularly and has continued to meet through other emergencies such as the 2022 floods
- NSW Police Force and NSW Health Local Health Districts (LHD) enhanced community engagement with Culturally and Linguistically Diverse (CALD) communities
- NSW Health established the COVID-19 Critical Intelligence Unit to consolidate local and global health data and evidence to inform decision-making
- NSW Health increased surge capacity in the health system, including intensive care unit capacity and response framework with a focus on dramatic increase (quadrupling in 2020) in capacity and providing guidelines and strategies to support this process
- NSW Health established a system flow centre to manage health system capacity and coordinate patient flow
- NSW Police Force's Police Operations Centre (POC) evolved to provide a coordinating function across area commands, in particular supporting operations relating to hotel quarantine, border control, and the coordinated enforcement of Public Health Orders
- the Public Service Commission convened regular meetings of Chief People Officers (CPOs) across the NSW Public Service throughout the pandemic. The meetings provided a forum for public sector workforce related information to be shared across NSW Government agencies, including changes to Public Health Orders as well as emerging risks.

Other changes were initiated that were in place before Delta to improve preparedness. This included:

- physical co-location of NSW Health and the NSW Police Force in the State Emergency Operations Centre (SEOC) with remote attendance from functional areas, emergency services and other agencies
- provision of additional resources to the Public Information Function Area Coordinator (PIFAC) function which led to the use of a PIFAC in the South West Metropolitan Regional Emergency Operations Centre (REOC) in the early phases of the response to Delta
- changes to the Welfare Services Functional Area Coordinator (WelfAC) function to deal with the requirements of providing hampers to people directly rather than previous practice where the focus of support was on evacuation centres.

Agencies included planning and engagement activities to prepare for potential impacts on CALD communities

Plans for pandemics highlight the need to protect vulnerable communities in the two LGAs which are the focus of this audit. Fairfield City Council has a high proportion of CALD residents, with 61.4% of the population born outside of Australia. 79.4% of households use a language other than English.

A range of planning work took place that was either 'business as usual' or specially implemented during the 2020 pandemic to focus on vulnerable communities. This work included:

- identifying and developing key relationships and drivers of community behaviour, including experience from previous infectious disease outbreaks
- establishment of a cross-agency CALD working group which included representatives from the Department of Customer Service, Multicultural NSW, NSW Health (Multicultural Health and Communication Service, Ministry of Health, South Western Sydney Local Health District) and the NSW Police Force. The working group met weekly to share information and community insights, and provide updates on the activity each agency was undertaking at statewide and local levels
- preparatory work in understanding the lessons learned from Victoria's mid-2020 COVID-19 experience, in particular the prevention and management of COVID-19 in CALD communities. This was later used in the development of a CALD Operating Model
- scenario planning and other preparations for at-risk communities led by the Department of Customer Service in the lead up to the Delta outbreak. As a result, the Department of Customer Service developed an escalation matrix that provided guidance for messaging, outlets and volumes according to the level of risk
- Fairfield City Council developed a Mayoral Register which contained the details of vulnerable and at-risk residents and assisted in identifying people in need of food or grocery hampers. This included people aged over 65 and people who lived by themselves.

Following the findings of the 2020 Bushfire Inquiry, Aboriginal Affairs NSW became more involved in emergency management

The 2020 Bushfire Inquiry found that 'Aboriginal communities should be included in emergency planning and preparation to form good working relationships ahead of a disaster occurring, and ensure processes incorporate the needs of Aboriginal communities' and made recommendations to this effect. During the pre-Delta period, Aboriginal Affairs NSW worked with the State Emergency Operations Controller (SEOC) to address:

- gaps in Aboriginal representation in emergency management arrangements and develop effective 'on the ground' local-level arrangements with relevant stakeholders such as councils and other community organisations
- the need for coordinated communication to Aboriginal communities around health emergencies
- local level community ownership for pandemic responses through the development of Community Action Plans (CAP). These plans supported communities to control their responses to the pandemic. The CAPs provided actions that could be used when the pandemic reached certain thresholds. The CAPs were used as early as April 2020 and during the Delta outbreak were used as an engagement and reporting mechanism for regional and local emergency management bodies.

Aboriginal Affairs NSW also established a COVID-19 Aboriginal Community Response Group, chaired by the Executive Director of Aboriginal Affairs NSW. The group included representation from:

- the NSW Aboriginal Health and Medical Research Council
- NSW Health's Centre for Aboriginal Health
- peak Aboriginal organisations such as the NSW Aboriginal Land Council
- the NSW Coalition of Aboriginal Peak Organisations
- representatives from NSW Government agencies with frontline engagement with Aboriginal customers, including the Department of Customer Service.

The Group worked as a forum to discuss government messaging for Aboriginal people, bringing together insights collected from data and Aboriginal communities to tailor messaging for local needs.

Prior to June 2021, agencies did not adequately address all issues raised during the 2020 Bushfire Inquiry or as a result of a July 2020 planning exercise

The 2019 bushfires, scenario tests and exercises conducted in 2020 and early 2021, and experiences from other jurisdictions provided opportunities for NSW Government agencies to observe, reorient and prepare for the events that transpired after June 2021.

However, implementation of some recommendations was delayed or not instituted.

New South Wales Bushfire Inquiry (2020)

The final report of the New South Wales Bushfire Inquiry recommended reviews of the SEOC and functional areas. These recommendations were accepted in principle by the NSW Government in August 2020.

The reviews were intended to consider the appropriate resourcing and support model for the SEOC and ensure that functional areas were aligned to the current Machinery of Government arrangements.

The report made recommendations relating to the emergency management arrangements including:

- a review of the SEOC's current arrangements, location and responsibilities for resourcing and maintenance
- a review of existing functional area arrangements to ensure alignment with agencies responsible for direct service delivery
- arrangements for greater co-location of partner agencies
- enhancing the Public Information Functional Area by expanding the pool of trained personnel across agencies involved in the emergency response
- improvements in the scaling up of evacuation arrangements which were applicable to provision of welfare and well-being services.

In June 2021, the State Emergency Management Committee (SEMC) approved the commencement of reviews of the SEOC and functional areas. The original completion date for both reviews was September 2021, however due to Delta, completion of these reviews was delayed.

- The review of SEOC arrangements was completed in late November 2021 and presented to the December 2021 SEMC meeting.
- The review of functional areas was completed in early 2022. Due to the impact of operational activity in early 2022, it was presented to and endorsed at the June 2022 SEMC meeting instead of the March 2022 meeting.

Such reviews were an opportunity to improve arrangements based on lessons from the last significant disaster. The opportunity cost of this delay was the ability to reorient and adapt before Delta emerged. Resilience NSW noted that the necessary resources required to address the recommendations of the Bushfire Inquiry were the same resources that participated in emergency operations between October 2019 and November 2021.

In its August 2022 report, the Select Committee on the Response to Major Flooding across New South Wales recommended that the NSW Government ensure that all emergency and recovery plans, including state plans, local emergency management plans and functional area plans, are reviewed and updated regularly.

Whole-of-government COVID-19 Scenario Exercise (20 - 31 July 2020)

In July 2020, a scenario planning exercise identified gaps in emergency management arrangements. The exercise was initiated by the SEOCON and run at the regional emergency management level. These gaps were, for the most part, not incorporated in emergency management plans and with the few improvements discussed below:

The exercises involved a desktop/discussion environment with selected emergency management regions testing the readiness of their communities to identify planning and capability gaps.

The four scenarios were:

- public housing high-rise block lockdown in the Sydney LGA
- postcode lockdown in south west Sydney
- lockdown of a regional part of New South Wales (Wagga)
- border closure between ACT and New South Wales.

Insights and lessons from these exercises included:

- the need for close integration between combat agencies, functional areas, local stakeholders and emergency services
- the need for guidelines to support all agencies undertaking shared responsibilities
- the development of a common operating picture relevant to all organisations where statewide implications were apparent.

The exercise also highlighted the importance of information and communications management. The public housing scenario reinforced, for CALD groups, the importance of mixed methods of communication, including in-person, printed leaflets, online and phone communication, alongside the translation of messages into relevant languages. Exercise participants suggested embedding liaison officers into the Public Information Functional Area to better connect local networks and 'pre-existing communication pathways'. The Department of Customer Service was also involved in this exercise.

The regional New South Wales lockdown scenario identified that residents, businesses and communities in the adjacent and more distant areas would be significantly affected by a lockdown. As it happens, this was seen when metropolitan LGAs were subject to greater restrictions which impacted supply chains and industries such as waste management and air traffic control.

There is some evidence of the findings and improvements being integrated into preparations for the response. This was particularly the case with communications planning and engagement with CALD communities.

There were a few improvements that resulted:

- An overview of roles and responsibilities in South West Metropolitan emergency operations region was created to provide a common operating picture. However, this did not include the required level of detail to support agencies delivering shared responsibilities which was a recommendation from the exercise.
- A regional PIFAC was set up in the South West Metropolitan REOC. This improvement was aligned to findings on communications with CALD communities.

Resilience NSW stated that the work from the SEOC scenario needed to be considered in the context of tactical agency implementation of broader EM arrangements. It was not a matter of updating formal EM arrangements as covered in the EMPLAN.

Regardless of who was accountable for these changes, the opportunities to improve emergency management arrangements identified in this exercise were not addressed. The scenarios anticipated some events that occurred in the Delta outbreak such as strict restrictions on movement, the spread of COVID-19 into regional areas and impacts on CALD communities. Despite this, the opportunity to increase preparedness for Delta was not fully taken.

Agencies did not update emergency and supporting plans to reflect insights from lessons learned in the pre-Delta period

Under the *State Emergency and Rescue Management Act 1989* (SERM Act), the State Emergency Management Committee (SEMC) is responsible for the review, monitoring and development of emergency management policy and practice at a statewide level.

This includes the promotion of continuous improvement of emergency management policy through the consideration of reviews and inquiries. However, the various emergency management plans were not updated after the first emergence of COVID-19 in early 2020.

The most recent revisions for key emergency management plans are:

- NSW State Emergency Management Plan (EMPLAN): December 2018
- Health Services Functional Area Plan (HEALTHPLAN): December 2013
- NSW Human Influenza Pandemic Plan (HIPPP): June 2018
- NSW Health Human Influenza Pandemic Plan: May 2016 (next revision May 2023)
- NSW Public Health Services Supporting Plan to HEALTHPLAN: January 2015
- Public Information Services Functional Area Supporting Plan: December 2019
- Welfare Services Functional Area Supporting Plan: June 2018 with a COVID-19 focused Evacuation Management Guideline issued in August 2020.

Resilience NSW notes that some of the above plans require review after five years. Since the last EMPLAN update, there have been major bushfires, floods and a long-duration pandemic. A fixed period of five years may be too long to reflect the lessons and challenges faced that occur in the intervening period.

Throughout COVID-19, agencies updated operational plans and guidelines

In the absence of updates to high-level emergency management plans and supporting plans, which support the coordinated management of emergency responses, there is evidence of continual update to operational plans owned by key agencies. For the most part, these updates were specific to key tasks under the control and direction of a single agency.

NSW Health updated operational plans including surge planning for public health responses including Test, Trace, Isolate and Quarantine, and vaccination. NSW Health continuously updated the Communicable Disease Network Australia National Guidelines for Public Health Units. Other parts of NSW Health also updated operating procedures and response plans for clinics and intensive care units including the flow of operations between the Ministry of Health and Local Health Districts.

The NSW Police Force undertook similar updates to plans at an operational level including development of concepts of operations and updates to standard operating procedures for undertaking compliance checks of households with positive cases.

Examples of cross-agency plans including incident action plans for responses in specific settings, such as social housing.

3. Early responses and escalation

The previous chapter discusses how agencies had refined the existing emergency management arrangements to suit the needs of a pandemic and describes some gaps that were not addressed. This chapter explores the first month of Delta (mid-June to mid-July 2021). It explores the areas where agencies were prepared and responses in place for the outbreak. It also discusses the impact of the gaps that were not addressed in the period prior to Delta and other issues that emerged.

3.1 Initial response and advice to government

Section 7 of the *Public Health Act (2010)* provides the responsible Minister (in this instance, the Minister of Health and Medical Research) the ability to make Orders as considered necessary to deal with a risk to public health (Public Health Order). Although all Public Health Orders are directions of the Minister for Health and Medical Research, some changes to Public Health Orders were the result of decisions taken in Crisis Policy Committee (CPC) meetings.

Where possible, agencies provided feedback on advice to government in relation to the Public Health Orders

Between the period 16 June to 23 July, NSW Health provided public health and health system focused advice on a daily basis. There is evidence demonstrating that NSW Health provided detailed documentary evidence to some of these deliberations with government. Additionally, the State Emergency Operations Controller (SEOCN), either the Commissioner or Deputy Commissioner of the NSW Police Force, the Chief Health Officer and the Secretary, NSW Health were frequent attendees at CPC meetings. These officers provided verbal advice on issues raised at these meetings.

The secretaries board met five times per week from 26 July 2021. The audit team was advised that these meetings provided opportunity for cluster secretaries to discuss potential changes to Public Health Orders and consider the broader operational impacts of proposed orders. The audit team was advised that there were no minutes kept of these particular meetings.

NSW Health consulted with other agencies and jurisdictions in developing advice. This included consultation with Victorian and Australian Government counterparts with regards to the decision to pause the construction industry on 17 July 2021. NSW Health also consulted with Infrastructure NSW and the Department of Premier and Cabinet before this decision. Other changes to the Public Health Orders were the result of decisions made by the Minister for Health and Medical Research (without formal endorsement of Cabinet, which was not required). NSW Health advised that it provided feedback on any changes recommended directly to the Minister for Health and Medical Research that originated from outside NSW Health.

Resilience NSW and the NSW Police Force advised the audit team that they were not always offered the opportunity to provide advice on matters to do with welfare or compliance arising from Public Health Orders. While agency staff noted the challenges of broad consultation during an emergency, they identified specific examples where Public Health Orders were unenforceable or where decisions to restrict movement or implement new COVID-19 testing requirements created avoidable logistical difficulties.

Public health advice to government was supported by up to date evidence, and supplemented by information and insights provided by other agencies and jurisdictions

In March 2020, NSW Health established the COVID-19 Critical Intelligence Unit to consolidate local and global health data and evidence to support advice intended to inform decision-making. NSW Health also utilised data from other agencies, including the Department of Customer Service and Transport for NSW, to assess the effectiveness of restrictions and model impacts on the health system. Health collected data from a variety of sources in the evidence provided to decision-makers.

These data include:

- case numbers over time and by locality
- growth trends
- impact of Public Health Orders on mobility
- epidemiological modelling to predict numbers (including external modelling such as the Burnet Institute)
- other modelling to show impacts on the health system, including ICU and testing capacity
- vaccination rates.

Since 2020, the Department of Customer Service collected data regarding public sentiment and trust in government decision-making relating to the New South Wales response to COVID-19. This data was shared with NSW Health and included sentiment data on:

- the fairness of stay-at-home restrictions in different LGAs
- attitudes towards vaccination (which showed a growth in likelihood of vaccination between the fortnight leading to 2 August 2021 and the fortnight leading to 16 August 2021)
- behavioural drivers and attitudes across different community segments.

Additionally, NSW Health consulted with other agencies and jurisdictions when it provided advice to decision-makers. This included consultation with Victorian and Australian Government counterparts.

NSW Health tracked risks relating to emerging variants of concern

Before 6 June 2021, NSW Health was aware that Delta was significantly more infectious than predecessor variants. NSW Health identified the risk that due to the local levels of vaccination, community transmission was unlikely to be controlled with Test, Trace, Isolate and Quarantine alone, and social measures such as mask wearing and density restrictions in public places would be required.

The NSW Government did not always act on advice

Public confidence in government decision-making is essential during times of emergency. The NSW Government held daily media conferences during the audit period which it used to regularly provide important information, such as case numbers, emerging risks and changes to Public Health Orders. On occasion, the NSW Government also publicly released information such as modelling commissioned by National Cabinet regarding the impact of vaccination on infection rates.

This audit identified several occasions where there were delays in decision-making by government after receiving advice from agencies. We have not detailed these instances due to the confidentiality of Cabinet deliberations.

In 2021, the Victorian Government legislated a pandemic framework that requires the public release of advice and reasoning that informed the Premier and the Minister for Health's decisions in relation to pandemic orders. Similar arrangements exist in the Australian Capital Territory. However, in New South Wales, public health advice is classified as Cabinet sensitive information and not routinely made public.

Transparency and oversight over the use of Public Health Orders, or similar orders issued during other types of emergencies, are fundamental to preserve the public's trust.

Advice to decision-makers did not always contain information on potential operational impacts or advice on strategies to manage potential consequences

The imposition orders which significantly restricted movement into and out of LGAs of concern impacted key industries including air traffic control, removalists and waste management services. Large proportions of the workforces of these industries live in south west Sydney, but advice to decision-makers did not provide details on the potential consequences to industries and broader impacts on issues, such as food security and transportation, that a Public Health Order might cause. As a result, the Department of Premier and Cabinet had to make changes to the authorised worker list after Public Health Orders were issued, following feedback from industry or key government stakeholders.

Emergency management plans do not require consideration of such impacts, including preparation of alternative mechanisms to address gaps. As a result, agencies sometimes had to reactively problem solve issues caused by these impacts.

On 17 July 2021, the Public Service Commission provided the Department of Premier and Cabinet with public sector workforce profile data. The data included analysis of the impact of restrictions on New South Wales public sector employees who resided and/or worked in LGAs of concern and potential impacts to government services.

Agencies were not provided enough time to prepare for the NSW Government's decision to implement mandatory testing in Fairfield

On 14 July, the Minister for Health and Medical Research issued a Public Health Order which imposed a requirement for mandatory testing for authorised workers in LGAs of concern who had to leave their LGA in order to work. This requirement increased demand on COVID-19 testing capacity. NSW Health tracked turnaround time results for PCR testing and the impact of applying similar requirements to other LGAs.

On 18 July, four days after issuing a mandatory testing requirement in Fairfield, NSW Health advised the NSW Government that extending the requirement to other LGAs of concern may exceed likely testing capability and recommended that alternatives such as Rapid Antigen Testing (RAT) be used. NSW Health had already commenced pilots on the use of RAT in schools and employment settings. This analysis helped to align the demand created by the mandatory testing requirement with the PCR testing capacity available.

The NSW Government's announcement to impose mandatory testing in Fairfield was made without providing prior notice to the LEMC, functional areas, the NSW Police Force and council. Although provision had been made for testing facilities to be in place, insufficient notification was provided to enable traffic management and flow solutions to cope with the demand. This led to delays for those seeking to comply with Public Health Orders and caused frustration for those involved in local emergency management and the broader community.

Data sharing and quality issues disrupted the coordination of compliance activities in Fairfield and Dubbo and impacted communities

During Delta, the NSW Police Force (sometimes supported by the Australian Defence Force) conducted compliance activities, including door-checks to ensure that people were complying with isolation or quarantine requirements.

NSW Health developed the protocols and requirements by which data was shared with the NSW Police Force. This included transfer of daily list of cases and close contacts to the NSW Police Force for compliance and welfare checks. Other pathways included direct contact and/or further provision of intelligence to the NSW Police Force regarding areas for compliance activities. NSW Health also stated that, in the local health districts, senior NSW Police Force personnel would also discuss case and situation management with health personnel directly. This data was then used in the NSW Police Force's People Management System (PMS) to manage quarantine operations.

During interviews, senior officers in the NSW Police Force identified issues with the timeliness and accuracy of some of the information provided by NSW Health. This resulted in compliance checks at the incorrect addresses, delays in tracking positive cases with addresses that were out of date, and checking households where cases had been hospitalised, moved to secure health accommodation, passed away or whose isolation period had concluded. There were issues with the timeliness of case data from testing providers that was acknowledged by the NSW Police Force as a factor outside the control of NSW Health.

These issues were also raised in an after-action review by the Fairfield LEMC. These issues persisted into August and September 2021. It was raised in an after-action review by the Dubbo Local Emergency Operations Controller (LEOCON), and a separate issue regionally where the Western NSW Regional Emergency Operations Centre (REOC) used data analysts from the NSW Police Force and NSW Health to address the need for validation of the accuracy of addresses.

The existing emergency management plans did not enable agencies to respond immediately to the scale of Delta and support large populations in high-risk LGAs

The recent use of the emergency management arrangements in the response to the 2019 bushfires, 2020 floods and 2020 response to COVID-19 meant that, at a local and regional level, key personnel involved in emergency responses had developed relationships and trust. Many of the people interviewed as part of this audit advised that these relationships were critical for an effective and efficient local emergency response. There was recognition at statewide and local levels that effective communication and support was required for community compliance with Public Health Orders, and that implementing Public Health Orders needed to be more than 'boots on the ground' enforcement.

However, prior to the COVID-19 pandemic, emergency management arrangements to support communities focused on welfare support for people in evacuation facilities as a result of natural disasters. These arrangements were not prepared for the broader scale or sustained duration of the Delta outbreak.

The use of social measures to restrict mobility and reduce transmission has been a key element of the response to COVID-19 since March 2020. These restrictions have an important public health benefit, but also entail a significant impact on businesses, livelihoods and the ability for households to support and care for each other. The NSW Human Influenza Pandemic Plan notes the importance of consideration for the social and economic impacts of these measures which may be disproportionately experienced by vulnerable communities.

There are gaps in the emergency management plans relating to the support for individuals, families and business impacted by such restrictions. This includes information from agencies associated with the welfare services functional area about funding arrangements for councils and non-government organisations (NGOs) and charities impacting their service provision continuity. These gaps impacted the preparedness for Delta. Examples of such gaps are income support and food security.

Financial support

Rapid and targeted financial/income support was needed for some people required to isolate due to the requirements of Public Health Orders. This included people who had tested positive to COVID-19 as well as those classified as a close contact, and people waiting for COVID-19 testing results. Income support was beyond the scope of the funding provided by the Australian Government because of eligibility requirements for those holding visas that did not permit working. During the outbreak of mid to late 2020 in Victoria, the Victorian Government implemented a support payment for to support compliance with health orders.

The emergency management arrangements and pandemic plans did not include provision for such payments. While payments from the Australian Government were in place from 23 June 2021, there were still gaps in income support arrangements for some people, particularly people ineligible for Australian Government income support due to visa status.

The Test & Isolate Support Payment (TISP) commenced on 16 August 2021, a month after the LGAs of Fairfield, Liverpool and Canterbury-Bankstown were subject to additional restrictions and requirements to test. The Department of Premier and Cabinet notes that other payments may have been made by agencies before TISP was approved.

In its August 2022 report, the Select Committee on the Response to Major Flooding across New South Wales in 2022 found that the processes surrounding financial grants and support programs following the February to March 2022 floods were confusing and cumbersome for applicants. This often prevented assistance reaching people in a timely manner. The committee recommended that the NSW Government overhaul the way in which it conducts its grant process during emergency events.

Food Security

Emergency management plans did not include provisions for food and other grocery support for households placed in isolation during the Delta outbreak. Prior to COVID-19, the Welfare Services Functional Area Coordinator (WelFAC's) main role focused on providing support in settings such as evacuations centres. In the absence of such plans, councils and NGOs needed to seek information on available support services and funding. Fairfield City Council advised the audit team that there were sometimes delays in getting responses from NSW Government agencies, particularly during the early weeks of Delta.

Furthermore, previously established delivery arrangements focused on delivery of food support to metropolitan locations and were not immediately fit for purpose for regional New South Wales.

At the same time, traditional providers of support, such as NGOs and charities, moved to remote operations which left few offices staffed. Some NGOs, including many that provided food, relied on volunteers and donations to provide services. One stakeholder stated that during this time such 'services largely collapsed.' The restrictions impacted food transportation arrangements, which created additional challenges for NGOs who also reported a lack of supply to create food hampers.

It took time for the implementation of a more coordinated response to be delivered at the scale needed to support these communities. On 23 July 2021, a grant program to support community groups was approved. REOCs established well-being sub-committees to provide a more coordinated approach to the logistics, distribution and delivery of food and personal care hampers to households in isolation. This did not occur until 2 August in south west Sydney.

The lack of planning also meant that the early stages of the response required an ad hoc approach. Local councils met immediate needs by preparing meals in council owned facilities, such as childcare centres, and providing these meals to residents in need. Later in the Delta wave, councils coordinated the delivery of food hampers for some residents. Different levels of capability and capacity in parts of regional New South Wales also meant that councils, such as Dubbo Regional Council, played roles as pre-staging areas for broader parts of the State while supporting its own impacted communities.

3.2 Coordination of communication and public messaging

The Department of Customer Service led the development of strategic communications at the state, regional and community levels

Staff from the Department of Customer Service described its role in the pandemic as the owner of strategic communications – the provision of information to the public regarding changes to Public Health Orders. This included the creation and dissemination of messages to encourage the community to engage in specific actions (such as getting tested, staying at home and getting vaccinated) to halt the spread of COVID-19.

Other agencies assisted with communications assets for public use. the Department of Premier and Cabinet assisted with the creation of social media content for distribution by members of Parliament and assisted with translations.

During the development of communication materials, NSW Health provided input to ensure messages accurately reflected health advice. NSW Health also translated health information into key community languages. The NSW Health Facebook channel was one of the more frequented resources of public information regarding COVID-19.

Stakeholders in a range of agencies based in Fairfield highlighted the importance of translated material that dealt with cultural context and issues affecting attitudes to vaccination.

At the strategic level, translated communication activity had been occurring before the Delta outbreak and in the early stages of the outbreak:

- from April 2020, communications translated into 17 languages across a range of media channels
- a partnership with SBS led to live reads from 29 June 2021 (initially in 19 languages) and live interpreting of the daily 11am press conference (from 23 July initially in 10 languages)
- community radio segments from 11 July 2021 (initially in 11 languages)
- weekly multicultural media forums commenced on 14 July 2021 with up to 100 outlets/stakeholders in attendance.

The emergency management arrangements led the coordination of tactical and operational communications

As part of the emergency management arrangements, the Public Information Functional Area Coordinator (PIFAC) is responsible to the SEOCON for the coordination of the government's public information response between the different NSW Government agencies during natural disasters and other crises. Under the State Emergency Management Plan (EMPLAN), the SEOCON may direct the PIFAC to assist with, or coordinate public information, where the impact of the emergency goes beyond the responsibility of the responding agency, or where there is a requirement for a significant and co-ordinated multi-agency approach to public information. The EMPLAN notes that it is the responsibility of all involved agencies to ensure that the information they intend to release is not in conflict with messages being generated by the PIFAC.

The PIFAC for the COVID-19 response was established in March 2020, a role which remained active until December 2021. The PIFAC brought together media officers from across NSW Government agencies (including the Department of Premier and Cabinet, NSW Health, NSW Police Force, Resilience NSW, Transport and the Department of Customer Service). During Delta, there was a PIFAC operating in the State Emergency Operations Centre (SEOC).

On 18 July 2021, the South West Metropolitan Regional Emergency Operations Controller (REOCON) activated the Regional Emergency Operations Centre (REOC) to respond to the Delta variant in south west Sydney. As part of the establishment of the South West Metropolitan REOC, the REOCON engaged an additional regional level PIFAC to support the regional level response. This additional PIFAC resource operated out of the REOC.

The Department of Customer Service worked with PIFAC and NSW Health to ensure that strategic communications aligned with approved messaging. This arrangement continued after the establishment of the Delta Microstrategy.

The emergency management response did not always coordinate local level communication

There is evidence of different agencies and organisations undertaking their own local communications. In some areas, councils used NSW Government social media assets provided by NSW Health and the NSW Police Force which were originally created by the Department of Customer Service. Neither Dubbo Regional Council nor Fairfield City Council were aware of the Department of Customer Service's role in the creation of this type of content.

Further, Dubbo Regional Council's media team developed its own communications without similar coordination or support from NSW Government agencies. The audit team was advised that similar issues existed in Fairfield, where Fairfield City Council sometimes developed communications and messaging independent of the broader emergency response.

Regardless of the origin of the messaging, Dubbo Regional Council highlighted the importance of using local feedback to adapt and tailor centralised messaging. Further to this point, Dubbo Regional Council noted that material sent to councils was not specific enough to answer local communities' questions. Dubbo Regional Council noted that the PIFAC needed to be able to empower local application of the statewide messaging.

Agency staff and stakeholders also advised the audit team of instances where local elected representatives distributed messages that provided conflicting information to that issued by the PIFAC. During a pandemic, conflicting communication exposes the risk that the community may lose trust in essential communications from government sources.

While local councils are represented on LEMCs, there is no requirement for local government representation at the regional level. Further, the Public Information Services Functional Area Plan (a supporting plan of the EMPLAN) notes that while

...all agencies involved in an emergency response may release 'agency specific information' without reference to the PIFAC, it is the responsibility of all involved agencies to ensure that the information they ... release is not in conflict with ... the PIFAC.

Agencies incorporated lessons learned about how best to communicate with Culturally and Linguistically Diverse (CALD) communities

Staff from the Department of Customer Service and Multicultural NSW considered lessons learned from the 2020–21 Victorian pandemic with regards communicating with CALD populations. This was incorporated into a new CALD Communications Operating Model that was approved on 25 July 2021. However, there was other activity used in the development of communications to CALD communities much of which had commenced in the earlier phases of COVID-19.

For example, a weekly cross-agency CALD working group was established and included the Department of Customer Service, the NSW Police Force, Multicultural NSW and NSW Health. The objective of the group was to share information and community insights, and provide updates on the activity each agency was undertaking.

South Western Sydney Local Health District established an advisory group that included representation from Fairfield City Council for the provision of up-to-date information to local stakeholders.

There was also a focus on media for CALD communities that included:

- advertising for CALD audiences in south west Sydney
- updated advertisements in-language for CALD including masks on social media
- animation series for CALD social adapted from Victoria (27 June to 4 September 2021)
- live reads in 60 languages on all SBS in-language radio stations (29 June to 12 August 2021)
- live reads in 11 languages on community radio stations starts (11 July to 2 October 2021)
- daily live interpreting of 11am press conference starts (23 July to 8 October 2021)
- use of statements in seven languages in Woolworths stores in the Fairfield, Canterbury-Bankstown, Liverpool, Cumberland, Blacktown, Parramatta, Campbelltown and Georges River LGAs.

4. Coordination during Delta

4.1 Cross-agency coordination and collaboration

The Delta Microstrategy complemented the existing agency and emergency management arrangements to enhance local responses and support in high-risk LGAs

On 23 July 2021, the NSW Government approved the establishment of the Delta Microstrategy (the Microstrategy) to better respond to the additional challenges presented by the pandemic including the need to support communities most affected by restrictions to movement and gathering in the Local Government Areas (LGA) of concern. The development of the Microstrategy approach was informed by recent evidence and lessons learned in other jurisdictions (UK, Canada, Victoria), alongside local data-driven insights into how best to support compliance. The Microstrategy was overseen by an Executive Committee (ExCo) co-chaired by the Secretary, NSW Health and the State Emergency Operations Controller (SEOCN) (either the Commissioner, or Deputy Commissioner of the NSW Police Force). The first meeting of the Microstrategy Executive Committee was held on 26 July 2021.

The Microstrategy focused on the agile development of targeted responses in high-risk locations and was facilitated by partnerships across government agencies, communities and businesses. There was comprehensive representation from government agencies across Microstrategy workstreams, and multiple connections between Microstrategy workstreams and existing emergency management bodies. Agencies ensured that they provided representation while maintaining their own internal communication. This enabled effective coordination by allowing agency representatives in inter-agency groups to share information about activities and make commitments that were actioned.

The Co-Chairs of the Executive Committee were regular attendees at the Crisis Policy Committee (CPC) and, as such, able to provide government with information reflecting all aspects of the response.

The Microstrategy leveraged data analytics and insights to deliver targeted strategies to communities in high-risk locations (such as LGAs of concern) across several workstreams:

- vaccination
- testing
- enabling compliance with Public Health Orders
- payment support to those impacted by restrictions and not covered by financial support packages
- empowering communities and community organisations
- local businesses
- public service resourcing and mobility
- protecting Aboriginal communities.

The Microstrategy utilised a range of data sources across the health system and from the Department of Customer Service and the NSW Data Analytics Centre to predict/anticipate future areas of concern. The Department of Customer Service provided data on communications and analysis of community sentiment towards vaccination, testing and compliance with Public Health Order restrictions. The Department of Customer Service, through the NSW Data Analytics Centre, provided sources of data on mobility to NSW Health, which was shared with decision-makers. As part of the Microstrategy, the Department of Customer Service worked with Health and Multicultural NSW to provide community-specific insights through the use of combined datasets.

The Microstrategy and State Emergency Operations Centre (SEOC) teams shared information, including data and feedback. Both groups had daily visibility of activities and plans as well as connections from the state level to the local level. This level of coordination and sharing was considered early in the development of the Microstrategy and leveraged by SEOC to enhance regional reporting.

For the most part, agencies understood their roles and responsibilities, however some agency staff mistakenly believed that NSW Health was the combat agency during Delta

In a rapidly changing environment, with a complex set of governance arrangements involving multiple agencies contributing at various levels to activities such as communication and welfare support, there was a risk that agencies may not understand their roles and responsibilities. The audit team looked for evidence of this risk and found that, for the most part, agencies understood their roles and responsibilities. The audit team found that those in regional and local EM roles from the NSW Police Force and councils had many years of experience (on average over ten years, in most cases more) in responding to emergencies. Alongside the contribution of experienced leadership of the emergency management bodies at the state, regional and local levels, there were the following controls that helped to reinforce the roles, responsibilities and actions required from representatives:

- a regular cadence of meetings connected local, regional and State bodies
- at regional levels, emergency management bodies such as regional emergency operations centres (REOC), local emergency operations centres (LEOCs) and local emergency management committees (LEMCs) interacted daily with NSW Health Local Health Districts (LHD) to discuss problem-solving and tracking of issues
- the NSW Police Force updated guidance and procedures to support key operations such as joint activity with the Australian Defence Force.

The *State Emergency and Rescue Management Act 1989* (SERM Act) describes a combat agency as the agency identified in the State Emergency Management Plan (EMPLAN) as the agency primarily responsible for controlling the response to a particular emergency. Under the EMPLAN, NSW Health is the combat agency responsible for pandemic response. The role of the combat agency is to control response operations and the overall direction of activities being undertaken by participating agencies and individuals.

The SERM Act and EMPLAN describe the relationship between the SEOCON and the combat agency, including the ability of the SEOCON to assume control of the response to an emergency or to coordinate support for the combat agency who can focus on the actual response. On 29 March 2020, in order to allow NSW Health to focus on the health aspects of the response, the NSW Government directed the SEOCON take on the role of designated controller/combat agency from NSW Health. The combat agency role was handed back to NSW Health on 1 December 2021.

However, in Dubbo, some emergency management personnel mistakenly believed that NSW Health was the combat agency during Delta. This led to heightened expectations regarding NSW Health's capability in supporting community supports such as deploying health accommodation facilities for those found to be positive or close contacts. The impact on outcome was minimal because of the effective coordination and leadership of the emergency management response. The escalation resulted in further support and used accommodation guidelines used in a neighbouring region. This may have impacted relationships between agencies.

Overall, the emergency management arrangements supported coordination at the local level and information sharing to effectively identify and manage risk

The emergency management arrangements drove coordination for the implementation of Public Health Orders at the regional and local levels, especially through daily situation reports where all levels shared risks and followed up with updates. This daily connection between the three levels of emergency management (state, regional and local) effectively supported information sharing so that the SEOC had a complete view of issues relating to compliance and support. Furthermore, other agencies (the Department of Customer Service, Aboriginal Affairs NSW and Multicultural NSW) were represented at the SEOC.

Daily SEOC situation reports collected local and regional insights that included risks. The daily situation reports also included updates from the emergency management functional area coordinators and NSW Government agencies involved in the response. The SEOC provided a broad forum for sharing risk-related information across regions and agencies. This included risks relating to resource management, such as the ongoing logistics of providing supports to communities.

The Microstrategy used a risk-based approach in convening daily meetings across all pillars and many agencies. It focused on identification of potential new areas of concern based on the data and insights collected from the agencies working across the different workstreams. Pillar 3 of the Microstrategy focused on the risks and obstacles to compliance with Public Health Orders.

4.2 Supporting communities

The Microstrategy addressed key issues in providing support to affected communities, including income support and access to food and other essentials

The NSW Government approved over \$50 million of funding under the Microstrategy to address gaps that emerged in the LGAs of concern. The funding supported engagement and communication with vulnerable communities by providing funding for individuals and community organisations most in need, and included:

- \$25 million Trace and Isolate Support Payment
- \$20 million additional emergency support for NGOs
- \$4 million for businesses being COVID-safe
- \$2-3 million for community empowerment (including communications/messaging, testing, grocery collection/delivery).

Funding was intended to mitigate potential disincentives to comply with Public Health Order requirements to isolate after testing, for those not eligible for funding from programs set up by the Australian Government. Its focus on community organisations who faced extra demand and had been impacted by loss of usual sources of funding or access to its volunteer base.

By 11 October 2021, a further \$30 million was designed and delivered through the Microstrategy and Multicultural NSW covering:

- Community Support Grant Program \$748,000
- Crisis and Essential Services Support for Temporary Visa Holders Grant Program \$750,000
- Multicultural Media COVID-19 Support Grants \$2,000,000
- Emergency Relief and NGO Support Grant Program \$5,500,000
- Empowering and Supporting Local Communities Grant (Round 1) \$3,400,000
- Empowering and Supporting Local Communities Grant (Round 2) \$3,600,000
- Partnership Grants to the NGO and Community Sector \$10,000,000
- Office of Local Government Partnership Grants \$3,000,000
- COVID-19 Innovation Grants \$1,150,000.

The State Welfare Services Committee enabled a coordination mechanism between food distributors, Department of Communities and Justice and other agencies to address food security issues. However, a more targeted mechanism was required to address the impacts on supply and distribution that occurred due to the restrictions on movement.

The REOCON for South West Metropolitan region established a region-specific well-being sub-committee. This model extended into other regions including central and far Western NSW. The sub-committees were a forum for councils, agencies and NGOs to discuss logistics and practical solutions to food security issues. Lessons from the early phase, such as use of Fairfield Council facilities to serve as pre-staging facilities and distribution/storage centres for large NGOs to provide food to local charities was replicated in other regions.

Despite the lessons from the early stages of the Delta outbreak, it took time to address concerns relating to supporting Aboriginal communities in remote parts of regional New South Wales

There were nuances in the provision of support to Aboriginal communities that were missed in Pillar 5 of the Microstrategy. For example, Aboriginal Affairs NSW noted the challenges of creating specific place-based responses which focused on the specific needs of small communities who were at risk due to low vaccination rates. For these communities, the approach to vaccination utilised mobile, smaller clinics with culturally appropriate messages and targeted community engagement.

Aboriginal Affairs NSW also noted that grant programs created in a multiculturally focused workstream had limited reach into Aboriginal communities.

On 31 August 2021, the Microstrategy established an additional workstream (Pillar 8), dedicated to supporting Aboriginal communities. However, Pillar 8 was established 42 days after several LGAs in regional New South Wales (Blayney, Cabonne and Orange) were subject to stay-at-home orders and 20 days after stay-at-home orders were applied to Dubbo Regional Council.

Community Action Plans (CAPs) were used to support Aboriginal community engagement with emergency management arrangements. In April 2020, Nanima Village (an Aboriginal Community in Dubbo Regional Council), established its first CAP. Between April 2020 and September 2021, the CAP was updated regularly. In Nanima, the CAP was the subject of discussion in twice-weekly community meetings between local community and the LEOCON, where COVID-19 related action items were identified and tracked.

Access to data, particularly data on vaccination rates, was another gap for Aboriginal communities. According to Aboriginal Affairs NSW, Pillar 8 improved how agencies shared data to better understand vaccination rates in Aboriginal communities, which it then shared with community leaders to enable engagement with the vaccination roll-out. The REOC in central and far Western NSW also used this data to track performance, and identify emerging risks, in Aboriginal communities.

NSW Health deployed resources to support Western NSW Local Health District

During the audit period, Western NSW Local Health District (WNSWLHD) employed one full-time staff member responsible for ongoing engagement with REMCs, REOCs and LEMCs. WNSWLHD is a geographically large LHD, covering three emergency management regions and 27 LGAs. In August 2021, in response to the outbreak of Delta in Dubbo LGA and concerns regarding the spread of COVID-19 into Aboriginal communities in Western NSW, NSW Health deployed additional staff to support WNSWLHD's emergency management capacity including representation on the Dubbo LEMC and in the REOC for the central west and far western NSW region.

This level of resourcing exposes the risk that in a future emergency event that acutely and simultaneously affects multiple regional LHDs, NSW Health may have insufficient capacity to support LHDs to meet their emergency management obligations in every REMC and LEMC.

5. Reopening New South Wales onwards

NSW Health provided advice on the removal of restrictions based on up-to-date advice

The NSW Government discussed the gradual process for removing restrictions using the Doherty Institute modelling provided to National Cabinet on 10 August 2021. NSW Health highlighted the importance of maintaining a level of public health and safety measure bundles to further suppress case numbers. This was based on additional modelling from the Doherty Institute.

The Department of Regional NSW led discussion and planning around reopening with a range of proposal through August and September 2021. The Department of Premier and Cabinet and NSW Health jointly developed a paper to provide options on the restrictions when the State reached a level of 70% double dose vaccinations.

The roadmap to reopening was originally published on 9 September 2021. However, by 11 October 2021, the restrictions were relaxed when the 70% double dose threshold was reached to allow:

- up to ten fully vaccinated visitors to a home (increased from five)
- up to 30 fully vaccinated people attending outdoor gatherings (increased from 20)
- weddings and funerals limits increased to 100 people (from 50)
- the reopening of indoor pools for training, exercise and learning purposes only.

On the same day, the NSW Government announced further relaxation of restrictions once the 80% double dose threshold was reached. These restrictions were further relaxed on 8 November 2021. This included the removal of capacity restrictions to the number of visitors to a private residence, indoor pools to reopen for all purposes and density limits of one person for every two square metres, dancing allowed in nightclubs and 100% capacity in major stadia.

The NSW Government allowed workers in regional areas who received one vaccination dose to return to their workplace from 11 October 2021.

The Premier extended the date of easing of restrictions for unvaccinated people aged over 16 from 1 December to 15 December 2021.

Many agencies have undertaken reviews of their response to the Delta outbreak but a whole-of-government review has yet to be conducted

Various agencies and entities associated with the response to the Delta outbreak conducted after-action review processes. These processes assessed the achievements delivered, lessons learned and opportunities for improvement. However, a whole-of-government level review has not been conducted. This limits the New South Wales public service's ability to improve how it coordinates responses in future emergencies.

The agencies/entities that conducted reviews included:

- South West Metropolitan region, Western NSW region, Fairfield Local Emergency Management Committee (LEMC), Dubbo Local Emergency Operations Controller (LEOCON), which were collated centrally by the State Emergency Operations Centre (SEOC)
- Aboriginal Affairs NSW assessed representation and relevance of the emergency management arrangements for Aboriginal communities following the 2019 bushfires
- Resilience NSW developed case studies to capture improved practice with regard to food security and supply chains
- a community support and empowerment-focused after-action review undertaken by the Pillar 5 workstream of the Microstrategy.

Key lessons collated from the after-action reviews include:

- the impact of variation in capability across agencies on the management of key aspects of the response including welfare support and logistics
- issues with boundary differences between NSW Police Force regions, local government areas (LGA and local health districts (LHD) caused issues in delivering and coordinating services in an emergency situation
- the need to improve relationships between state and local Government outside of acute emergency responses to improve service delivery
- issues arising from impediments to information sharing between agencies and jurisdictions, such as:
 - timeliness and accuracy of data used to direct compliance activities
 - the impact of insufficient advance notice on changes to Public Health Orders
 - timely access to data across public sector agencies and other jurisdictions to inform decision-making, analysis and communications
 - gaps in data around ethnicity, geolocation of recent positive cases and infection/vaccination rates in Aboriginal communities.
- the lack of Aboriginal community representation on many LEMCs
- compared with the response to COVID-19 in 2020, improved coordination of communications with Culturally and Linguistically Diverse (CALD) populations with a reduction in overlapping messages and over-communication
- improved attendance from agency representatives in LEMCs, and regional emergency operations centres (REOC) to improve interagency communications, planning, capability development and community engagement issues
- deficiencies in succession planning and fatigue management practices
- the potential for REOC Welfare/Well-being subgroups to be included as part of the wider efforts to community needs during emergencies.

NSW Health commenced a whole of system review of its COVID-19 response in May 2022. At the time of writing, the completion due date for the debrief is 7 November 2022. This debrief is expected to explore:

- governance
- engagement
- innovation and technology
- community impact
- workforce impact
- system impact and performance.

NSW Health is also undertaking a parallel Intra-Action Review that is focused on the public health aspects of the response with finalisation estimated for the end of November 2022. At the time of completing this performance audit report, NSW Health had not finalised these reviews and, as a result, we cannot validate their findings against our own observations.

Recent inquiries are likely to impact the governance of emergency management in New South Wales

In March 2022, the NSW Government established an independent inquiry to examine and report on the causes of, preparedness for, response to and recovery from the 2022 floods. The Flood Inquiry report made 28 recommendations, which the NSW Government supported in full or in principle. Some of the recommendations relate directly to the governance and leadership of emergency management arrangements in New South Wales.

The State Emergency Management Committee (SEMC) will likely be involved in, and impacted by, the recommendations arising from the Flood Inquiry with potential changes to its membership and reshaping of functional areas and agencies. At the same time, the SEMC may have a role in overseeing the changes that emerge from the SEOC consolidated after-action reviews. This can also extend to ensuring local and regional bodies have incorporated the required actions. There is a risk that the recommendations from the pandemic-based after-action reviews may not be considered due to the priority of action resulting from the Flood Inquiry.

Furthermore, there is potential for the SEMC to work with NSW Health during its system-wide review. Such an approach is likely to improve preparedness for future events.

Section two

Appendices

Appendix one – Response from agencies

Response from Resilience NSW



Resilience
NSW

Reference: D22/12615.01

Margaret Crawford
Auditor-General for New South Wales
Audit Office of New South Wales
GPO Box 12
SYDNEY NSW 2001

Performance Audit – Coordination of Response to COVID-19 (June – November 2021)

Dear Ms Crawford,

I refer to your letter of 15 November 2022 enclosing your final report for the performance audit on the coordination of response to COVID-19. Thank you for considering comments by Resilience NSW on the draft report. As invited by you, my formal response to the report is set out below.

I note that there are no findings directly attributed to Resilience NSW. The final report recommendations 2-6 relate to Resilience NSW in its capacity as current Secretariat to the State Emergency Management Committee (the **SEMC**).

In response to recommendations 2, 4 and 5:

- Resilience NSW notes these recommendations and advises that the SEMC has agreed to undertake a strategic planning session in Q2 2023 which will include a stocktake of recommendations from inquiries and audits (including the Performance Audit on the Coordination of the Response to COVID-19), the identification of priorities and how the SEMC improves engagement with Regional Emergency Management Committees.

In response to recommendation 3:

- Resilience NSW notes s14(2) of the *State Emergency Management Act 1989* and advises that the SEMC has previously supported the inclusion of Aboriginal Affairs NSW, Multicultural NSW and Service NSW as attendees. The SEMC Secretariat will seek the Minister's approval to formally establish representatives of these agencies as members.
- Resilience NSW also notes that the Department of Customer Services is represented on the SEMC through the Telecommunications Services Functional Area (administered by the NSW Telco Authority) and the Spatial Services (Emergency Services Information Coordination Unit).

In response to recommendation 6:

- Resilience NSW notes this recommendation and acknowledges the need for a multi-agency approach incorporating the Commonwealth which is primarily responsible for larger financial/income support models.

Yours sincerely,

A blue ink signature of Shane Fitzsimmons, written in a cursive style.

Shane Fitzsimmons AO AFSM
Commissioner Resilience NSW
8/12/2022

Response from Department from Customer Service



Customer
Service

McKell Building – 2-24 Rawson Place, Sydney NSW 2000
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ABN 81 913 830 179 | www.nsw.gov.au

Office of the Secretary

Our reference: COR-06262-2022
Your reference: D2224440

Ms Margaret Crawford
Auditor-General for New South Wales
Audit Office of NSW
By email: mail@audit.nsw.gov.au

Dear Ms Crawford

Thank you for the opportunity to provide a response to your final report on the Performance Audit – Coordination of Response to COVID-19 (June – November 2021) (the **Report**).

As invited by you, this constitutes my formal response to the final report of the performance audit.

I broadly support the findings of the Report, noting that there are no recommendations specifically directed at the Department of Customer Service to action.

I am supportive of the recommendation for the Department of Customer Service to join the State Emergency Management Committee by June 2023, noting that the *State Emergency and Rescue Management Act 1989* provides for the Minister to determine the membership of that committee.

Thank you for the professional and productive engagement your team afforded my staff over the course of this audit. It is an important piece of work to ensure that we capture the innovations put in place during the response to the pandemic in NSW so that we may all benefit from those lessons should they be required in the future.

I look forward to the tabling of the final report in the NSW Parliament.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Emma Hogan'.

Emma Hogan
Secretary

Date: 13/12/22

Response from Department of Premier and Cabinet

Department of Premier and Cabinet



Ref: A5578425
13 December 2022

Ms Margaret Crawford
Auditor-General for New South Wales
NSW Audit Office
GPO Box 12
SYDNEY NSW 2000

Re: **Performance Audit – Coordination of Response to COVID-19 (June – November 2021)**

Dear Ms Crawford,

Thank you for the opportunity to provide a response to your draft report on the Performance Audit – Coordination of Response to COVID-19 (June – November 2021) (the **Report**).

This letter constitutes the Department of Premier and Cabinet's (DPC) submissions in response to the final report of the performance audit under section 38E of the *Government Sector Audit Act 1983*.

I broadly support the findings in the Report. I also acknowledge the two DPC-specific recommendations in the Report, noting that they cannot be actioned by DPC alone.

In response to recommendation 1:

- DPC notes that improving transparency and accountability by publishing advice should be directed to any agency supporting the relevant Minister. For example, with respect to the *Public Health Act 2010* and public health orders, NSW Health would be the agency responsible for publishing its advice.
- DPC can support agencies where appropriate in improving transparency and accountability of key advice, noting that all NSW Government agencies must adhere to the principle of Cabinet confidentiality as outlined in Premier's Memorandum M2006-08 'Maintaining Confidentiality of Cabinet Documents and Other Cabinet Conventions'.

In response to recommendation 6:

- DPC notes this recommendation and suggests it should be jointly directed at DPC, NSW Treasury, the Department of Customer Service and other agencies with a role in designing and delivering financial support models.
- The recommendation should also specifically call out that NSW should work with the Commonwealth on this, given that the provision of financial support in an emergency is often a joint initiative and in the case of income support, solely the remit of the Commonwealth.

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- DPC acknowledges that whilst the NSW Government has undertaken significant work to support communities impacted by emergencies, the Commonwealth is primarily responsible for larger financial/income models. The NSW Government will continue to work with other jurisdictions via the National Emergency Management Ministers' meeting's review of Disaster Recovery Funding Arrangements to explore options for future financial supports.

DPC also supports the recommendation to incorporate new members (including Aboriginal Affairs NSW, DPC) on the State Emergency Management Committee by June 2023. I note that section 14(2) of the *State Emergency and Rescue Management Act 1989* (NSW) provides that the Committee membership consists of, among others, 'representatives of such relevant government and non-government agencies as the Minister may from time to time determine' (emphasis added).

Thank you again for the professional and productive engagement your team afforded my staff over the course of this important audit. I look forward to the tabling of the final report in the NSW Parliament.

Sincerely,



Michael Coutts-Trotter
Secretary

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GPO Box 5341 Sydney NSW 2001

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Response from NSW Police Force

OFFICIAL



OFFICE OF THE COMMISSIONER

D/2022/1271168

Ms Margaret Crawford
Auditor-General for New South Wales
NSW Audit Office
GPO Box 12
SYDNEY NSW 2000

RE: Performance Audit – Coordination of Response to COVID-19 (June – November 2021)

Dear Ms Crawford

The NSW Police Force (NSWPF) has reviewed your draft report on the Performance Audit – Coordination of Response to COVID-19 (June – November 2021). I wish to provide my in-principal support of the findings in the report.

Whilst the NSWPF acknowledges that the audit report did not provide specific recommendations to the NSWPF, our commitment to emergency management and leading the emergency management response to COVID-19 will continue. The NSWPF is committed to consult with other key agencies to implement business improvement strategies to enhance future emergency response capabilities.

As you are aware, there were many challenges placed upon the NSWPF during the COVID-19 period and I wish to recognise the tireless efforts of every member of the NSWPF in keeping our community safe.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Karen Webb'.

Karen Webb APM
Commissioner of Police

OFFICIAL



Locked Bag 5102 Parramatta NSW 2124 Tel 02 8263 6599 En 45599
TTY 02 9211 3776 for the hearing and speech impaired Web www.police.nsw.gov.au ABN 43 408 613 180



Response from NSW Health



Ms Margaret Crawford
Auditor-General
NSW Audit Office
SYDNEY NSW 2000

Your ref D2224440
Our ref H22/100848

Response to Performance Audit Report – Coordination of Response to COVID-19

Dear Ms Crawford

I refer to your letter of 15 November 2022 seeking NSW Health's formal response to the final performance audit report on Coordination of Response to COVID-19.

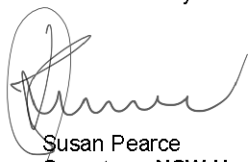
NSW Health welcomes the report and appreciates the importance of incorporating the experiences from the management of the COVID-19 pandemic into our planning for future responses to emergency situations. The pandemic environment required swift action, where decisions were made and calibrated at speed. The successful outcomes of the NSW Government's coordination of the response to COVID-19 are testament to the level of collaboration and engagement between agencies.

As highlighted in the report, a key component of our response was the Delta Microstrategy and its focus on the agile development of targeted responses in high-risk locations. Facilitated through effective partnerships across government agencies and communities, the Microstrategy leveraged data analytics and insights across several workstreams so that a coordinated approach could be adopted across NSW Government.

NSW Health accepts the recommendation made in the audit report and will publicly report on progress addressing the recommendations of the COVID-19 Response Debrief.

I appreciate the time taken by the audit team to engage with NSW Health representatives over the course of this audit program.

Yours sincerely



Susan Pearce
Secretary, NSW Health
15/12/22

NSW Ministry of Health
ABN: 92 697 899 630
1 Reserve Road, St Leonards NSW 2065
Locked Mail Bag 2030, St Leonards NSW 1590
Tel (02) 9391 9000 Fax (02) 9391 9101
Website: www.health.nsw.gov.au

Appendix two – Chronology 2020–2021

Date	Detail
1 July 2019 – 31 March 2020	<ul style="list-style-type: none"> 2019–20 bush fire season and State Emergency Operations Centre (SEOC) stood up in late 2019 to support the response.
25 January 2020	<ul style="list-style-type: none"> First case of COVID-19 detected in New South Wales.
30 January 2020	<ul style="list-style-type: none"> Premier announced inquiry into 2019–20 bush fire season.
3 March 2020	<ul style="list-style-type: none"> First COVID-19 related death in New South Wales.
15 March 2020	<ul style="list-style-type: none"> First Public Health Order to limit movement and gathering (cancelling events with more than 500 people). Commenced on 16 March 2020.
17 March 2020	<ul style="list-style-type: none"> SEOCON (Commissioner of the NSW Police Force) is appointed incident controller, and given combat agency Responsibility.
23 March 2020	<ul style="list-style-type: none"> New restrictions following the decision by the National Cabinet in which non-essential activities and businesses would be temporarily shut down. While schools would continue to remain open, parents were encouraged to keep their children at home.
8 July 2020	<ul style="list-style-type: none"> Border closure with Victoria - development of the Permit System to allow for essential movement of goods and services across the border.
10 July 2020	<ul style="list-style-type: none"> Crossroads Hotel cluster emerges in Casula, this cluster lead to several other outbreaks of COVID-19 in the New South Wales community.
20 July 2020-31 July 2020	<ul style="list-style-type: none"> Whole of NSW Government Response to COVID-19 exercise undertaken - desktop exercises in four emergency management regions to examine and test existing emergency management arrangements.
24 August 2020	<ul style="list-style-type: none"> Final report of the NSW Bushfire Inquiry publicly released with the NSW Government accepting all recommendations (report dated 31 July 2020).
30 September 2020	<ul style="list-style-type: none"> Almost all community outbreaks of COVID-19 in New South Wales contained.
19 December 2020	<ul style="list-style-type: none"> Stay-at-home orders were issued for the Northern Beaches due to an increase in cases.
21 December 2020	<ul style="list-style-type: none"> Berala cluster emerges - close contacts isolated with positive sewage surveillance in Liverpool and Glenfield. Persons from this cluster were impacted until at least 28 January (14 days post last community exposure).
31 March 2021 – 5 April 2021	<ul style="list-style-type: none"> Order to impose restrictions on certain gatherings (including music festivals) in the LGAs of Ballina Shire, Byron Shire, the City of Lismore and Tweed Shire.
5 May 2021	<ul style="list-style-type: none"> First case of Delta identified in metropolitan Sydney, urgent investigations and contact tracing commenced immediately. No further transmissions detected as a result of this case.
6 May 2021	<ul style="list-style-type: none"> Public Health Order requiring wearing of masks on public transport and in airports issued.
24 May 2021	<ul style="list-style-type: none"> Kappa outbreak in Melbourne with stay-at-home orders in place for people in New South Wales who had been in Victoria. From 27 May this extended to all of Victoria.

Date	Detail
3 June 2021	<ul style="list-style-type: none"> State Emergency Management Committee (SEMC) approved a review of the State Emergency Operations Centre (SEOC) (in response to recommendation 62 of the NSW Bushfire Inquiry). This review was considered by the SEMC at the 2 December 2021 meeting The SEMC approved a Functional Area Joint Review Project Plan (to address recommendation 76 of the Bushfire Inquiry). This review was considered by the SEMC at its 2 June 2022 meeting.
9 June 2021	<ul style="list-style-type: none"> Confirmed case in a QLD resident who travelled from Victoria via New South Wales stopping in Gillenbah, Forbes, Dubbo, Coonabarabran and Moree. NSW Health identified a number of close and casual contact venues and increased testing and surveillance. No local cases eventually identified.
16 June 2021	<ul style="list-style-type: none"> First confirmed and traced positive case of community transmission.¹
19 June 2021	<ul style="list-style-type: none"> Individual infected in the eastern suburbs attends a social event in the Liverpool LGA.
23 June 2021	<ul style="list-style-type: none"> NSW Government introduced restrictions across Greater Sydney said to apply for one week: five visitors to home; masks in non-residential indoor settings; some restrictions on hospitality venues; limits on dance and gym classes; reintroduction of one person per four square metre rule for weddings, funerals and restaurants; 50% limit on outdoor dining; public transport green dot system reintroduced.
24 June 2021	<ul style="list-style-type: none"> NSW Government communicated essential reasons to leave homes for New South Wales residents. New South Wales residents were only allowed to leave their homes for four essential reasons: shopping for food or other essential goods and services; medical care or compassionate needs (people could leave home to have a COVID-19 vaccination unless they have been identified as a close contact); exercise outdoors in groups of 10 or fewer; essential work or education, where they could not work or study from home.
26 June 2021	<ul style="list-style-type: none"> 'Lockdown' of Greater Sydney: Introduction of stay-at-home restrictions along with closure of certain premises and limit on outdoor gatherings to ten people for four LGAs – Waverley, Woollahra, Randwick, City of Sydney – midnight ('Lockdown' of 4 LGAs). Introduction of restrictions for Greater Sydney region including work from home and stay-at-home restrictions, closure of premises, limits on outdoor gatherings to ten people, restrictions for regional New South Wales on movement and gathering (five household visitors, class sizes of 20, no singing/dancing, 1 per 4 m²), and masks in indoor non-residential premises for all New South Wales ('Lockdown' of Greater Sydney).

¹ There was an earlier case in May 2021 where NSW Health was not able to trace a potential case of community transmission of Delta. The positive case had not been in hotel quarantine.

Date	Detail
9 July 2021	<ul style="list-style-type: none"> Additional restrictions in Greater Sydney – masks in indoor common property areas (example lifts and lobbies), restrict ability to enter Greater Sydney for exercise or obtaining supplies that can be obtained outside of Greater Sydney, funerals capped at ten mourners (from 11 July), one person per household per day shopping, exercise in LGA or within ten km of home.
14 July 2021	<ul style="list-style-type: none"> Special directions for affected areas and affected workers: <ul style="list-style-type: none"> surveillance testing requirements for: 'affected workers' leaving their LGA for work (at this point authorised workers in Fairfield LGA - test every 3 days) and 'affected workers' in Greater Sydney going more than 50 km from Greater Sydney for work (test every seven days). Testing requirements commenced on 17 July for Fairfield LGA and 19 July for Greater Sydney. Extension of restrictions in New South Wales and Greater Sydney for another two weeks.
17 July 2021	<ul style="list-style-type: none"> Additional restrictions on affected workers with affected areas expanded to Liverpool and Canterbury-Bankstown LGAs. Authorised workers were defined. For other parts of Greater Sydney, strengthened work from home requirements, additional mask requirements, ability for indoor trades to operate, closure of non-critical retail in Sydney, carpooling prohibited, non-essential retail to operate as click and collect and food services were to only offer takeaway options
17 July 2021	<ul style="list-style-type: none"> Construction industry paused for two weeks.
18 July 2021	<ul style="list-style-type: none"> South West Metropolitan Regional Emergency Operations Centre stood up.
19 July 2021	<ul style="list-style-type: none"> NSW Health engages the Boston Consulting Group (BCG) to develop a Microstrategy approach focused on tailored responses for high risk LGAs.
20 July 2021	<ul style="list-style-type: none"> Special direction for Regional New South Wales. Stay-at-home orders extended to regional New South Wales LGAs of Blayney, Cabonne and Orange. Order commenced on 21 July 2021.
24 July 2021	<ul style="list-style-type: none"> Cumberland and Blacktown LGAs added to the list of affected areas. This restricted the ability to leave the LGA for work unless they are an authorised worker. However, no additional testing requirements were mandated.
28 July 2021	<ul style="list-style-type: none"> The NSW Government announced a four-week extension of the Greater Sydney lockdown which also applied to the Blue Mountains, Shellharbour, Central Coast and Wollongong LGAs.
28 July 2021	<ul style="list-style-type: none"> Campbelltown, Georges River and Parramatta LGAs added to list of affected areas. This restricted the ability to leave the LGA for work unless they are an authorised worker. Order commenced on 29 July 2021.
29 July 2021	<ul style="list-style-type: none"> The surveillance testing requirement for the Fairfield LGA was removed. The testing requirements for various LGAs were able to be set by a notice of the Chief Health Officer. Testing requirements remained in place. 10km rule changed to 5km for 'affected' LGAs (only for exercising and essential shopping). Order commenced on 30 July 2021.

Date	Detail
31 July 2021	<ul style="list-style-type: none"> The Delta Order names eight LGAs as affected areas (Blacktown, Canterbury-Bankstown, Cumberland, Fairfield, Campbelltown, Liverpool, Georges River, Parramatta). Only authorised workers allowed to leave the area for work. Testing requirements put in place – every 72 hours for Canterbury-Bankstown for all authorised workers, Fairfield and Cumberland – every 72 hours for aged care and health workers. Pause on construction lifted but limited in the eight listed LGAs.
8 August 2021	<ul style="list-style-type: none"> Additional requirements for 12 suburbs of concern. Selected postcodes from the Penrith LGA were added to LGAs of concern – no special testing requirements for authorised workers.
11 August 2021	<ul style="list-style-type: none"> Extended certain restrictions to the Dubbo Regional LGA. This was also extended to Bogan, Bourke, Brewarrina, Coonamble, Gilgandra, Narromine, Walgett and Warren LGAs.
12 August 2021	<ul style="list-style-type: none"> Central West and Far West New South Wales REOC stood up Stay-at-home orders extended to Bayside, Burwood, and Strathfield LGAs.
14 August 2021	<ul style="list-style-type: none"> Extended the Greater Sydney stay-at-home orders to the rest of the State Reduced the distance a person is permitted to travel outside their LGA for food, exercise or outdoor recreation from 10 to 5km
16 August 2021	<ul style="list-style-type: none"> Reduced the distance a person is permitted to travel outside their LGA for food, exercise or outdoor recreation from 10 to 5km. Outdoor recreation removed as reason to leave residence in a declared area. Test and Isolate Support Payment (TISP) launched for those in areas of concern.
23 August 2021	<ul style="list-style-type: none"> Required retail premises to conduct click and collect or delivery only in LGAs of concern. Imposed curfew in areas of concern between 9pm and 5am. Exercise limited to one hour per day in areas of concern. Classes, lectures or other teaching or assessment sessions moved online in areas of concern.
27 August 2021	<ul style="list-style-type: none"> Back to school plan announced.
30 August 2021	<ul style="list-style-type: none"> Pillar 8 supporting Aboriginal communities in the Microstrategy stood up. Additional support for Aboriginal Communities with the COVID-19 Community Response Plan opened.
9 September 2021	<ul style="list-style-type: none"> NSW Government announced the roadmap to freedom for the fully vaccinated.
15 September 2021	<ul style="list-style-type: none"> Removed curfew in areas of concern.
27 September 2021	<ul style="list-style-type: none"> Roadmap to Recovery released by the NSW Government.
6 October 2021	<ul style="list-style-type: none"> 70% double vaccination target reached.
11 October 2021	<ul style="list-style-type: none"> All stay-at-home restrictions were removed across New South Wales.
17 October 2021	<ul style="list-style-type: none"> 80% double vaccination target reached.
18 October 2021	<ul style="list-style-type: none"> Further relaxation of restrictions including allowing more visitors to people's houses, an increase to people gathering outdoors and ticketed events.
9 November 2021	<ul style="list-style-type: none"> 90% double vaccination rate achieved.

Appendix three – About the audit

Audit objective

This audit assessed the effectiveness of NSW Government agencies' coordination of the COVID-19 response in selected LGAs (an 'LGA of concern' and a regional LGA) after June 2021

Audit criteria

We addressed the audit objective by assessing two lines of inquiry:

1. **Coordinated response and strategy:** Were government decisions to apply LGA specific Public Health Orders supported by effective crisis management governance and planning frameworks?
2. **Tactical coordination and implementation/management of Public Health Orders:** Have agencies effectively coordinated in the communication (and enforcement) of Public Health Orders?

The following audit criteria will be used to enable the audit team to form conclusions against the overall audit objective:

Coordinated response and strategy:

- There were effective governance arrangements in place to support cross-government consultation when making decisions regarding public health responses in selected LGAs.
 - Relevant agencies and stakeholders were consulted regarding changes to Public Health Orders
 - Relevant agencies had the opportunity to review and comment on advice provided to government by external stakeholders
 - Advice to government included crisis management arrangements such as contingency and scenario plans, workforce management/surge plans, continuous improvement and redundancy planning
 - Agencies have established inter-agency data, information and advice sharing arrangements to support effective advice, decision-making and coordinated action
- Relevant agencies provided up-to-date evidence in their advice to government on Public Health Orders
 - Relevant agencies provided clear advice to government on Public Health Orders
 - Advice provided to decision makers was evidence based
 - Public health strategy was updated to reflect lessons learned in the first wave and subsequent events (including outbreaks in, and lessons from, other jurisdictions).

Tactical coordination and implementation/management of Public Health Orders

- Planning and governance frameworks used to coordinate communication and enforcement were updated based on latest evidence and the lessons from the first wave and subsequent events (including outbreaks in other jurisdictions).
- Agencies effectively coordinated the communication to frontline sector staff about the orders.
- Agencies effectively coordinated the communication to, and feedback from, communities impacted by the lockdowns.
- Agencies effectively coordinated to implement the orders
 - agencies effectively coordinated to provide specific supports to the communities impacted by lockdowns and to essential workers
 - agencies effectively coordinated to enforce Public Health Orders
 - agencies engaged in continuous improvement, where possible.
- Agencies have appropriate risk management arrangements to support coordination of the Public Health Orders
 - risk management arrangements recognise interagency relationships and agency-specific risks.

Audit scope and focus

In assessing the criteria, we focused on the coordinated response and strategy involved in application of Public Health Orders from a statewide perspective and with detailed perspectives in the Local Government Areas of Fairfield and Dubbo.

The audit assessed how agencies participated in cross-government governance arrangements, including:

- the provision of advice and intelligence to decision-makers
- enforcement operations seeking compliance with the public health response, including Public Health Orders
- the coordination of emergency management arrangements
- arrangements that complemented emergency management arrangements in turn enabling more willing compliance with the Public Health Orders.

Effectiveness of performance and coordination across agencies was reviewed through the:

- application of governance frameworks and entities to drive a coordinated approach to activities that supported compliance with Public Health Orders
- coordination of intelligence, data and advice to advise decision-makers, implement decisions, enable compliance, support communities and monitor performance and achievement of outcomes
- coordination and, where required, tailoring of communications to enable compliance and inform the community about supports
- sharing insights and impacts from frontline staff, communities and business back to developers of policy and advice and decision-makers
- learning and improving in an agile manner to anticipate and respond to the next challenge.

The arrangements covered by the scope of this audit included the State Emergency Management arrangements governed by the *State Emergency and Recovery Management Act (1989)*. This includes the:

- State Emergency Management Committee (SEMC, secretariat: OEM/Resilience),
- the State Emergency Operations Controller (SEOCN, typically Commissioner or Deputy Commissioner of the NSW Police Force)
- State Emergency Operations Centre (SEOC)
- The same structures were replicated at regional and local level. The LEMCs are chaired by Council CEOs or CEO equivalents whereas the LEOCON is a police role.

The scope also included the **public health arrangements** governed by the *Public Health Act* (1990) including the powers to issue public health orders. The *COVID-19 Legislation Amendment (Emergency Measures) Act No. 1* (March 2020) further amended aspects of the development of Public Health Orders (PHOs).

Public health crisis arrangements were defined in a pandemic-based sub-plan that sits within the broader emergency management arrangements described above. NSW Health operated a State Health Emergency Operations Centre to support these arrangements and to work with the Public Health Unit in such an emergency. As with State emergency management arrangements, the Health arrangements had a statewide focus supported with delivery at the regional and local levels.

Because the arrangements operated as a sub-plan, much of the existing structures were used and liaison officers from NSW Health and the NSW Police Force sit on various committees and bodies to provide coordination.

The scope also included the **Delta Microstrategy Executive Committee** (ExCo). This was a complementary coordination arrangement that was set up in late July 2021.

- It was led by the Secretary, NSW Health and the SEOCON.
- It included representation across government to enable the right support for the community to comply with public health orders intended to suppress the spread of the pandemic.
- The pillars under the Micro-strategy focused on supporting aspects of the response such as communications and well-being measures.
- The Micro-strategy also provided a structure and arrangements for governing coordination and enabling collaboration across multiple agencies.

Although the Department of Customer Service (DCS) advised the NSW Government separately throughout Delta its work in communications was embedded as a working group within the Delta Microstrategy

A governance structure established by the Department of Premier and Cabinet (DPC) to function as a Program Management Office for the March 2020 variant was not used in the Delta crisis although there is some overlap between this structure and that used by the ExCo.

Alongside these governance frameworks and arrangements was coordination with the operational arms of government that delivered health, enforcement, emergency, communications and well-being responses as well as entities in local government, Federal government (including the Australian Defence Force) community, business, industry, and non-governmental organisations and charities.

Audit exclusions

The audit did not seek to:

- examine the rollout of the vaccination program
- specifically examine operational activities such as enforcement or clinical service provision
- make assessments on the quality of advice, supports or communications
- assess the integrity of grants programs either to businesses or community groups
- evaluate the nature of coordination with other jurisdictions during the pandemic although this did not exclude use of lessons learned from other jurisdictions during this and previous pandemics
- question the merits of government policy objectives.

Audit approach

The audit team conducted the audit in accordance with ASAE 3500 'Performance Engagements' and ASAE 3000 'Assurance Engagements Other than Audits or Reviews of Historical Financial Information'. The standards require the audit team to comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance about an activity's performance against identified criteria and express a reasonable assurance conclusion against the audit objective.

Our procedures included:

- Interviewing staff on governance bodies and other staff who worked on coordination efforts across all auditee agencies. The main focus of interviews were to understand and analyse how coordination was achieved, communications, the interaction of emergency management arrangements with operations and supporting compliance with orders. The audit involved consultation with other stakeholders including:
 - Dubbo Regional Council
 - Fairfield City Council
 - Multicultural NSW.
- Examining minutes and other documentation of decisions-made including revisions, translation of Public Health Orders into operational instructions, risk and other governance plans, resource requirements, requests and sharing, communications and message plans and the approach to tailoring, records of meetings with communities impacted and how information was shared across agencies.
- Analysing data includes assessing data and evidence sources used, the balance of use and sharing arrangements, information and data around supports and communications within targeted LGAs, infringement data including QAs and alignment to Public Health Orders and use of demographic and cultural information for decision-making around enabling compliance and providing additional support where required.
- Evidence of lessons learned and planning including re-use or refinement of arrangements used from March 2020-early 2021 and incorporation of lessons from other jurisdictions.

We will also examine:

- documentation from other stakeholders obtained throughout the audit such as research and studies, statistical data and analysis
- information from other jurisdictions for comparison.

Audit methodology

Our performance audit methodology is designed to satisfy Australian Audit Standard ASAE 3500 Performance Engagements and other professional standards. The standards require the audit team to comply with relevant ethical requirements and plan and perform the audit to obtain reasonable assurance and draw a conclusion on the audit objective. Our processes have also been designed to comply with requirements specified in the *Government Sector Audit Act 1983* and the *Local Government Act 1993*.

Acknowledgements

We gratefully acknowledge the cooperation and assistance provided by the Department of Premier and Cabinet, Resilience NSW, NSW Health, the Department of Customer Service, the NSW Police Force, Aboriginal Affairs NSW, Fairfield City Council, Dubbo Regional Council and Multicultural NSW.

Audit cost

The estimated cost of this audit is \$680,000.

Appendix four – Performance auditing

What are performance audits?

Performance audits determine whether state or local government entities carry out their activities effectively and do so economically and efficiently and in compliance with all relevant laws.

The activities examined by a performance audit may include a government program, all or part of an audited entity, or more than one entity. They can also consider particular issues which affect the whole public sector and/or the whole local government sector. They cannot question the merits of government policy objectives.

The Auditor-General's mandate to undertake performance audits is set out in section 38B of the *Government Sector Audit Act 1983* for state government entities, and in section 421B of the *Local Government Act 1993* for local government entities.

Why do we conduct performance audits?

Performance audits provide independent assurance to the NSW Parliament and the public.

Through their recommendations, performance audits seek to improve the value for money the community receives from government services.

Performance audits are selected at the discretion of the Auditor-General who seeks input from parliamentarians, state and local government entities, other interested stakeholders and Audit Office research.

How are performance audits selected?

When selecting and scoping topics, we aim to choose topics that reflect the interests of parliament in holding the government to account. Performance audits are selected at the discretion of the Auditor-General based on our own research, suggestions from the public, and consultation with parliamentarians, agency heads and key government stakeholders. Our three-year performance audit program is published on the website and is reviewed annually to ensure it continues to address significant issues of interest to parliament, aligns with government priorities, and reflects contemporary thinking on public sector management. Our program is sufficiently flexible to allow us to respond readily to any emerging issues.

What happens during the phases of a performance audit?

Performance audits have three key phases: planning, fieldwork and report writing.

During the planning phase, the audit team develops an understanding of the audit topic and responsible entities and defines the objective and scope of the audit.

The planning phase also identifies the audit criteria. These are standards of performance against which the audited entity, program or activities are assessed. Criteria may be based on relevant legislation, internal policies and procedures, industry standards, best practice, government targets, benchmarks or published guidelines.

At the completion of fieldwork, the audit team meets with management representatives to discuss all significant matters arising out of the audit. Following this, a draft performance audit report is prepared.

The audit team then meets with management representatives to check that facts presented in the draft report are accurate and to seek input in developing practical recommendations on areas of improvement.

A final report is then provided to the head of the audited entity who is invited to formally respond to the report. The report presented to the NSW Parliament includes any response from the head of the audited entity. The relevant minister and the Treasurer are also provided with a copy of the final report. In performance audits that involve multiple entities, there may be responses from more than one audited entity or from a nominated coordinating entity.

Who checks to see if recommendations have been implemented?

After the report is presented to the NSW Parliament, it is usual for the entity's Audit and Risk Committee/Audit Risk and Improvement Committee to monitor progress with the implementation of recommendations.

In addition, it is the practice of NSW Parliament's Public Accounts Committee to conduct reviews or hold inquiries into matters raised in performance audit reports. The reviews and inquiries are usually held 12 months after the report received by the NSW Parliament. These reports are available on the NSW Parliament website.

Who audits the auditors?

Our performance audits are subject to internal and external quality reviews against relevant Australian standards.

The Public Accounts Committee appoints an independent reviewer to report on compliance with auditing practices and standards every four years. The reviewer's report is presented to the NSW Parliament and available on its website.

Periodic peer reviews by other Audit Offices test our activities against relevant standards and better practice.

Each audit is subject to internal review prior to its release.

Who pays for performance audits?

No fee is charged to entities for performance audits. Our performance audit services are funded by the NSW Parliament.

Further information and copies of reports

For further information, including copies of performance audit reports and a list of audits currently in-progress, please see our website www.audit.nsw.gov.au or contact us on 9275 7100.

OUR VISION

Our insights inform and challenge government to improve outcomes for citizens.

OUR PURPOSE

To help Parliament hold government accountable for its use of public resources.

OUR VALUES

Pride in purpose

Curious and open-minded

Valuing people

Contagious integrity

Courage (even when it's uncomfortable)

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