

Submission to Inquiry into the Queensland Government's health response to COVID-19**Author:** Sandy Bolton MP**Address:** Suite CB05 Noosa Civic, 28 Eenie Creek Road, Noosaville, Qld 4566**Email:** noosa@parliament.qld.gov.au**Phone:** 07 5319 3100**Delivery method:** emailed to health@parliament.qld.gov.au**Deadline:** Friday 3 July 2020

Terms of reference:

On 22 April 2020, the Legislative Assembly referred an inquiry to the committee with the following terms of reference:

1. *That the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee inquire into and report to the Legislative Assembly on the Queensland Government's Response to COVID-19 in relation to the health response only;*
 2. *That in undertaking the inquiry, the Committee should take into account the Australian Government's health response to COVID-19 and its impacts on the Queensland Government's response;*
 3. *That in conducting the inquiry the Committee is to be conscious of any requests for witnesses or materials and ensure that any requests do not unreasonably divert resources from the immediate COVID-19 response; and*
 4. *That the Committee report to the Legislative Assembly by no later than 3 months after the conclusion of the Public Health Emergency declared under the Public Health Act 2005 regarding COVID-19.*
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Firstly, congratulations to all for their commitment, handling, and management of the health aspects during the emergency phase of this pandemic. Without a template, only those at the frontline could truly appreciate how difficult this was, and all are to be congratulated, and sincerely thanked.

In order for improvements to be made in how we handle future outbreaks, as well disasters that we may be yet to encounter, the summary below is not intended as criticism, but rather feedback from residents and the broader community in order to assist improvements.

ISSUES EXPERIENCED ACROSS THE NOOSA ELECTORATE**Communications**

Communication issues were one of the most prominent issues throughout the crisis. Slow communication, partial communication, unclear communication, and no communication at all added to stress levels, confusion, and workload for all involved. For example:

- The outbreak at Sails Restaurant Noosa demonstrated that the 'top down' approach failed, as there were posts on Facebook regarding staff and 22 guests testing positive to COVID-19, which could not be confirmed by any authority available to an MP. Ultimately by the time it was confirmed, and placed up online as a tracer alert, it was 6 days after locals started sharing on Facebook and 12 days after the event, and was subsequently taken down 2 days later. From the explanation given, this was due to the communications protocols between Federal agencies and SHCEC, which did not provide a mechanism to advise the Local Disaster Management Group, Council and MPs whose job it is to alert the public and to assist in ensuring accurate and timely facts were broadcast. This led to assumptions being made,

spreading of misinformation and the outrage in social media, which decreases community stability and government credibility.

- Contrary information posted on the COVID-19 website to the “Moving and Gathering Direction” on QLD Health’s website, caused confusion and for people to unknowingly break the direction. For the public, there was much confusion in knowing where the correct source of information was when choosing between department websites and the COVID-19 website. Additional confusion was added with announcements from National Cabinet meetings and how or when this would translate at a state level.
- Inconsistent information coming to each MP highlighted that during a public emergency such as this, there should not be any difference between caucus and non-caucus communications. Regular updates on the changes and advising of new information should be sent out to all MPs at the same time regardless of politics. Responses from Ministerial offices during this time was phenomenal and greatly appreciated, however a regular comprehensive update (covering all departments) for all MP’s could have potentially saved much time, both for EO’s and Ministerial staff.
- Making announcements without prior warning to MPs, full information not available on the COVID-19 website, or even no prior notice given to the agencies who need to administer a scheme or grant, created a massive amount of unnecessary workload and hundreds of queries about how to get more information. Holding off the announcement for a day or two until the “full package” of information was available would have been greatly beneficial to everyone and would have reduced frustration and anxiety levels in the community. This at both a state and a federal level.
- With so many avenues for information (and misinformation!) it was very clear that a dedicated, up to date, easily navigated portal that everyone can share was needed. The amount of time and resources it took every level of Government to send updates (or not), directives and relaxations for these to be translated so that our communities could understand without misinterpreting, was onerous. To then also have to seek clarification on hundreds of queries, led to Electorate Staff and MPs becoming conduits that were overloaded. It was a great initiative once the Task Force was initiated through the Premiers office, however again, through the communications ‘chain’, they still had to obtain clarification needed from the relevant departments.

Personal Protection Equipment (PPE)

Advice to MP’s and to the public was that there was enough PPE. This did not translate across all sectors, including General Practitioners, private specialists, hospitals and the public health sector. One example where an MP in the Parliamentary Precinct who had to see a doctor as he had contact with a positive case, was advised by 13Health to use a mask to leave the precinct for testing, yet there were no masks available.

Accommodation sector

There were no powers enacted to stop accommodation houses/resorts accommodating those that were not exempt as the onus was on the individual to declare their status. The wording in the directives were that accommodation houses could not ‘encourage’ which was interpreted as ‘promote/advertise’. This led to police having to monitor these accommodation houses based on an overload of complaints made by residents fearful of those not abiding by directives, or fellow accommodators that had shut down, or were refusing bookings. There was also no mechanism to monitor short term accommodation options such as Air BNBs, as they are not held in any registry.

Logistics

While the easing of restrictions was welcomed, these announcements often came with little or no warning which did not allow businesses and organisations enough time to prepare for the operational changes and health requirements. For businesses and communities that had prepared a strategy, to have been given a 'heads' up a week prior to changes would have given them opportunity to secure their staff, train them in COVID Safe practices and directives, and for Government to sign off on industry standard COVID Safe plans. By not doing this, businesses that were already under extreme duress emotionally and financially, were further traumatised, leading to many emergency meetings with MPs to help them navigate the new changes. It also led to complaints received regarding businesses or services provided that were supposed to now be open, however in some cases such as local government swimming pools, they may not have been able to open until considerably later due to COVID Safe requirements and no notice to prepare accordingly.

Inconsistencies

There were several relaxations that created confusion and angst through a lack of consistency. Understandably there were many complex issues and variables to consider. Just a few examples:

- Announcing extra funding to get people back into sport when sports clubs were not able to even accommodate their existing members back into training while restrictions were still in place, made no sense.
- The Chief Health Officer had advised Queenslanders, organisations and businesses that maintaining social distancing of 1.5m in outdoor spaces and practising safe hygiene practices was the best way to limit the spread of COVID-19. However many felt this directive was contradicted when multiple groups of 10 were allowed to gather and play a game unsupervised in public park or oval, yet sporting organisations, were only allowed have a total 10 people on an entire oval in a supervised environment.
- Not allowing people to travel in a car with someone not in their household, yet anyone could get on a train or bus, and sit within 1.5 with strangers?
- Closure directions – beauty therapists had to close but hairdressers could stay open
- There was no actual definition available for 'essential' or 'non-essential' businesses. We had some business types listed as one or the other, with many others that were similar left not knowing whether they were supposed to open or not.
- Retail shops of a non-essential nature - there was no direction for them to close, however people were only supposed to leave their homes for essential purposes which generally does not include clothes shopping, etc. This caused confusion amongst both the business owners and public.
- Border restrictions – at a time when so many exempt persons and exempt residents can enter QLD with no quarantine necessary unless coming from a declared hotspot, those moving to QLD permanently were to quarantine regardless.
- Exemptions. The requirements that holiday homeowners for insurance purposes and to do 'maintenance', led to a mass import of those from interstate to converge on the Noosa electorate during the 'stay at home' directives.
- Border Controls and 'Ghosting'. Window displays of exemption certificates led to a surge of interstate movements through the replication of these certificates, and no methodology employed to check.
- Masks – yes or no to their effectiveness? Clearer messaging was required, as having reports from overseas that a mask would at least give some protection, versus our message that it assists for those ill to reduce transference, however, offers no protection for others. This was contrary to images globally of countries that have been through pandemics before,

wearing masks whether ill or not. Imagery is important, impacting residents, and creating arguments over.

- **Accountability.** The protests in multiple states where thousands congregated against directives, without repercussions, saw the greatest anger, divisions, and resulting breaking of commitment to directives. This was instrumental, as for all who had lost their businesses, jobs, grieved alone for loved ones, and otherwise forgo their rights for the collective good, to see this occurring without consequence, has led to incredulity, and increased the lack of will for any further sacrifices.
- **Access.** During the emergency, loved ones could visit their parents, friends and grandparents in aged care facilities by having their temperature taken, filling out forms, and taking hygiene measures. In recovery, visitors must have had a flu vaccination. This has decimated visitations to those who are most in need of seeing a familiar face, due to not only personal belief regarding these vaccinations, from those who oppose the right to 'choice'. Emotional coercion, even with the best intentions to protect, needs to be clearly articulated as for our elderly, what has happened because of this directive, has been deeply traumatic.
- **Childcare** – confusion as to who were essential workers for access to childcare. Premier saying one thing and childcare centres saying another and not taking in children.

Exploring and explaining the inconsistencies will ensure we can manage COVID during recovery and beyond, and prepare for the next pandemic. Further providing the reasoning behind decisions in future will assist with clarifying any perceived inconsistencies, provide greater security, and decrease anger and public unrest.

POSITIVE OUTCOMES

National Cabinet – To see the leaders of all states and territories working with the Federal Government to protect and support our communities during the pandemic was part of the story. The other, and most inspirational, was that Queenslanders forgo, forged, and followed directives.

Response time during emergency – the Qld government's health response to COVID-19 was exceptional overall. The Chief Health Officer made some very tough decisions which has kept, and continues to keep, our residents safe. Our active case results are a testament to swift and decisive action and should be commended.

Culture of Departments became a 'can do' – the pandemic forced departments, and all of us, to adapt ingrained processes and showed just how quickly we can respond to change when required. This mindset and culture of 'how we can' versus 'why we can't' cannot be lost during recovery, and beyond. Innovation is what we ask in this era, the ability to adapt and pivot in response to challenges is a key strength to take into the future. The reduction of 'red and green tape' saw solutions.

Change of legislation and policies - one of the most impressive aspects of the pandemic was how quickly our government, schools and businesses were able to adapt to these unprecedented challenges to our systems. Legislation was quickly put in place to deal with these challenges and it was good to see bipartisan support of these changes to ensure the safety and financial security for Queenslanders.

SUMMARY

COVID-19 has given opportunity to not only look at how we can improve our responses, it has provided the momentum to review how we think. It has brought about the opportunity to 'reimagine' new ways to come together, agree on recovery and post-COVID policy approaches, significant reforms in governance and regulations to remove the barriers that have prevented our society addressing the issues that remain unresolved. These historical issues have been amplified by COVID. Affordable housing, rising inequality and poverty, the need for diversification of a home-grown economy, ensuring we have Australian manufacturing and services to sustain and provide when global borders shut down. Health services that are not impacted by shortages, spaces that are flexible, a society that quickly can respond. This includes an education for our communities and our children, on how to adapt, respond and cope. This is through trust, and the building of resilience. There is no aspect of our current framework that does not need revisiting, however to revisit, that framework needs to be reformed.

Decision making that is constrained through outdated thought processes, bureaucracy and 'tick' boxes has never been so important, relevant, and urgent to address. Through this emergency, we saw that the elements of our 200-year-old framework that underpins all that we do, was rejected in order to safeguard Queenslanders.

This pandemic has created an opportunity. To 'reimagine' during the recovery phase how our world will look. By capturing the intent and culture of governments during this emergency, and translate these into long term behaviours and actions that will define real and lasting solutions.