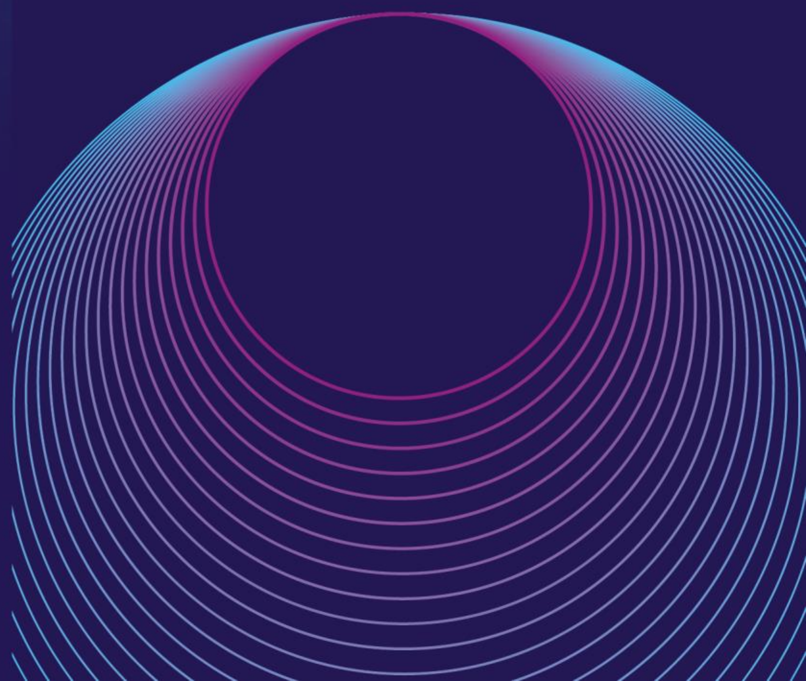
PROXIMITY

Independent review of the ACT Government managed ‘Ragusa’ Quarantine Facility

July 2022



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Version history

Version	Comments
1.1 – Initial draft for ACTHD review	Provided to ACTHD on 1 July 2022
1.2 – Draft final report	Comments received from ACTHD on 8 July, and CSD on 13 July 2022
1.3 – Final report	Presented to ACTHD on 14 July 2022

Executive Summary

In May 2022, Proximity was engaged to undertake an independent review of the ACT Government managed quarantine facility known as 'Ragusa'. The review was required to assess the effectiveness of the facility and report lessons learned to assist and inform future quarantine management functions and other health service delivery. The terms of reference for the review were developed and endorsed by the Ragusa Senior Oversight Group, representing all organisations and agencies involved in the development and implementation.

Informed by the outcomes and impacts arising from various approaches to manage social housing outbreaks both locally and nationally, the ACT Government responded swiftly, and successfully, to the need for a different approach to COVID-19 quarantine for vulnerable complex-needs members of the Canberra community. Ragusa was established in four weeks—during uncertainty and changing requirements around isolation and quarantine requirements triggered by the August 2021 COVID-19 Delta outbreak in the ACT.

Alongside its primary focus as a quarantine facility, Ragusa was also designed to provide a holistic care model of public health, clinical and psychosocial support to guests. Implementing an innovative, onsite Support Hub enabled management and care of the whole person while also managing the public health emergency and pandemic conditions. Integrating non-government organisations (NGOs) into the emergency health response, and them being available and accessible to both government and the broader community, provided an invaluable opportunity for public and private organisations to leverage existing relationships as well as to build and strengthen others. The human-centred design at the forefront of every organisation involved underpinned Ragusa's success and allowed the goodwill and shared commitment of the operational stakeholders to 'make the model work' on the ground.

Over the course of the review, many stakeholders involved in establishing and operating Ragusa described their experience as their 'proudest achievement' and 'the highlight of my career'. This positivity centred on not only avoiding high-impact contact and the absence of transmission within the facility, but also the level of care and support available at Ragusa that in some cases was the first time a whole of sector response was provided to an individual's complex health and wellbeing needs in the ACT. This model, according to those involved, 'turned around people's lives', 'diverted people from the judicial system', facilitated longer-term stable housing and resulted in many guests continuing to access support after their discharge. This positive perspective offered by individual stakeholders has come about only after time and reflection, and in many instances is still caveated with the experience being 'the most difficult' of one's career.

While the principles[1] of the Ragusa operating model were well considered in their design, the immature operationalisation of these principles impacted the ability for the model to fully leverage and optimise outcomes for all stakeholders. Specifically, organisations did not adopt a whole-of-facility approach and operated in the absence of a shared understanding or acceptance of the facility's intent. Organisations experienced a fundamental difference in primacy between quarantine management and psychosocial and wellbeing support; and this tension existed at both strategic and operational levels throughout Ragusa's existence. This protracted lack of shared understanding may have, in part, been due to both the rapid design—which came from an innovative social support delivery model with the public health requirement being subsequently overlaid—and its implementation, which impacted agreement for prescribed roles and responsibilities.

In more practical terms, the legal and structural limitations to information-sharing created gaps in operational communications and left some stakeholders feeling the level of support provided was not aligned with guests needs, due to the opt-in arrangements for the Support Hub. In addition, some staff felt that they personally (along with their organisation) were exposed to unnecessarily high risk—including from regulatory and professional accreditation perspectives—because the model did not enable them to make informed decisions and in some instances acquit their primary and professional responsibilities.

When designing quarantine operations, or other health service delivery for the future, leveraging the goodwill, innovation and integrated way of working shown at Ragusa offers new opportunities to approach integrated care. While offering lessons around governance, roles, responsibilities, goals and outcomes, the Ragusa model has demonstrated the ability for government and the NGO sector to work alongside each other, learn from each other and build ongoing relationships for the betterment of the community, including those most vulnerable.

The independent review team thanks the ACT Health Directorate, ACT Community Services Directorate, Canberra Health Services, YWCA Canberra, and associated NGO staff for sharing their stories and demonstrating their commitment to the continued improvement of services.

[1] *ACT Managed Quarantine Service Delivery Model* prescribed principles: accountable, integrated, aligns with AHPPC principles for managed quarantine, safety and wellbeing paramount, interactive evaluation and improvement, person centric, appropriate, flexible

Lessons learned

The terms of reference requested documentation of any lessons learned that can be incorporated into future quarantine management practices or future health service delivery. The review team offers the following lessons learned and observations for consideration.

Governance

LESSON LEARNED

Operationalising any governance model effectively requires shared understanding across all stakeholders, including on roles and responsibilities, risk management, decision making, escalation, communication, information-sharing, and limitations.

OBSERVATIONS

- Legal and/or structural barriers to information-sharing should be resolved as soon as practicable. The ACT Government could consider administrative solutions available such as clarifying the scope of 'treating team,' engaging NGOs as contractors with appropriate privileges, or restructuring how consent is informed and requested.
- Maturing a more integrated and balanced design requires clearly defined roles and responsibilities to be agreed by all stakeholders; flexible processes which are scalable and responsive to a changing risk environment; and routine review to update these roles and responsibilities. These processes will ensure a shared understanding and clear path for operationalising the model when the need arises.
- By continuing to work together closely, government, NGOs and associated support providers will find common ground and reinforce partnerships for better agility in times of emergency response and recovery activities.

Communication and Engagement

LESSON LEARNED

A shared culture, including defined pathways for communication is essential in any multi-disciplinary, integrated partnership. Clear enabling pathways for access to information, and tailored training in effective communication, engagement and overcoming cultural barriers may assist in developing deeper and more collaborative working relationships.

OBSERVATIONS

- Sharing information in a timely manner will ensure each organisation has access to the information they need to make informed decisions.
- Promoting and committing to a shared culture is paramount to the success of any future model, including holding co-design workshops across government and NGOs to agree a set of common collaboration principles.
- Tailored training in effective communication, engagement, and relationship management in times of crisis will be beneficial to enabling organisations to overcome cultural barriers and respond quickly to emerging risks which may negatively impact outcomes.
- Developing clear information-sharing guidelines and associated technical support, which is both cross agency and responsive to emergency situations, is fundamental to the establishment of any similar service delivery model.
- Developing and agreeing the meaning of specific nomenclature will assist with reducing misinterpretation or misalignment of core objectives of any similar service delivery model.

Effectiveness as a Facility

LESSON LEARNED

Quarantine management facilties can effectively deliver a safe place for isolation, alongside provision of an integrated support model. If a truly integrated, holistic care model is to be pursued in the future, clear planning and co-development of the principles should be developed alongside the lead agency to ensure a shared understanding of the problem, and clear definition of the roles and responsibilities in how support is accessed by guests.

OBSERVATIONS

- Developing an 'opt-out' support hub model for future scenarios, as opposed to an 'opt-in' model.

	• Future models should consider disability assessment, as disability support providers were not included in the Ragusa model. • Consideration should be given to having clinical services onsite, which would provide additional wrap around support and mitigate any risks of operation outside of normal safety protocols.
Innovation	LESSON LEARNED **Government and NGO providers can work together effectively with both an individual needs focus, and in a broader partnership model in times of crisis. While different operating models, cultures and business maturity pose some complexities, there are significant cooperative opportunities to leverage knowledge and a deeper understanding of the sector to provide even stronger outcomes for the community.** OBSERVATIONS • The holistic, multi-disciplinary onsite care model provides wrap around support which maximises impact and outcomes. Undertaking scenario-based simulations of this care model during calm-state times will be beneficial to re-establish relationships, identify missed opportunities, and develop protocols for future use of the model.
Value for Money	LESSON LEARNED **Being agile in identifying an alternate quarantine model for the most vulnerable members of the community not only improved health care for those individuals, but it also reduced the spread of COVID-19 in the community. The primary outcomes of a facility such as Ragusa can be effectively achieved while also delivering strong secondary benefits for the community.** OBSERVATIONS • Where possible, Government should undertake a robust reconciliation of operational costs of the Ragusa site and should seek to develop a scalable model which provides a benchmark for assessing proposed costs of support, including the provision of services and support to a similar facility like Ragusa. With this information, government would be in a better position to provide Cabinet with a clearer and more defensible case for costs.

Introduction

In May 2022, the ACT Health Directorate (ACTHD) engaged Proximity to undertake an independent review of the ACT Government managed quarantine facility known as 'Ragusa'. The independent review was to assess the effectiveness of Ragusa as a quarantine facility. Feedback and lessons learned through the review should assist and inform future quarantine management functions and other health service delivery.

As per the terms of reference, the review formally commenced on 26 May 2022 (when documents were able to be shared) and initial findings were presented to the ACTHD COVID-19 response team on 1 July 2022. The review concluded with the delivery of this report to ACTHD executive and key stakeholders on 14 July 2022.

Approach to the review

To address the scope of the review (**Attachment A**), the review team adopted a multi-faceted approach to analysing the planning, implementation, operation, and cessation of Ragusa. This included:

- A desktop research and document review based on documentation provided in the first instance from ACTHD and supplemented by documentation provided from organisations following consultation (a full list of documents reviewed is at **Attachment B**).
  - The document review considered (where documentation was provided):
    - functions, policies, and procedures established by ACTHD and other stakeholders to provide infection prevention and control, safety, security, social supports, clinical oversight, and quarantine management
    - establishment of the Ragusa facility, including any stated goals or policy intent
    - case notes relevant to the review
    - governance arrangements, including the roles ACTHD, Canberra Health Services (CHS), Community Services Directorate (CSD), and the NGOs held. This included analysis of accountability, leadership, key meeting outcomes, and decisions made
    - development and implementation of the onsite Support Hub
    - lessons learned during any prior reviews which were referenced in the establishment of the facility, or reviews undertaken post-delivery.
  - The desktop review included analysis of comparative quarantine models in other jurisdictions (namely NSW and Victoria), findings of the October 2020 *National Review of Hotel Quarantine* and subsequent October 2021 *National Review of Quarantine* report.
- Consultation with a broad range of stakeholders (**Attachment C**) including staff from relevant ACT government directorates (including ACTHD, CHS, CSD) and NGOs as well as Ragusa guests. Specifically, consultation included:

One-on-One Interviews	One-on-one interviews were sought with key organisational representatives at the strategic level including members of the Senior Oversight Group, as well as their respective operational leads to gain a deep understanding of: • strategic, governance, support, and policy settings • alignment between strategic intent and operational affect • effectiveness of governance arrangements and mechanisms • opportunities for future consideration. Eleven interviews were held with representatives from ACTHD, CSD, CHS, YWCA Canberra (YWCA), Directions Health Services, Health Care Consumers Association, and Canberra Alliance for Harm Minimisation and Advocacy.
Workshops	Four workshops were facilitated with key operational staff from ACTHD, CSD, CHS and YWCA to understand: • how the *ACT Managed Quarantine Service Delivery Model* was operationalised at Ragusa • escalation procedures • challenges • lessons learned.
Guest Interviews	ACTHD facilitated the participation of Ragusa guests in the review. Two telephone interviews were convened with guests to understand their personal experiences around the extent to which the facility met its objectives in practice. While the review intended to consider all people who passed through the facility along with a particular focus on those that engaged with the NGO-led Support Hub, access to guests was limited to three as facilitated by ACTHD, one of which who could not be contacted. The

	review has leveraged anecdotal evidence shared from the broader consultation to form an understanding of potential guest experiences.
Questionnaire	An online questionnaire **(Attachment D**) was disseminated within ACTHD, CHS, CSD, YWCA and other NGOs involved in the Support Hub. The questionnaire invited submissions from relevant staff and volunteers involved in Ragusa to capture a broad cohort and understand: • the subjective perspectives of staff on the effectiveness of various aspects of Ragusa • what innovations and lessons staff drew from their experiences • how views differed across stakeholder groups.

Limitations

In reading this review, the following limitations should be considered:

- Upon completion of the review, the review team were unable to obtain key documents such as one of two relevant cabinet submissions, triple bottom line costing attachments to a cabinet submission, and relevant legal advice relating to the sharing of information. As such, the review was unable to provide commentary about the relevant acts or legislation that advice was obtained under, nor any detailed value for money information relating to the establishment and operation of the centre.
- Where possible, the review team were tasked with understanding the guest experience at Ragusa. The details for three of 129 guests were provided by ACTHD to the review team. Only two of those guests participated in conversations with the review team, and none of those guests accessed the Support Hub. Anecdotal evidence from operational staff and Senior Oversight Group members informed the guest experience detailed in the review.
- Many of the documents reviewed (**Attachment B**) were in draft or their context was unclear. One document relating to guest numbers, and statistics on accessing the Support Hub appeared to be a working document and was not finalised, despite being provided to the review team. Given this, where possible, the review team sought to validate any information with stakeholders during consultation.

Stated goals of Ragusa

The review scope requested an evaluation of the effectiveness of Ragusa against its stated goals. The review team were unable to locate a distinct authoritative document outlining the specific goals of Ragusa and instead leveraged content from *ACT Managed Quarantine Service Delivery Model.*

Mission: Ensure that all members of the community are supported to effectively quarantine to prevent further transmission and outbreaks of COVID-19 and protect the Canberra Community.

Objectives

- To ensure appropriate public health measures are in place to protect the health and wellbeing of guests and the community.
- To ensure that all members of the community can safely adhere to public health directions and quarantine requirements.
- Ensure individual needs are met.
- Ensure that resources are equitably allocated and prioritised through a risk-based process.
- To ensure adequate service supports and engagement strategies are available to people in facilitated quarantine.
- To implement effective governance processes that are flexible and support decision-making.

Principles

- There are clear lines of accountability, responsibility, and governance to support the rapid, effective implementation and management of facility quarantine.
- Integrates with the current structures and procedures of the health emergency, and the lead and supporting agencies understand their expected roles in facility quarantine.
- Health, safety and wellbeing for community, people in quarantine, workers and volunteers are at the centre of all planning, decision-making and action.
- The experience of residents in quarantine will be heard and acknowledged.
- The safety, amenity, and rights of people in quarantine will be respected.
- People in quarantine will be empowered to make informed health-related decisions based on clear, accessible, culturally appropriate, and authoritative public health and support service information.

Context

For the purposes of this review, it is important reflect on, and appreciate, the circumstances and pressures experienced by all agencies and organisations involved, their staff and the broader community during the period August to December 2021. The COVID-19 pandemic had reached an unprecedented level of public health concern in Australia, and particularly the ACT, with the arrival of the highly contagious and highly dangerous Delta variant. Community vaccination levels were low, and quarantine efforts to date were largely focused on the repatriation of Australians from overseas.

The spread of the Delta variant of COVID-19 had high levels of clinical severity including:

- high death rates for at-risk groups
- high rates of healthcare staff absences and transmission of the virus
- high rate of clinical presentations for influenza-like illness
- challenges to specialist and critical care capacity in hospitals.

Early indications showed COVID-19, including the Delta variant, was dangerous to elderly individuals and individuals with pre-existing medical conditions, such as individuals who were immunocompromised or had complex co-morbidities such as alcoholism, drug dependency or complex mental health conditions. COVID-19 was highly communicable between individuals, particularly in high-traffic or communal areas, including within social housing settings, large community groups and those who experienced homelessness.

"Once it's brought back to a household, everyone pretty much gets it unless they're vaccinated."

ACT Chief Minister, Andrew Barr – ABC News August 2021

On 12 August 2021, the ACT entered a strict lockdown, following the first recorded case of COVID-19 in the ACT in over a year, which was confirmed to be the Delta variant. Subsequently the ACT experienced a rapidly developing outbreak of cases. The Delta variant had already caused significant strain on health systems in Sydney and Melbourne.

Social Housing Outbreaks

The August Delta outbreak was seen to move quickly through the most vulnerable members of the ACT community. In late August 2021, the entirety of two Inner-North social housing complexes were listed as close contact exposure sites; Condamine Court on 23 August 2021, and Ainslie Village on 29 August 2021 (the Social Housing Outbreaks). A multi-agency government response was quickly mobilised for each site, operating from a staging point established at Turner Primary School. Ragusa stakeholders noted that this response evolved quickly as challenges arose, and soon leveraged experienced clinical in-reach teams and trusted NGOs (with pre-existing peer relationships) onsite to deliver essential supports.

In managing these outbreaks, the ACT Government was also acutely aware of the outcomes and impacts of the lockdown of public housing residents at 33 Alfred Street in North Melbourne, and the subsequent recommendations made by the Victorian Ombudsman's investigation in December 2020.

ACT Facilitated Quarantine Model

The ACT Government was already operating the 'Lazaretto' managed quarantine facility located on the grounds of the Australian National University. While Lazaretto was primarily established to accommodate returning travellers and members of the general community who could not quarantine or isolate safely at home but were assessed to be largely self-sufficient and compliant, it also accommodated social housing guests and provided links to individual NGOs.

The *ACT Managed Quarantine Service Delivery Model* was designed to align with recommendations from the Australian Health Protection Principal Committee (AHPPC) and sets out objectives, roles and responsibilities and a risk management framework for quarantine facilities within the ACT, including for use at Ragusa.

The need for an alternate approach

Key lessons learned from the social housing outbreaks and hotel quarantine identified the need for government to consider alternate options to provide quarantine facilities for those vulnerable members of the community who may face logistical or structural impediments which could negatively impact their compliance with public health orders. In comparison to the guests housed at the Lazaretto facility, consideration was given to:

- difficulty managing complex health conditions
- lack of proven ability to consistently support transient cohorts exposed to COVID-19
- rolling quarantine caused by the outdated housing structure at Ainslie Village
- monitoring compliance and movement of persons onsite, without securitising response
- lack of integrated case management of clinical and social supports
- lack of incentives to make quarantine attractive and safe.

In justifying its proposal for the establishment of Ragusa, ACTHD and CSD advised government that Lazaretto was not sufficiently equipped to manage quarantine of vulnerable communities nor provide appropriate space for larger family groups. Most stakeholders involved in planning and operating Ragusa had experience with the Social Housing Outbreaks and identified this experience as critical in shaping Ragusa.

The table below provides a high-level snapshot of key dates and actions associated with operationalising Ragusa, followed by more detailed historical context.

Date	Activity
12 August 2021	ACT lockdown commences
9 September 2021	Security and Emergency Management Committee of Cabinet agreed to: ACT Government using O'Connor site up until 12 December 2021; provide additional Territory appropriation of $2m to cover costs of site; and operational planning team working with Treasury to develop costings associated with the management, logistics and support services
10 September 2021	CSD led meeting with NGOs re operationalising proposed Hub
16 September 2021	ACTHD Director-General agrees to sign short-term hire agreement for O'Connor site
17 September 2021	Ragusa opens for guests
20 September 2021	Support Hub commenced operations onsite
21 September 2021	Ragusa Operating Model approved
21 September 2021	Cabinet agreed the Treasurer and Minister for Health to agree the final costs of operating Ragusa for three months (17 Sept-12 Dec 2021), noting indicative costs of $5.52m
1 October 2021	Deed of Grant between CSD and YWCA executed for total funding $1.3m (GST incl)
15 October 2021	ACT lockdown ends
12 December 2021	Ragusa operations cease*

*12 December 2021 was the agreed date between ACTHD and the owners of the site for Ragusa to cease operations. This agreement was due to the site resuming operations as a caravan park with confirmed bookings for the Christmas period. Should there have been a need to continue the Ragusa quarantine model, a new site would need to have been identified.

Review findings

An assessment of Ragusa—including analysis of the established functions, policies, and procedures—was undertaken against the following categories:

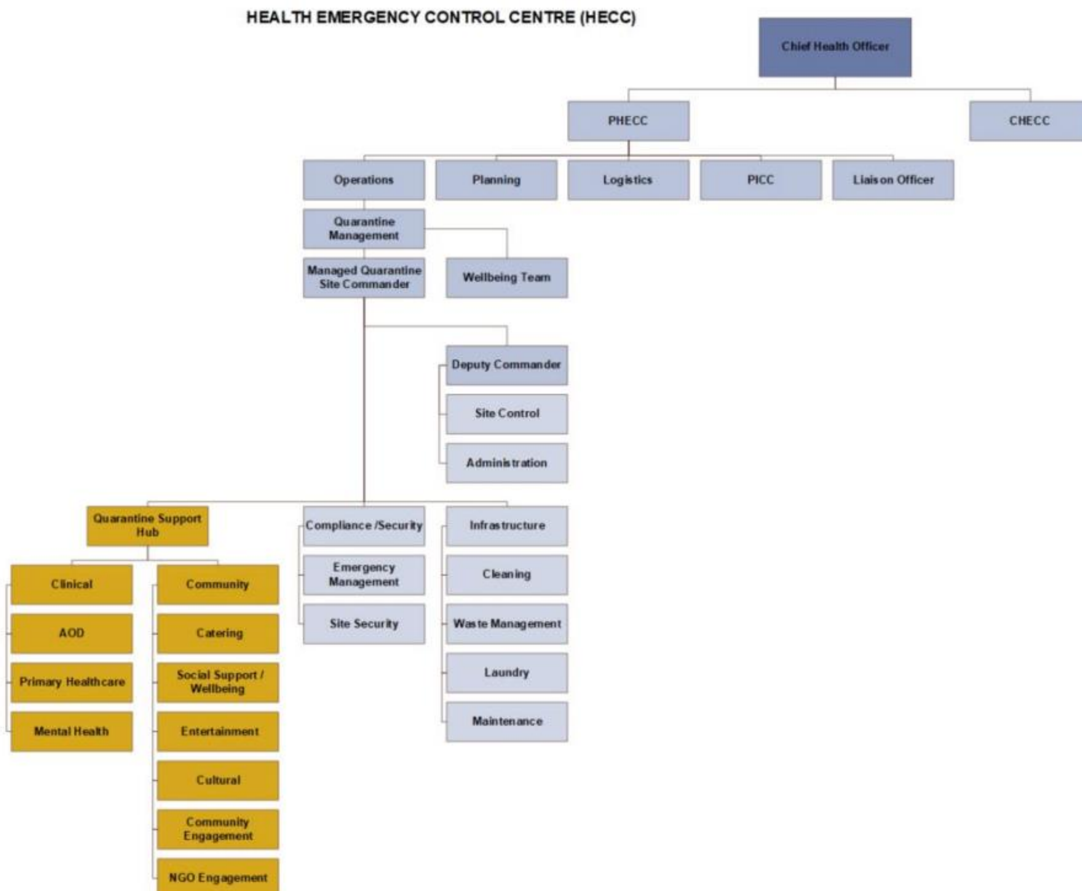
- governance
- communication and engagement
- effectiveness as a facility
- innovation
- value for money.

The review responds to all eleven questions contemplated in the statement of requirements.

Governance

Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance[2]. Overall, the review found the governance arrangements designed for Ragusa to be fundamentally sound, both in their ability to provide oversight at both the strategic and operational level and ensuring decision making occurs at the right level commensurate with risk. Some challenges arose when the governance model was operationalised, largely attributed to the short timeframes (four weeks) in which the planning, approvals and implementation of the model was undertaken.

The governance model for Ragusa is captured in the chart below (noting, in practice, the clinical team reported directly to the onsite commander and to the CHECC). In addition, onsite staff from the partner agencies and organisations also reported through their existing internal governance and accountability structures to senior leadership offsite, who interacted with the HECC structure through the Ragusa Senior Oversight Groups and participation in Sitrep meetings.



[2] Governance Institute of Australia

Principles were developed in terms of the support for people staying at Ragusa, were these appropriate and effective?

The principles developed by ACTHD as part of the *ACT Managed Quarantine Service Delivery Model* relating to guest support were as follows:

- There are clear lines of accountability, responsibility, and governance to support the rapid, effective implementation and management of facility quarantine.
- Integrates with the current structures and procedures of the health emergency, and the lead and supporting agencies understand their expected roles in facility quarantine.
- Health, safety and wellbeing for community, people in quarantine, workers and volunteers are at the centre of all planning, decision-making and action.
- The experience of residents in quarantine will be heard and acknowledged.
- The safety, amenity, and rights of people in quarantine will be respected.
- People in quarantine will be empowered to make informed health-related decisions based on clear, accessible, culturally appropriate, and authoritative public health and support service information.

The review found these principles to be largely effective in the provision of support for Ragusa guests. The health, safety and wellbeing of the guests, workers and volunteers at Ragusa were considered at the centre of all planning, decision making and action, however, at times individual agency or organisation agendas were observed, and these were not always aligned. Core needs including safety, amenity and rights of guests were all met and respected. These were complimented by the availability of the onsite Support Hub, where guests were able to access advice, support, and referral to clinical care. The two guests consulted as part of the review were positive about the facility and found it to have provided them with the support needed.

Despite this, many of the NGO stakeholders noted the missed opportunity to provide additional support to some guests with critical needs. It appeared at times; stakeholders were referring to wellbeing of guests without understanding this term meant different things to different agencies. ACTHD had core responsibility for the provision of quarantine facilities and reducing community transmission of the virus, while NGO partners in the Support Hub felt that in many cases, the risk of COVID-19 to many of the guests was secondary to the risks posed by existing and often undiagnosed and unmanaged severe health concerns.

The review heard from executive level stakeholders who said they were 'really clear on the parameters of who Ragusa was designed for….and it was clear that it wasn't suitable for complex co-morbidity needs' and that 'ACTHD were good at ensuring that was upheld'. Further, it was said that at the strategic level, there was never clarity on who the site was designed for, other than people who could not isolate at home, and that this presented problems which were challenging to resolve. It would be clear to say in some cases those charged with quarantine management may interpret infection control as the paramount goal for Ragusa, while a mental health clinician may see mental wellbeing as paramount, or a community services organisation may prioritise social supports for guests where there is a clear need.

One stakeholder provided a valuable insight into how this fundamental challenge could be addressed, highlighting the lack of a common nomenclature across the various disciplines and institutions at Ragusa.

Better definitions of key terminology evolved organically through discussion at the key meetings useful for communication, and stakeholders suggested some were codified in the limited procedures produced as Ragusa matured. One questionnaire respondent summarised the bureaucratic impact of a lack of shared understanding of key terms and processes as

"Collaborative practice is effective once all parties work together for the greater good of the client. Lack of processes on the ground impede the above as a lot of time is wasted on the practice outlines and bureaucracy rather than focus on clients… once the processes were ironed out the multi-disciplinary teams worked smoothly and effectively with some great outcomes."

Questionnaire respondent

What was the role of each organisation at Ragusa?

Ragusa applied a multi-disciplinary approach to the management of the facility and the delivery of clinical and social services care, with several key stakeholders responsible for different aspects of management and service delivery in the facility at a high level. A more detailed comparison of roles and responsibilities is set out at **Attachment E**.

ACT Health Directorate

The ACT Emergency Plan prescribes ACTHD as the lead agency for communicable human disease outbreaks, epidemics, and pandemics. The Health Emergency Plan (HEP), a sub-plan of the ACT Emergency Plan, provides a framework for a coordinated

ACT health sector approach to emergencies. The Health Emergency Control Centre (HECC) was activated by the Chief Health Officer (CHO) on 29 January 2020 to enhance situational monitoring of COVID-19 outbreaks, to coordinate the public health and clinical response through the Public Health Emergency Coordination Centre (PHECC) and Clinical Health Emergency Coordination Centre (CHECC) and to manage the increased community and intra-government information requirements via the Public Information Coordination Centre (PICC). The composition of the HECC is intended to be scalable and flexible to meet the nature and complexity of the incident.[3]

ACTHD was the lead agency in standing up and leading the Ragusa facility. ACTHD staff were in lead roles for quarantine management onsite.

Community Services Directorate

CSD shared policy responsibility for Ragusa with ACTHD and was primarily responsible for developing a design to reach higher risk cohorts including the provision of appropriate wrap around material and social supports. CSD led co-design of the Support Hub model with community stakeholders and was responsible for engaging YWCA as the lead NGO for the Hub. CSD also developed the flexible food model utilised at Ragusa.

Senior leadership from CSD was heavily involved in governance and oversight, including representation on the Senior Oversight Group.

Onsite, CSD staff sat within the Support Hub and were responsible for logistics and provision of food and material aid for guests at Ragusa who had consented to referral.

Canberra Health Services

CHS provided clinical in-reach to Ragusa guests upon referral through the Support Hub, deploying senior clinicians through the multi-disciplinary ReaCH team with expertise in primary and mental health, and drug and alcohol treatments. The ReaCH team was based offsite, however was regularly required to come onsite to deliver clinical care in the red zone.

CHS staff were also involved in oversight and governance, including through liaison with the CHECC.

YWCA / Non-Government Organisations involved in the Support Hub

YWCA were responsible for the leadership and coordination of the NGO Support Hub at Ragusa. Under this model, YWCA seconded and sub-contracted staff from participating NGOs to deliver specific community services in addition to co-ordinating referrals to CSD and CHS.

YWCA was also responsible for case management including receiving referrals and integrating support through the provision of appropriate supports from within the Support Hub, and with external services to support safe exit. Other NGOs involved onsite included Directions ACT and CAHMA, who were responsible for delivering specific support services upon referral in accordance with their relevant expertise.

Was there clarity around roles, responsibilities, governance, leadership, and accountability for service provision?

Overall, at the individual organisation level, roles, responsibilities, governance, leadership, and accountability for service provision were clear. In some cases, it was also clear between certain organisations, such as CSD and YWCA for example, attributable to the fact close planning and collaboration was in place for the development of the Support Hub. In addition, where there were existing collaborative arrangements, organisations worked well and understood each other's culture and preferred way of working.

On a whole-of-Ragusa operating level, the review found the roles and responsibilities of each organisation were not well defined or promulgated, and processes were not collaboratively designed or appropriately shared. In addition, while the roles and responsibilities of each organisation were captured at a high level within each organisation, they were not captured with adequate specificity. The following diagram shows clear misalignment of priorities, roles, and responsibilities.

[3] ACT Health - Discussion Paper: Material Aid in Facilitated Quarantine

Table 1 – Risk Matrix

Tier	Risk	Required support mechanisms
Tier 1	High risk • Consider other models for compliance • High risk non-compliance and absconding • High Mental health concerns • High social supports required • Known Criminal history violence and aggression • High risk comorbidities such as COPD, CHF • Recent discharge from inpatient facility	Required support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Consider need for daily check in undertaken in COVID safe manner, face to face as last resort • High level support for ADL needs supply of 'non standard' items such as alcohol, methadone • Clear and defined communication channel for out reach • More tailored requirements such as meals • Longer term planning required for discharge preparation
Tier 2	Medium Risk • Potential for non-compliance • Hx absconding, but otherwise well • Co-morbidities and known underlying health conditions	Required Support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Daily phone call with wellbeing team/Case manager (RN) team • Consideration for face to face review if identified concerns through telehealth
Tier 3	Low Risk • High compliance • Low needs • No known comorbidities	Required Support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Daily phone call/ SMS with case liaison team • General support systems in place

Ragusa Guest intake, referral and discharge process* - Governance in action

Initial Case Identification

ACTHD Case Identification, Medical Officers, Contact Tracing Team or the Public Health Wellbeing team refer cases to ACTHD Quarantine Management Team.

NGO's refer COVID positive cases and close contacts to Quarantine Management through the ACTHD Public Health Wellbeing team. Referrals are reviewed by ACTHD Quarantine Management team.

ANALYSIS and OBSERVATIONS:

- Processes were established for equitable and fair identification and referral of cases to ACTHD Quarantine Management team
- In some instances, stakeholders felt some cases were not allowed entry by ACTHD, but were unaware of the reasons, when similar cases were already on site.
- Defined guidelines with specific examples to inform decision making are required to ensure decision making is defensible and repeatable

Information gathering

Once Ragusa is identified as the best option for safe and compliant quarantine, Quarantine Management review the REDCAP record to ascertain what information has been obtained in relation to wellbeing needs

a) Should there be a wellbeing referral, the wellbeing team will reach out to guests to seek consent for referral to the Support Hub

b) Should there be record of existing links to NGO supports including AOD, Domestic Violence, One Link, mental health etc and there is no wellbeing referral in place, Quarantine Management will seek consent prior to arrival and refer to Support Hub.

c) If the guest is currently receiving Covid Care at home, the ReaCH clinical team will be advised and a clinical handover undertaken. Likewise, if a close contact, referral to the clinical team will be undertaken as required.

ANALYSIS and OBSERVATIONS :

- Despite this process being in place Support Hub staff didn't have clarity, particularly about steps a) and b).
- NGO staff appeared to be aware of referral only occurring at the guest intake stage.
- Anecdotally, external clinical and NGO support services with existing connections to guests did not always have a clear understanding of when the Support Hub and ReaCH team would take over responsibility for a guest's care. These clinical and HGO support services were using their own corporate tools to cross reference who was on site,.

Guest intake

Guest arrives on site at Ragusa, ACTHD Quarantine Management completes the intake initial contact form, capturing material needs including food, communication, entertainment and other needs.

ACTHD will secure consent (verbal or in writing) to share details within the Support Hub.

ANALYSIS and OBSERVATIONS :

- During the planning stages, there were two distinctly different approaches pursued by different agencies for referral – In the Support Hub development, NGOs and CSD designed a Support Hub-led referral process. In the ACTHD Quarantine Management Framework, ACTHD as the lead agency was leading the intake and referral process, as Primary Oversight of all guests.
- Given this, agencies arrived on-site from the outset with different expectations and agendas. In the Support Hub-led intake model, deeper, more face-to-face support was envisaged. Whereas, with ACTHD Quarantine Management solely conducting intake interviews, NGOs felt there were missed opportunities to identify support needs and to build face-to-face rapport from the outset (despite the guests being covid+).
- Legal or structural barriers to information sharing were evident during the intake process, resulting in operating tension. Given the short timeframe of Ragusa and its strategic intent as a Quarantine facility, stakeholders remained unclear about the scope of "treating team," or if there was an opportunity to restructure how consent is informed and requested in the referral process
- Earlier involvement of ACTHD officers in the design and finalisation of the Support Hub, including having visibility of the Grant Agreement between YWCA and CSD would have helped to address this fundamental different in approach, before it became an enduring legacy issue of the facility.

Management plan and support provision

Based on the REDCAP record and the initial intake discussion, ACTHD Quarantine Management will (within 12-18 hours of arrival) convene a case conference with the Support Hub and ReaCH team to assess the needs and classify the guest against the risk matrix.

ANALYSIS and OBSERVATIONS:

- The case conference shows a strong desire for a multi-disciplinary approach to assessing and classifying guests. No alternative pathway was suggested, which in some cases might have helped to provide faster outcomes in a time pressured environment.
- The issue of informed consent compromised the strategic intent of the operation noting this entry procedure document didn't evolve with the on the ground operations. If it did there would be another pathway from guest intake to accommodate those who did not consent to support. Similarly, this process diagram does not accommodate for those non-consenters.

ANALYSIS and OBSERVATIONS :

- The facility commenced operations on 20 September, however this document was not approved until 11 October. It is not clear if it was distributed to all stakeholders to ensure clarity on roles and responsibilities, including approved processes

Ongoing support provision for duration of stay

Based on the case conference the Support Hub and/or ReaCH will develop a management plan in terms of supports required, including what measures are in place to mitigate risks. Plan to be developed within 6 hours of case conference.

ANALYSIS and OBSERVATIONS :

- Management plans were developed by the Support Hub for those cases they were made aware of.
- With due consideration of the *Privacy Act 1988* and the *Health Records Act 2001*, legal or structural barriers to information sharing need resolved as soon as practicable if the model is to be used in the future.

All partners to ensure regular updates and information sharing of guests with relevant partners

ANALYSIS and OBSERVATIONS :

- All stakeholders did not have access to all relevant information, and cultural differences made sharing a challenge.
- Despite significant challenges, ultimately the operational teams collaborated to "make it work" on the ground.
- The development of clear information sharing guidelines and associated technical support which is both cross agency and responsive to emergency situations is fundamental to the establishment of any future facility.

Case discharge

Guest is discharged following quarantine period

ANALYSIS and OBSERVATIONS :

- Difficulties were encountered when providing safe exit points linking with external services, due to lack of information sharing.
- In some instances, CSD and NGOs were unaware until the day of guest discharge that there was a requirement to find public/social housing solutions for some guests.

*Process follows the *ACTHD Entry procedure for the ACT Government Quarantine Facility – Ragusa* – 11 October 2021

In addition to a lack of clarity of roles and responsibilities across the entire operation, stakeholders at both the strategic and operational level noted 'there was a stark disconnect between the Senior Oversight Group and the on-the ground operations' and 'there was a distinct lack of governance for the management of operational issues'.

"The Senior Oversight Group kept getting dragged down into the tactical, so didn't explore the issues it was better placed to focus on."

Senior Oversight Group member

All but one individual stakeholder was of the view that the roles and responsibilities of each organisation were not clearly defined and that this caused significant issues at both the strategic and operational levels, some of which were not resolved during the period of operation. Stakeholders said 'roles were not defined', 'there wasn't a common understanding', 'there was tension from the get-go,' and that ego was a significant barrier to forming shared understanding. Conversely, one stakeholder was of the view that the only issue that lacked a shared understanding of responsibilities related to medical provision onsite; specifically, where the handover was between ACTHD (as lead for the COVID-19 response) and CHS as the clinical response.

"There was a clash between public health and NGO ethos…"

Various NGO and ACT Government stakeholders

One stakeholder identified that they did not understand the purpose of each organisation at Ragusa and said that they 'didn't know the purpose of YWCA' and that 'the goals of the organisations didn't align' which highlighted the ongoing tension between organisations which was never resolved.

A clear example of roles and responsibilities not being clear was in the intake and referral process. There was a clear disconnect in stated roles and responsibilities between the proposal put forward by CSD and YWCA relating to the Support Hub, in which it was implied YWCA would manage the intake process, and the cabinet submission[4] for ACTHD which noted ACTHD would manage the intake process (which it ultimately did).

What processes were in place within each organisation, were they documented and followed?

Processes relating to the management of the site, triaging and intake of guests, logistics and safety, referral and provision of support and care, daily welfare checks, discharge of guests and maintenance of the site evolved and significantly improved over the duration of operations. While decision-making processes were in place these were, anecdotally, at times undermined through workarounds, or escalated contacts with Ministers' offices to effect change.

The documentation review and stakeholder feedback noted the design and process documentation was at times still in draft format, inconsistent or ambiguous. While there is evidence of the overarching quarantine managed service delivery model and intake forms being promulgated across stakeholder organisations, it was identified that a significant amount of processes were not fully prescribed for Ragusa operations. As a result of two onsite incidents, process updates were documented, but the review team were unable to see follow up reports of how the revised processes had resulted in improvements and reduced risk onsite.

The review also notes variations between the daily operations described by stakeholders, compared to the roles, responsibilities and processes documented in corporate artefacts including cabinet submissions, the *ACT Managed Quarantine Service Delivery Model*, and the CSD Grant Agreement. Stakeholders said that initial planning resulted in misaligned expectations and created information and process gaps between all parties. For example, misalignment existed as to how and by whom health assessments were to be undertaken and how information would be passed between various stakeholders, with referral assessments intended to be jointly conducted albeit never transpiring that way. And, while stakeholders acknowledge that workarounds were operationalised including how information was shared with the Support Hub, the overall result was that the Support Hub was not always aware of potential high-risk guests—exposing the facility to further risk—and when incidents occurred the underpinning misalignments around information-sharing, roles and responsibilities were not sufficient resolved (see for example Case Study 1.1).

Staff induction processes are critical to developing a shared understanding and seamless provision of service delivery. One operational stakeholder advised that when they joined the facility, they 'were not informed of the processes, roles, and responsibilities for a few days' until it was subsequently communicated via a verbal briefing. Staff were not unable to quickly get up to speed on their role or how they should engage with other stakeholders. This lack of prescribed staff induction process was also found to negatively impact guests, one of whom described their experience of calling the facility staff to ask about leaving the facility and when they did not hear back, calling again to learn that their initial inquiry had been lost. They said it 'seemed to be a shift change and there was no handover between them.'

[4] Signed Cabinet Submission GBC21539

Was the governance effective? Did each organisation have in place processes to ensure accountability for decisions made and was this shared with others?

The establishment of a Senior Oversight Group with representatives from all core agencies was appropriate, and the involvement of CHS providing impartial clinical advice was perceived by many of the executive as a core ingredient to effective decision making by the Group. Despite the shortfalls identified in the governance overall, considering the circumstances at the time, and the rapid speed with which Ragusa was established, it was not surprising there were opportunities to revise the model for the future.

While oversight was set up across both the strategic and the operational level to support effective and timely decision making at all levels of operation, the review heard that at times, the Senior Oversight Group suffered from a lack of prioritisation of key issues, cultural differences, and a lack of shared understanding of the purpose of Ragusa. Questionnaire results provided varying perspectives against the statement 'the Ragusa Senior Oversight Group provided effective leadership, oversight and accountability for Ragusa's operation' with 55% of respondents indicating a neutral response; 10% agreed with the statement and 34% disagreed with it.

"It was only toward the end of operations (around November) that the Oversight Group meetings didn't feel aggressive with personal agendas being pushed."
Senior Oversight Group member.

In some cases, stakeholders felt there were several operational issues that should have been resolved at lower levels, however due to cultural differences and a lack of trust, were escalated to the Oversight Group repeatedly.

The review heard that there was a disconnect between the operational team onsite and the strategic oversight team. One key operational stakeholder said there was a 'sense of comradery onsite' however, when teams went offsite to their home organisation or agency, they 'came back with a new agenda the next day'. This suggests that while governance arrangements were in place for the facility's operations, individual agencies maintained informal internal reporting mechanisms. It was also identified at the group workshops that senior stakeholders including members of the Oversight Group were attending operational discussions, which in some cases impacted the ability for operational issues to be swiftly addressed due to other matters dominating conversation. One staff member identified that they felt like that they were getting 'shot down in these meetings' which further exaggerated issues of disconnect between the onsite teams as staff were not enabled to resolve issues efficiently.

In terms of decision making relating to risk, the *ACT Managed Quarantine Service Delivery Model* provided a tiered risk management system for the management of guests. Several stakeholders commented on the clear difference in risk assessment methodology applied by individual organisations and between the strategic and operating levels.

"ACTHD Quarantine Management took a COVID-19 infection perspective to guest interactions, whereas NGOs focused on the fact that without face-to-face interaction there could be a risk to wellbeing."
Operational stakeholder

In the context of this risk, ACTHD declared red zones requiring minimal face-to-face interactions to reduce transmission of COVID-19, however, NGOs were of the view that guests required face-to-face interaction. While this issue was described as causing significant tension at the time, NGOs reflected that despite the misaligned approach to managing high risk guests, they could still do their jobs and interact over the phone effectively.

The *ACT Managed Quarantine Service Delivery Model* prescribes who has primary oversight of guests against defined tiers of risk, for example the Quarantine Support Hub has primary oversight of high risk (Tier 1) guests. Subsequently, the same Model prescribes that ACTHD / HECC / Quarantine Management / Wellbeing team is the 'lead agency for supports to all clients Tier 1-3', though it is not explicit if this role included primary oversight responsibility. The review noted that this risk matrix was subsequently reproduced in the Entry Procedure for the ACT Government Quarantine Facility – Ragusa (approved 11 October 2021); which amended the primary oversight role for Tier 1 guests to Quarantine Management with the support of the Quarantine Support Hub and the ReaCH team. Inconsistency in the Model, followed by amendments in the Entry Procedure, may have contributed to confusion around accountability and respective roles in management of high-risk guests.

Table 1 – Risk Matrix

Tier	Risk	Required support mechanisms
Tier 1	High risk • Consider other models for compliance • High risk non-compliance and absconding • High Mental health concerns • High social supports required • Known Criminal history violence and aggression • High risk comorbidities such as COPD, CHF • Recent discharge from inpatient facility	Required support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Consider need for daily check in undertaken in COVID safe manner, face to face as last resort • High level support for ADL needs supply of 'non standard' items such as alcohol, methadone • Clear and defined communication channel for out reach • More tailored requirements such as meals • Longer term planning required for discharge preparation
Tier 2	Medium Risk • Potential for non-compliance • Hx absconding, but otherwise well • Co-morbidities and known underlying health conditions	Required Support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Daily phone call with wellbeing team/Case manager (RN) team • Consideration for face to face review if identified concerns through telehealth
Tier 3	Low Risk • High compliance • Low needs • No known comorbidities	Required Support mechanisms Primary oversight – Quarantine Management, ACT Health supported by Quarantine Support Hub and ReaCH Team • Daily phone call/ SMS with case liaison team • General support systems in place

Risk Matrix - ACTHD Entry procedure for the ACT Government Quarantine Facility – Ragusa – 11 October 2021

Communication and Engagement

Communication is key to ensuring all organisations and agencies are provided with timely, accurate and comprehensive clinical information and advice to effectively manage guests; to implement public health control measures; and to minimise their own risk of exposure. Overall, all stakeholders operated with the best intent and with the best interests of guests at the forefront. A lack of shared understanding, and cultural differences between agencies and organisations, impacted effective communication and engagement at times. Despite this, many operational stakeholders noted it was a 'privilege to work in the quarantine environment' and they felt 'fulfilment from their time at Ragusa, including the opportunity to build their support toolkit by working with other ACT Government agencies'.

How did communication work within each organisation and across the multi-disciplinary team? What avenues were used to enable communication across the teams and was it effective?

Communication between teams was facilitated in several different forms: informally onsite at the operational level, between individual organisations and agencies; and more formally through dedicated daily site meetings, shift handover meetings, SitReps, and the Senior Oversight Group.

Stakeholders told the review that despite significant challenges, ultimately the teams operating at Ragusa collaborated to 'make it work' on the ground. Operational staff described a camaraderie across onsite teams driven by a shared commitment to the guests and the wellbeing of the broader community. A range of stakeholders explained that successful collaboration at Ragusa was generally informal, driven by interpersonal relationships and trust built during Ragusa's operation or in the earlier Social Housing Outbreak.

Despite the general goodwill referenced by all stakeholders, the review found that effective collaboration across teams could at times be limited by cultural challenges at both operational and strategic levels. The respective strengths and skillsets of staff were not clearly communicated across agencies, and there was strong reliance on individuals informally building relationships and knowledge about each other's capabilities.

The review heard several accounts of unprofessional interactions between staff from different organisations in which they felt their professional expertise, their job, or their role at Ragusa was disregarded and disrespected. The review observed that a common

thread to these issues was the lack of shared understanding of the role of each organisation, and the strengths each individual and organisation brought to the Ragusa model. Analysis of the minutes of several Senior Oversight Group meetings indicates that Ragusa leadership was aware of cultural problems on the ground and had taken steps to facilitate solutions, though what those steps were in practice remains unclear. In giving these accounts, most stakeholders emphasised that in general, their experience of inter-agency collaboration on the ground was positive and improved as Ragusa matured. In any future model, there is a prerequisite need for more formal organisational cultural expectations to be instigated from the outset, and a shared understanding of expected conduct and engagement between staff.

The review also heard through stakeholder consultation that collaboration at the senior leadership and governance level was particularly challenging at times, with disagreements over strategic issues allegedly aggravated by differences in institutional cultures and interpersonal conflict. Onsite and operational staff from various parts of the multi-disciplinary team described a disconnect between their general experiences on an operational level, and issues they perceived at the governance level. Several of these stakeholders described their perception that governance tensions often impacted on operational relationships and culture, especially early in Ragusa's operation when trust was less developed. Questionnaire results support the finding that there was significant disconnect between experiences of collaboration between onsite and offsite staff. Staff who primarily worked onsite were far more likely to agree (73%) that 'various organisations in the multi-disciplinary team worked together collaboratively' compared to staff who worked primarily offsite (27%), noting that the sample size of offsite staff was relatively limited.

Several stakeholders noted that cultural issues were less evident between stakeholders with pre-existing experience working together in Social Housing outbreaks or other settings.

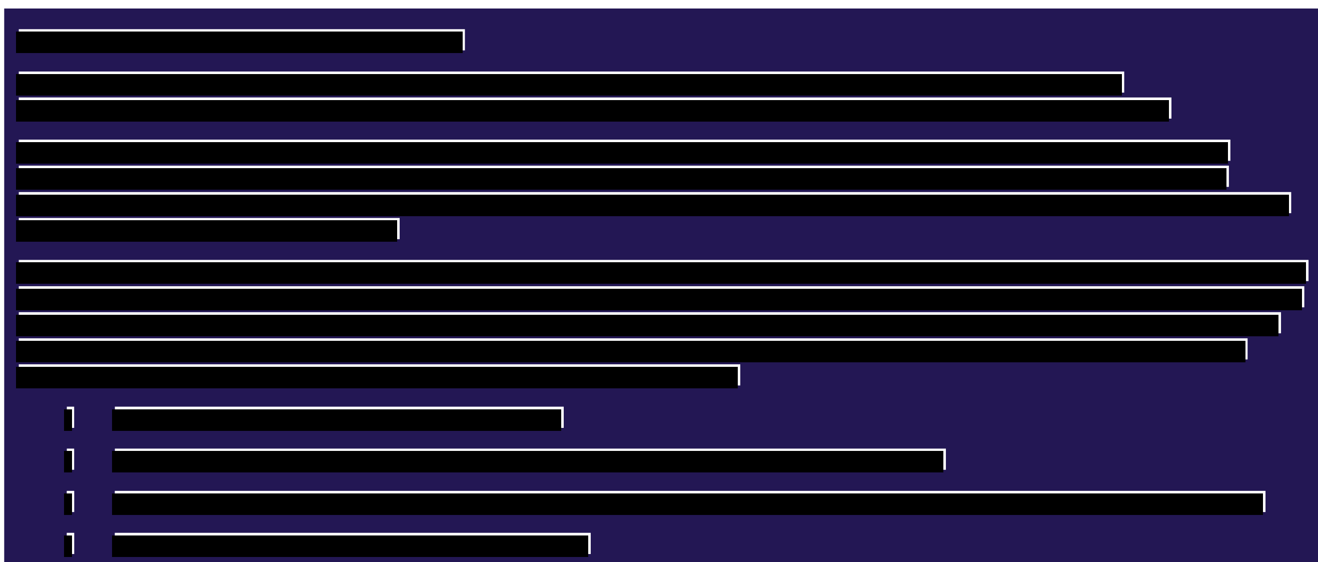
Communication and Case Management with the Support Hub

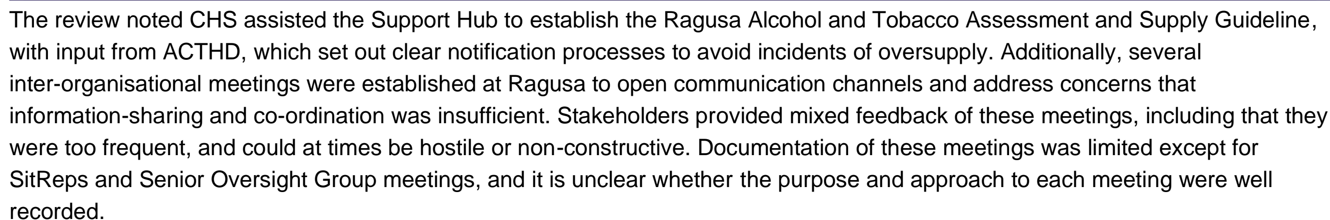
The review heard from service providers that at first, once referrals were made to the Support Hub processes as to how the referral would be shared and the case managed were unclear. Support Hub stakeholders advised that it took time to establish clear processes for case management once it became clear no case management system would be provided, especially in relation to how actions were documented and shared between internal stakeholders and then to Quarantine Management as the referrer.

Stakeholders involved in the Support Hub advised that case management was managed through a dedicated excel sheet and informal verbal management. The Support Hub was also responsible for producing care plans and communicating with the lead agency. ACTHD Quarantine Management stakeholders advised that information flow from the Support Hub was insufficient, and that when care plans were requested for each referral, plans provided were insufficient or inappropriate. Conversely, Support Hub personnel expressed that they found it difficult to establish what content was required and that there was some inconsistency in the level of detail required according to the responsible site commander at the time.

Stakeholders told the review that the disconnect between the highly prescriptive professional standards of clinical governance, and the unclear accountability procedures implemented at the Support Hub and Ragusa more generally was a cause for concern given the significant clinical risks of dealing with high impact mental health, drug and alcohol dependencies which were not clearly accounted for in planning and establishment of the site.

Gaps in information-sharing processes were identified by stakeholders as a determinative factor in several incidents and close calls. The review considered documentation of incidents relating to overprovision of alcohol, an injury to a NDIS patient and an incident involving young children. All incidents could have been mitigated, or at least better responded to, had more appropriate risk-based processes been in place to facilitate communication and information-sharing earlier in Ragusa's operation.





The review noted CHS assisted the Support Hub to establish the Ragusa Alcohol and Tobacco Assessment and Supply Guideline, with input from ACTHD, which set out clear notification processes to avoid incidents of oversupply. Additionally, several inter-organisational meetings were established at Ragusa to open communication channels and address concerns that information-sharing and co-ordination was insufficient. Stakeholders provided mixed feedback of these meetings, including that they were too frequent, and could at times be hostile or non-constructive. Documentation of these meetings was limited except for SitReps and Senior Oversight Group meetings, and it is unclear whether the purpose and approach to each meeting were well recorded.

Was information able to be shared effectively and in a timely manner?

Effective information-sharing and integrated case management was identified as a critical challenge emerging from the Social Housing outbreaks. Designing an effective structure to systemise integrated case management was a core goal of CSD's approach when endorsing a concierge model for wrap around social, material, and clinical support. This goal was made explicit in materials relating to the Ragusa model, and in the limited procedures available at commencement of operations.

Information-sharing across the multi-disciplinary team was a critical operational challenge for Ragusa, with significant implications for co-ordination, risk management and the effectiveness of the operating model. The development of new operational practices (both formal and informal) and greater mutual understanding improved the effectiveness of information-sharing as the Ragusa facility matured. Despite this, the fundamental design and structural issues underpinning information-sharing remained an unresolved barrier at the close of the facility.

Technical Barriers to Information-Sharing
In principle the 'concierge model' employed in the Support Hub was designed to integrate case management across support agency functions, co-ordinate collaboration between the primary and secondary agencies and guests and simplify communication structures by providing a singular contact point for support. As established earlier in this report, there was not a shared understanding on the extent to which the Support Hub would perform this role, with procedural and technical implications for its effectiveness.

The extent to which information gathered by ACTHD in conducting intake interviews could be shared with the Support Hub and its services was consistently raised by stakeholders as the most contentious issue at Ragusa. Minutes of Senior Oversight Group meetings provided to the review indicate the issue remained a core discussion point from the commencement of the facility until closure. The review's understanding is that the position of ACTHD, informed by legal advice which has not been provided to the review, was that information gathered during referral and entry to Ragusa constituted a health record, and therefore patients could only be contacted by, and their information shared with, other providers if consent to be referred was given.

Use and disclosure of personal information (such as contact details), and health information is governed in the ACT by Commonwealth and Territory legislation, as well as relevant policies and procedures of the organisations who interact with that information. Stakeholders referred to both the *Health Records (Privacy and Access) Act 2012* and the *Privacy Act 1988* as preventing the disclosure of information between government organisations and NGOs, including names and contact information of Ragusa guests. In addition, the right to privacy was emphasised as a core tenet of the human rights centred approach to quarantine implemented at Ragusa.

Informed consent to disclose personal and health information to a third party or more specifically the NGOs, was acknowledged by various stakeholders as a critical right of guests. At the same time, various stakeholders raised concerns that the way consent was sought could have discouraged consent or caused guests confusion over what supports were available at Ragusa. While the Review heard that the day-to-day operations of the Support Hub and the intake referrals process evolved over time, there are models in other jurisdictions where consent to refer contact details to NGO services providers for assessment is built into the intake process more effectively.

The limitations associated with sharing personal and health information meant that the prescribed multi-disciplinary intake—conducted by Support Hub leads and the CHS clinical ReaCH team—could not occur as planned. Additionally, the YWCA expected access to a joint case management system to operationalise their coordination responsibilities; this also could not be implemented. NGOs who were engaged through the Support Hub were not considered to be government contractors, and access to ACT Government systems including RedCap and RiskMan was not provided until late in Ragusa's operation. While the joint case management system Objective was rolled out late in operations, stakeholders considered this too late to have significant impact.

How did the teams work together to ensure collaboration?

As noted earlier, collaboration operated on the ground largely through informal connections and goodwill. Most stakeholders acknowledged that informal communication and information-sharing between different organisations was prevalent, especially in the

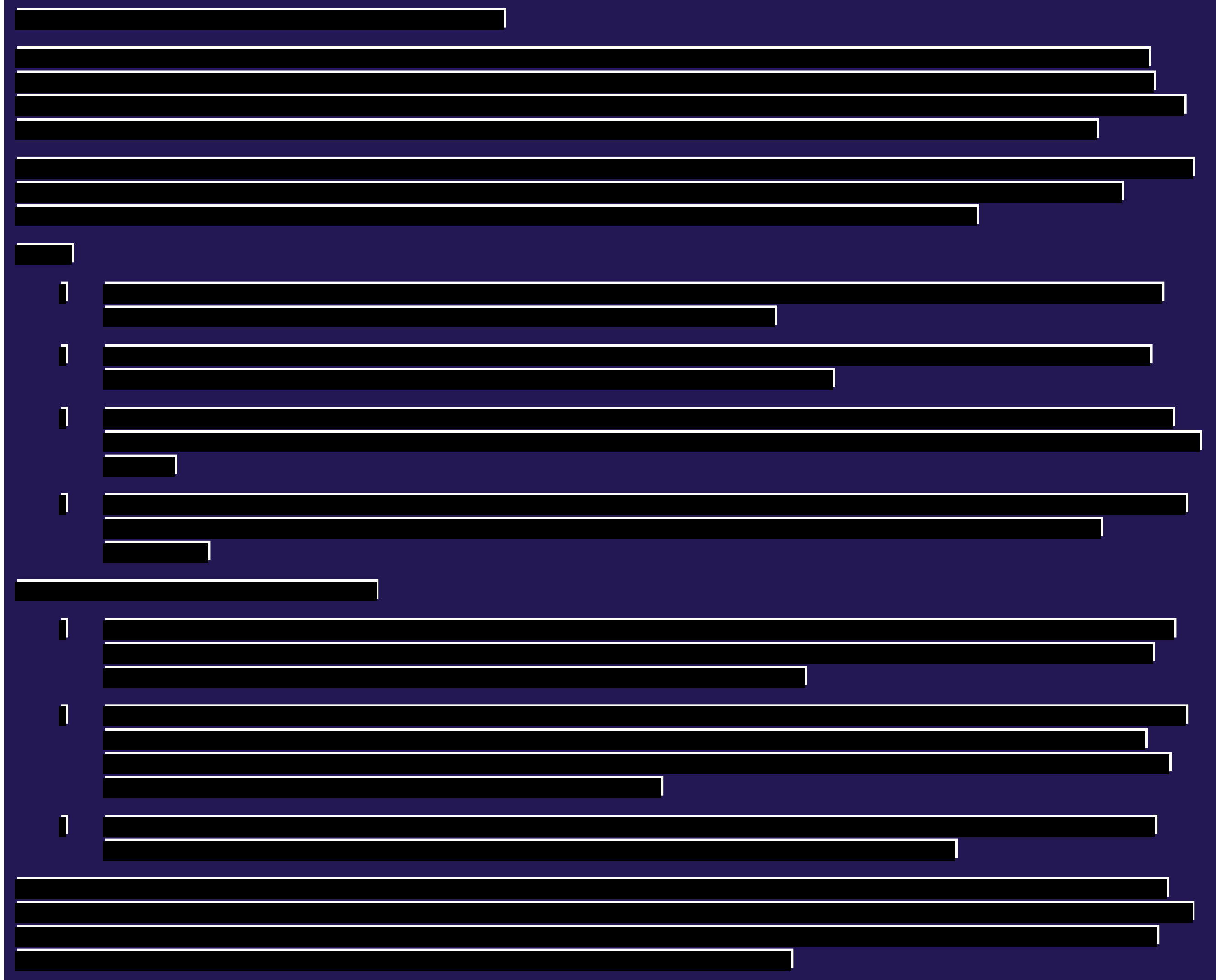
early weeks of Ragusa. Where documentation was provided to the review, process documents with protocols for communication and information-sharing were minimal, with a few exceptions developed later in Ragusa.

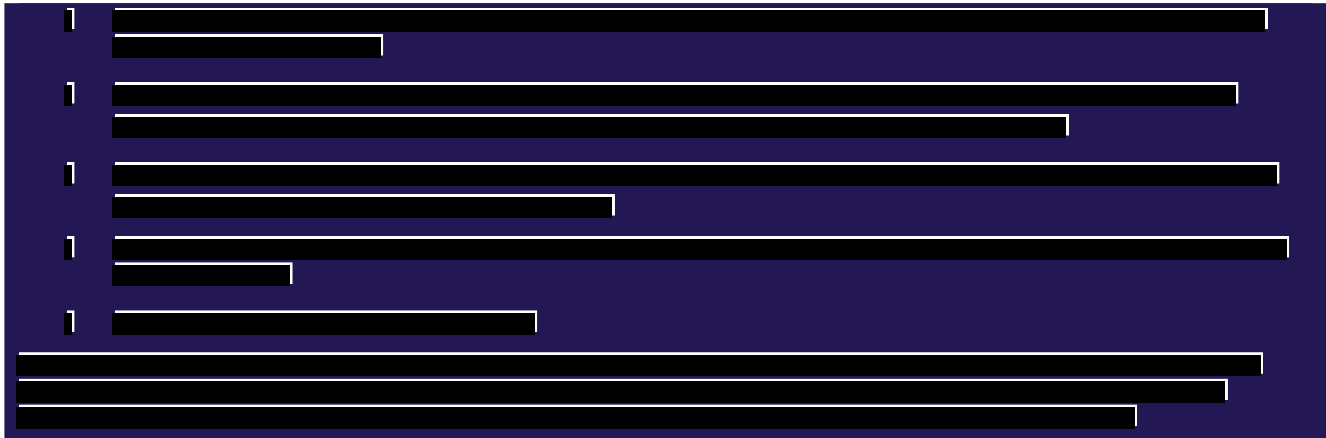
Several stakeholders emphasised the importance of physical interactions, one stating that 'you can't underestimate the power of proximity'. Day-to-day operational better practice was described as contingent on what was overheard while onsite and in the Support Hub in particular. This was extended to reflect the value to guests knowing that services are onsite greatly increases the likelihood of guests utilising those services, particularly if they did not initially opt-in.

Stakeholders relayed limitations arising based on pre-determined decisions and misaligned expectations around which stakeholders would be located onsite. CHS for example were not located onsite; despite initially arriving with the expectation on day one of operations that they would be onsite. The review heard that having CHS onsite may have enabled more timely clinical interventions and troubleshooting, potentially mitigating a lot of angst related to guest care and reduced the number of ambulances going from Ragusa to hospital. Plus, in the absence of effective governance, would have enabled CHS to provide even more practical support to NGOs and better enabled their associated outcomes.

All stakeholders praised the CHS ReaCH team as critical to the success of Ragusa. The review heard that the ReaCH team leveraged their clinical expertise and experiences working with government and non-government stakeholders to play a pivotal role in negotiating conflict, establishing processes, and avoiding major risks. Despite not being based onsite, CHS played a pivotal role establishing information-sharing arrangements to provide critical clinical information to other entities in the Support Hub to facilitate service provision.

The review noted that despite effectively operating as the clinical lead, the ReaCH team did not have oversight over the provision of clinical needs initially, unless it was referred to the Support Hub. Although procedures were established to ensure appropriate trigger points to provide that information, the review heard that better practice could have been implemented through the establishment of a 'health commander' or alternative clinical oversight with appropriate access to information and seniority to ensure accountability. While this role may have nominally rested with the site commander, it was noted that such an individual may not always be subject to professional clinical obligations.





Effectiveness as a Quarantine Facility

How suitable was the site as a quarantine facility/ isolation location for those infected with COVID-19 who were unable to isolate at home, and those unable to isolate from household members who were infected with COVID-19? Were there limitations at the site? Were they addressed and how?

The Alivio Tourist Park in O'Connor (the O'Connor site / Ragusa) was identified as a suitable site for a managed quarantine and isolation accommodation facility following advice from the public health response team that individuals from ACT's vulnerable communities required such a facility to support their compliance with public health directions. The existing quarantine and isolation accommodation facility operating at the Australian National University was considered not suitable as it was established for a different community cohort who did not require the additional clinical, social and support services that vulnerable communities do, and it also did not provide appropriate space for larger family groups.

While it is unclear if any other sites were considered, the review received overwhelmingly positive feedback from stakeholders regarding the suitability of the site as a quarantine and isolation accommodation facility for those infected with COVID-19 and unable to isolate safely at home, or unable to isolate from household members who were infected. Guests told the review the site allowed them to successfully quarantine, and isolate, from family members far more safely and comfortably then they would have outside of the facility. Guests particularly highlighted the assurance they experienced from having access to family group appropriate accommodation available should some of their family members need to join them.

Various stakeholders acknowledged that lessons relating to taking a human-centred approach when accommodating and supporting vulnerable members of the community infected with COVID-19, were identified, and specifically considered in the establishment of Ragusa. These examples included a range of local and national sources including Condamine Court Turner and Ainslie Village, Howard Springs in the Northern Territory, and NSW and Victoria more generally. The specific requirements tailored to vulnerable members of the community included:

- managing movements in and out of the site
- zoning different groups safely
- accommodating for singles, couples, and families
- self-catering/ cooking facilities
- access to outside and fresh air
- support for a full concierge model (which subsequently became known as the Support Hub) including for example, operations room, space for staff breakout, clinical coordination, stores/logistics areas.

ACTHD entered into an agreement for exclusive access to the whole site, for the period 17 September 2021 to 12 December 2021, comprising 137 cabins along with the main administration building and the group dining facility which was used for site operations, storage and distribution of food and supplies. The review identified that an external service provider was engaged by ACTHD to undertake a security and safety assessment at the O'Connor site with 57 recommendations made relating to alarms, fencing, compounding, closed circuit television, lighting, operations control, safes, security officers, movement of staff onsite, access control, management systems, daily inspections, emergency management, site studies, contract tracing, fatigue management, phased implementation, screening and training needs analysis. From these 57 recommendations, 24 were agreed, ten were not agreed, one was partially agreed, 14 were agreed in principle and eight were noted by ACTHD with consideration being afforded to the relatively short operating period anticipated. The review also noted that ACTHD chaired a logistics and security planning cell meeting on at least one occasion in mid-September 2021, with representatives recorded from ACTHD HECC, Housing, ESA, CSD, ACT Policing, CMTEDD, Defence and JACS.

Stakeholders were largely positive about the suitability of the Ragusa site. Many suggested that the physical site was made to be efficient, it was well laid out, it was possible to segregate different community groups, families, and those with higher needs. Guests echoed these views, praising the site's setting as 'somewhere they'd go for a holiday'. At the same time, some of these features were also noted as having a negative impact on operations—the bush-setting impacted wi-fi connectivity and the dispersed cabins made it more difficult to 'keep an eye on' guests (from both a quarantine compliance perspective and a clinical, social and wellbeing perspective.)

The review heard opposing views relating to some of the safety and security features used at Ragusa including the fencing and restrictive practices. Some stakeholders considered it inappropriate and likened it to a detention facility while others said guests were kept safe without the site feeling like a prison and sectioning off areas within the site supported guests' health by allowing movement outside while minimising the risk of infection. It was important to note the site did not have a police presence, which was a deliberate factor in the design of the facility, given many of the potential guests are wary of, and have concerns with authority due to complex backgrounds. Guests however were referred to police if they breached public health orders in accordance with legislation. The site did have 24hr security services.

Additionally, stakeholders conveyed concerns for their own mental wellbeing, as well as their colleagues. Specific reference was made to the ex-QANTAS staff who performed the 'runners' role and who anecdotally had no experience with some of the trauma to which they were exposed. Stakeholders also talked about staff who were still performing their regular day job while working at Ragusa; having no break during the high intensity 10 weeks of operation and still having to fight for appropriate recognition and remuneration. To mitigate this, the review heard from ACTHD staff, including the Wellbeing lead, about coordinated and deliberate measures put in place to support staff wellbeing, including bingo nights, access to wellbeing/therapy dogs, EAP services and regular wellbeing and burnout surveys.

When considering limitations of the site, a significant proportion of stakeholders raised connectivity issues related to the wi-fi service—'a small issue with huge impact'—describing how it impacted operations, from having to go outside to search out the best location to get reception, to constantly losing notes because there was no automatic saving, to hot spotting from CSD phones. While ACTHD indicated investment to upgrade the wi-fi early during operations resolved these initial issues, others said it was slow to be fixed, continued throughout operations or was only bad toward the end of operations on a rainy day.

The Review heard from multiple stakeholders that other limitations of the site included insufficient wheelchair accessible cabins—noting that no guest was not able to be accommodated based on mobility issues—with those cabins that were appropriate being situated far from the Support Hub, along with issues associated with staff accommodation including there being no breakout spaces for staff to have confidential conversations. It was noted for example that each desk was fitted with an ACT government computer, many of which were never used, and this limited the space available for NGO staff to set up. Additionally, the ACT government printer onsite also could not be used by NGOs, requiring the Support Hub to acquire its own printer.

Evaluation of referral process - identification of potential residents and referral process:

- **Were people identified and admitted in a timely and efficient manner?**

Guests for the Ragusa facility were identified and admitted to the site in a timely manner given the key mission was to reduce community transmission of the virus. Their identification was in accordance with the risk matrix referred to on Page 11 of this report, and they were transported to the site by ACTHD Quarantine Management.

The review received draft data from ACTHD for the period 24 September to 23 November 2021, which showed 129 guests were accommodated at Ragusa. The highest number of guests at any given time was 53, over the period 14 and 15 October 2021. The number of guests requiring access to Ragusa followed the general trend of case numbers in the ACT more broadly[5].

As described in this report, ACTHD staff conducted an intake interview with the guest(s) to confirm demographic information and identify any supports that may be required from the Support Hub while in the facility. Some challenges arose in the sharing of personal information and the reliance on guests to 'opt-in' to the service. This was particularly challenging for the Support Hub staff, as many identified supports were required, however the guest noted they were 'ok'.

An executive level stakeholder view was that the Support Hub referral process dominated the business of the oversight group for a period of operations. The referral process was called out by all stakeholders as the topic that took the most time to resolve, with varying views as to whether it was ever resolved satisfactorily. Here, there is a view that the referral process was difficult because of the expectations of various stakeholders, and that if there had been a more agreed purpose for the outset—and shared understanding—the referral process issue would have been resolved sooner. Some stakeholders maintain that NGOs did not need to be involved in the referral process and did not need to be onsite. This position was likened to the fact that there were no clinical staff onsite, and a similar approach would have been fine for the Support Hub, noting that the Quarantine Management team were all well trained given they came from relevant backgrounds including paramedicine, rehabilitation, and housing.

[5] Ragusa Report (draft version 1) A32489388

The lead and support agencies lacked a mutual understanding of what constitutes 'clear, accessible, and culturally appropriate' support service information. While ACTHD as the lead agency was satisfied that its intake process was appropriate, stakeholders from support agencies suggested clinical or non-government staff may be able to deliver more tailored information on the benefits of the Support Hub, leverage existing community relationships to connect with vulnerable cohorts, circumvent distrust of government enforcement bodies, and build rapport for later use. NGOs collaborated to produce a multi-disciplinary intake form to resolve these differences, which was agreed by the Senior Oversight Group late in operations and therefore never used.

Several stakeholders conveyed that they 'didn't know high risks guests were there until heavy duty risks actually occurred' or until the 'obvious health or behavioural issue could have compromised the safety of others and/or quarantine.' The review could not corroborate these views through contemporaneous documentation provided, though that outcome would be consistent with concerns around information-sharing identified in the case studies referenced in this report.

- **Was anybody inappropriately admitted or appropriate persons not admitted?**

Most stakeholders agreed that there were no instances of inappropriate admissions to Ragusa. The review heard opposing thoughts by operational-level stakeholders around the effectiveness and equity of the referral process including whether all people who should have been admitted to Ragusa in fact were. While stakeholders said that no guests were turned away from the facility, other stakeholders recounted narrative around potential guests, including those known to NGOs, being denied entry for eligibility reasons such as age although there were similarly aged guests who were admitted. NGO stakeholders talked about having to actively advocate to get guests into the facility, including needing to bypass senior staff onsite to get guests into Ragusa. Most stakeholders said there was a lack of transparency around screening questions, the related processes and outcomes from those processes relating to guests accessing the Support Hub and its services.

Evaluation of the operating model:

- **Was the staffing model appropriate?**

Ragusa was staffed 24 hours a day by ACTHD Quarantine Management staff with a two staff presence overnight that could be increased if guest numbers required and a minimum of a site commander and team leader plus four runners per day, which again could be increased with guest numbers.

The Support Hub was led by YWCA and consisted of 15 staff with skills in mental health, housing and homelessness, domestic and family violence, case management, disability, youth work and drug and alcohol support. YWCA provided the manager, team leader and seconded four staff to work as case managers from. The Support Hub operated from 8am to 10pm, seven days a week. Whilst the initial proposed model had included an overnight on call component, it was determined this was unnecessary, so additional staff were sought for day shift work. These staff were sourced by YWCA from Anglicare, CatholicCare and the Mental Health Foundation through secondee contracts, and CAHMA and Directions Health Service were engaged as subcontractors to provide specialist AOD support.

One stakeholder suggested that having too many people in the Support Hub directly impacted better outcomes being achieved and while it could have given opportunity for collaboration—and further innovation—this did not happen. Specifically, it was said that having so many people onsite who did not have a shared understanding of roles and responsibilities, fuelled an environment of misaligned opinions which effectively served as a distraction rather than offering positive diversity of thought. By way of example, there was a view that some stakeholders were not comfortable with alcohol and tobacco being provided to guests to avoid guests leaving the facility.

- **Was the Support Hub effective?**

The Support Hub model was designed to be an NGO-led hub providing person-centred case coordination, information, and support to guests in quarantine. The model was discussed in a range of forums in late August/early September 2021 with stakeholders including Housing ACT, specialist homelessness providers (CatholicCare, St Vincent De Paul, Northside Community Services and YWCA), ACT Shelter, Health Care Consumers Association, and senior representation from CSD. ACTHD was not present at any of the planning meetings or decision making about the model.

Funding of $1.3m was provided to YWCA via a Grant Agreement with CSD to deliver the Support Hub. The objective of the grant was to set up a support hub and development workforce planning to support high risk clients during the COVID-19 pandemic to ensure:

a) the Quarantine Support Hub integrates into the *ACT Managed Quarantine Service Delivery Model*

b) high risk clients are supported to meet their needs and ensure their wellbeing while they are in quarantine at site

c) clients are supported to remain engaged with support services and comply with quarantine requirements

d) risks are mitigated to minimise the COVID-19 virus transmission.

The scope of the work, as per the Grant Agreement was to: *Provide a Quarantine Support Hub for 12 weeks for an estimated one hundred clients onsite at any one time including*

a) *An estimated one hundred clients onsite an any one time are supported by the Support Hub at the O'Connor quarantine facility for 12 weeks.*

b) *ACT Health Quarantine Management Team is the lead agency.*

c) *The Quarantine Support Hub works under the direction of ACT Health Quarantine Management Team.*

There are no key performance indicators specified in the Grant Agreement, however, the Support Hub could be evaluated against its objectives and scope. A final report from YWCA as the grantee was provided to CSD in December 2021, however the review was not privy to any CSD response accepting the final report.

The review also heard ACTHD executive had not seen the Grant Agreement between YWCA and CSD, nor were they aware of the terms under which they were contracted. This is significant in the fact that ACTHD, as the lead agency for Ragusa, were unaware of the terms of the Support Hub, its key performance metrics, nor that what it was contracted to do was slightly misaligned to the ACT Quarantine Management Model. Should ACTHD have had visibility of the Grant Agreement, alignment of roles and responsibilities (particularly relating to intake of guests) from the outset may have been achieved.

From the draft data from ACTHD for the period 24 September to 23 November 2021, 51% (65) of the 129 guests sought referrals to the Support Hub, and of those, 23 received care plans[6]. Amongst the referrals, 6 different types of support were accessed by residents at Ragusa. Food Support, Clinical, Mental Health, Housing (post quarantine), Drug and Alcohol/AOD and Financial Advice. The most accessed support was food, clinical, mental health and AOD support. ACTHD determined there were minimal high needs residents, and food support was the highest need overall.

Effectiveness

Overall, the Support Hub was effective in providing supports to Ragusa guests, including those who had previously not had contact with any of the NGO partners. Guests who were engaged with support services already had seamless access to their support providers daily. Risks were mitigated to minimise virus transmission. The Support Hub was integrated into the *ACT Managed Quarantine Service Delivery Model*, and operational staff note they worked well together once they were clear on the role each organisation was playing.

Stakeholders held divergent views on the effectiveness of the Support Hub model in facilitating better integration across the multi-disciplinary teams. Only 31% of questionnaire respondents agreed or strongly agreed with the statement that the NGO Support Hub leadership model facilitated better collaboration across NGO providers and the ACT Government, with 48% disagreeing.

A core critique of the model was that it failed to leverage the successes of the Social Housing outbreak response, which was described as a flatter governance structure where government agencies engaged directly with NGOs, building direct trust and communication. The review heard that the Support Hub did not realise its full potential and was less effective than it should have been due to 'being hamstrung at every turn because of operational pressures and tensions.' Stakeholders with experience in the Social Housing outbreak response expressed some frustration at the bureaucracy of working through Support Hub co-ordination processes, describing it as an information 'bottleneck' where they had existing personal relationships with service providers they were seeking to engage. Most of these stakeholders conceded, however, that systems for oversight and governance were important and acknowledged the merit of the model as processes improved.

Cultural differences between Support Hub staff and ACTHD Quarantine Management staff were evident and the source of tension throughout Ragusa's lifecycle. In some cases, stakeholders felt ACTHD took a 'command and control' approach to the site, and this was in unnecessary tension to the role of the Support Hub. There was a clear misalignment of purposes, with ACTHD staff questioning the need and role for the NGO presence, including that the Support Hub appeared to be 'a vehicle for them to push their own agendas.' One NGO stakeholder said that on their first day at Ragusa, they were asked by an ACTHD Quarantine Management representative about their role, and after explaining were told that was a 'ridiculous waste of time and money'. This disregard of professional credibility also caused some stakeholders to feel like they were shouldering an additional risk burden, in the event something went wrong during clinical care and support services.

Conversely, the review heard from stakeholders who said that:

"Having an NGO coordinating capability was immensely helpful by having like-minded, human-centred approach to NGO pathways, additionally it was also viewed as helpful and efficient for ACT government to have one contact/point of communication and reference."

Senior Oversight Group member.

Overall, it is difficult to assess the extent to which the model was operationally effective in facilitating collaboration and information-sharing, given the limitations from unclear roles, limitations to information-sharing, and the delay until an integrated case

[6] Ragusa Report (draft version 1) A32489388

management system came online. The clear lessons learned from the Support Hub model is in ensuring the lead agency in any response is clear on the contractual terms, including documented roles and responsibilities of a Hub, and is clear on the need for the Hub. It is also a responsibility for executive to take a role in reinforcing with their staff the agreed need for a Hub and the need for professional respect of each organisation's role.

Were better outcomes achieved due to the multi-disciplinary team onsite (e.g., a clinical and social services holistic care model)?

Despite the operating or governance challenges, overwhelmingly all stakeholders agreed better outcomes for guests were achieved due to the multi-disciplinary team being co-located onsite. As per the statement in the preceding section, having a human centred approach to providing an onsite holistic care model was beneficial and successful.

The review heard from executive in CSD and NGO leaders that the Support Hub model is being pursued for other similar health care scenarios, due to its ability to provide wrap around coordinated supports.

The YWCA end of Grant Agreement report[7] notes that the Support Hub was able to provide support for mental health, housing and homelessness, domestic and family violence, alcohol and drug dependence, disability, social inclusion, youth engagement, and children's services, along with a range of emergency relief and material aid. The Support Hub was able to establish Risk and Care plans for high risk or complex guests, along with comprehensive follow up post discharge as needed to ensure continuity of care. One of the key successes was in the brokering of connections for material aid and expenses for some guests including access to accommodation, CAHMA funding to support vehicle maintenance and repair, emergency relief funding for people who were unable to work due to lockdowns, and access to the OneLink Young People Client Support fund.

The report further notes that many guests benefitted from a multi-agency approach to care, which had previously not been possible under the existing public health and support arrangements. This was crucial in managing risk and providing reassurance that whilst in quarantine, support was available as needed. In many cases, quarantine was a safe haven for guests and was a good opportunity to reset and engage with longer term support.

"The best thing to happen to me was COVID because it was my only way out."
Guest statement provided to the review though a stakeholder.

Impact on the broader Canberra Community

While each stakeholder had varying ways of evaluating success based on their own experiences, all overwhelmingly agreed Ragusa had a positive impact on the Canberra community. This was from both an infection control and integrating health and social care services perspective. As per the preceding section, stakeholders agreed that better outcomes were achieved due to the multi-disciplinary team onsite, including acknowledgement for transforming the health system to focus on health care delivery and social care simultaneously as well as being an important step toward addressing social health determinant inequities.

Innovation

Identification and evaluation of any new or innovative approaches used at Ragusa. e.g., public health, clinical and psychosocial outcomes

Innovation in the health sector is often seen as oriented towards new technologies or new ways to improve efficiency and spending on health care services. The development and implementation of Ragusa, particularly the Support Hub element as described earlier in the review, emphasised the social paradigm of innovation. Ragusa was exemplary in its delivery of quarantine management to those most vulnerable members of the community through the provision of holistic, wrap around, multi-agency support, in a setting that was suitable and purposeful.

In comparison to other jurisdictions, the ACT Government, through prior experience with the Social Housing Outbreaks, quickly identified that a one size fits all approach to quarantine was not appropriate, and that an alternate model of public health, clinical and psychosocial support was required. Ragusa was designed to consider the social aspects of quarantine and was not focused on innovation relating to efficiency in delivery of health care services or reduction in spend. Ultimately though, Ragusa did realise innovation in the efficiency of health care delivery, through the onsite wrap around support, and it did reduce the exponential risk of undue stress on the health care system due to unmanaged spread of COVID-19 in the community.

All agencies agreed the model was innovative and saw merit in pursuing it for future quarantine or health care scenarios. The model forced a change in perspective on the delivery of social supports (from a preferred face to face model to a telehealth model – with the same outcomes); it demonstrated a multi-agency response can be effective in providing support to members of the community with diverse and complex needs, and it highlighted the agility and responsiveness of the public and NGO sectors in responding to community emergency.

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[7] YWCA Ragusa NGO Support Hub report December 2021

Value for money

What public value was achieved from this effort, considering use of public funds, risk management, infection control and public health outcomes, services, and support to vulnerable members of the community?

Costs

The review team were provided with limited documentation to support a full and accurate value for money assessment of Ragusa. This includes no access to critical cabinet submissions, including the triple bottom line costing assessment undertaken to inform approval. CSD has provided some draft costings on the food and support model which have also been considered as part of this VFM assessment.

Item[8]	Cost
ACTHD	$2,679,000 (assumed this includes costs for rental of the Alivio site at $1,800,000 and Alivio admin facility ($120,000)
Canberra Health Services	$708,000
Community Services Directorate	$1,794,000 (assumed this includes costs of $1,312,958.90 for the YWCA led Support Hub)
Justice and Community Safety Directorate	$349,000
TOTAL ESTIMATED COST	**$5,530,000 *note documentation references $5.52m**

The cost estimates above were indicative only and were for a defined three-month period. At the time, it was noted further work was required across Directorates to refine and finalise the costs. The cost estimates did not include exit and make good costs and further work was to be undertaken between ACTHD and the Treasury to categorise the condition of the facility. The reviewer has not seen this additional work.

Impact on public health operations

Globally a major concern during the height of the pandemic outbreak was the potential impact on hospitals and their capacity to effectively manage significant COVID-19 case numbers, before reaching overload. In Australia 2020–21, the number of presentations to emergency departments increased by 6.9% compared to 2019–20, despite ongoing restrictions to health care due to the ongoing COVID-19 pandemic. The ACT specifically saw a 9% increase in presentations to the emergency department within the same period.[9]

It was also identified that COVID-19 had a greater impact on the most vulnerable members of the community in terms of emergency representations. This meant that COVID-19 outbreaks in these communities would likely present a greater challenge for the ACT Public Health System. Given the effectiveness of Ragusa in providing a safe place for quarantine for members of the community who likely would have experienced issues complying with public health orders, it can be assumed that the impact on the ACT's public health system and the cost of a widespread outbreak within the ACT and the ACT's vulnerable communities would have been greater than costs to stand up and support Ragusa.

Furthermore, the connection to, and provision of holistic psychosocial support to many of the Ragusa guests during their stay in the facility has likely had an impact on reducing future development of severe health outcomes. This has been achieved through the identification and subsequent treatment of comorbidities which may have previously gone undetected.

Public value in comparison to other Australian Quarantine models

In addition, when comparing Ragusa to other state and territory solutions, a key public benefit was in the ability to rapidly open and shut down the facility, without incurring significant infrastructure costs or time delays. Victoria, for example opened a purpose built COVID-19 quarantine facility in February this year which was expected to cost around $580 million and utilises a fee-based model. The Victorian site has recently had to scale down the number of beds from 1000 to 250 within this facility due to low demand whilst the site is still incurring ongoing operational costs[10]. The ACT Government was able to obtain significant value from Ragusa by utilising a model which was flexible in the rental of a fit for purpose facility and provided timely support to those in need.

[8] DECISION CAB21-642 COVID-19 O'Connor managed quarantine and isolation accommodation facility and operational centre
[9] Emergency department care - Australian Institute of Health and Welfare (aihw.gov.au)
[10] Mickleham quarantine centre to stay open until end of the year despite low use (theage.com.au)

Conclusion

"An amazing step in transforming the health system to focus on both health and social care delivery…and a beautiful example if we are serious about addressing social health determinants inequity."

Senior Oversight Group member

Overall, the review has found Ragusa to be an effective model for quarantining vulnerable, complex-needs members of the community. The innovative, onsite Support Hub enabled management and care of the whole person while also managing the public health emergency and conditions.

Having NGOs integrated into the emergency health response provided an invaluable opportunity for ACTHD and CSD to leverage existing relationships in new ways, and work towards building others where there previously was minimal interaction.

The human-centred design at the forefront of every organisation involved in operating Ragusa underpinned its success. Overwhelmingly, stakeholders to the review reflected that this integrated way of working to deliver health services represents better practice in the sector and that Ragusa—while offering lessons around governance, roles, responsibilities, goals, and outcomes—validated this approach to all stakeholders and government more broadly. Furthermore, some organisations have subsequently pivoted their care support model in the community as a result and some continue to operationalise a more integrated approach.

While the ACT may not see the need to revert to a Ragusa like model for Quarantine in the future, the model represents strong value for other health service delivery where integrated support is required. Through a shared understanding of roles and responsibilities, respect for cultural differences, and a spirit for working together, the model is a truly innovative way of the future of providing integrated care in a crisis.

Attachment A – Scope of the Review as per Statement of Requirement HDN222055

1. The Review is intended to provide an independent evaluation of the effectiveness against stated goals of the ACT Government managed 'Ragusa' quarantine facility. It should provide a useful understanding of any lessons learned that can be incorporated into future quarantine management practices.
2. The Review will specifically encompass an assessment of the functions, policies and procedures established to provide infection prevention and control, safety, security, social supports, clinical oversight, and quarantine management. The review will consider all people who passed through the facility along with a particular focus on those that engaged with the NGO-led Support Hub, which was located onsite.
3. It will incorporate evaluation of policies and procedures by Quarantine Management, Canberra Health Services, Community Services Directorate, and non-government organisations.
4. The Review will also include and consider feedback from Ragusa guests where possible, in addition to seeking staff (ACT Health Directorate, Canberra Health Services, and NGOs) feedback.

Specific questions to be answered through the review:

1. Principles were developed in terms of the support for people staying at Ragusa – were these appropriate and effective?
2. What was the role of each organisation at Ragusa?
3. Was there clarity around roles, responsibilities, governance, leadership, and accountability for service provision?
4. What processes were in place within each organisation, were they documented and followed?
5. How did communication work within each organisation and across the multi-disciplinary team? What avenues were used to enable communication across the teams and was it effective?
6. Was information able to be shared effectively and in a timely manner?
7. How did the teams work together to ensure collaboration?
8. Was the governance effective? Did each organisation have in place processes to ensure accountability for decisions made and was this shared with others?
9. Effectiveness of the facility as a quarantine/isolation location for those infected with COVID-19 who were unable to isolate at home and those unable to isolate from household members who were infected with COVID-19:
    a. Suitability of the site as a quarantine facility. Were there limitations at the site? Were they addressed and how?
    b. Evaluation of referral process - identification of potential residents and referral process:
        i. were people identified and admitted in a timely and efficient manner?
        ii. was anybody inappropriate admitted or appropriate persons not admitted?
    c. Evaluation of the operating model:
        i. was the staffing model appropriate?
        ii. was the Support Hub effective?
        iii. were better outcomes achieved due to the multi-disciplinary team onsite. e.g., clinical, and social services holistic care model
    d. Impact on the broader Canberra Community
10. Identification and evaluation of any new or innovative approaches used at Ragusa. e.g., public health, clinical and psychosocial outcomes
11. Value for money or cost/benefit assessment.
    a. What public value was achieved from this effort, considering use of public funds, risk management, infection control and public health outcomes, services, and support to vulnerable members of the community?

Attachment B – Document review list

The following documents were reviewed as part of the desktop review process:

Organisation	Document	Description	Notes
ACT Community Services Directorate	Alivio Park Information Hub	Draft document setting out detailed info hub plan including background, model, and info around key responsibilities and communication trigger points (and what were not responsibilities).	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Att A - Caveat Brief - progressed by CSD (A34222112)	Brief to ACT Min for Family and Domestic Violence regarding FDV related critical incident at Ragusa dealt with in other documents.	
ACT Community Services Directorate	Case-Study-Ragusa-Quarantine-Support-Hub	Report on the Ragusa Quarantine Facility	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Communication connection points	Matrix setting out key communication and connection points between different Ragusa functions - appears to be a working doc.	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Costing Model Info Hub	Draft costing model for food and material aid provision by CSD - scaleable basis.	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Info Hub and Material Aid Function	Function Matrix' for Stage One of client journey through YWCA led info hub- site entry and intake. Includes approach for material aid assessment and provision. Identifies YWCA as intake lead in contrast with implementation.	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Info Hub Presentation	Presentation on "High Needs Facility".	Unclear where this was presented.
ACT Community Services Directorate	Matrix of Requirements	Draft decision-making matrices around service needs for Ragusa guests, including a worked example.	Unclear if a final version ever produced, and what this was used for.
ACT Community Services Directorate	Meeting minutes 10 September	Consultation on community sector led "Information Hub" model on 10 September 2021 - with at least 6 different NGO Reps in attendance.	Refers to a subsequent meeting to be held on 13 September – no minutes of this meeting shared with review.

Organisation	Document	Description	Notes
ACT Community Services Directorate	O'Connor Facility Steering Committee ToR - draft	Draft TOR for a joint steering committee for social and community supports at O'Connor facility - including CSD and YWCA senior leadership.	
ACT Community Services Directorate	Quarantine Support Hub Contract YWCA_Executed	Contractual arrangement for NGO Support Hub grant to provide services as Hub leader, with role requirements and expectations.	
ACT Community Services Directorate	RE Independent Review Ragusa Quarantine Facility - correspondence x 2.	Correspondence describing Material Aid processes used at Ragusa, and deeds of grant with NGOs for material provision. Including the documentation of rosters, onsite delivery logs, request logs, stocktake logs and templates for daily handover reports. Relevant templates and deeds used attached to correspondence.	
ACT Health	ACT Managed Quarantine Service Delivery Model 18.09.21 FINAL (A34211046)	Sets out the service delivery model for the Ragusa facility.	
ACT Health	Alivio Communication Document_Redacted	Communication operating model for Alivio staff	
ACT Health	Alivio-Park-Map (1)	Map of Alivio Tourist Park	
ACT Health	Attachment B - Security and Safety Risk Assessment OConnor Quarantine Facility - Recommendations (A34222082)	ACT Health management comments and responses to Security and Safety Assessment at Alivio Tourist Park produced by Aspen Medical Global Advisory. Note responses are relevant to incidents and certain feedback and could be significant.	
ACT Health	Case Study x 6	Case studies relating to specific quarantine strategies for cases with differing challenges.	Unclear the specific purpose for which these were produced.
ACT Health	Discharge Checklist _Redacted	Onsite procedure - Discharge Checklist	
ACT Health	Discussion Paper - Clinical and Social Supports _Redacted	Discussion paper relating to clinical and social supports.	Assumed these discussion papers produced for pre-Ragusa workshop. Common background, principles, and objectives across three discussion papers provided – taken to be the shared principles referenced.
ACT Health	Discussion Paper - Logistics and Security _Redacted	Logistics and Security Discussion paper discussing the risks, security and compliance and the logistics of the ACT Quarantine facilties	Assumed these discussion papers produced for pre-Ragusa workshop. Common background, principles, and objectives across three discussion papers provided – taken to be the shared principles referenced.

Organisation	Document	Description	Notes
ACT Health	Discussion Paper - Material Needs - Operating Model for Facilitated Quarantine_Redacted	Discussion paper on the provision of food (similar background information as the logistics paper)	Assumed these discussion papers produced for pre-Ragusa workshop. Common background, principles, and objectives across three discussion papers provided – taken to be the shared principles referenced.
ACT Health	Entry Procedure Ragusa (A34289384	Entry procedure for the Ragusa facility	
ACT Health	Facility induction_Redacted.	Ragusa Facility induction process. Includes check in procedures, process maps on induction for all staff and roles onsite	
ACT Health	London Protocol Review 15102021 Final_Redacted.pdf	Incident Review that occurred at the Ragusa Facility using the London Protocol for Systems Analysis of Incidents. Contributions and recommendations captured as part of this document	
ACT Health	Minimising the risk of transmission of COVID Attachment B_Redacted	Documentation on the National Principles for Managed quarantine.	
ACT Health	Night Shift Checklist_Redacted.	Night shift check list for team leader	
ACT Health	QF001R - Quarantine Facility Guest Intake Form (A33716683)_Redacted	Guest intake form used by QM throughout Ragusa operation.	
ACT Health	Quarantine Site Safety Inspection Checklist_Redacted	Quarantine site safety checklist	
ACT Health	Quarantine Site WHS Reporting Information Sheet_Redacted	Work Health and Safety Information sheet. Identifys what to do when a hazard, first aid incident, PBE Breach and Fatigue occurs	
ACT Health	Ragusa Information Pamphlet (A34289386)	Information Pamphlet about Ragusa	
ACT Health	Ragusa Report (A34289388	Appears to be a draft report on the Ragusa facility, focusing on statistics of people coming through and referrals	The purpose of this Report is unclear, and no info available on whether any further versions were produced.
ACT Health	Ragusa Senior Oversight Group Meeting outcomes x 5	Senior oversight group for the Ragusa Facility - Highest decision-making group	No meeting notes were provided beyond 26 October 2021 (#5) Files marked #4 and #5 appear to be for the same meeting and day, with different content – potential error.
ACT Health	Ragusa Stakeholder Meeting Notes x 4	Daily meeting with NGOs, ACT Health, CSD, YWCA - Situation Report each day.	

Organisation	Document	Description	Notes
ACT Health	Signed - Attachment A - Short-term Hire Agreement - O'Connor (A34222239)_Redacted	Attachment to Doc 2, hire agreement for Ragusa site with contractual terms and split of responsibilities.	
ACT Health	Signed cab sub - GBC21539 (A34222277).pdf	Cabinet submission setting out arguments for setting up the Ragusa facility, costings, and advice on implementation.	
ACT Health	Signed DG Minute - Short-term hire agreement - Quarantine and isolation facility in O'Connor (A34222013)	Minute of DG's decision to agree to sign a hire agreement for the Ragusa site.	
ACT Health	SitRep Reports x 29	Daily meeting with NGOs, ACT Health, CSD, YWCA - Situation Report each day. (Frequency later reduced).	The earliest available SitRep was #2, dated 1 October 2022. There are several breaks in the numbering continuity which indicate some reports are missing or were not produced.
ACT Health	YWCA Canberra Ragusa NGO Canberra Health Services Intake Form	Draft multi-disciplinary intake form produced by CSD, CHS and NGO.	The Review understands this is the intake form which stakeholders suggested may have been agreed by the Oversight Group late in operations, but never implemented.
NGO Support Hub/CHS	Ragusa Alcohol and Tobacco Assessment and Supply - final_Redacted	Ragusa Alcohol and Tobacco Assessment and Uspply Guideline	
Security and Emergency Management Committee of Cabinet	DECISION - CAB21 611 - Managed quarantine and isolation accommodation facilities (A34222272)	Minute of Security and Emergency Management Committee of Cabinet decision to support accommodation contract, Ragusa set up in general sense – operational model and costs flagged for subsequent submission.	Some attachments may not have been provided to the Review.
Security and Emergency Management Committee of Cabinet	DECISION - CAB21 642 - COVID-19 - O'Connor managed quarantine and isolation accommodation facility and operational centre (A34222052)	Minute of cabinet decision regarding set up of facility model and operational specifics, including agreement to costs.	No associated Cabinet submission was provided to the Review, so limited detail could be gleaned from the decision. Some attachments may not have been provided to the Review.
YWCA Canberra	YWCA Canberra Ragusa NGO Support Hub Report December 2021	YWCA report on the Ragusa facility	

Requested Documents not provided as of 30 June

- Cabinet Submission and attachments relating to CAB21 642
- Triple bottom line assessment provided to SEMC of Cabinet (Referenced Attachment C - Signed cab sub – GBC21539)
- Notes on Senior Oversight Group meetings after 26 October 2022
- Legal advice on the operation of the *Health Records (Privacy and Access) Act 1997* in relation to information-sharing at Ragusa
- Any facility specific guidance, policies or procedures used by NGO Support Hub and CHS at Ragusa

Attachment C – Stakeholder consultation list

Proximity wishes to acknowledge the following staff who elected to participate in stakeholder engagement:

Consulted Stakeholders

Name	Organisation	Role held at Ragusa
Christine Murray	ACT Government Community Services Directorate	Sitrep participant, CSD Governance
Jacinta Evans	ACT Government Community Services Directorate	CSD/YWCA O'Connor Quarantine Site Steering Committee, CSD Governance
Jo Wood	ACT Government Community Services Directorate	Ragusa Senior Oversight Group Member, CSD/YWCA O'Connor Quarantine Site Steering Committee, CSD Governance
Matthew Pickering	ACT Government Community Services Directorate	Material Needs support staff (Onsite)
Sarah Conway	ACT Government Community Services Directorate	Sitrep participant, CSD Governance
Shane Nielsen	ACT Government Community Services Directorate	Housing ACT liaison point
Cherie Hughes	ACT Government Health Directorate	Ragusa Senior Oversight Group Member, ACTHD Governance
Robyn Walker	ACT Government Health Directorate	ACTHD/HECC Governance
Daniel Borrett	ACT Government Health Directorate	Commander
Felicity Gilbert	ACT Government Health Directorate	Commander
Josie Jones	ACT Government Health Directorate	Commander
Lauren Flett	ACT Government Health Directorate	Assistant Director Quarantine Management (operational lead)
Louise Smith	ACT Government Health Directorate	Senior Director - Quarantine Management (development and operational lead)
Natalie Chan	ACT Government Health Directorate	ACT Health –Wellbeing Team (guest referral and support, staff support)
Stuart West	ACT Government Health Directorate	Commander
Toby Keane	ACT Government Health Directorate	Executive Branch Manager - ACT Health Office of the Chief Health Officer (development and operational lead)
Chris Gough	Canberra Alliance for Harm Minimisation & Advocacy	SitRep participant, NGO Governance (CAHMA)
Amy Faden	Canberra Health Services	Clinical ReaCH Team practitioner
Kirsty Cummin	Canberra Health Services	Clinical Health Emergency Coordination Centre (CHECC) Liaison, Sitrep participant
Margaret McManus	Canberra Health Services	Clinical ReaCH Team practitioner
Rebekah Ogilvie	Canberra Health Services	Clinical Lead
Bronwyn Hendry	Directions Health Services	SitRep participant, NGO Governance (Directions Health Services)
Darlene Cox	Health Care Consumers Association	Ragusa Senior Oversight Group member

Cara Jacobs	YWCA Canberra	Sitrep participant, NGO Governance (YWCA)
Frances Crimmins	YWCA Canberra	Ragusa Senior Oversight Group member
Holly Tame	YWCA Canberra	Case Worker
Pip Northam	YWCA Canberra	Support Hub Co-Ordinator
Ursula De Ruyter	YWCA Canberra	Case Worker

Attachment D – Questionnaire questions and responses

Questions:
Clear processes were in place to ensure accountability for decisions made.
Communication between government agencies and NGOs was timely and effective
Communication between the onsite teams and offsite teams was robust
Critical information was shared in a timely manner, to all relevant organisations equally
Handover arrangements were in place to ensure critical information was shared across shifts
Issues onsite were escalated to the appropriate level.
Lessons learned were well communicated, and improvements implemented quickly and effectively.
My organisation's processes were followed consistently by myself and others.
My organisation's role and responsibilities were clear and well documented.
Other organisation's processes were documented and shared across the multi-disciplinary teams.
Other organisation's roles and responsibilities were clearly defined and communicated
Overarching principles were documented and available to guide the multi-disciplinary team providing support to Ragusa guests.
Processes identifying and referring potential guests to Ragusa were effective and timely.
Reporting lines were clearly defined.
The NGO Support Hub leadership model facilitated better collaboration across NGO providers and the ACT Government
The overarching principles in place for supporting Ragusa guests were appropriate and effective to ensure holistic care.
The Ragusa Senior Oversight Group provided effective leadership, oversight, and accountability for Ragusa's operation.
The scope of my role and responsibilities was clearly defined.
The site used for Ragusa was appropriate to support quarantine/isolation for those unable to do so at home or in the community.
The staffing model for Ragusa was appropriate.
The Support Hub was effective in assisting people to stay in quarantine safely.
The various organisations in the multi-disciplinary team worked collaboratively
Well defined roles and responsibilities supported effective interoperability between the various organisations of the multi-disciplinary team.
If the site had limitations, what were they and how were they addressed?
What innovative approaches were identified at Ragusa which led to better outcomes?
What, if any, lessons did you learn from your experience at Ragusa?
If you would like to make any other comments, please do so here (Optional)

Ragusa stakeholder questionnaire overall responses
Agree Overall
Disagree Overall
Neutral
Well defined roles and responsibilities supported effective interoperability between the various organisations of the multi-disciplinary team.
20.69%
58.62%
20.69%
The various organisations in the multi-discliplinary team worked collaboratively
48.28%
27.59%
24.14%
The Support Hub was effective in assisting people to stay in quarantine safely.
55.17%
24.14%
20.69%
The staffing model for Ragusa was appropriate.
42.86%
17.86%
39.29%
The site used for Ragusa was appropriate to support quarantine/isolation for those unable to do so at home or in the community.
86.21%
3.45%
10.34%
The scope of my role and responsibilities was clearly defined.
68.97%
20.69%
10.34%
The Ragusa Senior Oversight Group provided effective leadership, oversight and accountability for Ragusa's operation.
10.34%
34.48%
55.17%
The overarching principles in place for supporting Ragusa guests were appropriate and effective to ensure holistic care.
48.28%
31.03%
20.69%
The NGO Support Hub leadership model facilitated better collaboration across NGO providers and the ACT Government
31.03%
48.28%
20.69%
Reporting lines were clearly defined.
41.38%
31.03%
27.59%
Processes identifying and referring potential guests to Ragusa were effective and timely.
53.57%
28.57%
17.86%
Overarching principles were documented and available to guide the multi-disciplinary team providing support to Ragusa guests.
24.14%
44.83%
31.03%
Other organisation's roles and responsibilities were clearly defined and communicated
27.59%
51.72%
20.69%
Other organisation's processes were documented, and shared across the multi-disciplinary teams.
17.24%
55.17%
27.59%
My organisation's role and responsibilities were clear and well documented.
60.71%
25.00%
14.29%
My organisation's processes were followed consistently by myself and others.
68.97%
10.34%
20.69%
Lessons learned were well communicated, and improvements implemented quickly and effectively.
51.72%
34.48%
13.79%
Issues on-site were escalated to the appropriate level.
57.14%
21.43%
21.43%
Handover arrangements were in place to ensure critical information was shared across shifts
55.17%
20.69%
24.14%
Critical information was shared in a timely manner, to all relevant organisations equally
31.03%
48.28%
20.69%
Communication between the on-site teams and off-site teams was robust
34.48%
31.03%
34.48%
Communication between government agencies and NGOs was timely and effective
31.03%
37.93%
31.03%
Clear processes were in place to ensure accountability for decisions made.
34.48%
27.59%
37.93%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

Attachment E– Stakeholder Summary Table

Organisation	Role	Documented Responsibilities	Actual Responsibilities
ACT Health – HECC Wellbeing	Assessment, referral, management of positive cases	• Case management and contact tracing[11]	• Referral process to Ragusa • Ongoing case management and support where Support Hub not engaged.
ACT Health – Quarantine Management	Lead Agency, quarantine management	• Lead agency for public health response and managed quarantine facilities[12]	• Quarantine Facility Management • Intake process
YWCA	NGO Support Hub lead/coordinator	• Co-ordinator of community services with the site commander[13] • Conducting intake process • Review all support tier 1 and tier 2 throughout Quarantine period**Error! Bookmark not defined.**	• Co-ordinator role between NGO community sector partners and the ACT Health Quarantine Management. • Case management for referrals • Only had access to information when referred
Community Services Directorate	Food and Material Aid, policy	• Provision of food and material support • Surge support agency for material and psychosocial supports	• Provision of food and material support through the NGO Support hub
Canberra Health Services	CHECC, Clinical Supports	• Clinical Care for confirmed COVID-19 cases • Clinical care for close contacts as required • Clinical Care Lead	• Clinical care coordinated through the NGO Support Hub, only when referred
Community Sector Partners	Advice and delivery of specific social and clinical supports.	• Provision of social support materials and services coordinated through the NGO support hub.	• Provision of social support materials and services coordinated through the NGO support hub.

[11] *ACT Managed Quarantine Service Delivery Model*
[12] ACT Emergency Plan 2014
[13] Quarantine Support Hub Contract YWCA_Executed