Cliff: 634998

Date Prepared: October 6, 2022

# MINISTRY OF PUBLIC SAFETY AND SOLICITOR GENERAL EMERGENCY MANAGEMENT BC BRIEFING NOTE FOR INFORMATION

TO: The Honourable Mike Farnworth, Minister of Public Safety and Solicitor General

ISSUE: COVID-19 Lessons Learned Review

#### BACKGROUND:

- On March 16, 2022, the provincial government publicly announced the launch of an independent review and public consultation on government's operational response to the COVID-19 pandemic to capture lessons learned to date.
- Government commissioned the independent review as a means of continuous improvement to inform preparations and response to the next pandemic and contribute to the planning and operational readiness for response to the full of disasters and emergencies that may affect large areas of the province.
- An independent project team of former senior leaders of the BC Public Service, Bob de Faye, Dan Perrin, and Chris Trumpy were appointed by Mike Farnworth, Minister of Public Safety and Solicitor General to under-take the review.
- The review has concluded, and a final Covid-19 Lessons Learned Report has been submitted by the project team to Minister Farnworth and Lori Wanamaker, Cabinet Secretary and Head of the Public Service, Office of the Premier.
- The Covid-19 Lessons Learned Report contains 26 comprehensive findings with conclusions. The key elements of each finding and corresponding conclusion are summarized in Table 1 (attached), and encompass six themes including trust, preparation, decision making, communications, implementation, and Indigenous impacts.
- A communication plan to support the public release of the final report is being developed by Government Communications and Public Engagement (GCPE) and will include an information bulletin released in early November with a link to the report on EMBC's website.
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 The Assistant Deputy Ministers' Committee on Disaster Risk and Emergency Management, the Deputy Ministers' Committee on Disaster Risk and Emergency Management, and the Cabinet Planning and Priorities Committee will be briefed on the report findings prior to public release in November.

#### INDIGENOUS PEOPLES CONSIDERATIONS:

- Prior to the public announcement of the review the Minister of Public Safety and Solicitor General gave notice to the First Nations Leadership Council (FNLC), the Alliance of Modern Treaty Nations (AMTN) and the Metis Nation BC (MNBC).
- During the review, the independent project team did not receive requests from Indigenous organizations to share an embargoed copy of the report prior to the public release; s. 13

s. 13

#### OTHER MINISTRIES IMPACTED/CONSULTED:

 Report findings and options for government response have implications to all ministries.

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## REVIEWED BY:

	Initials	Date
DM	TR	Oct 7, 2022
EL	KF	6/10/2022

# Attachment:

Table 1: Covid-19 Lessons Learned Report - Summarized Findings and Conclusions

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Table 1: Covid-19 Lessons Learned Report – Summarized Findings and Conclusions

Theme		Finding	Conclusion
Trust		Although trust in government was high, erosion over time may lead to resistance of future restrictions.	Government should identify opportunities to rebuild the trust that existed early in the pandemic to support high levels of compliance should new restrictions be required.
Preparedness		BC's pandemic response was effective, despite government not being well prepared for the pandemic.	2. Government could improve preparation for a future pandemic or other major event by setting a principle-based standard for province-wide emergency preparation.
		BC government did not have the plan or planning ethic to be prepared for a pandemic. Plans in place before the pandemic dealt only with coordination and were mostly not followed. There was also limited planning structure in place to test the plans and continue the planning and training work needed to ensure that those expected to use the plan understood the challenges presented by a pandemic or other province-wide emergency.	3. Government should consider developing a planning approach for province-wide emergencies that includes risk identification, developing, practicing, and continuously improving plans for major emergencies in accordance with the standard suggested in the previous finding.
		Pandemic exposed government capacity risk for province- wide emergencies: being unable to respond with surge capacity essential in emergency situations. In particular, the public health function seems to be under-resourced, and its fragmentation makes effective management of the function a challenge.	4. As part of the preparation for province-wide emergencies government could assess the capacity available for emergency response to various hazard scenarios and develop ways to address gaps in anticipated surge capacity needs, including assessing whether changes are needed to the resourcing and structure of the public health function.
	5.	Strong pre-pandemic stakeholder relationships had more success communicating with government and mitigating the consequences of the pandemic and public health restrictions.	5. Government did a good job of using and building relationships, but this could be extended by finding ways to engage new participants and new tables more consistently. Government should consider reviewing membership in the tables it used to identify gaps, re-engage with previously used tables, and maintaining a central stakeholder database.
		Inventory levels of essential goods across health system is challenged and government has a role to play in broader supply chain issues.	6. The B.C. government could gain a better understanding what goods are essential and the supply chain risks associated with those goods in the event of major disruptions. This would allow it to identify mitigation opportunities both prior to and during an emergency, such as determining whether stockpiles are the best approach to managing essential goods and establishing appropriate structures for managing essential goods. Supply chain issues should be a focus of planning for province-wide emergencies.
	7.	Government has limited insight into unfunded social service	7. Government could develop a better understanding of the

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	delivery entities and their services, or the interactions among government social support programs. Restrictions imposed did not adequately consider consequences for social service program providers. Decisions on gatherings, for example, had an impact on organizations like Alcoholics Anonymous and community food banks.	broader social supply chain and consider viewing the set of government and unfunded social support services as a system, so that the implications of government decisions on all of the services people rely on are better understood before those decisions are made.
Decision-Making	8. Public health decisions used an informed decision-making process and appropriately did not delay decisions early in the pandemic to consult with those affected. Government public policy decisions about mitigation were timely and had clear objectives, consistent with our standard, but confusion about roles during the pandemic affected decision-making, especially in the early stages. Government could also have done better at identifying unintended consequences in advance.	8. Improvements could be made for decision-making in emergencies as identified in findings 9 through 13.
	<ol> <li>Government utilized executive management, emergency response, and business continuity approaches in response to the pandemic requiring a need for integrating approaches.</li> </ol>	9. The pandemic has revealed all three approaches (crisis management, emergency management, and business continuity) need to be available and used in the event of a province-wide emergency. Government should consider building this understanding into its emergency planning and ensuring there is a shared understanding of how these approaches work and to what circumstances each is best suited.
	10. Coordination gaps across government existed, including the lack of a channel for ministries to make implications known to the PHO, lack of a forum to coordinate implications of actions in one program on other programs, lack of coordination of input received by ministries from stakeholder groups, and, once communications were centralized in the Ministry of Health, gaps in internal communications coordination. While consistent with EMBC's coordination mandate, it was not tasked with filling these gaps.	10. Government should consider redefining EMBC's role and approach during a province-wide emergency to make EMBC responsible and accountable for cross-government coordination and communication and enhance EMBC's legitimacy and clout by giving it the authority and accountability of a central agency and taking steps to increase the value afforded to emergency management preparation in the culture of the public service.
	<ul> <li>11. A better understanding of the interconnectivity of decision-making was needed to avoid unintended consequences and ensure effective cross-government coordination. Despite efforts over many years to educate government's executive on how programs work and the interconnectedness of decision-making consequences, there is still a notable lack of knowledge crucial to effective cross-government coordination.</li> <li>12. A lack of understanding by the public, public service, and</li> </ul>	<ul> <li>11. Government should consider preparing case studies of unintended consequences caused by one program for another program or another ministry's stakeholders during the pandemic and using them to educate both senior and new public servants to improve decision-making, and to design the coordination role for EMBC discussed in finding 10.</li> <li>12. Government should consider making public health decisions</li> </ul>

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	government stakeholders about public health decision-making considerations contributed to misinterpretations and loss of trust.	and decision-making processes more transparent so that the kinds of trade-offs being made are better understood. This would include establishing one or more formal advisory groups that the PHO could rely on when making decisions, including expertise from a range of disciplines such as scientific, social science, economic, and behavioural science expertise. Efforts could also be considered to better educate senior government leaders in the function and role of public health.
	There is a lack of province-wide health-care data collection infrastructure, which was problematic in several ways during the pandemic, highlighting a long-standing issue for health-care system management and public health.  The communication approach taken during the initial phase of	13. Government should consider how best to deal with the disparate set of IT systems, data definitions, and data collection practices to ensure that the health-care system is able to assemble needed data that is timely and accurate.
Communications	14. The communication approach taken during the initial phase of the pandemic was effective, but communication breakdowns occurred in later phases, contributing to an erosion of trust, and highlighting the need for an adaptable communications strategy.	14. Government should consider developing a communications strategy and clarifying roles among the PHO, EMBC, ministries, and GCPE in province-wide emergencies.
	15. The relationship between changing pandemic circumstances and changes to public health guidance and orders was not effectively communicated, leading many to interpret changes as evidence of incompetence or lack of trustworthiness.	15. Government should consider building the need to condition the public to expect change into planning for pandemics and other province-wide emergencies, and into the communications strategy, as an important element of maintaining public trust.
	<ol> <li>Explanations of public health decisions were insufficient, including in relation to explaining apparent inconsistencies in public health measures.</li> </ol>	16. The Public Health Officer should consider ways to better explain why decisions are being made; increased transparency about public health decision-making and establishment of expert advisory panels would contribute to better explanations.
	17. Public data disclosure did not violate privacy rights throughout the pandemic, but the release of detailed pandemic data could have occurred more quickly to align with the level of transparency in other jurisdictions.	17. Government should review its policies to make sure that in principle the balance between privacy and transparency during a public health emergency is reasonable, that the level of data made public is adjusted as the privacy risk changes, and that the need to be prepared to communicate the reasons for such changes is included in the communications strategy.
Implementation -	18. Ministries did a good job of operationalizing the changes to program delivery and implementing new programs needed to ensure continuity of services during the pandemic, with some exceptions.	18. Consideration should be given to improving access to online government services for those without internet access or the capacity to access services online.
	19. Lack of sufficient public policy capacity in the Office of the Provincial Health Officer and access to sufficient legal resources may have contributed to the delays in releasing orders and associated materials needed to support	19. The Office of the Provincial Health Officer should review its order rollout practices and seek additional public policy and legal resources if needed.

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	interpretation.	
	<ol> <li>The large number of pandemic public health measures provides an opportunity to review how effective those measures were given the circumstances in which they were applied.</li> </ol>	20. The Office of the Provincial Health Officer should consider undertaking a review of public health measures utilized during the pandemic to learn what works best in different circumstances.
	21. An interagency working group was established to coordinate enforcement resources; however, before the pandemic, insufficient attention was given to how and by whom public health orders would be enforced and the various agencies involved.	21. To be better prepared for future province-wide emergencies, government could ensure that all necessary enforcement resources and coordination structures are in place and ready to be deployed quickly in a coordinated fashion that recognizes the strengths and limitations of all agencies.
	22. Shared objective provided government agencies and stakeholders with a solid foundation for collaborative action in implementing response measures but were inconsistent, resulting in confusion as different decisions were made in similar situations.	22. the value of having shared objectives, together with robust discussion about the best way of operationalizing the objectives, could be emphasized as a fundamental principle underlying government's approach to implementing major changes.
	<ol> <li>Outside resources were used to help deliver the government's pandemic response, but there were missed opportunities.</li> </ol>	23. Preparations for future province-wide emergencies could include preparing to call upon and utilize private/not-for-profit sector expertise and resources, including having the legal authority and liability protection in place to do so.
	24. The B.C. government lacked preparation for how it would work with Indigenous governments and organizations in developing and implementing its pandemic response, but roles and relationships did evolve, and the First Nations Health Authority played an important and effective part in the response.	24. Consideration should be given to supporting logistical planning and capacity to ensure access to essential goods if supply chains are disrupted, especially in remote and isolated communities; and preparing to mitigate social service delivery disruptions to urban Indigenous populations.
Indigenous Impacts	25. The need for joint planning consistent with the DRIPA principles must be coupled with operational approaches and protocols that respect Nations' territorial rights and jurisdiction.	25. As part of the ongoing joint work of DRIPA, implementation related to emergency preparedness and response, new joint decision making, communications protocols and coordination between First Nations and ministries should be addressed in a manner that respects the inherent jurisdiction of First Nations and recognizes that lack of trust can cause barriers.
	26. The pandemic highlighted complexities of Indigenous health-care service delivery, making coordination more difficult and highlighting inconsistent levels of support for First Nations members living away from home in urban environments.	26. Better coordination is needed among the provincial government, federal government, and B.C.'s First Nations to address gaps and challenges. This work should be carried out on a tripartite basis in preparation for future province-wide emergencies.