



OmbudsmanSA

OFFICIAL: Sensitive//Legislative secrecy

Enquiries:
Telephone:
Ombudsman reference:

[REDACTED]
(08) 8226 8699
2022/04413

Dr Robyn Lawrence
Chief Executive Officer
Department for Health and Wellbeing
By email: [REDACTED]

Dear Dr Lawrence

Overview of the Department for Health and Wellbeing's response to the COVID-19 pandemic

Given your recent appointment to the role of the Chief Executive of the Department for Health and Wellbeing (**the department**) and the easing of COVID-19 restrictions, I am writing to provide you with an overview of my Office's experiences of the department's handling of the COVID-19 pandemic response.

I wish to acknowledge the highly effective public health response to the pandemic in South Australia, as well as the dedication and effort of the staff of the department, and particularly those on the front-line.

I hope the work of my Office, and the complaints made by members of the public about the department's responses to the pandemic, can provide useful learnings for any future health emergency that may face South Australia.

Background

Following the declaration of a Major Emergency in relation to the COVID-19 pandemic under the *Emergency Management Act 2004 (SA)* on 22 March 2020, complaints to my Office about State government actions in response to the COVID-19 pandemic began to steadily increase. By 30 June 2020 my Office had received 55 complaints on COVID-19 related issues.¹

Initially the complaints to my Office mainly concerned the Department for Correctional Services, the Department for Child Protection and the Department for Planning, Transport and Infrastructure. However, as the pandemic progressed and restrictions increased, so did complaints to my Office about the Department for Health and Wellbeing.

¹ My Office also received 20 enquiries about COVID-19 related issues.

By 30 June 2021, my Office had received a total of 241 complaints about government actions in response to COVID-19.² The majority of these complaints concerned the Department for Health and Wellbeing,³ with issues mostly related to requests for quarantine exemptions and mandatory vaccination exemptions, as well as cross border travel. Other complaints mainly concerned the South Australian Police (SAPOL) and cross border travel applications. My Office only received a very small number of complaints about other agencies.

When the South Australia borders opened to interstate vaccinated arrivals my Office received complaints about refusals and delays in granting exemptions for unvaccinated people, as well as hotel quarantine requirements. Other issues included mandatory requirements (mask and vaccine), as well as communication and technology issues.

I understand that the department experienced a high volume of exemption applications, and my Office received a large number of complaints about the delays in providing responses to the applications. By September 2021, my Office was receiving around three times more complaints than it had been six months earlier, largely as a result of complaints about delays in the assessing of exemption applications.

By 30 June 2022, the number of complaints to my Office about COVID-19 related issues had increased by approximately 365% from the previous financial year, and my Office had received 1,105 complaints about government actions relating to COVID-19 restrictions.⁴ Of these complaints 908 (82%) were about SA Health.

Appendix 1 provides an overview of the COVID-19 related complaints to my Office in table form.

The department's response

In response to COVID-19 related complaints made to my Office about the department I have generally been of the view that many of the complaints were not matters that were appropriate for my Office to be dealing with, given that they were decisions which were reasonably open to the department to make based on an assessment of risk to public health.

I, however, noticed that people resorted to contacting my Office due to a lack of assistance from the COVID-19 Information telephone line, as well as a lack of any other means to have their issues responded to by the department.

Each time a complaint raised issues that warranted further enquiry, I brought the matter to the attention of the department for a response. My Office regularly contacted the department in relation to people in particularly vulnerable circumstances or in relation to urgent matters. I was generally satisfied that, once my Office had raised a matter with the department, it had responded appropriately, and I have not needed to escalate any complaints to formal investigation.

At times, however, during the peak of the pandemic, my Office encountered difficulties in identifying an appropriate contact person within the department from whom to seek prompt

² This includes 55 complaints in 2019/2020 and 186 complaints in 2020/2021. My Office also had received 46 enquiries (20 in 2019/2020 and 26 in 2020/2021) about COVID-19 related issues.

³ 121 complaints were received about the Department for Health and Wellbeing, including complaints about local health networks.

⁴ This includes 55 complaints in 2019/2020, 186 complaints in 2020/2021 and 864 complaints in 2021/2022. My Office had also received 86 enquiries about COVID-19 related issues.

responses. This made my Office's management of the large influx of COVID-19 related complaints extremely difficult. At other times, my Office was provided with a direct contact person from the department, which enabled my staff to quickly get information and responses which allowed them to promptly address the complaints. Whilst I understand that it was likely necessary for the department to change the roles of staff members in order to best respond to the changing nature of the pandemic and restrictions in place, the frequent changing of department staff's roles contributed to delays in my Office receiving information and responses.

I met with the department in September 2021 in relation to the issues that had been raised with my Office about the system and the resulting delays in granting of COVID-19 exemptions. The department satisfied me that it had put a number of processes in place to assist it to triage and address the large influx of applications and the number of complaints to my Office reduced following these changes.

The handling of COVID-19 complaints was a difficult task for my staff. My Assessment Officers were very conscious of the enormous demand on the department's staff, and the constantly changing environment in which they were operating to ensure the safety of South Australians. However, my Officers were required to balance this awareness with their role of ensuring that members of the public had an impartial and independent avenue to lodge complaints, particularly at a time where decisions impacted greatly on people's lives and curtailed their rights.

Appendix 2 provides case studies of some of the COVID-19 complaints handled by my Office.

The value of complaints

Effective complaint handling is crucial, and was particularly so at the height of the COVID-19 pandemic when responses had to be implemented rapidly and without prior precedence or experience. Effective complaint handling can support in the following:

- identifying necessary system improvements
- improving future administrative practice
- identifying and resolving risks before they escalate
- improving customer satisfaction
- enhancing trust and confidence in the government's public health response to the pandemic
- greater transparency in the government's response, and
- greater identification of potential systemic issues.

The multi-agency response and the fragmentation of oversight bodies

By considering the complaints made to my Office relating to different agencies within my jurisdiction, I am able to provide an independent view of the issues that arose for members of the public when dealing with these agencies during the pandemic. However, whilst my jurisdiction to take complaints about South Australian agencies is broad, it also has limitations.

My Office has oversight of the administrative actions of the department; however, health related decisions are dealt with by the Health and Community Complaints Commissioner.

Similarly, my Office has oversight of the administrative actions of the South Australian Police; however, the Office for Public Integrity has oversight of the conduct of individual police officers. This meant that no one body in South Australia had oversight of the government's handling of the pandemic.

I understand that it was necessary for the management of the pandemic in South Australia to be multi-agency, given the scale of the pandemic and the significant public health risks. However, the existing oversight system in South Australia is not designed to align with a multi-agency response, and so it created some challenges for my Office.

It was, at times, difficult to determine which agency was responsible for a given decision raised by a complaint, or whether in fact multiple agencies may have had input to the decision. It was also difficult at times to establish whether my Office was the appropriate oversight body to deal with a complaint. No doubt, this was more confusing for complainants.

This issue arose, for example, in relation to complaints about border exemptions and hotel quarantine. That is, a complaint about hotel quarantine could include issues about the conduct of a SAPOL officer transporting a person to the facility (and therefore out of my jurisdiction); a decision of an officer of the department (potentially in my jurisdiction⁵), or a decision of a private sector employee of the hotel (possibly out of my jurisdiction, depending on the terms of any contracts the government had with the hotel).

Complaint handling observations

I am of the view that providing applicants with the reason that their exemption applications were refused would have reduced the workload of the department. Sometimes applications were refused simply because applicants had not provided a required document, but they were not advised of this and instead had to go through the appeals process. This process could take a number of weeks, when the issue could have easily been resolved in the first instance. Whilst I understand that providing reasons would have taken time, the provision of reasons for a decision is good administrative practice and would have reduced the number of people who continually reapplied.

Similarly, when there were errors, which understandably occurred given the volume of applications (such as correspondence was sent with the wrong exemption date or missing an attachment) people were often unable to get the issue resolved without the assistance of my Office. These are matters that the COVID-19 Information telephone line should have been able to resolve or escalate for resolution.

Many people who complained to my Office about COVID-19 related issues had resorted to contacting my Office due to a lack of any other means to have their issues explained or responded to by the department. These people were often frustrated about not being able to seek timely and accurate information or responses from the department by either telephone or email.

My Office had instances of complainants advising that they were told to contact my Office by the COVID Information telephone line staff who either did not know the answers to their questions or had provided them with inconsistent information. Whilst I understand that the

⁵ Prior to 7 October 2021, I did not have direct jurisdiction to assess and investigate complaints and reports to my office about misconduct by public officers, and maladministration by public officers or public authorities. Previously, I only had power to investigate misconduct and maladministration upon referral to me by the Independent Commission Against Corruption.

department received enormous numbers of emails and phone calls, a great number of complainants contacted my Office after sending numerous emails to the department, to which they received no response, or a delayed response.

It is generally the practice of my Office to first send a complainant back to an agency to give it the opportunity to resolve the complaint before my Office will intervene, unless there are reasons why it may not be reasonable to do so.⁶ In other cases, my Office generally aims to resolve complaints by facilitating communication between the complainant and the relevant agency, or by undertaking inquiries and making suggestions to informally resolve the complaint and improve future practice.

Whilst my Office regularly advised complainants complaining about exemption decisions that they needed to have a decision reviewed by the department's Exemption Review Panel, in other complaints there was often no clear process within the department that my Office could refer people to and be confident they would get a timely and satisfactory response. So, contrary to my Office's usual practice, my Office had to deal with these complaints in the first instance.

In mid-2021, my Office was receiving a large number of complaints in relation to processing delays and lack of communication for SA Health Travel Exemption applications. In my view, this large number of complaints was largely because of the department providing specific timelines on its website for the processing of exemption applications. These timelines did not reflect the fluctuating nature of the number of applications the department received and were often unrealistic. This led to a large number of complaints to my Office when the timeframe provided on the website was not met and complainants were unable to obtain an update on the status of their applications from the department.

For example, during one period of time, many complainants told my Office that the department's Travel Exemption webpage advised that it may take up to five days for applicants to receive a decision in relation to their applications. It was apparent to my Office at that time that applications were frequently taking in excess of 30 days.

My Office advised the department that the timeframe promoted on its website did not reflect current processing times and suggested that the expected timeframes on the website be updated. Such a simple step of including realistic timeframes on the website no doubt reduced the number of emails that the SA Health Exemptions team received, the number of phone calls to the COVID-19 Information telephone line, as well as the number of complaints to my Office. Communicating more accurate timeframes also generally assisted applicants and reduced their frustration and anxiety.

Further, complainants often advised my Office that they had emailed the department multiple times in an attempt to get updates after the specified timeframe had passed, which no doubt contributed to the issues the department had in managing a large volume of email correspondence.

My Office discussed with the department the frustrations people were expressing to my Office about a lack of response to their emails. I was of the understanding that the department was not able to manage the volume of email correspondence it was receiving to ensure that they had been dealt with or responded to. Further, the department advised me that the Outlook based system used to manage the Travel Exemption applications was

⁶ Such as, if it appears that there may be evidence of a serious error warranting investigation, the complainant is at risk, or time is of the essence.

unable to handle the large volumes of data and applications and would regularly crash. The introduction of a web-based portal that went live on 10 August 2021 greatly assisted in remedying these issues.

Technology

My Office received numerous complaints from people when they were unable to use the technology required to deal with the department during the pandemic. The reasons for contacting my Office about technology issues varied but included, for example, complaints that:

- the technology was not working as it should
- it was not possible to log in from overseas
- identity documentation that they did not have were required to access the applications
- they lacked the necessary skills to use the technology, or
- they did not have access to the required technology.

Such people were frustrated as often they had been unable to receive any assistance about technical issues from the COVID-19 Information telephone line. It never became entirely clear to my Office who could assist people with their technical issues with the relevant applications, but I understand that at one point people were advised to contact ServiceSA for EntryCheckSA application technical assistance. However, generally it appeared to me that people were not given sufficient assistance, if any, with these issues.

I contemplated whether to investigate the issue of whether it was unreasonable not to have other options available to people who were unable to access the technology required to make various applications during the Major Emergency period. I remain concerned as to what, if any, consideration was given in relation to vulnerable people who may not have had access to the internet. I ultimately decided that it was not in the public interest to investigate this issue as it would not have been a good use of my resources, or the department's, given that it would have been unlikely to have achieved a meaningful outcome in time to be of any assistance to people.

The law

In South Australia, the primary tool used to 'legislate' the pandemic response was not legislation made by the people's duly elected Parliament, but largely by 'Directions' issued by the Commissioner of Police, being the State Co-ordinator under the *Emergency Management Act 2004 (SA)*. The declaring of a state of emergency from 22 March 2020 until 24 May 2022, empowered the State Co-ordinator to issue Directions detailing COVID-19 restrictions and controls.

I understand that these Directions were necessary in that they allowed for rapid and flexible action to meet rapidly changing circumstances. However, the Directions also allowed for Executive action which imposed significant intrusions on individual rights to be taken without ordinary Parliamentary consideration and oversight.

People who contacted my Office reported that the frequent changes to the Directions left them feeling overwhelmed, confused and uncertain about what they could and could not do on any given day. Further adding to the uncertainty was that the Directions were numerous,

were frequently modified, highly legalistic and, at times, extremely confusing and difficult to understand.

My legal officers reported difficulties in interpreting the Directions, as well as reconciling decisions made by the department with the relevant Direction in place at the time. On occasions, decisions made by the department seemed at odds with the Direction in place. It became apparent to my Office early in the pandemic that staff of the department did not always understand the complexities of the Directions and were not always basing decisions on them. In other circumstances I would have considered it in the public interest to conduct an investigation into the lack of compliance with the Directions. However, given the risk to public health and the rapidly changing circumstances at the time I decided not to.

Access to information

COVID-19 brought unprecedented challenges for our society and required public authorities to make significant decisions that affected public health, civil liberties and people's prosperity. In these circumstances, and when transparency was curtailed due to the Executive action being so urgent that it had to take place in the absence of the usual means of democratic transparency, such as parliamentary or public debate, transparency about how such decisions are made is vital.

I recognise that during a global pandemic resources will understandably be focused on protecting public health, however, the importance of the right to access information remains. Making government-held information available to the public is essential to building trust in the community. Greater transparency in the government's crisis response would result in greater public confidence in government decisions. Transparency and access to decisions, reasons and relevant material, would help to bring the public on board with decisions made in the interest of protecting public health.

Should we face similar circumstances in the future, I would encourage the planning in advance of processes for proactively releasing non-personal information surrounding decisions, including:

- a requirement to publish within seven days a statement of reasons for a decision to make Directions, including any relevant Chief Health Officer advice
- entrenching proactive disclosure of non-personal information into department practices
- adopting a transparent approach to services delivery, decision-making and disclosure of information
- establishing proactive disclosure mechanisms
- identifying, on a continual basis, categories of information, including data, suitable for proactive disclosure.

In addition to pro-active disclosure of non-personal information, I consider that in any similar events in which people's rights are significantly curtailed, a process to release information to people without them having to go through the lengthy process pursuant to the *Freedom of Information Act 1991* should be considered. Such a mechanism for releasing information could release personal information to people on request in an expeditious way.

Lessons for the future

In looking back on the challenging and unprecedented years of the COVID-19 pandemic, I note that there is nothing that I have seen to fault the genuine dedication and commitment of

those who have worked tirelessly to manage and mitigate the pandemic. I hope that in the work that my Office does it has contributed positively to these efforts and that my suggestions above provide valuable lessons for the future. In summary, the suggestions I have from my insights from complaints to my Office for any future health emergency that may face South Australia are as follows:

- be proactive about keeping oversight bodies informed
- provide oversight bodies with clear points of contact where they can receive rapid responses to complaints or queries
- establish complaint handling and review mechanisms in the department
- consider whether establishing a first-stage multi-agency complaint mechanism is necessary
- ensure there is a central source of accurate and up to date information, both for members of the public and for oversight bodies
- ensure that the public can have their questions answered (this could include staff of any telephone information line being able to seek relevant information or escalate matters for resolution)
- ensure that any published information about application processing times is realistic
- ensure the public is provided clear information as to different oversight bodies and their roles
- provide a dedicated service to address any technology issues faced by the public in using the required applications
- consider alternative access to required application processes for people unable to use the technology
- ensure that any emergency orders or directions are clear, comprehensible, and not overly legalistic
- embed requirements for reasons to be given for any decisions affecting people's rights
- establish and embed processes for proactively disclosing non-personal information surrounding decisions
- establish a mechanism to expeditiously release personal information to people without them having to go through the Freedom of Information process.

Conclusion

In conclusion, I wish to reiterate my acknowledgement of the dedication and effort of the staff of the department, and particularly those on the front-line, as well as all those who continued to deliver government services during an extremely unprecedented and challenging time.

I hope that you find my reflections on my Office's experiences of the COVID-19 pandemic through the lens of complaints we received, insightful and valuable.

Should you have any queries or would like any further information about any of the issues above, please do not hesitate to contact me.

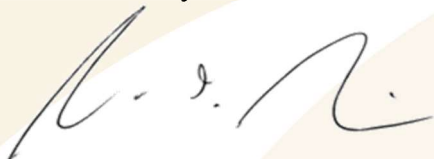
Confidentiality

Please note that the Ombudsman Act imposes certain obligations on my Office and others, including complainants, officers and members of an agency, to keep information about my reports, evaluations, assessments and investigations confidential.

While section 29A of the Ombudsman Act restricts disclosure of information connected to matters dealt with under the Act, I am able to authorise disclosure. Generally, I consider there is a public interest in disclosure of my reports, evaluations, assessments and investigations. Therefore, I authorise disclosure of this letter by you as you see fit.

I have sent a copy of this letter to the Police Commissioner, the Attorney General's Department, the Department of the Premier and Cabinet, Covid 19 Direction Accountability and Oversight Committee and the Crime and Public Integrity Policy Committee.

Yours sincerely



Wayne Lines
SA OMBUDSMAN

20 October 2022

Cc Mr Grant Stevens
Commissioner of Police
SA Police
By email: [REDACTED]

Ms Caroline Mealor
Chief Executive
Attorney General's Department
By email: [REDACTED]

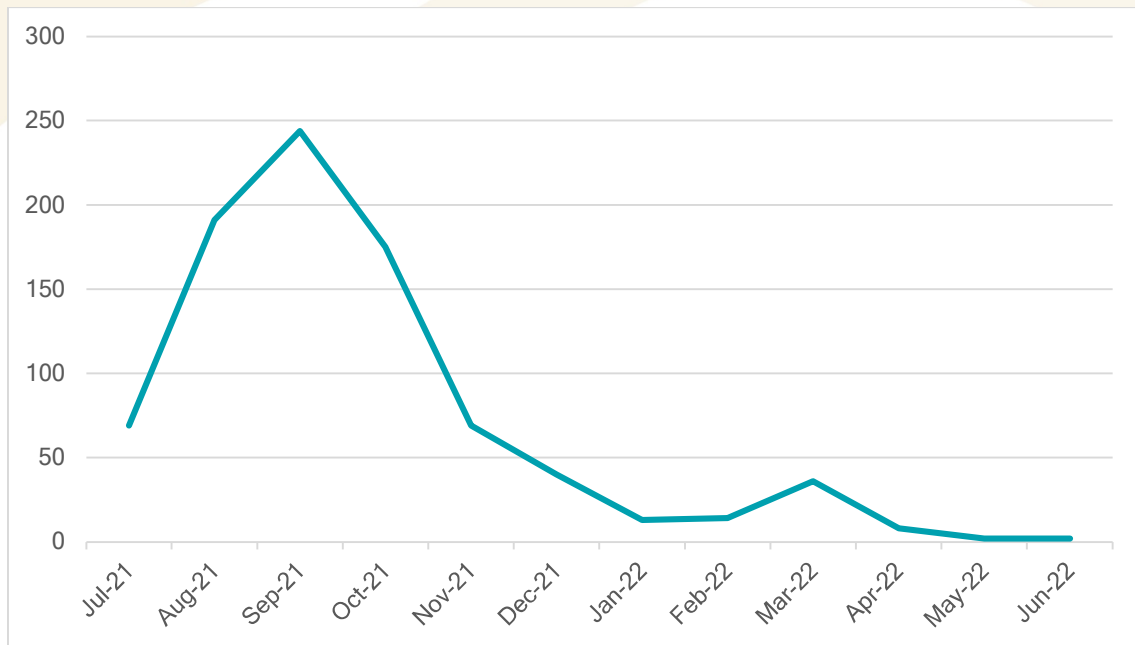
Mr Damien Walker
Chief Executive
Department of the Premier and Cabinet
By email: [REDACTED]

Mr Guy Dickson
Secretary
Covid 19 Direction Accountability and Oversight Committee
Legislative Council
Parliament of South Australia
By email: [REDACTED]

Mr Ben Cranwell
Executive Research Officer
Crime and Public Integrity Policy Committee
Legislative Council
Parliament of South Australia
By email: [REDACTED]

APPENDIX 1 - complaints

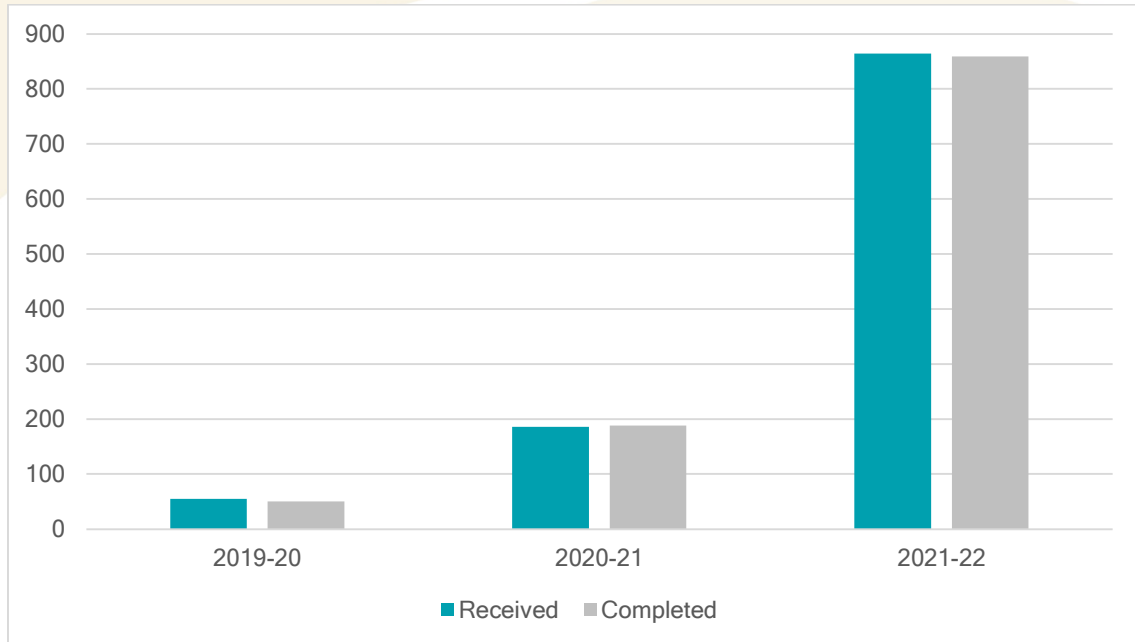
COVID-19 related complaints received by month during 2021-22



COVID-19 related complaints and reports received and completed by year

	2019-20	2020-21	2021-22
Received	55	186	864
Completed	50	188	859

COVID-19 related complaints received and completed by year



APPENDIX 2 - Case Studies

Lack of access to fresh air in medi-hotel quarantine and suitability of rooms⁷

In 2020 I received a number of complaints about the conditions in medi-hotel quarantine, specifically the lack of access to fresh air and the failure to provide suitable accommodation and facilities for families.

Complainants had contacted my Office reporting physical and mental symptoms resulting from a lack of fresh air. I also received complaints from several parents about their families being provided rooms that were not suitable for children because they lacked facilities including:

- meals suitable for children
- facilities for preparing bottles and/or baby food
- suitable furniture for children (ie a table)
- bathtub
- laundry facilities.

Upon being advised of my concern about these issues, the department conducted the following improvement actions regarding the hotel quarantine process:

1. undertook an audit across the contracted hotel facilities to identify the extent of rooms suitable for family groups
2. sought additional hotel sites such that no single site had to operate at 100% occupancy
3. improved materials provided to arriving guests with an emphasis on ensuring multilingual information and translating service are available at time of arrival
4. worked with the hotel facilities to develop suitable 'baby packs' for offering to families with arriving infants
5. liaised with the Commonwealth Government to enable earlier access to incoming flight information with airlines to improve guest hotel planning
6. established a dedicated COVID-19 hotel facility for all returning Australians who test positive to the virus.

I advised the department that access to fresh air is a basic human right and that all people in hotel quarantine should have access to fresh air. In February 2021 the department advised me that it had adopted my position that access to fresh air was a human right and that it was only commissioning 80% of the capacity of medi-hotels for quarantine purposes to ensure that all guests would have access to fresh air either through provision of a balcony or an opening window in line with the minimum standard recommended by the Queensland Human Rights Commission.⁸

Given the prompt and positive cooperation by the department, it was not necessary for me to conduct an investigation into these issues.

⁷ Ombudsman SA Reference: 2020/05305.

⁸ Queensland Human Rights Commission, Hotel quarantine, Unresolved complaint report under section 88 *Human Rights Act 2019*, 15 October 2020, <https://www.qhrc.qld.gov.au/resources/legal-information/reports-on-unresolved-human-rights-complaints>

Complaints about medi-hotel quarantine conditions reduced markedly after this intervention. However, in October 2021, I received a small number of complaints again about a lack of access to fresh air in medi-hotel quarantine. I met with the department to discuss the re-emergence of this issue. The department advised my Office that it always attempted to allocate travellers to rooms with a preference for rooms with access to fresh air, however, at the time there had been an unexpected influx of domestic travellers which meant that all of the rooms with access to fresh air had been filled. The department advised that it set aside some fresh air rooms in case of an emergency (for example, a mental health crisis) and that it worked to move travellers to fresh air rooms as soon as possible. I was satisfied that this issue was resolved promptly, and I received no further complaints about access to fresh air in medi-hotel quarantine.

Unreasonable medi-hotel quarantine limitations⁹

The complainant was overseas undertaking cancer treatment and was granted a travel exemption to return to Australia. Due to the treatment the complainant had a highly compromised immune system which meant that they had to prepare their own food to reduce the risk of exposure to bacteria. The complainant contacted my Office after being advised by the department that appropriate kitchen facilities were not available in the medi-hotels.

After my Office brought this matter to the department's attention, it arranged suitable hotel quarantine accommodation for the complainant.

Delays in issuing of temporary mandatory vaccination exemptions¹⁰

In March 2022, I received 16 referrals from the Office for Public Integrity about the department concerning the issuing of temporary mandatory vaccination exemptions to people who had contracted COVID-19.

The emergency directions issued under *the Emergency Management Act 2004* imposed mandatory vaccination requirements in certain circumstances, and each of the applicable Directions had an exemption clause recognising that having had COVID-19 in the past four months was a valid ground for a temporary exemption to mandatory vaccination requirements. The complaints alleged that, despite this exemption, the department was taking more than four weeks to process applications.

Given that the complaints raised similar issues, using my own initiative powers, I made enquiries with the department about the processes and timeframes for assessing and granting temporary exemptions to mandatory vaccination requirements.

In response to my enquiries the department acknowledged that there were periods when there were delays in the granting of the mandatory vaccine exemptions. The department advised my Office of the turn-around times relating to complete and incomplete applications, and the reasons that these varied at different times, and provided me with a detailed explanation for these delays.

I was satisfied that, in most cases, the delays were because of the applications being incorrect and/or incomplete. There were also delays because of applicants failing to promptly

⁹ Ombudsman SA Reference: 2020/05767.

¹⁰ Ombudsman SA Reference: 2022/01556.

respond to further requests for information. This mostly occurred where applicants had failed to include:

1. which work-setting Direction they were seeking an exemption under
2. their vaccination status, and/or
3. the incorrect form was supplied.

Further, the department acknowledged that there was a very small number of applications delayed due to human error, resulting in these applications not progressing in a timely manner. I considered the number of applications delayed due to human error and, whilst this was unfortunate, I considered that the number was negligible and, as such, did not warrant investigation by my Office.

The department provided me with a clear step-by-step overview of the process that it took to progress and assess the vaccine exemption applications, as well as the criteria considered. I carefully considered this information and determined that the processes put in place by the department were reasonable in the circumstances.

I acknowledged that COVID-19 placed an enormous pressure on the department. Whilst it was clear that there were delays at times in the processing and granting of vaccination exemptions, and no doubt these delays caused people financial and personal stress, I considered that the delays were as a result of the rapidly changing and unpredictable nature of the pandemic. I did not identify any actions of the department in relation to the processing and granting of temporary exemptions to mandatory vaccination requirements that warranted my investigation.

Request for information to appeal against cross border exemption decision¹¹

A couple contacted my Office in relation to their exemption application to enter South Australia. Their exemption had been declined and they had sought reasons for the decision but had not received a response at the time they contacted my Office. The complainants made multiple attempts to contact the department to understand the reasoning for the decision so that they could appeal it. The complainants were unsure how to proceed.

My Office made enquiries with the department and explained the reasons that the complainants were seeking the exemption. In response the department granted the complainants the exemption and they were able to enter South Australia.

Incorrect date on exemption¹²

A couple complained to my Office about the issuing of an exemption to cross the border into South Australia. The complainants had sold their property interstate and were relocating to South Australia. They received their cross-border travel exemption, which allowed them seven days in which to travel, but the date was incorrect, and the seven days had already passed when they received the exemption. Due to their financial situation, the complainants were unable to pay for additional accommodation and daily needs if they were forced to wait for a new exemption to be processed and issued and they would have been rendered homeless.

¹¹ Ombudsman SA Reference: 2021/07592.

¹² Ombudsman SA Reference: 2021/05265.

Given the complainants' vulnerability my office made urgent enquiries with the department which responded promptly to address the complaint and resolve it.

Medi-hotel quarantine invoicing issues¹³

In March 2022 I sought a response from the department to several complaints I had received about the issuing charges for medi-hotel quarantine despite prior correspondence in writing stating that costs would not be incurred.

Multiple complainants contacted my Office providing copies of a letter from Dr Emily Kirkpatrick, dated 30 November 2021, stating that they would need to enter medi-hotel quarantine and be reassessed. The letter stated that if they were approved for home quarantine no costs would be incurred for their medi-hotel stay. These complainants contacted Shared Services SA to dispute the charge but continued to receive letters of demand during this time. Complainants expressed distress as a result of being advised that they might be taken to court over this or incur negative consequences for their credit rating.

My Office contacted Shared Services SA in relation to this matter but was advised that it was waiting for SA Health to issue responses to the impacted individuals.

In response, the former Acting Chief Executive of the department advised me that, in summary:

- the department was notified of this issue on 3 March 2022 by the COVID Quarantine Fees team, within the Department of Treasury and Finance
- the enquiries revealed that there were errors in some of the invoices sent to individuals in the period between 23 November to 30 December 2021 and each complaint had been considered
- the department had commenced examining each claim in the period to confirm whether the former guests completed their quarantine periods at their residence
- while the invoices were under dispute, the COVID Quarantine Fees team put a hold on debt collections, so that they did not receive reminder notices and their debt was not progressed to the Fines Enforcement and Recovery Unit
- the department was providing a response with an apology to the affected guests and their invoices would be withdrawn
- it was anticipated that more complaints might come forward, but an assurance was provided that the department would endeavour to resolve these in a timely manner.

Given that the department took prompt and reasonable action to address and resolve the issuing of the incorrect invoices, I did take any further action in relation to this matter.

¹³ Ombudsman SA Reference: 2022/01640.