

Briefing

Internal Review of the June Sydney to Wellington Traveller Case 2021

Date due to MO:	24 September 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20211771
To:	Hon Chris Hipkins, Minister for COVID-19 Response		
Copy:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

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Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Internal Review of the June Sydney to Wellington Traveller Case 2021

Security level: IN CONFIDENCE **Date:** 24 September 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Copy: Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. The purpose of this briefing is to provide you with an overview of the internal review of the health system response to the June Sydney to Wellington Traveller Case.

Summary

2. As part of the Ministry of Health's (the Ministry) commitment to continuous improvement, an interval review was undertaken into the response of the June Sydney to Wellington Traveller Case that resulted in Wellington moving into Alert Level Two on 23 June 2021.
3. The review highlights that the overall response was rapid and effective which led to no community outbreaks occurring.
4. There have been lessons identified and this review makes six recommendations with specific actions to strengthen these areas. The relevant teams within the Ministry have been made aware of the actions necessary to support these findings and the report outlines progress made against these. Consistent with our approach for continuous improvement, we have already enhanced and adjusted some crucial processes and systems derived from these learnings. These have been outlined in the review.
5. Please note, that the *Interval Review of June Sydney to Wellington Traveller Case 2021* was completed prior to the current Auckland outbreak. A review which captures lessons identified throughout the current outbreak will be explored at the conclusion of the response.

Recommendations

We recommend you:

- | | |
|--|---------------|
| a) Note that the Ministry has undertaken a review of the June Sydney to Wellington Traveller Case 2021 which makes recommendations to further strengthen the ongoing COVID-19 response. | Yes/No |
| b) Indicate whether you would like the Ministry to proactively release the report on its website. We will provide a communications pack to support this decision, if you decide to do so. | Yes/No |



Dr Ashley Bloomfield

Director-General of Health

Date: 15/9/21

Hon Chris Hipkins

Minister for COVID-19 Response

Date:

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Internal Review of June Sydney to Wellington Traveller Case 2021

Context

1. The June Sydney to Wellington Traveller Case 2021 begun on 23 June when it was identified that an individual who travelled from Sydney to Wellington on 18 June and returned on the 21 June returned a positive test result for COVID-19.
2. The Case resulted in zero community cases, two close-plus contacts, 981 close contacts and 1743 casual plus contacts. The Case was confirmed by New South Wales health authorities as an epidemiological link to the Bondi/Westfield Cluster in Sydney, Australia.
3. On July 6 2021, the formal process to review the outbreak began through a series of debriefs and reports. In addition, a questionnaire self-assessment tool was developed to inform the process and gain further insight into key learnings identified.
4. On 23 July 2021, an eight-week quarantine-free travel suspension from all Australian states and territories to New Zealand came into effect due to the deteriorating COVID-19 situation in Australia.

Review Overview

5. The COVID-19 Advisory Group within the COVID-19 Health System Response Directorate led the review into the Case. The organisations, groups and agencies involved in the response included:
 - a. Department of the Prime Minister and Cabinet
 - b. Capital and Coast District Health Board
 - c. Ministry of Business, Innovation and Employment
 - d. Ministry of Foreign Affairs and Trade
 - e. Ministry of Health
 - f. Ministry for Primary Industries
 - g. National Emergency Management Agency
 - h. New Zealand Police
 - i. Regional Public Health
 - j. Wairarapa District Health Board

Recommendations

6. The recommendations that the review make are outlined below. The review provides further details and current progress.
 - a. Further mitigate risk of staff fatigue and workforce pressures across the health system through providing resource support and assistance.

- b. Re-evaluate the available surge capacity health workforce so that the Ministry is well prepared to deliver increased operational resources in response to future incidents and/or outbreaks
 - c. Examine communication channels with Australian counterparts to clarify delays and ensure efficient information flow.
 - d. Review operational procedures and protocols to adjust to the developing COVID-19 situation, including the presence of the Delta variant and how this may affect our response processes and practice.
 - e. Explore self-isolation procedures for individuals who are unable to self-isolate safely
 - f. Improve communication, collaboration and engagement across government agencies so that decision-makers are well supported and are provided with the best possible advice.
7. Many any of these recommendations were already underway or already have existing processes.

Communications Approach

8. The release of the report may generate moderate public and media interest.
9. If you choose to publicly release the report, we will provide you with a communications pack to support your decision.

Next steps

10. We will provide you with an update in the coming months regarding the progress of the review recommendations.
11. We will provide you with a communications pack if you wish to proactively release the report and work with your office on necessary steps for release.

ENDS.

Appendix 1: June Sydney to Wellington Traveller Case 2021

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June Sydney to Wellington Traveller Case 2021

Internal Review of the
June Sydney to
Wellington Traveller Case
Response

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INTRODUCTION

A key strength of New Zealand's response to COVID-19 is the commitment to continually review, adjust and apply learnings to future activities.

The purpose of this internal review of the Ministry of Health's (the Ministry) public health response to the 'June Sydney to Wellington Traveller Case,' is to uncover the challenges experienced and lessons identified, to inform our process of, and commitment to, continuous improvement. The review outlines specific actions and work streams addressing issues identified.

CASE SUMMARY AND TIMELINE

On 23 June 2021, the Ministry was notified through the Australian National Focal Point that a confirmed COVID-19 case travelled to Wellington from Sydney on 18 June 2021; returning to Sydney on 21 June 2021. While the incident reported zero community cases, there were two close-plus contacts, 981 close contacts and 1743 casual plus contacts identified. The case returned a positive test result in Sydney from a test taken on 21 June 2021. The case worked as a general practitioner in Sydney Australia in close proximity to Bondi Junction and received their first vaccination dose for COVID-19. New South Wales health authorities confirmed an epidemiological link to the Bondi/Westfield Cluster.

In response to the incident, the Greater Wellington region moved to Alert Level 2 at 6:00pm on 23 June 2021, with the remainder of New Zealand staying at Alert Level 1. Further to the Alert Level change, a public health risk assessment was undertaken regarding the Quarantine Free Travel (QFT) status with New South Wales, Australia. As a result, at 11:59pm on 22 June 2021 a pause on QFT was put in place for a period of 72 hours. At 11:59pm on 29 June 2021, the Greater Wellington region moved back to Alert Level 1 alongside the remainder of New Zealand.

The COVID-19 situation has since deteriorated in New South Wales and expanded to the Queensland and South Australian States. Subsequently, on 23 July 2021, the Australian QFT status was demoted and an eight-week QFT suspension from all Australian States and territories to New Zealand came into effect.

INCIDENT MANAGEMENT TEAM STRUCTURE

The Ministry's COVID-19 Incident Management Team (IMT) manages and coordinates the national health response to COVID-19 incidents and outbreaks and is the point of contact for public health units (PHUs), district health boards (DHBs), Ministers, the Ministry's Executive Leadership Team, and other stakeholders. IMT is activated upon identification of a community case of COVID-19 and includes a range of expertise from across the Ministry.

External organisations involved in the response include:

- Department of the Prime Minister and Cabinet

- Capital and Coast DHB
- Ministry of Business, Innovation and Employment
- Ministry of Foreign Affairs and Trade
- Ministry for Primary Industries
- National Emergency Management Agency
- New Zealand Police
- Regional Public Health
- Wairarapa DHB

REVIEW METHODOLOGY PROCESS

This internal review of the June Sydney to Wellington Traveller Case encompasses findings from the following:

1. A memo to Dr Ashley Bloomfield, Director-General of Health on 5 July 2021 titled *Situation Summary Report: Sydney to Wellington Acute Case*.
2. A joint Ministry and DPMC briefing titled *Quarantine-Free Travel with Australia: Key Learnings and Process Improvements*. This briefing outlined key learnings from QFT incidents, including how these learnings have informed actions to strengthen the QFT system and better inform decision making.
3. A debrief with key stakeholders on 6 July 2021, chaired by the Group Manager, IMT.
4. A self-assessment questionnaire of the incident was developed by the Ministry's COVID-19 Advisory Group for this review and distributed on 21 July 2021 to key stakeholders listed above who were involved in the response. Findings were collected, analysed and summarised to inform this review.
5. A review and debrief analysis of the May-June 2021 Incidents titled *May-June 2021 Incidents Analysis Reviews & Debriefs*. This focused on key learnings and process improvements in relation to the QFT incidents. These incidents include the Victoria QFT pause, June Sydney to Wellington Traveller Case, New South Wales QFT pause and the Australia-wide QFT pause.

SUMMARY KEY FINDINGS

The review found that the Ministry response has continued to operate under a process of ongoing improvement and agility throughout the maritime responses, which has proved effective in responding to the incident.

The key findings identified in this review are:

- **IMT:** Robust structure and processes, as well as timely updates to key stakeholders which provided assurance that the response was 'fit for purpose'.
- **Cross government agency and stakeholder:** Positive relationships and clear communication channels ensured an efficient and aligned incident response.

- **Sector communications:** Proactive communications ensured smooth information flow to the wider health and government sectors.

While findings were largely positive, some areas are in need of strengthening:

- **External communications:** Clarity of messaging and information provided to the public is required, such as the communication of places of interest and the definition of close contacts.
- **Workforce capacity and capability:** Improved surge workforce capacity could alleviate staff pressure and fatigue across the health system.
- **Isolation facilities:** Ensuring there is facility capacity and contingency planning for contacts required to self-isolate but do not have an appropriate place to do so.
- **Contact tracing and testing:** Improved QR code placement advice, plans to mitigate the challenges of congestion at testing sites and availability of a surge contact tracing workforce.

THE INCIDENT MANAGEMENT TEAM RESPONSE

The Ministry IMT processes for managing incidents were clear and efficient which allowed for quick activation and notification of the incident which enabled a proactive response. Regular training ensured that staff were familiar with response standard operating procedures (SOPs) resulting in a rapid response while providing flexibility to adjust as the situation evolved.

Regular IMT updates to response stakeholders ensured roles and responsibilities were clearly defined. This included systematic IMT meetings with internal and external stakeholders, held daily, which allowed for good information sharing and helped frame issue management during the response.

The review has also shown that some SOPs should be reviewed and adjusted as COVID-19 variants emerge and the global situation develops.

COMMUNICATIONS

There have been noticeable improvements in incident response communication, in terms of pace, external communication and cross-agency collaboration in comparison to previous events. The established communication channels and flow of information through the system allowed for any issues raised to be immediately addressed and effectively managed. However, there is an identified need to reduce confusion around information sources and the movement of unconfirmed information. It is necessary for IMT to be the single source of truth, to avoid any misinformation or duplication of effort.

Critical information and messaging to the public must be quick and accurate, especially regarding information for contacts of a case and providing places of interest. Due to unclear messaging following the June Sydney to Wellington Traveller Case, testing stations were crowded by people that did not need to be tested.

There were initial challenges due to the delay of the provision of information regarding the traveller case from Australian colleagues. In the future, the Ministry will set clearer expectations for incident responses where international time zones and different processes between jurisdictions may cause a delay in information gathering and sharing.

CAPACITY AND CAPABILITY

It is clear from the findings that health system capacity and capability continue to be a concern across the sector.

Firstly, there is a need for the system to continue to work proactively to develop the existing capability and recruit or employ additional work force. Enabling swift response action and ensuring flex in the system will support the fatigue of our key health workers externally, and Ministry staff internally in the event of an incident or outbreak.

Secondly, there is a system wide issue concerning the placement of those identified as being a close contact not having a suitable facility to self-isolate safely. There are various reasons individuals are unable to safely self-isolate e.g. living with family members or travellers. In this instance, 29 contacts were placed in managed isolation facilities (MIF) to self-isolate. A risk was identified in this area as there are no clear procedures in place for contacts or community cases in the event that they do not have anywhere to safely self-isolate. MBIE is responsible for the network of managed isolation and quarantine facilities, with the Ministry holding relevant health components. As multiple agencies contributed to this work, this will need to be escalated through the DPMC.

Other key pressures noted included:

- The impact of rapidly commissioned policy changes for programmes such as QFT and Alert Levels, on Ministry teams who were already fatigued from expanded business as usual deliverables.
- The limited capacity to redeploy workforce to operational areas in order to provide adequate surge. It was indicated that surge capacity could not sustain long periods of operation due to limited resourcing, e.g. testing can scale up to 40,000 swabs a day but can only be sustained at this level for a three-week period.

CONTACT TRACING AND TESTING

There were numerous lessons identified in the contact tracing and testing components of the response.

In this incident, over 2500 contacts were identified for a single traveller. Although the current contact tracing capability was able to cope in this event, it was recognised that a larger scale operation would put the National Investigation and Tracing Centre (NITC) under immense strain to

support the response to an incident or outbreak. In addition, there was QR code confusion, for example, one location may have one QR code for upstairs and downstairs areas. There is a need to ensure consistency of QR codes across locations so that they are easy to find and use, resulting in more people scanning and accurate location information.

There were capacity issues with testing stations in terms of availability, waiting times, appointments, drop ins, and priority groups for people who were identified as close contacts and at locations of interest. As a result, some people did not receive their test result within the 48-hour period. It was observed that PHUs need to update contingency plans to stand up sufficient testing sites to meet increased demand in response to an incident, especially with the emergence of more infectious variants of COVID-19 that could put immense strain on resources. In addition, people seeking information or guidance from Healthline often faced long wait times (in some instances, waiting times reached up to two hours) due to capacity challenges and the increase of callers. This resulted in many people giving up; increasing the risk of the public not getting the information they require.

RECOMMENDATIONS

As a result of the above findings, outlined below are recommendations to streamline and enhance the response to future incidents. These will be as part of SOP and process, amendments, to improve the Ministry's response to community outbreaks and incidents. The key themes identified to strengthen planning for, and execution of, future responses are:

1. **Further mitigate the risk of staff fatigue and workforce pressures** across the health system through providing resource support and assistance
2. **Re-evaluate the available surge capacity health workforce** so that the Ministry is well prepared to deliver increased operational resources in response to future incidents and/or outbreaks
3. **Examine communication channels with Australian counterparts** to reduce delays and ensure efficient information flow
4. **Review operational procedures and protocols** to adjust to developing COVID-19 situation, including the presence of the Delta variant and how this may affect our response processes and practice
5. **Explore self-isolation procedures** for individuals who are unable to self-isolate safely
6. **Improve communication, collaboration and engagement** across Government agencies so that decision makers are well supported and are provided with the best possible advice.

Many of these recommendations were already underway or already have existing processes in place during or shortly after this response was concluded. However, by undertaking this review and identifying recommendations, this provides the Ministry an opportunity to further strengthen its response processes and procedures.

NEXT STEPS

Identified actions to be implemented as a result of the key recommendations discussed can be found in Appendix 1.

In addition, the Ministry's practice to review and reflect on each incident has developed a culture of continuous improvement. As a result, actions will continue to be tracked and updated as part of our business-as-usual processes which includes sharing this review and the identified recommendations with the COVID-19 Independent Continuous Review, Improvement and Advice Group and Minister for COVID-19 Response.

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APPENDIX 1: RECOMMENDATIONS

RECOMMENDATION 1: Further mitigate risk of staff fatigue and workforce pressures across the health system through providing resource support and assistance

Action	Owner	Progress	Status as of August 17 2021
Continue to monitor workload, fatigue and strain on PHUs and staff within the COVID-19 Directorate	GM COVID-19 Response and Coordination	Response team are continuing to offer support and assistance to PHUs as they manage high workloads. The COVID-19 Directorate is collaborating with the Ministry's Population Health and Prevention Directorate and Office of Director of Public Health to ensure there is an aligned work programme to assist PHUs address wider workforce and resourcing issues	Completed

RECOMMENDATION 2: Re-evaluate the available surge capacity health workforce so that the Ministry is well prepared to deliver increased operational resources in response to future incidents and/or outbreaks

Action	Owner	Progress	Status as of August 17 2021
Review external surge testing plans to support future national responses in light of more infectious variants	GM COVID-19 Testing and Supply	The Ministry's COVID-19 Testing and Supply Group have contacted all 20 district health boards (DHBs) to provide updated surge planning templates and have requested that the DHBs amend plans to ensure these plans are fit for purpose	Completed
Review contract tracing surge capacity plans to support future national responses in light of more infectious variants	GM COVID-19 Contact Tracing	The Ministry's Contact Tracing team is progressing work to address contact tracing surge capacity to ensure capacity to respond to more infectious variants. At the time of writing,	Completed

IN CONFIDENCE

		a report is currently with Hon Chris Hipkins, Minister for COVID-19 Response, for his consideration. The Ministry will continue to update Ministers as this work progresses.	
Develop self-isolation options and alternatives for individuals who are unable to safely self-isolate	DPMC COVID-19 Response Group (Health input/DPMC led)	The Ministry has identified this issue with DPMC and they are working to identify suitable alternatives to address this issue.	Underway – to be completed by November 2021
Re-evaluate DHBs and PHUs contingency planning to stand up COVID-19 testing centres	GM Response and Coordination	The Ministry IMT are undertaking regional visits with all DHBs and PHUs to ensure readiness testing and provide assurance on contingency planning. This includes pre-identified pop up COVID-19 testing centres that have the ability to rapidly surge in response to a Delta variant outbreak or incident.	Completed

RECOMMENDATION 3: Examine communication channels with Australian counterparts to reduce delays and ensure efficient information flow

Action	Owner	Progress	Status as of August 17 2021
Continue to review the process of gathering information through Australian National Focal Point portal	GM COVID-19 Intelligence and Surveillance	There are monthly meetings with Australian counterparts that the Ministry attends to discuss a range of matters including information sharing and any issues that may arise with the current process. These have been very productive to date and the Ministry is continuing to build relationships with our Australian counterparts.	Completed

RECOMMENDATION 4: Review operational procedures and protocols to adjust to developing COVID-19 situation, including the presence of Delta

Action	Owner	Progress	Status as of August 17 2021
Review of COVID-19 response process in light of emerging Delta variant to ensure these methods are fit for purpose	GM COVID-19 Advisory	The Ministry has established an internal working group to drive a programme that will review each of the response areas and update them if necessary, to ensure they are fit for purpose to respond to the increased threat posed by the Delta variant.	Underway – to be completed by November 2021
Review of Alert Level frameworks in light of emerging Delta variant	GM System, Strategy and Policy	As part of the working group above, the Alert Level guidance will be reviewed to ensure that the framework is fit for purpose to respond to the increased threat posed by the Delta variant.	Underway - to be completed by November 2021
Review Public Health Risk Assessment criteria	Office of the Director of Public Health	As part of the workstream above, the Public Health Risk Assessment criteria will be reviewed to ensure that the framework is fit for purpose to respond to the increased threat posed by the Delta variant.	Underway – to be completed by November 2021

RECOMMENDATION 5: Explore self-isolation procedures for individuals who are unable to isolate safely

Action	Owner	Progress	Status as of August 17 2021
Support the develop of self-isolation options and alternatives for individuals who have unsuitable facilities to safely self-isolate	DPMC COVID-19 Response Group (Health input/DPMC led)	The Ministry has identified this issue with DPMC and they are working to identify suitable alternatives to address this issue.	Underway – to be completed by October 2021

RECOMMENDATION 6: Improve communication, collaboration and engagement across Government agencies so that decision makers are well supported and are provided with the best possible advice.

Action	Owner	Progress	Status as of August 17 2021
Providing SOPs/diagram outlining sources of contact and how and when to engage with the Ministry of Health during a response to an outbreak and/or incident.	Manager, Office of the Deputy Chief Executive	The Ministry is reviewing and standardising our current approaches and finalising a flowchart for circulation to the relevant agencies in due course.	Underway – to be completed October 2021
Continue to clarify the key health messages and guidance provided to the public, so that there is greater public understanding of actions needed and decisions made. This will ease the current pressure felt by COVID-19 operations.	GM Communications and Engagement	<p>The Ministry has further clarified our key messages about who needs to be tested, particularly with regards to secondary contacts (ie about them not needing to isolate or be tested, unless their contact develops symptoms); and communicate this to key stakeholders such as Ministers, DPMC, DHBs etc.</p> <p>The Ministry are also updating our 'easy read' materials on the website to ensure the most up-to-date public health advice is disseminated. The Ministry continues to work with the DPMC Communications team who are developing a fact sheet on staying at home/self-isolating for people with English as a second language or who have a disability.</p>	<p>Completed</p> <p>Underway – to be completed September 2021</p>