

# Joint Memorandum

## Update on Pullman incident review recommendations to support proactive release of report

<b>Date due to MO:</b>	21 April 2021	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	20210691
<b>To:</b>	Hon Chris Hipkins, Minister for COVID-19 Response		

### Contact for telephone discussion

Name	Position	Telephone
Sue Gordon	Deputy Chief Executive, COVID-19 Health System Response, Ministry of Health	s 9(2)(a)
Megan Main	Deputy Secretary, Managed Isolation and Quarantine, Ministry of Business, Innovation and Employment	s 9(2)(a)

### Action for Private Secretaries

N/A

Date dispatched to MO:

# Update on Pullman incident review recommendations to support proactive release of report

## Purpose

1. On Tuesday 16 March 2021, the Ministry of Health (MoH) and Ministry of Business, Innovation and Employment (MBIE) provided you with the *Pullman Managed Isolation and Quarantine facility COVID-19 Case Incident Report* along with a cover briefing and communications plan (HR20210597 refers).
2. You were updated on the progress to date via a memo provided to you on Wednesday 24 March 2021.
3. This memo provides you with further information about the progress of the review recommendations, to support the release of the report on Friday 23 April 2021.

## Background

4. As you are aware, an independent report was commissioned into the three COVID-19 transmission events that occurred in January 2021 at the Pullman Hotel managed isolation facility in Auckland.
5. The final report notes that the three events occurred in the context of emerging new strains of COVID-19 with higher transmissibility; increased global incidence of COVID-19; growing international evidence of aerosol transmission; and greater awareness of the role of ventilation systems (especially in confined spaces like lifts and corridors).
6. The report will be publicly released on the Ministry of Health and Ministry of Business, Innovation and Employment websites on Friday 23 April 2021.

### *Update on the Pullman ventilation system*

7. The Pullman ventilation system upgrade has been completed and the facility will be able to resume operating at full capacity. MBIE will advise the Technical Advisory Group (TAG) and expects the facility to resume operating at full capacity from 24 April.

## Recommendations

8. The report makes eight recommendations that are focused on operational processes, physical changes, resourcing, clinical governance and continuous improvement.
9. It is important to note that many of the recommendations were already embedded into processes prior to the review, however the review provides an opportunity to strengthen current processes and practices to keep our communities safe from COVID-19. All recommendations that were not already underway have been accepted by MoH and MBIE and endorsed by the MIQ Risk, Quality and Assurance Advisory Group.
10. The table attached at **Appendix 1** outlines the recommendations and reviewers' suggested timeframes, along with MoH and MBIE commentary summarising progress of these.

## Next steps

11. The Pullman incident report will be publically released on Friday 23 April.
12. From 24 April, MBIE expects the Pullman MIF will resume operating at full capacity.

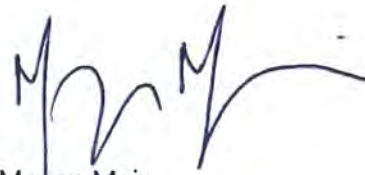


Sue Gordon

Deputy Chief Executive

**COVID-19 Health System Response  
Ministry of Health**

Date: 21 / 04 / 2021



Megan Main

Deputy Secretary

**Managed Isolation and Quarantine  
Ministry of Business, Innovation and  
Employment**

Date: 21 / 04 / 2021

## Appendix 1: Table outlining progress of report recommendations

No.	Recommendation	Priority	Timeframe	Responsible	BAU practices and actions taken	Progress
1	Review the Operations Framework, Standard Operating Procedures and audit programme to highlight the risks of aerosol transmission and the measures that are needed to reduce the risk of this mode of transmission	High	Within 1 month	MoH MBIE	<p>A regular monthly review and update process has been in place for the MIQF Operations Framework and SOPs since their inception. This regular review process provides the opportunity for continuous improvement, and for the documents to be frequently updated in response to emerging evidence and system learnings. With respect to addressing the risk of aerosol transmission, a number of amendments have already been made in the MIQF Operations Framework, including:</p> <ul style="list-style-type: none"> <li>- Expanding guidance for the use of N95/P2 particulate respirators by MIQF staff</li> <li>- Implementing operational measures to reduce movement of returnees within the facility through confined, poorly ventilated spaces like corridors and lifts (e.g. booking systems for exercise and smoking to control the frequency of movement, and the number of people moving at a given time)</li> <li>- Reviewing the ventilation arrangements of the facilities and implementing mitigations where possible to improve air flow and create favourable pressure differentials in hotel rooms vs corridors; and</li> <li>- The roll out of air filtration units across the network of MIQFs as appropriate, and as an additional risk mitigation tool (noting that air filtration units have been implemented in the Pullman, and implementation is in progress across other facilities).</li> </ul>	<p>This is <b>complete</b>.</p> <p>These changes were included in the 13 April 2021 release of the MIQF Operations Framework. The audit tool will be updated in response.</p>

2	Review the management and procedures for symptomatic returnees: symptomatic returnees should remain in their rooms until results are available and medical authorisation has been given to end isolation	High	Within 1 month	MoH	<p>As above, a regular monthly review and update process has been in place for the MIQF Operations Framework and SOPs since their inception. This regular review process provides the opportunity for continuous improvement, and for the documents to be frequently updated in response to emerging evidence and system learnings.</p> <p>This regular review and update process has included updates to the symptom monitoring and public health advice returnees are given during their final exit health check, and in the departure letter they are provided with upon exit. This is supported by a post-departure wellness check for every returnee. Returnees are contacted via email 2 -3 days after leaving the MIQF with a link to a symptom check. If they report symptoms, they are advised to get tested and self-isolate. Those that do not complete the online symptom check receive a follow up call.</p>	<p>This is <b>complete</b>.</p> <p>This was included in the 13 April 2021 release of the MIQF Operations Framework.</p>
3	Review the information provided to returnees on exit from the MIFs regarding symptoms that should prompt a returnee to get tested, and encourage the returnee to seek testing if the returnee has any doubt	High	Within 1 month	MoH		<p>This was <b>complete</b> prior to the 24 March 2021 memo.</p>
4	Review the resourcing of the Health Team, their workload, and their responsibilities	Low	Within 3 months	NRHCC MOH	<p>A high-level review has recently been completed on the current status of the MIQF Health workforce. From this, a workplan has been developed to address identified risks and opportunities.</p> <p>A strategy to collect regular standardised national level data on MIQF health workforce size and vacancies is currently being implemented.</p>	<p>This is <b>underway</b>.</p> <p>The implementation of the work-plan is continuing, including scoping of current workload and utilisation of the workforce. A consistent method of collecting workforce data is currently being trialled. We have established that there is considerable variation between regions in staffing models, staff to returnee ratios, and how the workforce is deployed. Interviews have been conducted with staff to</p>

						better understand these differences. This will inform a report that can be used by DHBs to review their current health workforce investment and optimise their model of care. This report is due in May 2021.
5	Review the resourcing of the IPC team across the Northern Region, including IPC nurses, nurse educators, and specialist IPC support for each facility and the region	Medium	Within 3 months	NRHCC MOH	There are a number of existing oversight forums where IPC issues, including resourcing, can be raised. This includes a fortnightly IPC leads meeting which was introduced in January 2021, and ongoing open channels of communication and feedback between the MOH IPC sub-TAG and the Northern IPC team. Additionally, there are weekly meeting with regional IPC teams in relation to the IPC audit programme.	This is <b>underway</b> . As part of a local Auckland MIQF review, additional FTE resource, who can assist with teaching, auditing and implementing IPC practices in MIQF, are being considered. Auckland's IPC specialists work closely with MIQF IPC teams across the country, including attending regular MIQF IPC specialist clinical groups which support clinical practice review and IPC practices.
6	Identify groups of non-health staff with high turnover rates and identify ways to reduce turnover and requirements for constant training	Medium	Within 3 months	MBIE	With around 5,000 - 6,000 staff, turnover is to be expected. Training is in place to bring new staff up to a suitable standard.  Some agencies that provide supporting services to MIQ provide staff on a rotating basis, where staff complete a period in MIQ before returning to their primary roles. This is one reason that turnover is particularly high.  Officials are developing a single definition of "high turn-over", as different sectors have different attrition rates.	Discussions on length of secondments for personnel assigned to MIQF is <b>ongoing</b> .  We are devising a workforce strategy and associated programme of work that will look to stabilise the existing workforce and reduce the turnover and associated training burden.
7	Develop a multidisciplinary clinical governance framework	Medium	Within 3 months	NRHCC MBIE	Separate to the Pullman review, Risk, Quality and Assurance communities of practice (COP) groups have been established at the local and	<b>In progress</b> . The second cross-agency meeting scheduled for 23

	and network with local (MIQF), regional and national governance that is connected has clear responsibilities				<p>regional levels. These groups are multidisciplinary and made up of staff with a range of skills and expertise. These COPs include a focus on clinical governance risks, and reports through to the MIQ Risk, Quality and Assurance Advisory Group who reviews these risks at a national level.</p> <p>Officials are conducting a stocktake of the governance groups already in place, and whether any additional actions are required to meet this recommendation.</p>	April 2021 which will include a number of MIQ, MOH and DHB staff.
8	Develop a 'learning system' using information from incidents and audits, and adapt the audit programme to incorporate continuous quality improvement	Medium	Within 3 months	MBIE	<p>MIQ has an assurance plan based on the Three Lines of Defence model. The Risk and Assurance team prioritises audit findings, and tracks the closure of recommendations with these reported monthly to the MIQ Leadership Team. This is supported by the MIQ Risk, Quality and Assurance Advisory Group and supporting Community of Practice to help ensure that management of quality and risk is conducted in alignment with the MIQ Strategic Direction and Business Plan to identify opportunities for continuous improvement.</p> <p>MIQ tracks and reports on any incidents and findings from these into a daily report that is provided to operations staff.</p> <p>This report is a vehicle to share lessons and improve practices. Where there are more significant incidents, we can commission detailed analysis, as has been the case for the Pullman case incident report.</p>	The monitoring of incidents and the sharing of lessons emerging is <b>ongoing</b> . We continue to look for opportunities to share lessons across MIQ facilities as a means of continuous improvement. Note: the framework and network established as part of Recommendation 7 will provide a mechanism that enable greater sharing of lessons emerging

					<p>In addition, MoH and MIQ are committed to a 'continuous improvement' learnings system which has underpinned the response to-date. This includes regular internal reviews of responses to embed lessons identified into future responses.</p> <p>The Case Incident Review process used to guide the Pullman Incident Review was designed to ensure a nationally consistent approach to investigations into COVID-19 infections of Managed Isolation and Quarantine (MIQ) workers. It's three key objectives are to:</p> <ol style="list-style-type: none"> <li>1. Deliver national consistency for incident reviews of COVID-19 worker infections</li> <li>2. Promote systems-level learning to reduce transmission risks across all MIQF</li> <li>3. Embed a process for implementing and monitoring recommendations.</li> </ol> <p>Work is underway to expand the use of the Case Incident Review Process to cover all within-MIQF infection incidents.</p>	
--	--	--	--	--	---	--