



# AIDE MEMOIRE

## Review into the testing compliance of an MIQ employer

<b>Date:</b>	19 May 2021	<b>Priority:</b>	Medium
<b>Security classification:</b>	In Confidence	<b>Tracking number:</b>	2021-3762

<b>Information for Minister(s)</b>
Hon Chris Hipkins <b>Minister for COVID-19 Response</b>

<b>Contact for telephone discussion (if required)</b>			
Name	Position	Telephone	1st contact
Shayne Gray	General Manager, Service Quality and Assurance	Privacy of natural persons	✓
Privacy of natural persons	Principal Advisor, Head of MIQ		

<b>The following departments/agencies have been consulted</b>
Ministry of Health

- Minister's office to complete:**
- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <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 Withdrawn           |

**Comments**



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### Purpose

To provide you with a copy of the KPMG audit into the testing compliance of Case B and their employer and outline what we are doing in response to this situation.

Shayne Gray  
General Manager  
Service Quality And Assurance

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### Background

1. After a cleaner at the Grand Millennium Managed Isolation Facility tested positive for COVID-19 in April 2021, another MIQ worker subsequently tested positive.
2. This second case – subsequently known as Case B – was a security guard who worked for First Security Group (FSG).
3. Through the Auckland Regional Public Health (ARPHS) case investigation, it was alleged that Case B had not been meeting their obligations to get the regular surveillance under the COVID-19 Public Health Response (Required Testing) Order 2020 (the Required Testing Order).
4. As the ARPHS investigation was predominately focused on the period of March to April (the period in which this individual may have been infectious) and they would not have had access to the employer testing records or the Border Worker Testing Register (BWTR), we also undertook to look into what occurred with regards to Case B and FSG in this situation.
5. Following an assessment of the BWTR records and after further discussions with FSG, we were able to confirm that Case B had not been tested in accordance with the Required Testing Order.
6. In response, and due to recent developments in staff testing, there are four main actions which have been undertaken following this situation:
  - a. Proactive assurance by MIQ around staff testing;
  - b. BWTR has become mandatory;
  - c. An independent audit to look into what occurred and to provide any recommendations on what we could do to ensure it does not happen again; and

- d. The Border Executive Board has also commissioned a review which will assess the arrangements in place to support compliance with the Required Testing Order, which will make recommendations for any further improvement.
7. More information about these actions is outlined below, however it is important to note that we have moved significantly from a high trust model to a model where employee, employer and MIQ now share a greater responsibility for ensuring compliance with the Required Testing Order.

## **Proactive assurance by MIQ**

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8. While it is the responsibility of employees to be tested and employers to ensure their staff are being tested, the Government does have a role in ensuring this is occurring as required.
9. Alongside the Ministry of Health, we have been steadily improving the MIQ staff testing process since routine testing of border workers was established in September last year.
10. As with many things in MIQ, there has been a need to move quickly to respond to developments and often this has meant an interim solution is rolled out while a longer-term solution can be implemented. Attendance data was initially collated manually at each site and we undertook work to move to a more sustainable model for reporting on staff testing.
11. For staff testing, these records are recorded in BWTR which is managed by the Ministry of Health. Those testing records then need to be matched up with rosters and attendance records.
12. To ensure we can get reliable attendance data for staff, in late 2020 MIQ kicked off a project to put in place a system to automatically capture attendance called "WhosOnLocation". This was piloted in November and early December and was fully implemented across all 32 managed isolation and quarantine facilities by early February.
13. This system now allows us to confirm who has worked in the facilities and then cross reference their testing status in the Ministry of Health's BWTR.
14. In April, for the first time we were able to generate more reliable records of those staff who are up-to-date with their testing and those who are not. This has shown that the large majority of staff are meeting their obligations but there remain some who are not getting their tests in time to meet their obligations.
15. We are now using this information proactively to support MIQ employers and employees to meet their obligations when it comes to staff surveillance testing. This includes daily engagement with employers and escalation avenues if continued non-compliance is observed by particular employees or employers.
16. A dedicated team has established within MIQ who will work proactively with these employers and employees to ensure this testing is occurring and also to identify if there are any barriers to it happening.
17. In addition, the Ministry of Health, WorkSafe and MBIE MIQ are establishing the monitoring and compliance framework for staff testing and are finalising the accountabilities for each agency involved in ensuring compliance with the Required Testing Order.

## KPMG audit

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18. The failure of Case B to be tested since November 2020, called into question the robustness of the staff testing regime and assurance about whether it was occurring as it should have been.
19. To provide us with further information about this specific situation and to determine if there is anything we could or should be doing differently, we commissioned KPMG to undertake an independent review of this situation.
20. The objectives of the review were to:
  - a. Establish the facts of the incident and the circumstances and actions leading up to the incident;
  - b. Assess the adequacy of FSG's internal processes to ensure that its workers at Managed Isolation and Quarantine Facilities (MIQFs) completed their periodic testing regime for COVID-19;
  - c. Investigate the underlying issues as to why this incident was not identified as non-compliance; and
  - d. Examine whether there were any internal and external factors.
21. KPMG's assessment and analysis of the evidence led them to conclude, on the balance of probability, that:

### *Case B*

- a. Case B did not report for, and undergo, all of their required tests in the testing period corresponding to their MIQ-related employment.
- b. Case B provided inaccurate information to FSG stating that they had undergone each of their required tests in accordance with their testing period.

### *FSG*

- c. FSG developed systems and processes to keep and maintain records of border workforce testing and ensured resources were in place to operate the system. The system and processes were aligned to the relevant duties in the Required Testing Order and duties under Health and Safety at Work Act to protect workers from harm.
- d. FSG could have more quickly and rigorously validated employee self-declarations in its internal system with information on test dates available in the BWTR, as that data became available. Doing so would have strengthened the confidence it held in its employees' self-declarations with an external, high-quality corroboration.
- e. KPMG noted that, in regard to Case B, FSG was not aware of Case B's non-compliance with testing until March 2021 due to BWTR data quality issues. A reconciliation check in March 2021 would have identified that Case B had falsely stated they had undergone nine tests between 11 December 2020 and 24 March 2021.

### *Wider internal and external factors (MIQ)*

- f. Access to testing is especially problematic for shift workers, particularly those with limited time and means and on irregular rosters. These factors can lead to tests not being taken within specified periods. Although DHBs work with employers to organise

testing schedules that suit the realities of shift work, there may be occasions when these schedules do not align.

- g. The BWTR was a voluntary system until 27 April 2021 and was in a trial stage. Because there were delays in uploading data, and delays and inaccuracies in the linking of National Health Index (NHI) numbers with Person Profiles, FSG could not view test dates for each and every border worker it employed. At the time of writing the audit, FSG did not have visibility over test dates for around 60 employees because their NHI numbers had not been linked. Please note, this was a snapshot in time and significant improvement has already been made in this space.
  - h. The WOL system may not accurately reflect attendance of border workers due, in part, to inconsistent use by individual workers and lack of enforcement at work sites. There has been a lot of work undertaken since this situation occurred to ensure that everyone entering MIQ does input their details into WOL.
22. These findings have been shared with the Ministry of Health and FSG. In regards to Case B, FSG has confirmed that their employment investigation has been completed and Case B is no longer employed by FSG.

## **MIQ response to the KPMG findings**

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23. A number of opportunities for improvement have been outlined in this audit. Many were already under action as part of our ongoing staff testing improvement work. We are currently considering our response to the remainder and working with the Ministry of Health on any further changes.
24. Some immediate changes that have already been implemented include:
- a. Improved access for employers in BWTR especially since BWTR became mandatory;
  - b. More proactive engagement with employers through the MIQ Staff Testing team which is resulting in increased compliance;
  - c. Further reinforcing that every person who enters a managed isolation facility must sign on via WOL;
  - d. Undertaking spot checks on facilities to ensure all staff are signing in via WOL;
  - e. Working with the Ministry of Health to more quickly NHI-match staff listed in BWTR to ensure more accurate reporting on compliance rates;
  - f. Sending proactive notifications to employers who have staff listed as overdue in BWTR;
  - g. Working with the Ministry of Health to investigate how we can better ensure access to testing for night shift workers.
25. With the changes that were recently put in place and the planned work ahead, we are confident in the processes in place to ensure what occurred with Case B is unlikely to happen again.

## **Next steps**

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26. There is rightly significant public interest in what has occurred with Case B, FSG and the testing compliance. As a result, we intend to proactively release this audit report. We will provide your Office with our supporting communications material.

27. We will also continue to improve the proactive assurance of the MIQ testing regime to ensure our employees and employers are meeting their obligations, and we can make any changes to make it as easy as possible for staff to be tested. This includes daily engagement with employers and escalation avenues if continued non-compliance is observed.

KPMG Report publicly available: <https://www.health.govt.nz/system/files/documents/pages/02-kpmg-review-of-miq-first-security-incident-may-2021.pdf>