T R A N S C R I P T

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into the Victorian Government's COVID-19 contact tracing system and testing regime

Melbourne—Wednesday, 18 November 2020

(via videoconference)

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WITNESS

Ms Rachel O'Loughlin, Chief Customer Officer, Stellar Asia Pacific.

The CHAIR: Good afternoon, everyone, and thank you for joining us. I would like to declare open again the Standing Committee on Legal and Social Issues public hearing for the Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime. We are very happy to be joined by Rachel O'Loughlin, who is the Chief Customer Officer at Stellar Asia Pacific. With me today, joining me on the committee, I have Deputy Chair Tien Kieu, Ms Tania Maxwell, Mr Enver Erdogan, Ms Wendy Lovell, Ms Melina Bath, Dr Catherine Cumming, Ms Georgie Crozier, Dr Matthew Bach, Ms Kaushaliya Vaghela and Mr Lee Tarlamis, in no particular order.

Rachel, just to let you know, all evidence taken at this hearing is protected by parliamentary privilege, and that is under our constitution but also the standing orders of the Legislative Council. This means that any information you provide to us today is protected by law. However, if you were to repeat a comment outside, that may not have the same protection. Any deliberately false evidence or misleading of the committee could be considered a contempt of Parliament. As you understand, this is being broadcast, but it is also being recorded. We will provide a proof transcript to you in the next few days, and I would encourage you to have a look at that just to make sure that we represent you accurately today. We would appreciate if you would like to make some opening remarks, and then we will open it up to a broader committee discussion. Thank you.

Ms O'LOUGHLIN: Yes, terrific. Thank you very much, and thank you for having me this morning. As you said, I am the Chief Customer Officer for Stellar. Stellar is actually a specialist customer service and contact centre solution organisation. We were founded in Australia 22 years ago and have operated ever since both in Australia and globally. We manage services on behalf of a really broad range of customers and businesses across just about every industry vertical. We have got a really solid and strong background supporting government both at federal level and also a number of state agencies. And certainly the work that we have been doing with DHHS has been incredibly important, and we have been proud to assist with that work.

By way of background, the solution or the services that we have been offering to the department are outbound contacts specifically, and those outbound contacts are associated with making contact with individuals who have been identified as being in close contact with a confirmed case. And there are a number of calls that we make as part of that regime or that protocol throughout the necessary quarantine processes. We have been conducting that work since late July and have been very delighted to support the department in that. So I am delighted to share information that will assist you.

The CHAIR: Thank you so much, Rachel. If I could start, do you train your staff or does DHHS train your staff? If you could explain a little bit about the training of your staff please.

Ms O'LOUGHLIN: Yes, of course. So in this particular situation DHHS has provided us with the workflows and the scripting and also the systems. What we have done with that information is turned that into a training plan, and that training plan is a little bit broader than that. It includes some background information about the program, how staff are to use the systems and working through absolutely all of the call scripts, but also there is a soft skills component of that that we developed ourselves. That training plan was then formulated and signed off by the department. So it is really a combination of the department's material and some of our expertise as a professional organisation bringing that together into a holistic plan.

The CHAIR: And is your team also accessing the Salesforce management system?

Ms O'LOUGHLIN: No, we are not. The solution and system that we are using is a Genesys telephony platform. So we use that to make the outbound calls—it is an outbound dialler—but within that Genesys platform there is also a campaign module, and in that campaign module there are various scripts to guide each of the agents through those calls with the individuals but also allow them to actually make notes and flag the progress of the call. There is also a SharePoint repository, but no, we are not using Salesforce at all.

The CHAIR: Okay. So when you make those sorts of contacts—I am presuming they ask you questions as well—you have got scripts to answer those questions, but those questions or the concerns that that person that

you are speaking to may have, that does not go direct into Salesforce. You record that, that goes into SharePoint and then DHHS then presumably does something with that information.

Ms O'LOUGHLIN: Yes. Just to clarify, anything that we are capturing is captured within Genesys, in the Genesys campaign module. That Genesys platform sits within the DHHS environment, so it is directly into their systems.

The CHAIR: Great. Okay. Thank you, Rachel. I will turn to Deputy Chair Tien Kieu.

Dr KIEU: Thank you, Chair. Thank you for appearing and contributing today. I just have a quick question on the resources that you have in order to fulfil the obligations, in particular, because with the outbound contact tracing a lot of the people would be in the CALD communities. So what kind of languages do you have, and resources, and in particular and in general is there any challenge that you would like to share with us? Thank you.

Ms O'LOUGHLIN: Yes, certainly. So you are absolutely right. In any program like this we definitely have to consider languages. In terms of the brief and the scope that we were provided it was for English language specifically; however, as part of the solution that we put together with DHHS it was actually the use of TIS—the translation information services solution—and so that service and solution has been used for any calls that require language assistance. And so I understand that there has been a small percentage; it would be less than 5 per cent on this particular service.

Dr KIEU: And just to follow on, you said that you have a Genesys system, which is owned and operated by DHHS, and the script and the input would be going back directly to the department. Apart from that, is there any other feedback that you would provide to the department in general, not just from the conversation but some of the concerns that you may have or some of the points that you have picked up from the operation so that the whole system could be improved for the whole process or some other purposes?

Ms O'LOUGHLIN: Yes. Certainly. So I might answer that in a couple of different ways. I think certainly in the beginning, like any client that we work with, we proactively provide recommendations and ideas about how to ensure that we set up the solution in the best possible way. So specifically as part of this, the example I gave around training was one of those, specifically—so, the way that we recommended and suggested to the department to, you know, modify some of the introductory components of the scripting to make it a little more clear. But also with the training we were very definite about ensuring that we adequately trained our people in a range of soft skills items—so, really thinking about the way that we train people in conflict resolution or handling difficult calls, being empathetic and dealing with people that are in vulnerable situations. They were the elements that we added to that training to ensure that it was a much more holistic solution that was able to well cater for a diverse range of circumstances that we might find ourselves in.

In terms of the ongoing operation, then certainly we were in regular contact with the department, absolutely daily, and certainly we would provide a wrap-up or a list or an outcome at the end of each day of any issues that we had found with the list. So in addition to flagging any records as we would make calls and escalating those within the department, we would provide feedback if there were any kind of regular occurrences or issues that we needed them to address.

The CHAIR: Thank you.

Dr KIEU: Just quickly if you have a minute, how many staff do you have on the team, and how many of them may be able to speak a different language than English?

Ms O'LOUGHLIN: So, we commenced with 24 people. We currently have 36. For everyone English is their first language on the program, so I cannot comment on whether or not they have a secondary language, because as I said, TIS was used to support that.

The CHAIR: Thank you. Ms Georgie Crozier.

Ms CROZIER: Thank you very much, Chair, and thank you, Ms O'Loughlin, for being before the committee this afternoon. We appreciate your time and your insights. Can I just follow on from Dr Kieu's question? Are all your staff situated in Victoria?

Ms O'LOUGHLIN: Yes, they are.

Ms CROZIER: In relation to that, I am interested to know about that script, because we heard from Helloworld on Monday that, I think they said, they had 150 pages. Is that your experience? Is that the same sort of script that you have received from the department?

Ms O'LOUGHLIN: Helloworld I think are doing some different work types to us, so I cannot comment on exactly what Andrew actually talked about I believe on Monday. We do have extensive scripting. I cannot comment on the size of the scripting, but it is all embedded within the system, so I would have to take that on notice in terms of the length of the detail.

Ms CROZIER: If you would not mind, thank you. I am interested from your perspective in trying to understand how many different platforms there are within the department and, as the Chair spoke about Salesforce, just where you sit on how the integration process has been undertaken in terms of those different services that have been provided by the department, because we know that there have been significant issues in relation to the follow-up in contact tracing. I am wondering from your insights: could you tell the committee about the different platforms that are perhaps within DHHS undertaking this work?

Ms O'LOUGHLIN: Yes, certainly. And I guess again I can only comment on the limited view that we have, because we are actually managing a very specific piece of work, and that specific piece of work is all contained within Genesys. Certainly the conversation we had with the department during the initial scoping of the solution was that it was very important to us to ensure that data was captured and information was captured within a system and other systems were not used, so that is all done within Genesys. I do not have any visibility to any other system that has been used.

Ms CROZIER: And just one last question quickly, just in relation to your training that you have provided your staff. I am curious about that because of the different processes that are obviously being applied in relation to other evidence we have had. So that training program that you have done, how long did that last for for your staff?

Ms O'LOUGHLIN: So when we did the original training we trained over a number of days—it was two to three days. As we have been able to refine training and really formalise everything, it is 8 hours in duration now from start to finish.

Ms CROZIER: Is that face to face and within the department or is it online?

Ms O'LOUGHLIN: It is facilitator led. It is all classroom-based, facilitator led. As you can appreciate, because our staff on this program are Victorian based, we did that all remotely, so via Zoom, and it is all facilitator led.

Ms CROZIER: Thank you.

The CHAIR: Thank you. Kaushaliya Vaghela.

Ms VAGHELA: Thanks, Chair. Thanks, Rachel, for your time and for your submission. My question is regarding the various services that you provide. As an organisation, Stellar provides customer services support in a range of areas. Are you able to talk to us about what the differences are between the types of support you have provided in the contact-tracing processes? Because what you mentioned is that you have got the workflow and the script from DHHS and then you trained the staff. During the pandemic the situation was changing very quickly. How were you able to cope with that change in terms of providing the training to the staff, and do you think that specifically healthcare-related training was necessary, or were the staff okay with the training that you had provided?

Ms O'LOUGHLIN: Okay. So I guess, first of all, as an organisation of this nature we are very used to dealing with customers and clients and businesses in a very broad variety of situations that I described before, both in large-scale situations and also smaller bespoke services. So the circumstances in which we find ourselves working with clients can vary. Sometimes clients will give us all of their material, sometimes we need to write it. So, again, we are very used to working in with organisations in that manner. Training staff—

again, we have professional trainers within our organisation, so again, part of our normal set-up is establishing any services of this nature, and then any updates or coaching is done as part of our normal operating processes.

With regard to the second part of your question, this is an information service. We are not conducting any clinical components of these calls. The clinical components of this solution are done before we get the list, so these individuals have been identified, they have gone through that clinical process and then the purpose of what we are doing is customer service information and linking services. So that was the brief that was provided to us by the department, but certainly in my opinion that is the right skill set for individuals to be communicating with the public.

Ms VAGHELA: Yes. That is what we heard from Helloworld as well, that they did not require sort of healthcare-related training, and that is exactly what I am hearing from you—soft skills and other skills which are necessary to provide the service. Thank you, Rachel.

The CHAIR: Thank you. Ms Wendy Lovell.

Ms LOVELL: Thanks, Fiona, and thanks for being with us, Rachel. Rachel, early on we were hearing dreadful stories about contact tracing of hundreds of contacts going uncontacted and that it was not working particularly well in Victoria. I am not casting any aspersions on your firm but just contact tracing in general. Now we are hearing that it is delivering much better results. Can you explain to us what has changed from the early days to now?

Ms O'LOUGHLIN: I think it is important to note we have been involved since 28 July.

Ms LOVELL: All right, okay, so you were in the second wave.

Ms O'LOUGHLIN: Yes, so I guess I am unable to comment on what happened.

Ms LOVELL: Earlier ones, yes. Can you comment on the data that you received from DHHS and how good that is and what percentage of contacts you were able to make or not able to make due to the data?

Ms O'LOUGHLIN: Yes, certainly. In terms of the data integrity, it falls within the normal list quality, I would say. So around 3 to 3.5 per cent we might deem as being a duplicate record or we are unable to contact that individual because of data integrity issues. That could be an error, but it also could be a duplicate record. Importantly, in the information that I have looked at, those data integrity issues have tended to lead to extra contacts, not less contacts. What I mean by that is it is a duplicate record on the list. I have not seen any evidence of it actually leading to less contacts.

In terms of the completion of lists, we were able to complete and continue to be able to complete our workload each day. List contact rates vary depending on the types of calls that we are making—as high, during the initial contacts, as high-90 per cents, 95, 96 per cent. There is a particular call type that we manage, which is SMS follow-up calls. These are individuals who are in quarantine and are getting a daily SMS and should be responding to those SMSs. We had that list to actually make contact with those individuals. That is the list where we have the lowest contact rate, somewhere between 50 to 60 per cent. That is generally because those individuals are being non-responsive to the communication protocols. That though is not a list quality issue; that is about the individuals essentially responding to calls and SMSs.

Ms LOVELL: And how many contact tracers would you have per case?

Ms O'LOUGHLIN: I would have to take that one on record, because I would have to go back and have a look at the number of records completed each day and the number of people on. So if I could take that one on record, I could provide that.

The CHAIR: Thanks, Rachel, that would be greatly appreciated. Enver Erdogan has ceded his question to Deputy Chair Tien Kieu.

Dr KIEU: Thank you very much, Rachel. I just want to understand more about the process, because contact tracing is very key and crucial in the whole process. The first part is whether you follow a case continuously or you just are given the random person to ring and that person may not be linked to the case prior to the phone call, the previous phone call. And secondly, could you give us the statistics on how many calls staff would do in

a day and typically how long they would be, just to see how difficult and complicated a telephone conversation would be for the purpose?

Ms O'LOUGHLIN: Yes, certainly. In terms of the different call types, there are four different call types. And I will come back to that in a moment. It is not a one-to-one call. For best efficiency to ensure that we are maximising and speaking to the highest number of individuals on that list, the calls are just presented to the next available agent. That is the way that we do it, because it ensures that the operation runs in the most effective and efficient way. With the four call types, we make contact with those individuals who are a close contact, we make contact with individuals who are not responding to an SMS and we also make contact on day 10 of quarantine and on day 14 of quarantine. They are the four types.

In terms of the conversation link, they vary from call type to call type, because some of them can be quite easy, straightforward checking calls, but for others, such as if someone has started to present with symptoms in day 10, we need to provide information to those individuals about what they need to do next. So there is quite a degree of variation in the handling time on each of those calls.

Dr KIEU: Any pressing challenges that you have had to face in general?

Ms O'LOUGHLIN: I would say, you know, like any service of this nature, as I think I said earlier, it unfolds quickly. It was a dynamic environment that people had not faced before, and so early on there were still processes and systems and those sorts of things that needed to be confirmed and bedded down. That would be the first thing. For the general public as well, this is an unusual environment that we are finding ourselves in. So the importance of people understanding to respond to an SMS and why that is critical, they are the sorts of challenges I would say are probably the things that were the biggest issues—just trying to make sure that the general public understood why this was such an important contact and why we were asking them to take the steps we were asking them to.

Dr KIEU: Do your staff have to deal with distress or abuse?

Ms O'LOUGHLIN: Yes, from time to time we would have individuals who would be in a distressed or a shocked situation. That is not uncommon in terms of the types of calls and services that we provide. So we make sure that our people are well prepared for those; hence the training that I was referring to before. Also, within our service, our team leaders, that is their role—to ensure that they are managing and overseeing the teams but also providing that support where needed. We also have an employee assistance program in place for all of our employees who might need any support or counselling after calls. But by and by, the calls were reasonably okay.

Dr KIEU: Thank you.

The CHAIR: Thank you. Dr Matthew Bach, and then we will go to Catherine and Melina.

Dr BACH: Thanks very much, Chair, and thanks again, Ms O'Loughlin, for being with us. I might just pick up the line of questioning from Dr Kieu. He asked you just now about challenges that you faced, and you referred to some systems and processes that needed to improve. I wonder: could you provide the committee some specifics?

Ms O'LOUGHLIN: Yes, certainly. So when I referenced the training during the initial stand-up of the services, some of that training needed to actually be fully developed. Again, as this was a changing environment not all the workflows or the scriptings were quite complete as we were starting to build that training out.

Dr BACH: Could I ask you how long that took—to ultimately be provided to you, Ms O'Loughlin?

Ms O'LOUGHLIN: It was over the course of that three days. So that is why the training took over three days as some of that work was being done.

Dr BACH: Thank you very much. A further question from me is regarding the really important nature of the work that you do, noting in response to the question before from Ms Lovell that you referred to the fact that your organisation commenced this really important work in July. Could you inform the committee who was doing this work before you came on board?

Ms O'LOUGHLIN: I cannot comment on that, because I am actually not sure of all the details behind that. I cannot comment on that.

Dr BACH: No, that is fine. Thank you very much. I will ask government witnesses.

The CHAIR: Thank you. Dr Catherine Cumming.

Dr CUMMING: Thank you, Chair, and thank you, Rachel. Would you be able to provide the committee with a copy of the script that DHHS has given you—a current copy? That would be great. Do you feel you have enough staff to deal with demand? My other question is around the times that you are operating through. Is it 24/7? Is it 8.00 in the morning to 8.00 at night? My other question is around the tools that DHHS has given you to provide others. In other words, what kind of service do you actually provide the clients or the customers in the way of information on how they are isolating at home, what they can do, what things they should be doing? I am very interested in the tools, because you made reference before around how, once you get the information from your client, you actually refer them on to other services. I am interested in why that isn't just like a wraparound service? Why is a sick person being told to go to other places to get information? I have been very curious when I look at the DHHS website—if I was told to isolate at home by my GP, I cannot see the information on how to care for myself or others at home.

Ms O'LOUGHLIN: No problem. I might pick up that last piece first and then I will work through the other questions. My reference to linking or providing information was specifically around the requirement for testing. If someone is showing symptoms during those 14 day calls, then we may well need to provide them information about where to actually go to a testing site. That is what I meant specifically. What I will do—obviously it is DHHS's information, so with their guidance—is I am happy to provide more detail around other elements of that script, because they are detailed in nature in terms of the other things that we actually are talking to those individuals about. In terms of hours of operation, it is a Monday-to-Sunday service, 9.00 am to 7.00 pm. And I think you asked me a question, I am sorry, about systems?

Dr CUMMING: Just the resources. I just understand from your answer, Rachel, that you are saying that if someone is presenting after, say, 10 days of isolation, that they are actually sick, I am interested in the calls that you are actually making in the way of—you know, are you sending out information to them or are there others from DHHS sending that information? And with the resources and tools if there are any that you are providing, or are you just checking that they are answering a phone call, or are these proper welfare checks? I guess around the scripts and language—

The CHAIR: Catherine, you are running out of time here.

Dr CUMMING: is this about being a welfare-based model, with the language that you are using in your script?

Ms O'LOUGHLIN: Okay. These are information and check-in calls. If someone needs more clinical support or detailed support, that is then actually flagged back into the department so that the individuals are provided the appropriate care and specialist support information. Our call is very much an information and a check-in call.

The CHAIR: Great. Thank you. Ms Melina Bath.

Ms BATH: Thank you. And thank you very much, Rachel, for your very professional testimony and information today. I have two questions. The first one relates to back when you were first hired by government. Who approached Stellar in the first instance? And was it a tender process or was it a straightforward between you and the government contact?

Ms O'LOUGHLIN: Okay. We were approached by the principal procurement adviser within the department. They reached out to us and asked us for a capability statement, so some information about what we could offer—the solutions we could offer from our organisation. A couple of those—

Ms BATH: Do you have that person's name, sorry, Rachel?

Ms O'LOUGHLIN: Yes. Alicia Cuccio. A couple of days later, on 16 July, we were asked to respond to an urgent response schedule, so it was a DHHS response document that we then responded to in full. Then on

18 July we were confirmed—we received a phone call and it was confirmed that the department would like to proceed with us in terms of offering solutions, and that was the director of corporate and logistics who reached out to us. So a contract and an agreement was then finalised on 20 July, and then we moved into project.

Ms BATH: Rachel, do you know how many other companies were involved in the procurement process?

Ms O'LOUGHLIN: No, I do not.

Ms BATH: And my final question goes to: I am interested in I guess the personal interaction and the recording of the information. I think you said you use the Genesys campaign model, from my notes. And I am interested: how is that—are everybody's comments recorded verbally and sent to DHHS, or is it transcribed by your system using Dragon NaturallySpeaking into a Word document? And is everything that people comment directed, or are there red flag conversations that are directed? Can you tell us a little bit about the capturing of people's conversations? I am sure some of them are quite emotional and terse or upset or distressed. So could you just explain that? Thank you.

Ms O'LOUGHLIN: Certainly. So first of all the calls are not recorded in any way, nor is there any technology that is doing voice to text. The information that we are capturing, there are specific fields that we complete or fill out within the campaign module within Genesys. It is certainly not an end-to-end conversation that is being captured. It is more about capturing an outcome, and any escalation or flagging, if required, goes back into the department.

The CHAIR: Great. Thank you. We have got a couple more minutes if there are further questions.

Dr KIEU: May I?

The CHAIR: We will go to the Deputy Chair and then to Georgie Crozier and, if time, to you, Kaushaliya.

Dr KIEU: Thank you, Chair. I would like to understand a little bit more about the quality of the information captured—the consistency and the accuracy. This is not on you, but just the agents who are conducting the interview or the contact, would they try to get as much information as accurately as possible? Because I know in some circumstances for some people that due to their situation they may not want to disclose, or they may not remember unless they are prompted in an appropriate way. So what do you think about the quality that you have been able to capture and feed back into the Genesys system?

Ms O'LOUGHLIN: Again, the scripting and the workflows are quite specific in terms of the information that is really being sought on that call. Again if I go back, if it is a close contact, it is about making sure those individuals understand they have been identified as a close contact and the next steps they need to do in terms of isolation et cetera. For people that are isolating, these are calls that are really about checking in and understanding whether or not they are displaying any symptoms and providing them information, if they are, about needing to get tested. So it is quite specific in terms of the information we are looking to gather and also capture.

Dr KIEU: For the people isolating, are you ringing their mobiles or are you ringing their home phone so that you see whether they are at home or not?

Ms O'LOUGHLIN: I do not know the split between phone numbers, so again I probably should take that on notice because I cannot tell you the split of fixed line versus mobile phone numbers.

Dr KIEU: Thank you.

The CHAIR: Thank you. Georgie Crozier.

Ms CROZIER: Thank you again, Ms O'Loughlin. This morning we heard from the Chief Scientist, Dr Alan Finkel. In the review that he was a part of and presented to the national government, one of the comments he made is: 'The driving principle for contact tracing must be to never fall behind'. He also, as others have said, has commented on the overwhelming situation that Victoria was in. Obviously around July we were certainly in that situation in terms of an ability to manage these outbreaks and the numbers that were growing. I am just wondering if you could comment in relation to the ability for you to be able to do the work

you did and what delays you saw in that information coming to you to be able to then follow up? Could you provide to the committee some of the time delays that your team experienced?

Ms O'LOUGHLIN: I think that the first example is the one that I have provided already really, in terms of the training material or having all of the workflows ready and completed so that we could train as quickly as possible and start making calls. So I talked about that already.

Ms CROZIER: Sorry to interrupt you. What I am meaning is: in terms of the information coming to your team from the department, what were the delays that your team was experiencing in terms of that information coming from the department to your team to then make contact with those people affected?

Ms O'LOUGHLIN: Right, I understand. So we receive lists every day. I think what I cannot comment on, though, is how long it is taking in the clinical area to actually do that processing work or whatever work they need to do so that those lists are provided to us. So I cannot comment on that component and what that delay in time is.

Ms CROZIER: Were any of your team getting comments from those people that you contacted, that they contacted, to say, 'We've been waiting for somebody to contact us'? Because there have been many, many stories where that has been the situation; people have waited for days at a time to have that contact tracing and those phone calls made. Can you comment on that?

Ms O'LOUGHLIN: I have not got an example of that coming to mind right now, so I do not know of an instance or multiple examples of that, but again I could take that one on notice to confirm.

Ms CROZIER: That would be terrific, and obviously you would be well aware, like the general population, of all the reports of the very extensive delays in terms of the department making contact. And I think that goes to the point of when you were provided information, so if you could provide that information to the committee that would be very helpful.

Ms O'LOUGHLIN: Of course. May I add, because I do not think I answered this question, we actually are completing our workload every day; so once we have that list, we are completing that.

Ms CROZIER: I am not talking about you. I am more interested in when that information comes to you.

Ms O'LOUGHLIN: Understood. Yes, thank you.

Ms CROZIER: Thank you.

The CHAIR: And I think it is hard for Rachel to know whether that information is late or not. She is getting it on the day. But the feedback from the people they are contacting may go some way to that.

Ms CROZIER: Exactly.

The CHAIR: That is right, Georgie?

Ms CROZIER: Thank you.

The CHAIR: Thank you for offering to provide that extra information, Rachel. Kaushaliya?

Ms VAGHELA: Thanks, Chair. Just a quick one: so Rachel, throughout the time that Stellar has provided support to Victoria's pandemic response, can you tell us about the learnings that you have had as an organisation and whether there has been any opportunity to share these with other states and territories?

Ms O'LOUGHLIN: There certainly are other opportunities to share them with states and territories, and in fact we have been involved in some of those conversations. But I think the important thing about this is this is a very unique situation, as we have talked about before. It is unprecedented, it is unfolding both for organisations and also individuals. So the importance about having clear communication and a clear process that is consistent, I would say, across all providers is critical and important. Now is probably a great time to review training and look for improvements and ensure that that is rolled out and consistent. And I think the third thing I would say is these systems and databases—so any technology that is being used, and I am aware there is

obviously a project happening now—are critical in terms of having a whole-of-individual or whole-of-customer view so there is one source of truth.

Ms VAGHELA: Thank you.

The CHAIR: Thank you. Catherine, you have got 60 seconds if you wanted to ask a question.

Dr CUMMING: Yes. One of the questions I asked earlier, Rachel, about the amount of staff—so you just said that you are finishing your workload, but do you feel in peak times that you had enough staff?

Ms O'LOUGHLIN: Yes, we have. So remembering that we came on on 28 July—so since that time. And we ramped up to about 48—it was 48 people at peak, which was the week of 17 August—but we have had sufficient staffing that whole time.

The CHAIR: Terrific. Thank you. That was really insightful, Rachel. Thank you very much for that information. I think it gave us a really clear idea of that role and the type of contacts that people are receiving.

As I mentioned before, you will receive a transcript of today. Please do have a look at it. The information you provided will form part of our report, and that transcript will be available on our website. So thank you again for the work you are doing, but also for the time you have given us today.

Ms O'LOUGHLIN: My pleasure.

The CHAIR: We will reset—2 minutes to reset. Thank you, everyone.

Witness withdrew.