

In Confidence

Office of the Minister Hon Chris Hipkins
Minister for COVID-19 Response

Chair, Cabinet

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: RAPID REVIEW OF AUCKLAND FEBRUARY 2021 OUTBREAK AND FUTURE WORK PROGRAMME

Proposal

- 1 This paper provides a report back to Cabinet on:
 - 1.1. the COVID-19 Independent Continuous Review Improvement and Advice Group's (the Group) findings from their rapid review of the Auckland February 2021 outbreak (the Outbreak);
 - 1.2. a summary of the Group's future work including how they are linking in with the 'Reconnecting New Zealand' work and working with the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum.

Executive Summary

- 2 Overall, the Group found that the response to the Outbreak builds on some lessons from previous outbreaks but there are a number of areas where continuous improvements should be made to further enhance and de-risk performance. These areas include (but are not limited to):
 - 2.1. Formalisation of the early aggressive approach;
 - 2.2. Scenario planning;
 - 2.3. Roles and decision making;
 - 2.4. System capacity;
 - 2.5. Workforce fatigue;
 - 2.6. External expert input; and
 - 2.7. Equity and diverse communities.
- 3 The Group have completed a report¹ (the Report) which sets out their findings from the review of the Outbreak. The Report also puts forward a number of

¹ 'Review of the February 2021 Auckland COVID-19 Outbreak and New Zealand's current COVID-19 Outbreak Response Capability'

recommendations including key recommendations to address the above areas. The Report is attached as Appendix One.

- 4 Overall, the Report found that connections between central and peripheral components of an outbreak response have improved considerably with respect to both planning and execution.
- 5 In response to the Report, I have written to relevant agency leaders, setting out priority workstreams to address three of the key recommendations including contact tracing, system capacity and capability, and system-wide scenario planning. I will work with the COVID-19 Chief Executives to develop workstreams to implement the Group's remaining five key recommendations from July onwards.
- 6 The COVID-19 system (the System) was set up as a crisis management system to respond to a present and substantial threat. As it is now clear that New Zealand will be managing and dealing with COVID-19 for the longer term, we need to shift to a model that can sustainably manage ongoing cases of COVID-19 while other functions continue to be delivered.
- 7 Shifting to this sustainable 'fit-for-the-future' model will form the basis of the Group's forward work programme. This model will build on what is already in place and reflect a changing environment with an increasingly vaccinated population and opening of borders (both domestically and globally).
- 8 The delivery model of their future work programme will be centred on iterative and real-time advice that is focussed on continuous improvement opportunities from a whole-of-system perspective. The Group will be seeking to assure me that the System has the necessary package of interventions to effectively prepare for and respond to risks and outbreaks.
- 9 The approach will be that the Chair will engage with the relevant Chief Executive of an agency, or agencies, on the area of focus. The Department of the Prime Minister and Cabinet secretariat (the Secretariat) will coordinate relevant officials to meet with the Group. Advice following this engagement will be summarised promptly, checked with the agency, and I will commission any continuous improvement work as I see fit.
- 10 I will be monitoring actions and any new recommendations monthly through a new report on progress against continuous improvement recommendations across the System. The first of these reports is due to me in early July and will be published on the Unite Against COVID-19 website.
- 11 The Group have provided some initial feedback on the Reconnecting New Zealanders work and their expertise will continue to feed into this. The Group will have iterative real-time engagement with the Department of the Prime Minister and Cabinet (DPMC) team leading this work. The Secretariat will ensure the Group's input is cohesive alongside advice provided by the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum.
- 12 In the delivery of the Group's remit set out in their Terms of Reference, they will work alongside the Strategic COVID-19 Public Health Advisory Group and the Business

Leaders' Forum in a way that leverages off their respective work and expertise, avoids duplication and covers any gaps.

Review of the Auckland February 2021 outbreak

Background to the review

- 13 In March 2021 I established the Group to provide advice on specific areas of the COVID-19 response where improvements could be made with the benefit of alternative and independent perspectives [refer CAB-21-MIN-0055].
- 14 I asked the Group, as their first area of focus, to undertake a rapid review of the Outbreak to:
- 14.1. Give reassurance that previous recommendations related to COVID-19 outbreak response have been acted upon in a timely fashion;
 - 14.2. Give reassurance that there have been appropriate lessons taken from the Outbreak, including planned timely and measurable improvements to the system; and
 - 14.3. Provide assessment and recommendations independent of internal review.
- 15 That phase of work is now complete, and the Group have completed their Report which identifies areas and proposes recommendations for continuous improvement.
- 16 Members of the Group Dr Debbie Ryan and Professor Philip Hill have led the review with support from the Chair, Sir Brian Roche, and the other Group members. The Report is based on a review of documentation obtained from the contributing organisations and interviews and information provided by key people.
- 17 In summary, 14 interviews were held that included 13 different organisations from across central agencies, public health operational agencies and other groups. Forty-four individuals took part in interviews that spanned approximately 18 hours in total. Approximately six days' worth of effort were taken to prepare the Report. The rapid review commenced with interviews on 30 March 2021, the draft Report was completed on 23 April 2021 prior to agency fact checking², and the final Report provided to me on 04 June 2021.

High level summary of the review findings

- 18 Overall, the Group found that the response to the Outbreak builds on some lessons from previous outbreaks. They have, however, identified a number of areas where continuous improvements should be made to further enhance and de-risk performance. These areas include (but are not limited to):
- 18.1. formalisation of the early aggressive approach;
 - 18.2. scenario planning;

² The draft Report was provided to the Ministry of Health, Te Kawa Mataaho Public Service Commission and Department of the Prime Minister and Cabinet for fact checking. Feedback from these agencies has been received and considered by the Group.

- 18.3. roles and decision making;
 - 18.4. system capacity;
 - 18.5. external expert input;
 - 18.6. equity and diverse communities; and
 - 18.7. workforce fatigue.
- 19 The competing priorities for resource allocation within the system and the increasing complexities of our diverse communities mean that there are barriers and challenges as we continue forward in the response to COVID-19.
- 20 The Group has noted to me, that it is pleasing to see that the Ministry of Health (the Ministry) and others have already made progress on some of the recommendations, such as increases in Public Health Units' staffing and scenario planning.

Formalisation of the early aggressive approach

- 21 The shift to an early aggressive approach to attempt early elimination is a sound use of system capacity and is recommended to be formalised in plans including a clear pathway for transitioning into more sustainable response activities. I note that this approach has been in place since early 2020 and formalised in the Elimination Strategy since May 2020.
- 22 The addition of two contact categories (Close Plus and Casual Plus) added complexity that caused confusion among the public and providers (including general practitioners). I note that contact categories will no longer be used in communications to the public in an outbreak. Minister Verrall will seek further advice on how risk assessments of locations of interest are carried out using the current contact category framework.

Scenario planning

- 23 Scenario plans that would detail specific Standard Operating Procedures for situations where cases are identified in particular settings will provide clear guidance for swift response. While it is felt that there needs to be flexibility to treat each real-world situation on the circumstances as it unfolds, there would likely be clear benefit in having a plan in place at least for the early stages of an outbreak before circumstances are clear. I note that DPMC are leading work on scenario planning.

Roles and decision-making

- 24 In New Zealand, leadership of an outbreak is complex involving central policy agencies, operational agencies and Ministers operating within the complex architecture of government. This can lead to a lack of clarity where it comes to accountability and decision-making responsibilities.
- 25 Relationships between the operational agencies and other groups including Auckland Regional Public Health Service, the Northern Region Health Coordination Centre and Papatoetoe High School worked well during the response. There could be greater coherency between central agencies however, in terms of messaging,

instructions and accountabilities to provide more certainty and clarity for broader stakeholders such as businesses.

System capacity

- 26 The risk of a large outbreak in New Zealand is real. While the early aggressive approach was successful for the Outbreak, if an outbreak is advanced already when it is detected, or an early aggressive approach fails, the back-up surge capacity should continue to be substantial. There is a need for clarity about the system's capacity to handle a large outbreak as has been identified in previous reviews. This remains a high priority to be resolved and acted upon in consultation with public health officials on the ground.

Workforce fatigue

- 27 There is a consistent theme of a stretched workforce that has been in crisis and response mode for a majority of the COVID-19 response, with people under constant time pressures even between outbreaks. Evidence from interviews indicates that tiredness and burnout is occurring at all levels across the response. Experience suggests that when such behavioural conditions prevail, the ability of the system and those involved in it to innovate and adapt is compromised. This puts the operating model at significant risk.³ I note that the COVID-19 Chief Executives are establishing rosters for response activities to address this issue in part.

External expert input

- 28 Expert input is particularly important in the review of key strategic documents to ensure that any shifts in policy or the implementation of policy are based on sound evidence and rationale. The Group have strongly recommended that there is formal input of external scientific expertise through established processes to incorporate external expert peer review and advice. I note the Ministry of Health has, since the beginning of the COVID-19 pandemic, continued to strengthen its internal scientific and technical expertise and to seek advice from external experts. But I agree with the Group that we must involve more external stakeholders to give proactive and early feedback on any operating model enhancements. For external advice, this could operate in the same way as the external engagement processes used in the vaccine programme.
- 29 Credible mechanisms to involve other stakeholders such as business leaders in any operating model enhancements is necessary in order to allow for broader perspectives to be brought to the table and help to mitigate the risks of relying on key individuals and agencies for expertise.

Equity and diverse communities

- 30 The Group have acknowledged the increased focus on equity through the use of Pae Ora and Pacific teams in the Public Health Unit, engagement with Whānau Ora commissioning agencies and providers, and improved wrap-around care and support

³ The Group is encouraged by the work being undertaken by Te Kawa Mataaho Public Service Commission and would support its ongoing implementation and recommend that front line health agencies explicitly consider the issue of burn out and how best to reinforce resilience.

for contacts. They have however identified further areas that need focus to address the challenges faced by diverse communities and to counter unconscious bias in the response. Given the elevated risk profiles of these groups, ongoing attention and engagement with such groups will be critical to ensure successful responses in the future.

Key recommendations from the Report

The Group has set out 30 recommendations in the Report. Of those, the Group considers eight to be key recommendations.

Table 1: Key recommendations

Theme	Key recommendation
Improvements in planning	The early aggressive approach to an outbreak should be fully formed as a proper plan and approach
	Scenario planning and COVID-19 Response System stress testing should be done, coordinated by DPMC specialists, and completed in an agreed timeframe.
Roles and decision-making	Leadership of an outbreak needs to be clarified and adjusted accordingly adopting an improved consultative approach between the centre and periphery and the need for a primary role for the public health specialists.
System capacity and capability	Strategies for addressing tiredness and burnout, while injecting freshness and ongoing self-reflection and self-criticism should be evident and implemented at all levels.
	The COVID-19 Response System capacity necessary to contain a large outbreak should be clarified and agreed then established properly, including with adequate resource and staffing.
Communications	The new contact definitions should be removed. Individuals should simply be aware of whether they are a close or a casual contact and what, for the particular outbreak, then need to do, as defined in the outbreak plan.
External expert input	Nationally important documents and plan changes should undergo mandatory expert external peer review in their planning and completion, monitored by the Minister for COVID-19 Response's office.

Government response

- 31 I have written a letter to the agency leaders, copying in the Group Chair, in response to the Report (Appendix Two). The letter sets out three workstreams to address the key recommendations that have been raised in previous reviews where I would like to see focussed progress in tranches. The first three workstreams I want to see progress on, and which will be publicly reported on are:
- 31.1. progress already made with contact tracing;
 - 31.2. system capacity and capability; and
 - 31.3. system-wide scenario planning.
- 32 I expect to see an agreed work plan to address these workstream priorities on the Unite Against COVID-19 website by in early July. As noted earlier, DPMC are leading work on scenario planning, and will facilitate a series of workshops, focussing on New Zealand's domestic preparedness for a potential COVID-19 response. The three priority workstreams and current work underway is attached as Appendix Three.
- 33 Noting the complexities involved in scenario planning in the context of quarantine-free travel arrangements, I would like to expand this workstream to incorporate further work on a possible Cook Islands COVID-19 response. My Office will help to coordinate the scope and timeframe of this work.
- 34 In respect of the other five key recommendations, I will work with the COVID-19 Chief Executives to develop workstreams for implementation from July onwards.
- 35 The Group has recommended that we conduct a stocktake of the various reviews that have taken place across the COVID-19 response system in order to support continuous improvement by ensuring that recommendations made have been actioned or otherwise addressed. I agree and have asked DPMC's COVID-19 Response Group to lead this work. Although I know that most recommendations will have already been addressed or else are superseded, it will be useful to be updated on progress against those not yet closed. Progress against review recommendations will be reported to me in early July and monthly thereafter. The recommendations from this review and future recommendations made by the Group will be incorporated into that stocktake and ongoing reporting cycle.

The COVID-19 Independent Continuous Review, Improvement and Advice Group's future work programme

Defining the system

- 36 The COVID-19 system (the System) for the purpose of the Group's future work programme encompasses central government, peripheral⁴ agencies and other

⁴ Peripheral refers to operational agencies outside of central government agencies (for example, Auckland Regional Public Health Unit, the Northern Region Health Coordination Centre).

system actors such as business communities, Māori, Pacific and other diverse communities, rural communities, general public and so forth.

- 37 The System can be described as containing two sub-systems: 'prevention' and 'response'. Linking these two systems and triggering the shift in the response from the former to the latter is 'detection'.

High level focus of the work programme

- 38 The System was set up as a crisis management system to respond to a present and substantial threat. The System has served New Zealand well in both keeping out and stamping out COVID-19. It is now clear, however, that New Zealand will be managing and dealing with COVID-19 for the longer term. As such, the System must necessarily shift from a crisis management response and become part of the broader preparedness and response system that can sustainably manage cases of COVID-19 that occur while the wider New Zealand health system overall continues to deliver other functions as normal.

- 39 Going forward, the Group are shifting the focus of their work to capturing lessons and innovations to inform a 'fit-for-the-future' model that builds on what is already in place, and reflects a changing environment with an increasingly vaccinated population and opening of borders (both domestically and globally).

- 40 To deliver on this focus they will shift away from the 'review' and 'report' type approach to one that is iterative and identifies improvement opportunities in real time for immediate consideration. This will see the Group working alongside the Ministry, the DPMC, PSC, the Ministry of Business, Innovation and Employment (Managed Isolation and Quarantine), and other agencies through open, collegial and transparent relationships that will be more effective in supporting and enabling continuous system improvements.

- 41 The independent perspective and advice of the Group following this engagement will be summarised by the Secretary, checked with the relevant agency, reported to me, and I will lead consultation with the Minister of Finance, Minister of Health and Associate Ministers of Health. The Group will not be held accountable for any actions undertaken by agencies at the direction of the Minister as a result of their advice.

- 42 The Group's work programme and areas of focus will be agreed and refreshed through regular workshops with myself, the Chair and relevant Chief Executives across the System.

- 43 Innovation, in line with the best scientific and public health advice, rather than just sticking with the 'tried and true' will be key to keeping up with the evolving COVID-19 environment. Furthermore, a critical success factor is that we have the infrastructure, processes and accountabilities documented and stress tested to allow successful deployment anywhere within New Zealand.

Design and operation of the future system

- 44 In terms of the future operating system the Group will identify the core components of the operating system (and their current state of readiness and resourcing). These core components involve such things as:

- 44.1. policies, process, technologies and infrastructure deployed to support the flow of people across our border, including pre-departure and post-arrival testing, vaccine passports, and managed isolation and self-isolation;
 - 44.2. building domestic population resilience and reducing pandemic risk, including baseline public health measures and surveillance testing;
 - 44.3. outbreak and case management, including tracing and tracking technologies and expectations, contact tracing, outbreak testing, isolation protocols, and case management and related capacity.
- 45 From a continuous improvement perspective the Group will be looking from a whole-of-system perspective as to how the components inter-relate (including between prevention, detection and response), the nature of the processes to be used, the evidence base (including international lessons and developments) upon which actions and decisions are made all within the assumed operating environment of an increasingly vaccinated world and more open borders.
- 46 From a systems perspective, the Group will focus on whether the system:
- 46.1. has the necessary infrastructure and tools (techniques and data) available to it to be effective and responsive;
 - 46.2. draws on the approach and emerging best practice around testing and surveillance;
 - 46.3. has the accountability and transparency around decision rights;
 - 46.4. has the ability to effectively and quickly be deployed to manage any outbreak across the country;
 - 46.5. has the processes and capacity to manage COVID-19 cases in the community and the hospital system; and
 - 46.6. has the required robustness and responsiveness to maintain the confidence and trust of the public and decision makers.
- 47 The Group will also undertake further exploratory work on the readiness of the health system to manage the COVID-19 cases that may occur once the borders reopen. Outbreaks may well be able to be stamped out, but the cases that occur will need to be managed. Although substantial work has been done to date on boosting the public health response, the personal health response including such things as agreed clinical pathways and adequacy of clinical infrastructure across community and hospital settings may need to be strengthened sufficiently to deal with the cases from COVID-19 outbreaks of various sizes and locations. In the future it would be desirable to ensure the health system continues to fully function whilst at the same time being able to care and treat cases that may require medical support.

The reform of the health system presents an opportunity for realignment

- 48 The current reform of the health system presents an opportunity to embed the lessons from the COVID-19 response into the future health system. As the new Public Health Agency and Health New Zealand are established, the right

foundational pillars must be put in place for the health sector to be able to both continue to manage COVID-19 and respond to pandemics and infectious disease outbreaks in the future. The Group sees value in maintaining visibility of the health sector reform and its impact on the evolution of the COVID-19 response.

Input into Reconnecting New Zealanders

- 49 The Group's collective expertise in public health, business and tourism, medical practice, and vulnerable and diverse communities positions them well to be able to provide expert advice and peer review input into the 'Reconnecting New Zealanders' work.
- 50 The Group, alongside the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum have already provided initial feedback on the proposed approach created through a cross-public sector agency sprint.
- 51 The Group, alongside the other groups above, will continue to be leaned upon for expert input and guidance. The Group will have iterative real-time engagement with the DPMC team leading this work and other agencies as we transition to our Reconnecting New Zealanders work programme. The components and intended phasing of the Group's work programme means the Group will be able to contribute to Reconnecting New Zealanders in alignment with the delivery of their work programme. This will ensure the Group's views can be reflected in future Cabinet policy papers on border, the health response, and so on.
- 52 The DPMC Secretariat will ensure the Group's input is cohesive alongside advice provided by the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum.
- 53 I also note that the Group are connecting in with the Ministry on the update of the Surveillance Strategy and Testing Plan.

Working across the Ministerial Advisory Groups and the Business Leaders' Forum

- 54 The Strategic COVID-19 Public Health Advisory Group Terms of Reference sets out my expectation that the two groups will work with each other especially around health protections post vaccine.
- 55 Professor Philip Hill is a member of both the groups and provides a key linkage. The Secretariat is working with the Chairs of the respective groups to align their priorities and working approach to eliminate any duplication and cover any gaps.
- 56 Similarly, Group Chair Sir Brian Roche and Group member Rob Fyfe are both members of the Business Leaders' Forum and provide key linkages between those groups.
- 57 The Group will work in a way that leverages from the connections through cross-membership and the work of the other groups to ensure that advice to the Government is fully informed and not contradictory to the Strategic COVID-19 Public Health Advisory Group's or Business Leaders' Forum's advice.

Proactive Release

58 I intend to release the initial letter from the Chair to me providing the high level findings of the review prior to agency fact checking, the Report and cover letter from the Chair, and my letter to Chief Executives (copying in the Chair) in response to the Report. I also intend to proactively release this paper, and its associated minute within the standard 30 business days from the date of the Cabinet meeting.

Recommendations

59 I recommend that Cabinet:

- 59.1. **note** the summary and key recommendations from the COVID-19 Independent Continuous Review, Improvement and Advice Group's review into the Auckland February 2021 outbreak;
- 59.2. **note** the content of my letter to agency leaders in response to the Report in Appendix Two.
- 59.3. **note** the three priority workstreams in response to the review and work underway in Appendix Three.
- 59.4. **note** the Group's future work programme including how they are linking in with the 'Reconnecting New Zealand' work and working with the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum.
- 59.5. **note** the Group will report back to me on a regular basis.
- 59.6. **note** that reporting on progress of recommendations from across the COVID-19 System will be published monthly on the Unite Against COVID-19 website.

Authorised for lodgement

Hon Chris Hipkins
Minister for COVID-19 Response

Date:



Cabinet Social Wellbeing Committee

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

COVID-19 Independent Continuous Review, Improvement and Advice Group: Rapid Review of Auckland February 2021 Outbreak and Future Work Programme

Portfolio **COVID-19 Response**

On 30 June 2021, the Cabinet Social Wellbeing Committee:

- 1 **noted** the summary and key recommendations from the COVID-19 Independent Continuous Review, Improvement and Advice Group's (the Group) review into the Auckland February 2021 outbreak, attached under SWC-21-SUB-0103;
- 2 **noted** the contents of the letter from the Minister for COVID-19 Response to agency leaders in response to the Report, attached as Appendix Two under SWC-21-SUB-0103;
- 3 **noted** the three priority workstreams in response to the review and work underway, attached as Appendix Three under SWC-21-SUB-0103;
- 4 **noted** the Group's future work programme including how they are linking in with the 'Reconnecting New Zealand' work and working with the Strategic COVID-19 Public Health Advisory Group and the Business Leaders' Forum;
- 5 **noted** that the Group will report to the Minister for COVID-19 Response on a regular basis;
- 6 **noted** that reporting on progress of recommendations from across the COVID-19 System will be published monthly on the Unite Against COVID-19 website.

Rachel Clarke
Committee Secretary

Present

R Hon Jacinda Ardern
Hon Grant Robertson
Hon Dr Megan Woods
Hon Chris Hipkins
Hon Carmel Sepuloni (Chair)
Hon Andrew Little
Hon Damien O'Connor
Hon Kris Faafoi
Hon Peeni Henare
Hon Jan Tinetti
Hon Dr Ayesha Verrall
Hon Meka Whaitiri
Hon Priyanca Radhakrishnan

Officials present from:

Office of the Prime Minister
Officials Committee for SWC