

Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

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| Date: | Friday, 9 April 2021 |
| Time: | 7:30 – 9.30am |
| Location: | Ministry of Health and Microsoft Teams video link |
| Chair: | Dame Karen Poutasi |
| Members: | Dr Ashley Bloomfield (from 8:30am), Murray Jack, Ngāhiwi Tomoana, Hon Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga |
| Attendees: | For items: John Walsh, David Nalder, Matt Jones, Luke Fields Jo Gibbs, Sue Gordon, Shayne Hunter, Mat Parr, Dr Ian Town, Sacha O'Dea, Jess Hewat, Chris Fleming, Wendy Illingworth, Michael Dreyer, <i>Independent Programme Assurance:</i> Stephen Crombie, Colin MacDonald |
| Apologies: | John Whaanga |
| Secretariat Support: | Carol Hinton |

| Item | Agenda Item |
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| 1 | <p>Introductions and opening</p> <ul style="list-style-type: none"> • Fa'afetai opened with a prayer. • Minutes of Meeting held 26 March 2021 were accepted. • There were no actions to consider from the previous meeting. • No new conflicts of interest, or conflicts in relation to the meeting's agenda, were raised. <p>Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion</p> <ul style="list-style-type: none"> • Colin noted workforce currently appeared as the most challenging area of rollout. • Stephen wondered whether with the significant programme reset everyone understands what they need to do to deliver. • Murray was interested to know whether any lessons learned so far in rollout might challenge our design assumptions, as well as how decisions would be able to be taken quickly under new structure. • Chris wants to ensure the everyone is clear where decision rights lie. • Fa'afetai stressed the need to ensure Pasifika are also considered under equity issues and would like discussion around data quality and privacy. • Carolyn thought it would be important for Group to note any issues that are no longer being focused on, and also whether large events in future could be used as catch-up mechanism or whether we need to reset rollout expectations. • Steve highlighted a number of points including: need for OAG to give real time feedback, need for attention on simple Comms messages, additional attention being paid to Pacific rollout, and having a list of all issues discussed during past meetings. |

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| | <ul style="list-style-type: none"> • Ngāhiwi wondered whether we will be able to catch up to expected numbers or if we need to signal a change in pace. • Dame Karen stressed the need to understand if our stock on-site is on a consistent upward trajectory as the stock level is causing some anxiety for Ministers. |
| 2 | <p>Programme status and risk summary (David Nalder and Mat Parr) <i>Paper considered – CVIP Programme Status and Risk Summary 7 April</i> <i>Paper considered – OAG Performance Audit update</i></p> <p>a) Programme status and risk summary</p> <p>David highlighted the Milestone view and Status slide (p6) in the Status and Risk Summary</p> <ul style="list-style-type: none"> • This is a structure to test with the group, and is not yet fully populated <p>Group Discussion</p> <ul style="list-style-type: none"> • Dame Karen asked how this document could be updated to include a measure of what has been completed in order to show how Programme is tracking • Matt replied that the focus over the next week will be trying to get an operational view into the document and once things like DHB plans are overlaid in there we should have a lot more visibility over performance • Jo stressed the importance of including in the front of the report the list of things that have been completed • Murray suggested the need to clearly articulate the critical dependencies that will influence being able to scale up from 10,000 to 50,000 doses a day • Mat mentioned that two things they were hoping to build into model within next week were how to monitor if we were on track or at risk, and how to get document to reflect how workforce needs at particular points flow through to delivery models. <p>David next discussed the risks portion of presentation:</p> <ul style="list-style-type: none"> • On Slide 9 we can see the top 12 risks related to the programme, reflected on the different pillars • Updates this week are mainly providing more content on current activities and future actions to mitigate risks • Last slides are looking at inherent risks within overall end-to-end Programme and should help us identify where control of that risk sits (Ministry, DHBs, Providers etc) <p>Group Discussion</p> <ul style="list-style-type: none"> • Murray said it would be good to see updated reporting against proposed action closure dates in order to easily monitor progress • Jo noted that she will be meeting on Monday with three DHB CEs to draft an Accountability Framework which should address the final point raised by David • Dame Karen sought clarification on the process for DHBs to raise issues in the absence of a central call centre, and asked whether Jo was confident we had a line of sight to unresolved problems DHBs are experiencing • Jo confirmed the call centre needs to be beefed up to provide a contact point at least 12/7. The Regional Account Managers are also a good contact point but are ideally for weekday contacts, although they are currently contacted as needed. The accountability framework being drafted should address these issues, and there is also agreement under the new structure to have a Quality and Safety Committee to complement CV-TAG. • In response to a question from Colin, Jo said that all CEs are welcoming of the accountability framework. The framework will be set up in a way that aligns with annual plan and normal mechanisms for DHB reporting. |

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| | <p>Action 1: Jo to provide update on Accountability Framework at next Governance Group meeting</p> <p>b) OAG performance audit update</p> <p>David provided update on OAG audit</p> <ul style="list-style-type: none"> • OAG have finished substantive work and have sent a small number of residual questions • The themes emerging are all risks or issues the Group is aware of • Draft report is expected 19 April then Ministry will have two weeks to provide response • Intention is for document to be published mid-May then tabled in Parliament <p>Jo noted that by mid-May programme should be moving into Tier-3 so will be at very different stage than when information gathered.</p> <p>Dame Karen suggested that the important thing will be to work out when it will land and how we can use it constructively at that time.</p> |
| 3 | <p>Straw person milestone plan and progress reporting <i>Paper considered – 5. Straw person milestone plan and progress reporting</i></p> <p>Discussed as part of Agenda Item 2.</p> |
| 4. | <p>Update on rollout <i>Paper considered – CVIP_DHB Plan Review_Draft_070421 memo</i> <i>Paper considered - MoH model v DHB plans 7 April 2021</i></p> <p>a) Qlik interactive dashboards (Luke, Jo)</p> <p>Luke gave a presentation to the Group regarding the information that is being shared with DHBs via Qlik. DHBs can use this system to get details by vaccinations per site or by particular demographic, as well as to generate internal reports on different categories they may be interested in</p> <p>Group discussion:</p> <ul style="list-style-type: none"> • In response to a question from Dame Karen, Luke advised that the user group was made up of people within each DHB identified by SROs • Jo acknowledged that there is work to be done to ensure data can also be forward looking rather than purely retrospective. This work is ongoing • Murray identified important forward looking indicators as: workforce and trained vaccinators available, inventory, and usage. • Jo advised that an update on this could be provided in next Governance Group meeting • Carolyn asked whether DHBs can disaggregate data by employer • Luke advised that at the moment it doesn't, although Michael pointed out that a significant expansion to the Border Worker Register will happen on April 19^h which will show sites of vaccination, although he will need to confirm if that will also show employer • Steve asked whether the underlying data was reliable enough to be made available publicly at some point • Jo said there was no concern around accuracy of underlying data and once DHBs plans were considered robust enough this data could possibly be released • Mat noted that experience in other countries has shown this kind of data can drive behaviours, while Luke mentioned that on Ministry website there is now a page where some vaccine related data can be downloaded |

Action 2: Jo to provide update on Qlik interactive dashboards shared with DHBs at next Governance Group meeting, with particular emphasis on forward looking indicators

b) Summary of plans to end of June from DHBs, confidence ratings (Jo Gibbs)

Jo provided an update on rollout and recently submitted DHB plans

- Yesterday a record number of doses were administered and we also passed 100,000 total doses, less than 24 hours behind commitment to the Minister for this milestone
- Papers circulate provide an initial assessment of DHB plans, however these plans only run until end of June so they don't cover big step up for general population
- Since this analysis was completed conversations have been had with 9 DHBs to get further assurances across key questions, with a couple DHBs asked to revise numbers
- Remaining DHBs will all have been engaged with prior to Steering Group next Tuesday
- From equity perspective, currently only the CVIP GM Equity has reviewed the plans. Most plans appear to have good Pacific content, although full analysis of this aspect will be done next week with Gerardine Clifford-Lidstone
- Vaccine Ministers have received a summary of the plans, although will wait to have more robust numbers before sharing these with Ministers.
- If DHBs deliver these numbers we would be very marginal in terms of supply.

c) Exemption Process (Jo Gibbs)

- Exemption process for early vaccine access has been live for two days
- Team is managing workflow well and appears able to meet commitment given for 5 day turnaround on all applications

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Update on programme structure and accountabilities

Paper considered – Update on programme structure 7 April

Paper considered – Update to programme ways of working

a) Programme Structure (Mat Parr, Jo Gibbs)

Jo offered overview of key changes in the programme structure now that it is operating as a single unified programme

- Overall governance of the Programme has not really changed, although the name of Group E (Slide 3) has been changed from Design Authority to Programme Leadership Group
- IIAG has been working to refocus and redetermine their ToR, but Programme is very keen for IIAG to continue in its advisory role and this has been clearly communicated
- A new Advisory and Safety Committee is being established to manage safety in proactive way
- Programme is now fully recruited at Senior Level, with ongoing recruitments below
- One thing that still needs to be worked through in the Accountability Framework is how we link in with all the CEs of DHBs.

Ashley noted that new structure was discussed at Steering Group earlier in the week. His view, and the view of Steering Group, was that it is a clear setup and that the work behind to make it function is all being done.

b) Ways of Working (Mat Parr)

A late paper was circulated showing how we are bringing the new structure to life

- Initial focus of discussions when bringing two groups together was on overall vision and mission of vaccination programme
- This paper provides an update on how the different areas of the Programme will work together, noting that the previous approach to ways of working using a blend of

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| | <p>waterfall and agile delivery methodologies remains the same, and will be embedded across the Programme as a whole</p> <ul style="list-style-type: none"> • Both the waterfall and agile methodology are linked to milestones on the critical path |
| 6. | <p>Communications and engagement (John Walsh) <i>Paper considered – Communication and engagement update 6 April</i></p> <p>In response to a question from Dame Karen John advised that Comms team is running behind where it needs to be, but are catching up</p> <ul style="list-style-type: none"> • Resourcing of the team is increasing and planning for the major campaign in April is going well, noting that the major launch will be in week following ANZAC Day • John will circulate the deck after this meeting showing different phases and approaches of the campaign • The team is working with MPP and TKK for targeted campaign for Maori and Pacific audiences which will sit under and reflect national campaign <p>Group Discussion</p> <ul style="list-style-type: none"> • Fa'afetai noted that people who are vaccine hesitant might be harder to reach and asked how campaign would be trying to access these people • John acknowledged this was an issue but stated there was a lot of work being done on campaign design. He also noted that MPP have an excellent team who have been working well with Ministry so he is confident Pacific communities will be well reached • In response to a question from Colin, John said that his team is ramping up its support to DHBs and to Iwi Comms Collectives to ensure foundational information goes out through all possible channels. A specific DHB Engagement Team has also been stood up. • In response to a question from Steve, John noted that campaign will also have an emotional component in addition to the rational component of vaccine information. • John explained that Comms team was also working on giving the public an insight into what is happening within Programme. This will start with media briefing late next week where we give them more insight into programme, including some of its vulnerabilities. • Ashley noted that a key component of OAG feedback was being more open with public around degree of uncertainty in programme so this will be a good way to start addressing that <p>Action 3: John to circulate deck to Group Members providing overview of upcoming Comms campaign</p> <p>Engagement Dame Karen noted that there was no agenda item on Workforce for this meeting</p> <ul style="list-style-type: none"> • Jo acknowledged workforce remained a key concern and that a comprehensive report could be provided at next meeting in two weeks' time • Dame Karen asked for a shorter piece to be prepared as well in the interim to ensure this key concern was being addressed <p>Action 4: Jo to have short piece on workforce prepared as soon as possible, alongside a comprehensive update for next Governance Group meeting</p> <p>Group Discussion</p> <ul style="list-style-type: none"> • In response to a question from Dame Karen, Michael noted that he was confident in the delivery date for the booking system and that the system had gone live from today to start the co-design with partners looking at the detailed service design. • Murray stressed that the earlier a pilot system for bookings could be in place the better, and suggested not to wait until a perfect product was available. • Jo provided an update regarding the non-regulated workforce, noting that the Ministry has contracted with training providers and within four weeks we will be in a position to start training that workforce within the Programme |

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| | <ul style="list-style-type: none"> • Jo also advised that work has started looking into major events that could be run by Ministry to provide additional coverage over weekends and possibly pick up volume • This was being looked at for June onwards so by this time the booking system should be up and running, although walk-in events are also being considered as an option • Mat advised that a provider has been contacted to put together a playbook of sorts for mass events. The playbook will likely include outsourcing of many functions like crowd control, administration etc to private sector |
| 7. | <p>Update on Medsafe approvals and 'decision to use' for Janssen (Chris Fleming, Allison Bennett)</p> <p>Chris provided an update on the approval process for the Janssen vaccine:</p> <ul style="list-style-type: none"> • Expert advisory meeting will take place next Tuesday (April 13) with regulator decision to be given on Thursday (April 15) • His team is working with Comms on what might need to go out at that time • Following regulatory approval, cabinet will need to consider decision to use. His team is working on advice which should be ready by Monday when there will be a meeting with Ashley to discuss • Regarding the other vaccines, AstraZeneca is moving slower than expected due to a delay in receiving data as well as the fact we are seeking further expert advice around well publicised safety issues • For Novavax, Medsafe is waiting to receive a timeframe for when data will be provided <p>Group Discussion</p> <ul style="list-style-type: none"> • Mat noted that decision to use from Cabinet would need to factor in many considerations, including what a second vaccine might mean in terms of public perception, and how this would impact on training and logistical requirements. His team is pulling together advice on this to feed into Cabinet decision • s 9(2)(g)(i) • s 9(2)(g)(i) • Ian noted that Australia's overnight decision to change distribution of AstraZeneca vaccine based on age would need to be considered if it is approved for use in New Zealand • s 9(2)(g)(i) • Ashley noted that this is one reason why taking full option with Janssen could be beneficial, particularly as a single-shot vaccine could be very useful in Pacific. He also noted that AstraZeneca remains a highly effective and safe vaccine |
| 8. | <p>Real Time Assurance Leads Update (Colin MacDonald and Stephen Crombie) <i>Paper Considered: Real time assurance update 7 April 2021</i></p> <p>Colin explained to Group that the paper circulated shows areas in which the Programme will start to take on a self assurance role, as well as areas where he and Stephen would continue to provide support.</p> <ul style="list-style-type: none"> • This document will be presented to Steering Group next week <p>Group Discussion</p> <ul style="list-style-type: none"> • Murray expressed support for this but noted two additional areas where real time assurance support could be needed: operational readiness to scale; and integration of technology, business process and workforce. • Colin noted that these points good be added to the document prior to going to Steering Group next week. |

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| | Action 5: Colin and Stephen to update Real time Assurance Memo prior to next week's Steering Group meeting. |
| 9. | Meeting close <ul style="list-style-type: none">• Dame Karen noted that the main item raised at the start of the meeting was Carolyn's point about what the programme is no longer focused on. She asked Mat to work through this with programme to provide an update for next meeting• Jo also noted that Polynesian rollout wasn't discussed in the meeting. She proposed to bring something on this to next meeting• Ngāhiwi closed with a karakia. Action 6: Jo Gibbs to bring update on Polynesian Health Corridors for next Governance Group. |

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Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

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| Date: | Friday, 23 April 2021 |
| Time: | 8:00 – 10:00am |
| Location: | Ministry of Health and Microsoft Teams video link |
| Chair: | Dame Karen Poutasi |
| Members: | John Whaanga, Murray Jack, Steve Maharey, Dr Fa'afetai Sopoaga |
| Attendees: | For items: John Ryan, Leeanne McAviney, Kate Williams, David Nalder, Andrew Bailey, Geoff Gwyn, Fiona Michel, Ian Costello, Michael Dreyer, Astrid Koornneef, Luke Fieldes, Megan McCoy. Robyn Shearer, Jess Hewat (observer status), Ben McBride (observer status), Dr Ian Town, Shayne Hunter, Jo Gibbs, Maree Roberts, Mathew Parr, John Walsh <i>Independent Programme Assurance:</i> Stephen Crombie, Colin MacDonald |
| Apologies: | Dr Ashley Bloomfield, Sue Gordon, Ngāhiwi Tomoana, Carolyn Tremain |
| Secretariat Support: | Stephen Clarke |

| Item | Agenda Item |
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| 1. | <p>Introductions and opening</p> <ul style="list-style-type: none"> Fa'afetai opened with a prayer. Minutes of Meeting held 9 April 2021 were accepted, with the request for future meeting minutes to more clearly distinguish between the Pacific population within New Zealand and the Pacific Region. There were no actions to consider from the previous meeting. Fa'afetai raised a possible conflict with Agenda Item 10 (Polynesian Health Corridors and Cook Islands roll out plan). The point was noted by the Chair but confirmed there is no conflict to prevent Fa'afetai commenting on the Agenda item. <p>Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion:</p> <ul style="list-style-type: none"> Murray noted the need for contingency planning and the need to have all component parts of activity pulled together in one overarching plan. Robyn highlighted Programme resourcing and establishing confidence in DHBs delivering to their plans. Steve noted that the Health Sector reforms loom over everything at the moment. John Whaanga mentioned the need to continue to push DHBs for strong equity planning, the importance of continuing to focus on Comms, particularly for Māori audiences, and the importance of retaining space to innovate. Dame Karen stressed the importance of Comms and the need to ensure communities feel heard. Colin, Stephen and Fa'afetai all had nothing to raise that wasn't already on Agenda. |

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| 2 | <p>Office of Auditor General update on performance audit and draft report (John Ryan, Leanne McAviney, Kate Williams)</p> <p>Dame Karen noted that the draft Report had been read in confidence by Group.</p> <p>John Ryan provided high-level overview of report and thanked Programme for its engagement in the process</p> <ul style="list-style-type: none"> • The focus of the report is mainly on determining whether the Programme is ready for big scale-up, and he wants to ensure report is useful as well as balanced and fair. • The three areas he would suggest the Group focuses on in its governance role are workforce, logistics, and communications. <p>Group Discussion</p> <ul style="list-style-type: none"> • Leanne noted that Programme transparency will be key in managing expectations and stressed importance of the programme being clear with the public around risks. • Jo noted that good progress is being made to respond to draft report within OAG's requested timeframes, as well as to provide additional written information to ensure full context is provided. • Steve stressed the importance of the programme having communication prepared for when the report is tabled • John Ryan suggested Ministry may wish to publish a report at the same time as final report in order to show progress on different aspects. |
| 3 | <p>Programme status and risk summary (David Nalder and Mat Parr) <i>Paper considered – CVIP Risk Summary 23 April 2021</i></p> <p>a) Programme status and risk summary</p> <ul style="list-style-type: none"> • David noted that his top priority for next two weeks will be responding to the OAG report, and will be focusing on making sure there is a direct link between risk measures and our readiness to scale in July. • Jo noted that the wider health sector reform would present risks for the Programme, notably around DHBs conforming with Accountability Framework as time goes on, and around the recruitment of Programme staff into other activities. <p>Group Discussion</p> <ul style="list-style-type: none"> • Fa'afetai noted the importance of limiting vaccine wastage • Jo said that root cause analysis was ongoing of the CCDHB wastage incident and that the message has been passed that not wasting stock is top priority (above Sequencing Framework) • Murray noted that the wastage risk will increase when Programme scales up so Planning and Logistics teams will need to think about this when doing design work • Mat noted that higher wastage forecasts from 30 June onwards are built into the model • Stephen discussed the importance of the relationship between the Risk Register, the Milestone Plan and Programme's overall readiness to scale, and the need for these documents to reflect our confidence in delivering to scale • Murray stressed the need to land the overall programme plan as this would allow risk register just to serve an assurance function |
| 4 | <p>Programme progress reporting (Mat Parr, Andrew Bailey) <i>Paper considered – Milestone and progress reporting 20 April 2021</i></p> <p>Mat introduced topic by noting that the team has been working through DHB SRO forum to make the milestone view a Programme wide document rather than just Ministry</p> <ul style="list-style-type: none"> • Mat also noted that there is still work to be done to ensure equity information is reflected in the milestone view |

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| | <p>Andrew drew attention to Slide 4 which shows key deliverables for different population milestones. This should help Programme monitor and have confidence in each of those as the go-live date approaches.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> • Dame Karen noted the importance for milestone view to also pick up on when certain requirements would no longer be needed • Robyn sought clarification regarding the overarching plan and how that would fit alongside this document • Jo proposed to do a standup at next Governance Group meeting to go into the finer details of the plan and show how everything links together • Jo said that Programme has committed to vaccine Ministers that it will publish in early June the DHB plans for July onwards <p>Action 1: Standup to be organised for next Governance Group meeting to enter into finer details of Programme planning</p> |
| 5 | <p>Draft Accountability and Planning Framework (Jo Gibbs, Geoff Gwynn) <i>Paper considered - Planning and Accountability Framework</i></p> <p>Jo updated the Group on the status of the Planning and Accountability Framework</p> <ul style="list-style-type: none"> • The draft has been prepared in conjunction with DHB SROs and has been signed off in principle with all CEs. This draft will go out to DHBs next week • Aim is to have clear accountability of delivery of the programme, as well as of the legacy items such as non-regulated workforce and connections with Pacific, Māori and disability providers. • Underneath this Framework there will be two detailed documents. One looking at the pathway to vaccination for consumers and accountabilities of that through all providers, and a second looking at the governance framework and giving clear details of responsibilities at every different level. • There is also a production plan which has been developed and gone out in draft this week to DHB SROs. <p>Group Discussion</p> <ul style="list-style-type: none"> • Shayne asked to see more in the framework around accountability for implementation and operational support around technology systems |
| 6. | <p>Operations update: this week and next week (Jo Gibbs, Astrid Koornneef) <i>Paper considered – COVID-19 Vaccination Daily Report 21 April 2021</i> <i>Paper considered - Extract from MoH website 21 April delivery against DHB plans</i></p> <p>Jo gave update on DHB performance against plans</p> <ul style="list-style-type: none"> • The first weekly performance was published on Wednesday and overall have met the planned figures, although there is big variability between performance across DHBs • There have been conversations with the CEs of the four DHBs who were at less than 90% of target to see what support could be offered • This will be particularly important as each of these DHBs have high Māori populations so there are equity considerations that need to be addressed • There has been an offer of Comms support and teams to visit the DHBs, and this offer may start to be looked at as a requirement if targets continue to not be met • Robyn said that during a call with DHB CEs last week she had informed them to develop a clear plan on service impacts, if necessary, in order to deliver vaccine programme • Murray noted that jumping on performance issues quickly would be important, and recommended pushing support in sooner rather than later where issues are being seen |

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| 7. | <p>Leading and lagging indicator development (Luke)</p> <p>Luke offered update on development of leading indicators:</p> <ul style="list-style-type: none"> • The team is starting to have sufficient data to be able to move into more predictive analytical work • Major areas of forecasting they are currently looking at include: Vaccine usage per vial, workforce availability, number of sites online, vaccine uptake, adverse events, and user experience. • It should be possible to present back to Governance Group on progress of this work within next few weeks • Murray noted that a crucial thing to forecast will be inventory against plan, including a metric to show what proportion of current inventory is already 'committed' for people receiving second dose <p>Action 2: Further update on development of leading indicators for next Governance Group meeting</p> |
| 8 | <p>Update on plan to scale</p> <p>a) Workforce (Fiona Michel) <i>Paper considered – Vaccinator Workforce Plan_V3</i></p> <p>Fiona gave overview on workforce workstream</p> <ul style="list-style-type: none"> • The document provided gives an overview of the different sources where workforce is being drawn from • The training process has been streamlined by lifting the requirement for eligible trainees to register first with DHBs • A primary focus of the team is partnering with IMAC on developing the non-regulated workforce training programme • Team is also working on contingency planning in case there are issues with workforce • Conversations are ongoing with a number of occupational health providers, although in some areas these providers are asking for a price which is not reasonable <p>Group Discussion</p> <ul style="list-style-type: none"> • In response to a question from Fa'afetai, Fiona noted there had been work done with Deans from several universities to engage health students in the workforce • Jo noted that DHBs are already being encouraged to develop the pool of non-regulated staff so that when training is live they will be ready • In response to a question from Dame Karen, Fiona acknowledged that a number of things needed to be done to enable the non-regulated workforce to become active in the Programme, but that she was confident this avenue was still viable • Dame Karen asked for an update at next Governance Group meeting to provide assurance around the feasibility of this workforce <p>Action 3: Update to be provided on non-regulated workforce at next Governance Group meeting</p> <p>b) Logistics (Ian Costello) <i>Paper considered - 210419_Logistics Update</i></p> <p>Ian pointed to two key elements within the document provided to the group:</p> <ul style="list-style-type: none"> • Update on the new inventory portal going live on 3 May which will make it easier to accommodate unplanned walk-ups • The process for setting up a second national hub in Christchurch, which is a crucial supply contingency <p>c) National booking systems (Michael) Michael provided an update on the National booking system</p> |

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| | <ul style="list-style-type: none"> • Things are on track for two pilot sites to be live from April 27th, which will be expanded during May • By June/July more advanced functionality like invitations should go live • The key for the success of booking system will be getting the operational model in place that is required to support the technological side of the system • Shayne suggested that there should be a standing item for Operational aspects moving forward • Dame Karen agreed with this and suggested it be added as an early Agenda item for future meetings |
| 9. | <p>Communications and engagement (John Walsh) <i>Paper considered – Communications update 21 April 2021</i></p> <p>John Walsh provided overview of Comms situation</p> <ul style="list-style-type: none"> • Campaign started last Friday with focus on getting basic factual information out • After ANZAC weekend the emotive layer of campaign will start to roll out nationally, except for in Counties Manukau where more specific information will be used • Comms targeting Māori audience will be done at national level through ensuring representation within material, through a targeted campaign from TPK, and through local campaigns run at iwi/hapu level • There will be weekly attitudes surveys starting from next week to try to capture and monitor people's intention to be vaccinated • There have also been two formal communications with primary care in last week <p>Group Discussion</p> <ul style="list-style-type: none"> • Jo noted there are meetings started with GPs and primary care with good feedback on the way things are progressing. • Mat added that the full funding model has been shared with DHBs, signed off by DHB CEs and communicated to leadership of primary care, GP and pharmacy groups. • In response to a question from Colin, John Walsh said he was confident the team would have appropriate resourcing to respond to any strong anti-vax response to campaign material. |
| 10 | <p>Polynesian Health Corridors and Cook Islands roll out plan (Megan McCoy) <i>Paper considered - Polynesia vaccine roll-out for steering group 19 April</i></p> <p>Megan gave update on planning for Polynesian vaccine rollout</p> <ul style="list-style-type: none"> • Work is progressing towards a mid-May rollout for Cook Islands, although there is a lot of work still to be done, notably around assurance for Ministry and pharmaceutical companies on donation. • The work with Cook Islands will inform the approach with other countries. • There will be a meeting next week with representatives from Nuie then with other countries over following weeks. <p>Group Discussion</p> <ul style="list-style-type: none"> • Jo stressed the importance of being transparent around the fact that provision for Cook Islands will come out of New Zealand's current supply. • Fa'afetai reminded the Group of the importance of being sensitive in communication with these nations, bearing in mind that despite New Zealand being a friend to Pacific nations, it was also at one time a colonial power. • Megan noted that the newness of COVID vaccines means that New Zealand will have to work in a more hands on manner than on previous occasions where vaccine support has been offered. Finding the right balance for this will be crucial. |

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| | Suggestion was made by Dame Karen for Polynesian health corridor to be rediscussed at next meeting and moved towards the beginning of the agenda. |
| 11. | <p>Real Time Assurance Leads Update (Colin MacDonald and Stephen Crombie)</p> <p>Colin suggested work being done to better understand the demand side of workforce, as work until now has focused on supply side. He also suggested it would be useful for Comms team to look closely at the need for coherent but separate messaging between Ministry and DHBs, in order to ensure local level information is relevant.</p> <p>Stephen stressed the importance of adequately resourcing the work on Accountability Framework, and the need to align the timing of delivery design with technology side.</p> |
| 12. | <p>Meeting close</p> <ul style="list-style-type: none"> • Fa'afetai closed with a prayer. |

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Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

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| Date: | Friday, 7 May 2021 |
| Time: | 8:00 – 10:00am |
| Location: | Ministry of Health and Microsoft Teams video link |
| Chair: | Dame Karen Poutasi |
| Members: | Murray Jack, Ngāhiwi Tomoana, Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga, Dr Ashley Bloomfield, John Whaanga |
| Attendees: | For items: Jason Moses, Astrid Koornneef, John Walsh, Fiona Michel, Ian Costello, Tim Hanlon, David Nalder, Megan McCoy, Juliet Rumball-Smith Jess Hewat (observer status), Ben McBride (observer status), Colin MacDonald, Stephen Crombie, Dr Ian Town, Shayne Hunter, Sue Gordon, Jo Gibbs, Maree Roberts, Mathew Parr |
| Apologies: | |
| Secretariat Support: | Salonee Shah |

| Item | Agenda Item |
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| 1. | <p>Introductions and opening Dame Karen welcomed everyone</p> <ul style="list-style-type: none"> • Fa'afetai opened with a prayer. • Minutes of meeting held 9 April 2021 were accepted. • Jason Moses, Astrid Koornneef & Rachel McKay introduced themselves as workstream leads who hadn't previously attended the Group. • Matters arising – The Group noted an oversight role for the Pacific Health Corridor vaccinations remained a standing item on the agenda. • No conflicts of interest were noted. <p>Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion:</p> <ul style="list-style-type: none"> • Murray noted that the significant scale up within a short time frame remains a concern, along with integration of technology and business processes. He indicated it would be helpful to have an idea of readiness of the whole supply chain in preparation of the scale up. • Steve noted the integration of all elements associated with delivery. • Colin noted scaling up processes, and how real time reporting can be put into place after the scale up. • Ngāhiwi noted the readiness of the National Booking System. • John Whanga noted the continued need to have equity considerations as part of all planning. |

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| | <ul style="list-style-type: none"> • Fa'afetai noted her interest was in pharmacovigilance, particularly whether the current system allowed for the extraction of data in a way that can be used to provide meaningful insights • Dame Karen noted her questions are mainly in regard to the scaling up in the primary care area- and implications on the overall project |
| 2 | <p>Operation Update <i>Paper considered – COVID-19 Immunisation Programme Update 2 May</i> <i>Paper considered – Daily Covid-19 Vaccine and Immunisation Programme Report (as at 23:59)</i></p> <p>Jo Gibbs provided an overall programme update.</p> <ul style="list-style-type: none"> • Jo noted the programme target was on track to exceed targets again this week and that currently, the Programme was 3% over target. • Jo informed the Group on details around ongoing programme targets and risks, particularly around delivery, and timelines. • Jo noted a team was in Northland this week, to provide support to the DHB. • Jo confirmed a response from the Programme to the draft Office of the Auditor General's report was provided and details on when the report was going to be published have not yet been confirmed. • The Programme sent CEs and SROs the accountability framework and planning packs. The planning packs are to enable DHB's to create a detailed plan for July - October and a more high-level plan for October – December. • Jo stressed the importance of keeping the current programme team together considering all the changes and announcements within the Health Sector. • Ashley noted risks associated with the resource constraint at a senior level and that any such risks should be flagged early. • Luke presented on the operations dashboard. The Group discussed areas of the dashboard that were insight and area where they wanted further information • Mat explained the data on the operations dashboard and how the data figured into the planning. • Colin acknowledged that this is the sort of reporting would help monitor the programme as it scales up in the upcoming months. • Colin noted as the programme continued, assumption testing and adapting if required is important to programme success. He suggested highlighting success measures and tracking goals and evaluating these on a regular basis. <p>Action 1: Update to be provided at next Governance Group meeting on ratio between walk ups versus bookings at vaccination sites.</p> <ul style="list-style-type: none"> • There was discussion on whether the model should “reserve” vaccines as second dose. It was noted, there are levers that can be used if there is a change in situation in regard to vaccine supply. • The group discussed different areas of messaging through the communications plan. Providing clear guidance to public on vaccine safety and delivery required some thought. |

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Programme progress report and walk through of workstreams (Jo Gibbs) Service Design (Mat Parr)

- Mat provided an overview of the different kinds of service models that would be in place over the course of the vaccination programme, some of which are:
 - Mass vaccination sites
 - Community health hubs
 - Aged care residential model
 - Workplace model
 - Occupational health model and,
 - School based model.
- Project milestones were noted.
- Programme team provided clarity to the group on questions around different service models and when and how there were going to be used.
- Dame Karen stressed the importance of the integration of the logistics and delivery systems as much as possible.
- Rachel McKay noted some of the National contracts have largely been established through occupational health providers.

Equity (Jason Moses)

- Jason noted the strong equity focus within the individual workstreams, and overall, in the programme, but there was room for more work in this area.
- Jason noted that current data suggests a lower uptake of the vaccine in the Māori, Pacific and disability community. He indicated that low up take may reflect some inequities in the healthcare workforce, which is a priority currently in the sequencing framework, and once vaccination of group 2, 3 & 4 begins, we could see an increase in uptake.
- Jason highlighted that equity in the workforce is an important component along with other work to meet our Te Tiriti o Waitangi obligations.
- Areas of focus in the equity workstream service design including meeting with DHBs to ascertain their plans for Māori, Pacific and disability populations.
- Jason noted there are a range of actions in the pipeline to address equity within the programme such as targeted communications, working with Maori and Pacific health providers, and establishing vaccine support roles who will work in communities to coordinate services around equity and to spread key messages.

Group discussion

- Dame Karen asked about how the Kaiāwhina workforce is being utilised as part of the programme.
- Jason noted that discussions were on going on targets for Māori and visibility of these.
- Colin noted that additional support should be available to Jason as required to enable equity targets to be met as the programme continues.
- The content of messaging to the communities was discussed, and Jason noted that it should be clear that anyone that would like to get vaccinated would have services available to do so in an environment that they felt most safe and comfortable in.

Operations (deep dive into Booking System) Astrid Koornneef

Michael Dreyer / Astrid provided an update on the National booking system

- Michael provided an update on changes in technology and talked through the new features that will available in the CIR.
- From the end of May DHBs will be online with the booking system.
- An additional feature to go live in June will be an automated targeted invitation capability.
- Astrid discussed the operating model, key highlights that her team have been focusing on, and how accountability will feature at each step of service delivery.

- In response to a question from Dame Karen, it was noted that although full integration between new systems and DHB systems would not be possible, a range of options will be created to ensure, systems are integrated to highest extent.
- Astrid noted that as the model is further developed, it will be possible to monitor the pathway of an individual on their vaccine journey and the aim was for all DHBs to be onboarded by end of May and all sites across the country to be using the system by the end of June.
- Astrid further noted that regional teams will be stood up to support the onboarding, training and support the DHBs through the roll out. Non DHB providers will be targeted and onboarded through DHBs.
- John Walsh noted that there will be comms to inform the public that they can go to organisations they are comfortable with who can help with the booking process.
- A member of the Technology team provided a live demonstration of how the booking system works.
- Juliet provided an overview of the clinical workstream noting the main areas of work as internal quality and safety protocols and how the Ministry can support quality on a national level through the national quality assurance framework.

Comms and Engagement (John Walsh)

Paper considered – Comms update 3 May

John Walsh provided an updated on the communication plan. He noted key areas that the communications strategy will be focusing on.

- Vaccine supply constraint until the end of June.
- Communications in regard to the launch of the booking system.
- More tailored communications across DHBs to correspond to the part of the sequencing framework they are targeting.

Group Discussion

- Carolyn noted that there is potential to use employers to create group bookings at individual work sites and there are channels already available to be able to do this.
- Carolyn asked if there was a communications strategy in place in the event that the Booking System gets overloaded to which John Walsh replied that expectation management is a key part of planning for such events.

Sector engagement and Workforce (deep dive) Fiona Michel

Paper considered – Sector engagement, workforce and welfare workstream: Covid-19 Vaccinator Assistant training programme.

Fiona provided an overview on workforce workstream.

- Fiona noted that there are three key areas the workstream is currently focused on: workforce pipeline, training of the workforce to meet requirements, and making sure we have planned that we have the right people in the right places.
- Workforce team is making concerted effort to increase proportion of Māori and Pasifika within workforce
- As of last week, qualified individuals are now able to register directly with IMAC for training without passing via a DHB
- The Programmes Steering Group have supported the decision for a regulatory change to allow vaccinator assistants to be added to the programme workforce.
- A paper will be submitted to the Minister on 10 May 2021 for approval for a regulatory change, followed by a Cabinet paper, with Cabinet decision expected on 24 May 2021.
- Pilot training course is scheduled for 13 May with a Māori provider based in Auckland, with a pilot online training course planned the week after.
- Fiona noted this course will help provide required workforce for DHB peak needs

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| | <p>Group Discussion</p> <ul style="list-style-type: none"> • In response to a question from Dame Karen, Mat noted that engagement was ongoing with big business, with a specific Business Engagement Lead also being brought in • Fiona noted the number of trained vaccinators does not confirm their availability to vaccinate, which the programme is aware of and are working to have more workforce capability available. • Colin noted the risk associated with vaccinator assistants requiring supervision, with Fiona and Jo noting work being done in Programme to mitigate this risk. • Jo noted that the strike planned by the New Zealand Nurses Union is a risk the programme will continue to monitor. <p>Logistics (Ian Costello)</p> <p>Ian provided an update to the Group on the logistics workstream.</p> <ul style="list-style-type: none"> • the workstream focus was the distribution model, mainly national and regional bulk storage, storage capacity and wastage. • the second hub in Christchurch will aide South Island distribution needs. • further work has commenced on piloting DHB hubs and a more regional distribution network. • Risks are being managed partially via an incremental phase-in of new systems <p>Group Discussion</p> <ul style="list-style-type: none"> • Effort is being made to reduce the pressure on the digital workstream, notably through bringing in additional operational support to focus on day-to-day queries, and pausing the development of two Distribution systems • It was noted that there are additional levers that can be pulled to meet deadlines if required, including through pulling people in from other Directorates. <p>Post Event (Tim Hanlon)</p> <p>Tim provided an update to the Group on the Post Event workstream.</p> <ul style="list-style-type: none"> • Tim noted three work packages as part of the Post Event workstream as passive monitoring, active monitoring and pharmacovigilance • Tim noted that the ability of CARM to scale was a challenge, although steps put in place via CIR and E-Covid form have helped address this, particularly the auto-triage functionality • Tim noted the benefit of active monitoring around building public confidence, with • programmes Steering Group having made an in-principle decision to progress to active monitoring. • Tim noted work being done with Medsafe on a new database for pharmacovigilance, with the hope this will be active within next couple months. |
| 4 | <p>Risk Summary (David Nalder)</p> <p><i>Paper considered - Programme Risk and Issue report</i></p> <p>David provided an update on the Risk Report noting that the reports have been simplified to highlight the top five risks as identified by Programme Leadership Group.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> • Murray noted that a continued assessment of the top five risks, to show whether they were staying the same, worsening or getting better should be monitored. • Ashley noted mitigation of risks should be further considered. • The Group discussed the risks associated with support provided to the Realm and other Polynesian countries. • Mat noted that while New Zealand will be supporting delivery, countries using AstraZeneca would be responsible for the approval decisions around that. |

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| 5 | <p>Polynesian Health Corridor and Cook Islands roll out plan (Megan McCoy) <i>Paper considered – Cook Islands Weekly Status Report</i></p> <p>Megan provided an update on the vaccine roll out in the Polynesian Countries.</p> <ul style="list-style-type: none"> • Megan noted work is ongoing to train vaccinators in the Cook Islands. • Megan noted that Niue will be the next cab of the ranks. • Sequencing of other countries that New Zealand will support for a roll out is on-going <p>Group Discussion</p> <ul style="list-style-type: none"> • Ashley noted there have been discussions with Ministers on the quantity that would be supplied to the Cook Islands. • Tai noted that the Programme would require to have the processes around Pharmacovigilance live in New Zealand before it is offered outside the country. |
| 6. | <p>Real time assurance leads update (Colin MacDonald, Stephen Crombie)</p> <p>Stephen noted programme planning and design is now reflecting well the complexity of the programme.</p> |
| 7. | <p>Summary of meeting and close (Chair)</p> <ul style="list-style-type: none"> • Murray has highlighted the challenge of having all systems integrated in time for the July scale up, noting that many of the systems that will be used for mass rollout are not used for current Groups. He also noted the challenge of managing supply and demand once the Booking System goes live • Ashley noted that communication of how the sequencing framework will work will be important once vaccinations for group 3 & 4 begin. • Shayne noted the importance of Programme identifying top priorities in order to focus attention on key issues, including what manual processes may be difficult to scale up. • Ngāhiwi noted Equity funding past vaccination and immunisation should be considered in forward planning. |
| 12. | <p>Meeting close</p> <p>Ngāhiwi closed with a prayer.</p> |

ACTION TRACKER

| NO. | ACTION | OWNER | STATUS – DATE (Due or closed) | COMMENTS |
|------------|--|--------------------------|-------------------------------|---|
| 210115 -02 | Consider if this Governance Group should have a continued role overseeing the Pacific Health Corridors support for Vaccine | MoH and MFAT | In progress | Still under consideration |
| 210129-01 | For MoH to consider the 'readiness' process that it will seek to put in place with leads to ensure accountability | Mathew Parr | In progress | Accountability framework with DHBs, will be signed off as part of DHB acceptance of plans |
| 210423-02 | Further update on development of leading indicators for next Governance Group meeting | Jo Gibbs Luke Fieldes | In progress | Draft on agenda 7 May |
| 210423-03 | Update to be provided on non-regulated workforce at next Governance Group meeting | Jo Gibbs Fiona Michel | On agenda 7 May | Complete |
| 210507-01 | Update to be provided at next Governance Group meeting on ratio between walk ups versus bookings at vaccination sites | Jo Gibbs Luke Fieldes | On agenda 21 May | |

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Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

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| Date: | Friday, 21 May 2021 |
| Time: | 7:30 am – 9:25 am |
| Location: | Ministry of Health and Microsoft Teams video link |
| Chair: | Dame Karen Poutasi |
| Members: | Murray Jack, Ngāhiwi Tomoana, Hon. Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga, Dr Ashley Bloomfield, John Whaanga |
| Attendees: | Andrew Bailey, Stephen Crombie, Ben McBride (Treasury - observer), Shayne Hunter, Sue Gordon, Jo Gibbs, Colin MacDonald, Mat Parr, Dr Ian Town <i>For items:</i> Ian Costello, Michael Dreyer, Astrid Koornneef, Fiona Michel, Jason Moses, David Nalder, John Walsh |
| Apologies: | Chris Seed (MFAT), Jess Hewat (Treasury - observer), Megan McCoy (MoH), Maree Roberts (MoH) |
| Secretariat: | Carol Hinton |

| Item | Agenda Item |
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| 1. | <p>Introductions and opening</p> <p>Dame Karen welcomed everyone.</p> <ul style="list-style-type: none"> Ngāhiwi opened with a karakia. Minutes of meeting held 7 May 2021 were accepted with the following change agreed (at suggestion of Dr Sopoaga): P.6, No.5 – delete 'live' and replace with 'working well'. The amended Minutes were taken as an accurate record. <p>Conflicts of interest</p> <ul style="list-style-type: none"> Dame Karen noted that she had been advised by Steve Maharey that he had been appointed Chair of the Board of ACC and had declared this as a new potential conflict of interest. Dame Karen congratulated Steve and requested that the register be updated to reflect the appointment. No other new conflicts of interest were advised. No conflicts of interest were declared in relation to the meeting's agenda. <p>Matters arising</p> <ul style="list-style-type: none"> Consideration of leading indicators - deferred to 4 June [action tracker 210423-02]. Consideration of non-regulated workforce – deferred to 4 June (paper going to Cabinet 31 May) [action tracker 210423-03]. <p>To help shape discussion, Dame Karen asked Group members to briefly note their main issues for the meeting:</p> <p>Murray Jack</p> |

- Sequencing framework and how it is executed – he noted the importance of clarity in the early stages.
- Booking system – he sought clarification as to whether this would be mandatory, noting this created a risk of a single point of failure, with subsequent impact on supply and demand.
- Technology failures, including those relating to workforce.

Hon Steve Maharey

- Agreed with the issues raised by Murray.
- DHBs performance reliability for relatively even rollout noting Waikato DHB situation.
- Evenness of supply – planning and implementation.
- The consumer experience – noted he had not heard a lot about this but it was of increasing importance.
- Steve also noted that overall commentary surrounding release of the final version of the Auditor-General's report sounded positive, with other perspectives not appearing to gain traction.

Carolyn Tremain

- Sequencing framework.
- Timelines – relating to core system and contingency planning.
- Anti-vaccination/misinformation.

Dr Fa'afetai Sopoaga

- Northland rollout – sequencing and equity focus.
- Managing vaccination to minimise wastage.

Dr Ashley Bloomfield

- Will welcome feedback from the Group around contingency, and whether the booking system should be mandatory for all, or mandatory in certain settings only.

John Whaanga

- Agreed with points raised by others, adding that a strong equity focus was required across all workstreams. We must make sure we push equity in the same way as we are pushing sequencing.
- Ensuring balance in rollout – do not leave 'harder to reach people' until last.

Colin MacDonald

- Information flow at scale – how it works – ensuring we have capacity.
- Driving equity – Colin noted he expected this to be more visible in next set of DHB plans due shortly but noted MoH may need to work further with some DHBs).

Stephen Crombie

- Demand management and implementation approach in early stages of scale.

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Operations Update (Jo Gibbs)***Paper 3 considered – COVID-19 Immunisation Programme Update - 16 May***

Jo Gibbs provided an overall programme update.

- New Zealand achieved half a million vaccinations the day prior to the meeting, on 20 May. Now at 505,800. The Ministry is providing some media comms re this achievement.
- DHBs continue to move steadily. The main concern is managing supply and demand until we have volume supply from Pfizer. MoH is aware that Ministers prefer that we endeavour to not cap DHB delivery but this has to be balanced against supply.
- The EMEA has approved the storage of Pfizer vaccine in Europe at 2-8oC for 21 days (up from 5 days). This means storage is more aligned with other vaccines. Pfizer has just applied to Medsafe for approval to use in New Zealand and Medsafe will consider urgently.
- Wastage is tracking at about 2%. All DHBs and national providers have contingency plans to ensure effective use their vaccine (however, these plans were made before the EMEA announcement).
- MoH has worked with all DHBs re their respective regional rollouts. Northland sequencing issues now largely addressed. Canterbury has begun rural vaccination earlier than planned. MoH will provide more specific assistance to mitigate these types of issues for Group 4 rollout.

Ashley Bloomfield noted that:

- If approved for application in NZ, the Pfizer storage changes will have considerable implications for rollout.
- In terms of prioritisation to avoid wastage of vaccines, MoH has reiterated to DHBs that they must have formal plans that focus on equity.
- Group 3 is about 1.7 million people (or 40% of the eligible population) and the invitation strategy and associated messaging is being carefully thought through.
- A recently commissioned survey shows some quite big shifts from 'hesitancy' to 'acceptance' by Māori and Pasifika.

Piloting for rollout (Jo Gibbs, Mat Parr, Andrew Bailey)***Paper 4 considered: First Desktop Exercise – Primary care -19 May 2021***

- Ashley Bloomfield noted that currently, there are 800 locations available for rollout vaccination services from July 2021, and one-third of these are GPs.
- A desktop exercise of the operating model to support large scale, national vaccination rollout (from a primary care perspective) was held on 19 May. This was extremely beneficial and identified key focus areas as:
 - How information flows and technologies integrate to support delivery of vaccination services,
 - Prioritising equitable access through the invitation strategy,
 - Extent to which use of the national booking system is mandatory,
 - Support for implementation of technology for primary care providers,
 - Access to trained vaccinator workforce (aligned to rollout requirements).
- Dame Karen endorsed that care must be taken to ensure the booking system does not prevent people from accessing vaccination (e.g. if they do not have access to or cannot operate technology). Unplanned demand will arise and need to be met.
- Michael Dreyer advised that GP access to CIR (the register) has been IT enabled and will be load tested. However, use of the booking system is more complex as there are three 'tiers' of GP to be enabled which were not considered in the initial design.
- Jo Gibbs advised that no decisions had been made as to the extent to which the booking system will or will not be mandatory. Likely to recommend a mixed model and put recommendations to the Steering Group.
- Shayne Hunter noted the importance of quality data – understanding what data we need and ensuring we have it, as data is the basis of planning and decision-making.

- He saw data collection as a priority focus over having total systems integration from Day 1. Dame Karen supported that data will highlight if integration is required.
- Murray Jack endorsed the point raised earlier by Ashley Bloomfield, noting that the proposed changes to storage of the Pfizer vaccine strengthens the opportunity to use the GP network.
 - Colin MacDonald agreed with the focus on ensuring primary care systems are operating smoothly to support effective rollout 1 July. He also noted the significant change in dynamics through the Pfizer announcement but cautioned against putting too much effort into expanding the model immediately. He saw related changes as a 'back end of year' activity.
 - Carolyn Tremain noted that the wider political environment could become more challenging as Australia progresses its rollout, and relativity comparisons with New Zealand rollout start to be made. Comms that clearly set out the rationale for the New Zealand approach will be critical.
 - Mat Parr confirmed that a paper will be developed that covers the strategic implications for the Pfizer announcement for the CVIP rollout including sequencing, storage, wastage etc. It was hoped to put this paper to the Steering Group on 25 May.
 - Carolyn Tremain agreed that the implications of the EMEA announcement are complex and much broader than just 'storage'. She endorsed wastage and implications for the workforce as matters she would envisage would be covered in a strategically focussed paper. Carolyn also noted that the rollout model would need to change later in 2021.
 - Mat Parr advised that five more similar exercises are planned by end June.
 - Dame Karen endorsed the importance being placed on testing, particularly scale testing.

Noted: a paper is being developed which discusses strategic implications of the Pfizer storage announcement for the CVIP rollout. This will be considered by the Steering Group on 25 May.

Communications and Engagement (John Walsh)
Papers 7a – 7e considered

- Focussing on Group 3 launch – officially this is end May but will be staged across DHBs. There will be no 'grand launch', however, MoH has appointed account managers and will be providing targeted and consistent comms to help each DHB manage community expectations and streamline demand.
- Comms – recognise the differing media habits of those aged over 65 years and make heavy use of press and radio, though the latter is harder to target geographically.
- Members emphasised the importance of a positive consumer experience. They acknowledged the challenges posed by a phased implementation, but cautioned that the "vaccination has started in your region - don't do anything yet – we will call you" approach risked frustrating those keen to receive their vaccination. Ashley Bloomfield agreed that it was also important to reassure groups who were waiting that the current measures in place around the country will continue to keep unvaccinated people safe.
- All DHBs are now 'on board' with planning, though not all were early adopters. DHB plans are signed off by the SRO as a minimum.

For noting by CVIP: Remain mindful of the need to understand the consumer journey and of the importance of a positive consumer vaccination experience.

• ***Managing misinformation***

- John Walsh advised that we continually release accurate information. This is changed in response to analysis of concerns and misinformation from the previous week. Use consistent themes – safety, efficacy, approvals process.
- We have ability to target the geographic hotspots of misinformation. Targeted drops recently in Nelson/Marlborough.

- Carolyn Tremain asked if we continued to promote 'Unite against COVID-19' and the Ministry as the sources of authoritative information, and John agreed this was an area that can be strengthened.
- **Māori, Pacific and Asian community engagement**
 - John Walsh noted that MoH is supporting Te Puni Kōkiri and the Ministry for Pacific Peoples with the engagement campaigns – both funding and content.
 - MoH works closely with the Iwi Communications Collective to support work with iwi and hapū.
 - MoH has just agreed funding for Maori comms providers (see Jason Moses' key points below).
 - In response to a question from Steve Maharey, John Walsh advised that engagement with Asian communities needed strengthening. However, following appointment of a dedicated resource for this work, he now has a draft engagement plan under consideration.

Focus on equity (Jason Moses)

- Jason Moses said the current strong focus is on the development of DHB engagement plans for Group 3, and ensuring that DHBs were partnering to achieve equity outcomes. The equity focus needed to be 'end to end' across service commissioning and delivery. The Ministry has allocated every DHB a regional account manager to ensure support is tailored and appropriate.
- Assessment of the 57 applications to the Ministry's \$2 million Māori Communications Fund has been completed. The fund was well over-subscribed. Distribution of funds will begin shortly and will help organisations to establish roles or undertake communications specifically tailored to Iwi and Māori.
- The Ministry is considering whether it can provide some additional funding for communications to help address regional 'reach' across Māori, Pasifika and disability communities.
- At least three marae sites (Manurewa marae, Waipareira Trust in Henderson, and Murihiku marae in Invercargill) are gearing up for vaccination on a larger scale, with Manurewa marae able to vaccinate up to 300 people per day.

Group discussion

- In response to a question from Murray Jack, Jason confirmed that DHB plans contained both equity narrative and volumes/targets.
- Mat Parr clarified that these DHB plans will all feed into a quality/success framework to be considered by Cabinet in June. The framework will have a strong pro equity focus.
- John Whaanga said there is significant leadership re COVID-19 vaccination being demonstrated in the Waikato. He also noted the importance of the whole customer journey which is much wider than just the injection for example, seating in waiting areas, pronouncing names correctly.
- John also noted he understood that some implementation matters must be led by the centre, but having a single focus on COVID-19 could mean that wider opportunities to improve service delivery were missed. Some flexibility was essential.
- Dame Karen acknowledged this and endorsed the importance of the Kaiāwhina workforce as being part of the desired wider growth/legacy of implementation.

Operations (Booking System) Astrid Koornneef

Astrid provided an update on the National booking system

- The booking system is being tested in three regions, including through website and phone booking. Some issues experienced in Kaikōura have successfully been addressed at national level. Pilot will be completed in the week commencing 24 May.
- Next step is to get all DHBs online with the system.

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| | <p>Group discussion</p> <ul style="list-style-type: none"> • In response to a question from Stephen Crombie re assurance of DHB capability, Astrid advised that DHB scaling plans must show both the experience and capability to implement to plan. • In response to a question from John Whaanga, Astrid advised that the difference in pilot experiences of Kaikōura and Auckland was due to there having been no prior relationship with the Kaikōura provider. <p>Sector engagement and Workforce (Fiona Michel)</p> <p>Fiona provided an overview on workforce developments:</p> <ul style="list-style-type: none"> • There are 5,614 trained vaccinators. 2,054 are active or have been active in the CVIP programme. • 9.6% of vaccinators are Māori and 2.9% are Pasifika – stable over the past fortnight. • We received 105 submissions on the proposed regulatory change to allow for establishment of a COVID-19 vaccinator. Māori and Disability advocates supportive. NZNO has concerns and MoH is meeting them 21 May to discuss. • Surge workforce database being refreshed likely effective 1 June. DHBs will be able to search directly for the skillset they need. Available in English, Te Reo, Samoan and Tongan. <p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen noted the need to ensure security of the database was addressed. • Dr Fa’afetai Sopoaga asked if the database would be available in a language of the Cook Islands. Fiona Michel advised this was not on the immediate list but would be considered for the future. • John Whaanga noted that the focus on Māori workforce development remained. The work on the surge database supported and strengthened this. <p>Action 1: Keep the Governance Group informed on progress with the surge database. Action 2: MoH to consider making the surge database available in Cook Islands Māori</p> <p>Logistics (Ian Costello)</p> <p>Ian provided an update to the Group on the logistics workstream.</p> <ul style="list-style-type: none"> • We are standing up storage for the expected volume Pfizer vaccine arrival – Auckland storage hub expected to be accredited 21 May. • The Christchurch storage hub will have Medsafe inspection on 24 May and is currently on track. • Distribution network co-design with DHBs is completed and being co-validated. Will have surge supply available from hub at two hours’ notice. Confident these can service 800-1,000 sites. • Ian noted he will be providing a paper to the Steering Group by 1 June 2021 on vaccine transport and storage for distribution in the regions. <p>Pharmacovigilance (Michael Dreyer)</p> <p>Michael Dreyer noted the following focus areas for pharmacovigilance:</p> <ul style="list-style-type: none"> • readiness for scale rollout, • technical investment from other MoH programmes will also support CVIP and there is a need to protect this work to ensure it delivers for the programme. • Michael noted that a more detailed paper on pharmacovigilance will be put to the Governance Group in June. |
| 4. | <p>Risk Summary (David Nalder) <i>Paper 9 considered - Programme Risk and Issue report – 18 May 2021</i></p> <p>David advised that risk depiction would continue to evolve to provide real transparency of risks across the programme.</p> |

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| | <ul style="list-style-type: none"> • Risks are discussed by both programme leadership (PLG) and Steering Group. • Most concerns of PLG are have a strong operational or technical lean. Mismatch of supply and demand are a current focus. <p>Group discussion</p> <ul style="list-style-type: none"> • Stephen Crombie observed that the programme overall was progressively reducing risk. Therefore he encouraged that care be taken to portray that matters of concern at PLG member level may not necessarily represent a programme risk • Murray Jack supported this. He confirmed that the overall basis of reporting was useful but suggested it would also be useful to show how risks are tracking over time e.g. improving/reducing/stable. Also useful would be an understanding of where contingency plans are needed (i.e. for risks that would be a significant point of failure if they eventuated). • Dr Bloomfield agreed, suggesting there also be further commentary on the risk areas that have increased. <p>Action 3: consider how risk management portrayal can also show how overall programme risk is reducing progressively even though risks iterate.</p> |
| 5. | <p>Polynesian Health Corridor and Cook Islands roll out <i>Papers 8 and 8a considered – Niue status report and readiness assessment</i></p> <ul style="list-style-type: none"> • Vaccine roll out to the Cook Islands is going well. • There are some specific challenges with Tokelau. MoH received a briefing on these from NZ Defence Force on 20 May. • Ministers will be discussing Fiji situation on 21 May. <p>Group discussion</p> <ul style="list-style-type: none"> • Dame Karen commended that Polynesian rollout is running in parallel to New Zealand with no denigration of effort. |
| 6. | <p>Real time assurance leads update (Colin MacDonald, Stephen Crombie)</p> <ul style="list-style-type: none"> • Colin MacDonald commented that the ‘deep dive’ workshop for primary care had been extremely helpful. He also endorsed the importance of DHB planning to understand how implementation would occur. • Stephen noted that the programme was in good shape going into its third stage. Both he and Colin commended the focus on the wellbeing of staff. <p>Group discussion</p> <ul style="list-style-type: none"> • Steve Maharey indicated he would like more clarity around ‘what success looks like’. He suggested this should ideally be a single statement and framed from a population perspective. It could not take a ‘legacy’ lens. • Mat Parr advised that a Cabinet paper is being prepared, setting out the success/quality framework and with a narrative about the measures. He indicated this would be for substantive discussion at the next meeting of the Governance Group. • Carolyn Tremain indicated she understood that multiple things progressed concurrently, but she would like greater visibility on what is the single priority that must be addressed or achieved in the very short term. This would help to ensure effort is in the right place. <p>Action 4: Consider how the POAP charts can be simplified so that members of the Governance Group can readily identify how actions in any given period contribute to the whole.</p> |

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| 7. | <p>Future of the Governance Group</p> <ul style="list-style-type: none"> • Dame Karen noted that the role of the Governance Group was scheduled to finish in August 2021. • Dr Bloomfield endorsed that the advice of the Group was of considerable value both to implementation and in providing assurance to Ministers and the Prime Minister. He also noted the importance of the role played by the two external assurers. <p>Action 5: Consideration of the role of the Governance Group to be an agenda item for a meeting in July 2021.</p> |
| 8. | <p>Summary of meeting (Chair)</p> <ul style="list-style-type: none"> • Dame Karen considered the programme was well placed and commended the CVIP team on this. <p>Meeting close John Whaanga closed the meeting with a prayer.</p> |

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