

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Wednesday, 7 April 2021
Time:	5.00 – 6:30pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield;
Members:	Maree Roberts, John Whaanga, Shayne Hunter, Deborah Woodley, Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Rachel Haggerty, Chris Fleming.
Attendees:	Mat Parr, Matt Jones, John Walsh, David Nalder, Astrid Koornneef, Alison Bennett, Colin MacDonald, Stephen Crombie.
Apologies:	Sue Gordon, Wendy Illingworth, Grant Pollard, Dr Caroline McElnay, Dr Ian Town.
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>It was noted that Agenda item 7 would be brought forward to be discussed alongside Agenda item 2 due to their overlapping nature.</p> <p>It was also noted that an update on Janssen vaccine would be provided under Agenda item 4.</p> <p>The minutes from the previous meeting on 30th March 2021 were approved.</p> <p>Ashley went through the action tracker previous last meetings. All actions from the meeting on March 23rd have been completed and all ongoing actions from March 30th will be picked up by today's Agenda.</p>
2.	<p>Risk summary report and Agenda item 7: Office of the Auditor-General performance audit expected findings and next steps (Mat Parr, David Nalder)</p>
2.1	<p><i>Paper considered: CVIP Programme Status and Risk Summary - Steering Group - latest</i></p> <p>David highlighted important information from CVIP Risk summary report</p> <ul style="list-style-type: none"> • Page 3 is a key page as it captures specific asks of Steering Group • Page 5 gives a summary of risks, with new ones added this week including expanded risk around certainty of supply (reflecting the need of contingency planning in case of a new outbreak), how we treat those who may be susceptible to adverse events, and need for further clarity around support to Pacific

John Whaanga asked for clarity about susceptibility to adverse events, and particularly whether this was distinguishable from people with underlying health conditions which are actually one of our priority groups

David clarified that this group is distinct from people with underlying health conditions, and is more focused on people who may have suffered from adverse events from vaccines in the past.

Paper considered: CVIP OAG Performance Audit update

David gave an initial update on the OAG performance audit:

2.2

- OAG is in final stages of wrapping up their work, and today they issued a list of 14 questions which they want us to respond to within one week
- They will also go to a vaccination event next week to see how the whole process flows. Details of this visit have already been organised
- OAG will look to get a draft report to Ministry by 19 April, we will then have 2-week window to provide responses
- Report will be finalised in mid-May before being tabled in Parliament
- The issues they are likely to call out are all issues that have already been discussed by Steering Group, including: Programme ability to scale, programme structure and accountability, and commentary around IT readiness.

Ashley provided a further update on this point based on a meeting with OAG earlier in the day:

- Noting the timelines provided for final report, there is still around a month to address to the greatest extent possible the issues raised.
- OAG has identified a number of key risks and issues, but none of them were issues this Group would be unaware of.
 - Programme complexity and unclear accountabilities: these issues should be addressed by the ongoing restructure
 - Level of certainty: OAG querying whether Ministry should be more transparent about uncertainties in the programme and things outside our control
 - Critical path: 'Just in time' nature of Programme work delivery means it is difficult for those in Steering or Governance roles to provide assurance
 - Lack of contingency planning: Need to start thinking about how we would react to events such as a new outbreak, or a large influx of supply.
 - Primary care: Primary care providers need to be given more certainty around what their role will be. This includes information around funding model. Additional certainty for employers regarding their role would also be useful
 - Equity: Questions over how fully embedded equity is within the Programme, as well as when money will go out to providers. On the latter point, we do now have more certainty.
 - Technology: Issues raised around the national booking system and compatibility with local systems. It appears that we do have these issues in hand now so should just be about providing that assurance
 - Comms: Some questions raised around when additional information will be given to providers and around the timing of larger public campaign

Dale noted that he has heard we are working towards having a population register by late-June, and noted that population register has a very specific meaning

- Michael said that what was being worked on was having an additional layer above the NHI that would enable us to run targeted campaigns and attach useful info around individuals. The idea is to help us to use digital channels to better deliver population health services. He will be doing some work to advance this in the coming weeks as to some extent we already have this, but it just needs to be organised better

	<ul style="list-style-type: none"> • Astrid stressed that this was never going to be a perfect tool, and particularly given there are equity considerations around such a tool it can never be considered as the only solution. However, it could be a very useful tool, amongst others. <p>Mat suggested that it would be worth considering whether Ministry aims to proactively publish a full implementation plan around late-April or early-May. This would ensure that by the time OAG report is tabled in Parliament there will be sufficient information available publicly on how we are proceeding and addressing areas of concern.</p> <ul style="list-style-type: none"> • Agreement reached to explore this idea in next Steering Group meeting <p>Maree also stressed that some risks will always be present in the Programme. This means as a Steering Group we need to be aware of them while also acknowledging that not all of them can be eliminated.</p> <p>Action 1: Discuss proactive publication of full implementation plan at next Steering Group meeting</p>
3	<p>Programme progress and integrated plan strawperson (Mat and Matt)</p> <p><i>Paper considered: Straw person milestone plan and progress reporting</i></p> <p>Mat noted paper circulated to group presents a high-level strawman and at next week's meeting will come back with additional information from</p> <p>Once finalised there should be between 30-50 milestones, and this page, along with a section highlighting recent successes, challenges and exceptions would be the parts needing to be noted by the Group.</p> <p>Action 2: Provide updated milestone plan and progress reporting, and embed in programme ways of working</p> <p>Ashley asked for feedback from Rachel and Dale regarding the perception of GP utilisation.</p> <p>Rachel provided an overview of the manner in which GPs are being used as providers of community-based clinics, rather than in a traditional sense of GPs. Her sense of using all GPs in the way they are for childhood immunisations would be something more likely for later groups.</p> <p>Dale offered additional context, where they have gone out looking for initial Expressions of Interest. They have received 15-20 responses, mainly from fairly large practices. A number of PHOs are calling for a model where every GP is delivering vaccines, but some DHBs believe there are issues with that model at this stage of the rollout.</p> <p>Rachel added that one major reason this isn't being scaled up is around accreditation.</p>
4.	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>4.1 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) • The decision on Thursday will either be Provisional Approval or Request for more information • Chris would like to understand from Comms team what information might be needed in advance for the announcement around Janssen vaccine <p>Ashley noted that we will want to have clear messaging around Janssen vaccine as it is part of a strong narrative confirming we have a backup (single dose) vaccine.</p> <p>Chris offered additional updates on other two vaccines awaiting approval:</p> <ul style="list-style-type: none"> • AstraZeneca: moving slower than expected due to a delay in receiving data and the complex quality assessment. Probably looking at expert advisory meeting in early May

4.2	<ul style="list-style-type: none"> Novavax. Formal application has started but Novavax haven't provided their data yet. Currently waiting to know more about their timeframe to send requested data, approval decision will be further down the track, probably sometime in Q3 <p>Alison discussed possible implications of Janssen vaccine approval:</p> <ul style="list-style-type: none"> An important step will be for Ministry to advise Ministers in relation to how we would like to use this vaccine within current programme There are interesting options available to use Janssen vaccine with specific groups or delivery models It is also a key tool to manage any supply risks with Pfizer Over next 2 weeks Alison's team will be talking to Immunisation team, as well as CV-Tag and IIAG, about how we could optimise use of Janssen vaccine <p>Action 3: Allison, Chris, and John Walsh to meet to discuss comms strategy/requirements around Janssen vaccine approval announcement</p>
5.	<p>Standing item on delivery over past seven days (Jo Gibbs)</p> <p>Astrid provided update on initial analysis of DHB plans until end of June</p> <ul style="list-style-type: none"> All DHB plans have been received this morning and rapid assessment has been done focusing on three components 1) Scaling and site planning: DHBs appear to have this in hand with some being clearly ahead of others 2) Te Tiriti and equity: some comments pulled directly from report but further analysis to be done with Jason Moses and team for next week 3) Workforce: Main area of concern raised by most DHBs. <ul style="list-style-type: none"> Jo's team has already gone back to some DHBs for clarification or further info, reflecting again the need for us to be clear in how we ask for information The second attachment includes an analysis of DHB plans vs MoH model, showing DHBs plans exceeding MOH model. However, for some DHBs the forecasts look optimistic considering current performance. More work needs to be done on this to understand planning assumptions and be confident about that before giving to minister The next steps will be Jo working with DHB CEs and SROs to talk through all the plans within next week. There will also be a deeper dive with each DHB to look at operational issues, underlying assumptions, and where we as Ministry can support and help A framework is being developed to support monitoring and escalation of DHB plans <p>Action 4: Draft framework to support monitoring and escalation of DHB plans to be brought through Steering Group next week</p> <p>Group Discussion</p> <ul style="list-style-type: none"> Jo has agreed with all CEs that they are happy to share plans across DHBs so this should help some DHBs with smaller programme teams Ashley highlighted that the main challenge will be the extent to which we can be sure about delivery against their plans. Jo said that by next week's meeting there should have been one formal conversation with each DHB and will be able to provide analysis of plans against actual delivery. She should also be able to bring back a more detailed equity assessment

- John Whaanga raised the issue that current forms don't allow staff to ask for ethnicity of person being vaccinated, as there is an assumption this is being picked up from NHI
- DG asked for clarification on what other fields (if any) are assumed to be auto-filled from NHI

Action 5: Jo to confirm which fields in vaccination form are assumed to be auto-filled from NHI

Group Discussion

- Mat noted that if DHBs do stick to these plans there would need to be almost no wastage at all in order for supply to keep up with this
- Dale confirmed that some DHBs have concerns around workforce and that anywhere an alternative workforce to DHBs could use would be advantageous.
- Jo mentioned that currently we are averaging about 0.5 FTE for every vaccinator trained
- Jo indicated that contracts with national occupational health providers will be signed off by the end of the week. This workforce could be used in big centres, but numbers will be small relative to overall goal. Training of unregulated workforce should be starting in about 4 weeks, with the training being relatively straight forward
- s 9(2)(g)(i) [REDACTED], that they were open to idea of developing something at national level that could be deployed to support DHBs (for example over weekends), and they see a need to start planning for some large scale events
- John Whaanga asked for an offline comms conversation with Jo and John Walsh

Action 6: John and John to have offline comms discussion 8 April

- Jo said that after Steering Group next week they should be able to provide a decent summary to Ministers as part of the weekly vaccination report to give a sense on what DHBs are planning

6. **Programme structure update** (Jo Gibbs, Mat Parr)

Paper considered: Update on programme structure Steering Group 6 April

Jo highlighted key points in relation to the Programme Structure update

- Overall programme governance and decision-making systems will not be changing
- The Design Authority has been renamed to Programme Leadership Group to acknowledge that this is a forum for the whole group to work together
- There will be a new Safety and Quality Committee, which is beginning to be setup now to ensure we have adequate resources for Juliet
- Regarding overall health sector governance there is a formalised co-design process with SRO group. They have put in a placeholder for the accountability framework, although there is a bit more work needed on this
- The leadership team is now fully recruited with a lot of ongoing work to resource underneath, and there have been some good sessions bringing whole leadership team together
- An announcement will be drafted to go out to all GMs to share with teams
- There is also work being done on the mission statement to bring to the Governance Group on Friday

	<ul style="list-style-type: none"> • Mat highlighted that one challenge to be addressed was how to bring out in the document our approach to Treaty obligations, as currently you would need to look through to ToR and membership of different Groups to find out this information • Jason will be important in this area, and this is one team where there isn't a lot of capacity yet, with getting an SME on mental health in that area being a key priority • Ashley expressed support of the updates and progress and approved for documents to be taken to Governance Group on Friday
7.	<p>Office of the Auditor-General performance audit expected findings and next steps (Mat Parr, David Nalder)</p> <p>Discussed alongside Agenda item 2.</p>
8.	<p>Comms and engagement update (John Walsh)</p> <p><i>Paper considered: Communication and engagement update 6 April</i></p> <ul style="list-style-type: none"> • Three new staff have started within the comms team this week and recruitment is still ongoing • Campaign progress is broadly on track with foundational info around efficacy and safety being published from next week • The week of April 19th there will be a soft launch of the campaign and from the week of April 26th the campaign will be fully underway with TV and letterbox content landing • They have created a new DHB engagement team and are working through with Fiona and DHB managers to determine exactly what they want from this group • Today there was also first data release around vaccination which has resulted in large number of media enquiries <p>Group discussion</p> <ul style="list-style-type: none"> • Ashley suggested that next Wednesday's Select Committee appearance could be a good chance to proactively release information. He also reflected on whether regular standups would need to be reintroduced to share information • Mat highlighted other groups that will be key to engage with including TPK, MPP, MSD, businesses and unions • John said that both MPP and TPK are planning targeted campaigns which will sit under and align with MoH campaign. He will bring more information on that to next week meeting, but noted already that it is likely TPK will come to MoH seeking funding
9.	<p>Any other business</p> <p>Funding paper has been provided for noting</p> <p>Group discussion</p> <ul style="list-style-type: none"> • Rachel confirmed that the paper had landed in terms of total funding required and what was now being discussed was a base price for contracting and commissioning, noting that DHBs will expect to play rural and Māori providers a premium given extra issues involved • Ashley stated that this issue needs to be landed within the next week • Shayne asked to discuss document offline with Ashley to address concerns around lack of clear process for payments within the document <p>Action 7: Ensure that base price for contracting is agreed and an update provided to Steering Group next week.</p>

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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 13 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield;
Members:	Maree Roberts, Sue Gordon, John Whaanga, Shayne Hunter, Deborah Woodley, Chris Fleming, Wendy Illingworth; Michael Dreyer; Grant Pollard; Jo Gibbs Optional: Dr Caroline McElnay
Attendees:	Mat Parr, Andrew Bailey, David Nalder, Geoff Gwynn, Astrid Koornneef, Colin MacDonald, Stephen Crombie, Chris James, Alison Bennett, Karl Ferguson
Apologies:	Dr Dale Bramley, Dr Ian Town
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>Changes to agenda</p> <ul style="list-style-type: none"> • An Item on workforce to be added under Agenda Item 5 and as a standing item moving forward • Agenda Item 7 to be noted through in the interest of time <p>The minutes from the previous meeting on 7^h April 2021 were approved, while noting that references to Chris Fleming in the document need to be updated to Chris James.</p> <p>Ashley went through the action tracker from meeting of 7 April:</p> <p>Action 4 on Janssen vaccine approval announcement:</p> <ul style="list-style-type: none"> • Chris James advised that the Expert Advisory Group met today and that tomorrow will be spent formalising advice and discussing any possible conditions with Janssen • There will be an announcement on Thursday, either requesting more data or announcing provisional approval <p>Action 5 regarding auto-filling of fields in the vaccination form</p> <ul style="list-style-type: none"> • Shayne will provide update on this at next week's meeting <p>Action 6 relating to an offline conversation between John Walsh and John Whaanga</p> <ul style="list-style-type: none"> • Will be done this week <p>All other items in the action tracker are covered off with items on this week's Agenda</p> <p>Ashley went through the action tracker from meeting from 30 March:</p>

	<p>Action 3 relating to local clinical governance arrangements</p> <ul style="list-style-type: none"> • Mat noted that there is a new clinical oversight structure built in as part of Programme restructure. Full documented assurance not yet in place but will be once the Accountability Framework is finalised • Ashley stressed the need to have at least an interim arrangement in place <p>Action 4 relating to CV-TAG advice on vaccine use</p> <ul style="list-style-type: none"> • Caroline noted that this has been completed, that the topic was rediscussed at CV-TAG today and no further advice would be coming on this <p>Action 5 on the proposal to put out science publicly</p> <ul style="list-style-type: none"> • Sue will report back on this item as still work ongoing to confirm if all the previous science updates would be published <p>Action 7 regarding ring vaccinating</p> <ul style="list-style-type: none"> • Mat noted that a paper on this topic previously considered by Steering Group was tabled at recent SRO meeting • SROs asked for more detail on the reporting template provided so further information will be given to DHBs this week and they have committed to updating the Ministry by next week • The template is quite light but has been requested from all DHBs rather than just Auckland as one question inside is whether there is workforce available that could be freed up for other DHBs • Caroline said that advice from CV-TAG is that there would be potential benefit of ring vaccination in case of any new outbreak, but that this would need to be triggered by public health advice at the time and ultimately what is needed is the agility to be able to react • Jo suggested that a tabletop exercise should possibly be organised once ring vaccination plans are received from DHBs
2.	<p>Risk summary report (Mat Parr, David Nalder)</p> <p><i>Paper considered: CVIP Programme Status and Risk Summary - Steering Group - latest</i></p> <p>David provided an update on Programme risks and on changes to Summary document</p> <p>2.1</p> <ul style="list-style-type: none"> • A new page has been added to try to clearly delineate David's role in running the risk assessment process, and the role of Jo's team in owning the actual risks • There is also now a clear Risk and Action tracker to follow up • More work needs to be done with risk owners to address the additional mitigations that need to be put in place to address each risk • The final two pages show a broader view of inherent risks across the Programme and where they sit across the end-to-end process <p>Jo provided a further update to risk management within the Programme</p> <ul style="list-style-type: none"> • Real time internal programme assurance is being worked on, and work is also ongoing to finalise embedding risk ownership with new Programme structure. David has started to attend all programme meetings to be an independent observer of progress • Workforce remains a key risk but will be discussed under Agenda Item 5 • There is currently no clear system to capture incidents like the wastage seen in CCDHB, although as part of the root cause analysis we will have clear view of how we should report that going forward • Comms has been discussed at length in previous meetings, risks around this area should change over the coming weeks with the mass campaign launch <p>Group Discussion</p> <ul style="list-style-type: none"> • Sue noted that work was ongoing on critical path for Pacific Vaccine Programme to ensure clear advice was provided to Ministers. An update will be provided next week • Stephen noted that at Governance Group the need to build an end-to-end assurance plan had been discussed, and wanted to ensure it was also noted with Steering Group

- Jo said that the end-to-end assurance plan would be discussed under Agenda Item 6
- Stephen pointed out that the other areas flagged as 'Red' related to overall programme structure and asked Jo when she thought this area would stabilise
- Jo replied that there was probably another two weeks until the weekly cadence would be stabilised, structures bedded in, action trackers to be in place and there to be a clearly documented and updated management of the programme
- John asked for update on Equity analysis of DHB plans (Risk 7)
- Jo said that Jason has been part of conversations with vast majority of DHBs. Jason has also been focusing heavily on Minister Henare's visits but by next week should have a chance to put forward his views on how we structure feedback around equity issues.
- Jo noted that it would be useful to have John's feedback on how legacy impacts such as workforce and relationships with Māori providers could be measured
- Ashley asked for an initial update next week regarding equity responsiveness. With planned DHB numbers being published tomorrow there may be a focus on how they will deliver to priority populations, noting that if focus is put on boosting numbers by reaching easy to access populations this could compound inequity

Action 1: Megan to provide update to Group on critical path for Pacific Vaccine Programme

Action 2: Initial feedback regarding equity approaches within DHB plans to be provided to Steering Group

3

Programme progress against milestones (Mat and Andrew)

Paper tabled: Milestone and progress reporting 13 April 2021

Andrew provided update on milestone reporting within Programme

- Work is ongoing to embed focus on upcoming milestones within Programme cadence
- Considerable updates have been to the reporting document since previous Steering Group meeting
- Slide 3 charts critical path, starting from populations within cohorts and works through to upcoming milestones that need to be met for the required service delivery model
- The milestone view on Slide 4 is aligned with this plan

Group Discussion

- Ashley stressed that within one or two weeks there should be reporting against milestones to ensure Steering Group can monitor progress
- Stephen suggested document is shaping up well but that we need to make sure it reflects the actual reality on the ground
- Mat replied that in order to bring this document to life there will need to be a shared view across teams internally, as well as with SROs within DHBs to have consistency across Ministry and DHBs
- Ashley asked for explanation behind the disconnect around all early milestones being either completed or on-track, but the operational target of 13,000 doses per day being 'Behind Schedule'
- Andrew suggested that the issue is that while readiness is reflected in model, there is currently a lack of corresponding capacity/scale indicator. This will need to be built into model in a better way moving forward
- Ashley suggested that additional use of the 'unknown' category could be good to reflect lack of certainty on some items
- In response to a question from Chris Fleming, Jo confirmed that information around upcoming milestones (and their classification) would be shared with DHBs via RALs and possibly through a Group involving regional CE representatives (TBC)

Action 3: Jo to work with Andrew Bichan to ensure communication channels between Programme and Ministers' Offices are clear

	<p>Action 4: Need to ensure milestone view includes means to capture readiness to operate at scale required to meet targets</p> <p>Discussion on proactive publication of full implementation plan</p> <p>To be discussed under Agenda Item 5</p>
<p>4.</p> <p>4.1</p>	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>Caroline provided an update from CV-TAG in the absence of Ian</p> <ul style="list-style-type: none"> • CV-TAG met this morning and received the first of future regular updates from Independent Safety Monitoring Board • There were discussions at CV-TAG around the s 9(2)(g)(i) [REDACTED], which Ian will follow-up on with Tim Hanlon • CV-TAG also discussed what role it might play in future situations similar to what has occurred in Australia around AstraZeneca vaccine • CV-TAG also ratified two items which will come to Jo as Memos for implementation <ul style="list-style-type: none"> ○ Advice on at what point post-vaccination symptoms should be tested ○ Advice on what to do for people arriving in New Zealand who have received a single dose of a non-Pfizer vaccine. Advice will be to administer only one dose of Pfizer vaccine when they are eligible under sequencing framework • There will be a meeting tomorrow to discuss central clinical decision making for programme as whole <p>Group Discussion</p> <ul style="list-style-type: none"> • Chris James noted that Medsafe would be very much in support of active monitoring of adverse events, and would be keen to join any discussions on this with Tim • Mat noted there was a pilot trial out of s 9(2)(a) [REDACTED] GP practice trialling a text message system. This was only done on small scale and never picked up for strategic discussions on wider usage • Ashley asked for an update on this for subsequent meetings. As Dr Tim Hanlon is on leave until the end of the week, a verbal update will be provided next week with a paper to follow the next week. <p>Action 5: Verbal update from Dr Tim Hanlon on active monitoring for Steering Group next week</p> <p>Action 6: Full update on active monitoring of reporting adverse events at Steering Group meeting on 27 April</p>
<p>5.</p>	<p>Standing item on delivery over past seven days (Jo Gibbs and Astrid Koornneef)</p> <p><i>Paper considered: Vaccinator Workforce Plan_V3</i> <i>Paper considered: COVID-19 A3 Vaccinations Dashboard April 11 2021 FINAL</i></p> <p>a) Workforce</p> <p>Fiona presented on the Vaccinator Workforce plan circulated to Group</p> <ul style="list-style-type: none"> • Document has been prepared to provide Ministers with a simple view of where we get workforce from • The pools where workforce is drawn from will change over time. Just within last 24 hours Caroline has signed off on adding registered optometrists and dietitians to potential pool • The plan is for this document to be included as an appendix for Vaccine Ministers report on Friday, so open to feedback before then <p>Group Discussion</p>

- Ashley asked how assurance could be given around the full vaccination team, not just vaccinators
- Fiona said that based on her conversations with DHB, finding the administrative staff doesn't seem to be major area of concern, although this could become problematic as part of larger scale up
- There was a general discussion around the line showing potential FTE and overall consensus to remove that information, with possible exception of information on size of NZDF and surge workforces
- Sue suggested an update to document to reconcile differences between availability of workforce versus their actual planned usage under service delivery model

Fiona provided broader update on workforce

- There are now four workstreams around the non-regulated workforce, focusing on technical stream, training, recruitment, and employment relations.
- Team is working very hard to meet ambitious deadline of having a product ready at the end of month
- Fiona is currently exploring whether there is value in creating a type of national roster to pick up people within surge database that have limited availability
- There is a current bottleneck around training as pathway to IMAC has always been via DHB employment. Exploring how to address this so that people who are eligible and meet criteria could be trained even without DHB contract

Group Discussion

- Chris Fleming highlighted that training of vaccinators not employed by DHBs should be done in a way that doesn't displace from training schedule people who are employed by DHBs
- In order to address understaffing within Fiona's team, Ashley suggested repurposing the Regional Workforce Leads in shared agencies that are funded by Ministry
- Fiona also noted that she has heard reports of registered nurses who are still doing swabbing because they are paid more to swab than to vaccinate. This is something she is looking into but not yet confirmed
- Fiona will update CEs on all the work her team is doing tonight, and it will be a standing item at CEs meeting moving forward

Action 7: Fiona to investigate availability of Regional Workforce Leads to offer support to Workforce team

b) Cabinet A3

Item passed over to ensure sufficient time to discuss DHB plans

c) Update on initial conversations with DHBs on plans to 30 June 2021

Astrid provided an update on the analysis of DHB plans until end of June

- Since last week they have had calls with almost all DHBs (last few to be done tomorrow) and have asked all DHBs to relook at their numbers against model in light of the fact that we will be publishing planned volumes against actual from Thursday
- During these calls it was stressed that DHBs need to be able to deliver their numbers and should be planning for a 7-day service
- Once the final calls have taken place, her team will be updating the analysis document from last week and adding in a RAG rating
- There have been good discussions around what is being put in place to address equity

Group Discussion

	<ul style="list-style-type: none"> • Chris Fleming noted that if DHBs are able to meet targets there should also be flexibility around the 7-day service to ensure they can give staff appropriate rest • Jo stressed that it is not just about meeting numbers, but also about being able to reach priority populations which often requires out of hours availability. What most DHBs appear to be doing is coming up with a pattern where not every site is being run every day, but there is always some availability over weekends for example • Ashley asked the degree of confidence of DHBs being able to meet their plans after these conversations • Jo stressed that DHBs have been informed this is public information and this will be monitored in public domain weekly. SROs and CEs will be asked to sign off specifically against their planned lines to document their agreement <p>c) Vaccine utilisation and wastage Astrid advised that root cause analysis is taking place into the wastage issue that occurred in CCDHB over the weekend.</p>
6.	<p>Draft DHB and MOH accountability and planning framework (Mat Parr)</p> <p><i>Paper considered: Planning Accountability_Draft_08042021</i></p> <p>Jo noted that there is an Agenda Item on this topic at CEs meeting this Thursday</p> <p>Geoff provided an update on the drafting of the document</p> <ul style="list-style-type: none"> • The three levels on Slide 2 emphasise the three key elements of a successful framework: <ul style="list-style-type: none"> ○ Ministry must provide clear expectations around service delivery ○ There needs to be clear information on how expectations can be met ○ Assurance must be provided that expectations are being met • Regarding the second item, it could be useful to provide DHBs with templates to work off, particularly addressing risks and controls • It will also be important to have performance metrics to measure success, with a key area for consideration being legacy metrics reporting on how system is stronger <p>Group Discussion</p> <ul style="list-style-type: none"> • Jo noted that roles and responsibilities are laid down in the operational guidelines. There has been discussion of building in a RACI framework in order to have clarity around who is doing what at each level • Stephen noted that the process by which operational guidelines are updated will be crucial • Jo stressed that the guidelines are updated and distributed on a weekly basis, that she was confident in the current system for updating them, but that big updates will be needed when moving through different Groups within sequencing framework • Colin expressed support for initial work done on Framework, although noted there was a lot of work still to tie down
7.	<p>Misinformation and disinformation paper (Geoff Gwynn)</p> <p><i>Paper considered: Misinformation memo for Steering Group [Updated recs following subgroup DDG meeting]</i></p> <p>Paper noted through without further discussion</p>
8.	<p>Standing item on communications and engagement update (John Walsh)</p> <p><i>Paper considered: Communication and engagement update 12 April</i></p>

	<p>Karl was to talk to this point on behalf of John but had to leave meeting.</p> <p>Ashley noted that the report would be taken as read, and that Comms activity was going to scale up considerably from current moderate level</p> <ul style="list-style-type: none"> • Jo added that there was a plan for Ashley to do a media briefing on Thursday in order to give an “under the hood” view of the Programme • Jo also noted that DHBs had been approached to provide case studies to incorporate into future briefings/comms material
9	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <p><i>Paper considered: Real time assurance update 7 April 2021</i></p> <p>Colin noted that the paper considered has already gone to Governance Group</p> <ul style="list-style-type: none"> • This paper outlines a shift of some assurance activity to see the Programme take on more of a self-assurance role • Stephen and Colin will remain engaged on critical issues, such as Programme structure, workforce, comms etc <p>Stephen said that they have started a deep dive to look into booking system</p> <ul style="list-style-type: none"> • The plans for this have been done very well, although there are some outstanding delivery model questions to be answered such as the setup of a support call centre to go along booking system <p>Astrid acknowledged the need for national call centre and said this is being worked on by her team.</p> <p>Ashley asked for this to be landed as soon as possible</p> <p>Action 8: Setup of a national call centre to go alongside national booking system to be landed as soon as possible</p>
10	<p>Funding and commissioning update (Mat Parr)</p> <p>Mat informed Group that an overall funding envelope has been communicated to DHBs, signed off and noted.</p> <ul style="list-style-type: none"> • A standard base rate fee for service to be used for base contracting has now also been agreed, with one rate for standard hours and one rate for after hours/weekend • There is a meeting happening at the same time as this one where this rate is being discussed with Sector Reps, although it has been made clear this rate is not up for negotiation • The intention is to have this rate confirmed via DHB CEs this Thursday
11.	<p>Any other business</p> <p>Jo noted that there was an idea to invite someone from primary care into the Programme to act as a GP Liaison</p> <ul style="list-style-type: none"> • A statement is being drafted to go out to Primary Care: worth noting conversation we had today about primary care. <p>Ashley noted that primary care have expressed an interest in helping to design the system that would be used to cater for any future involvement of primary care in vaccine rollout</p>

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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 20 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Jo Gibbs Robyn Shearer (from 5:20pm)
Members:	Maree Roberts; Sue Gordon; John Whaanga; Deborah Woodley; Michael Dreyer; Dr Ian Town; Colin MacDonald; Stephen Crombie; Rachel Haggerty.
Attendees:	Mat Parr; John Walsh; Andrew Bailey; David Nalder; Richard Clarke (for item); Jane Mason (for item); Megan McCoy; Astrid Koorneef; Fiona Michel; Ian Costello; Leeanne McAviney (for item); Kate Williams (for item); Alison Bennett; Joe Bourne, Tim Hanlon; Jason Moses.
Apologies:	Dr Ashley Bloomfield, Dr Dale Bramley, Dr Caroline McElnay; Grant Pollard; Shayne Hunter; Chris Fleming, Wendy Illingworth;
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>The minutes from the previous meeting on 13th April 2021 were approved, and all outstanding actions were noted to be picked up on current agenda.</p> <p>Changes to agenda</p> <ul style="list-style-type: none"> Agenda Item 3 brought forward to start of meeting <p>Group Discussion</p> <ul style="list-style-type: none"> It was noted that the large number of late papers being circulated, and the number of agenda items at each meeting, may reduce effectiveness of Steering Group meetings and shorter and fewer papers should be preferred. There was a suggestion to recap at the end of the meeting which Agenda Items were most relevant for the Group's consideration
3	<p>Office of the Auditor General update (Leeanne McAviney and Kate Williams)</p> <p>Leanne and Kate provided an update on the work of OAG</p> <ul style="list-style-type: none"> OAG will be sharing a draft report with the Ministry today and the Ministry will have two weeks to provide feedback and additional information. Only the Ministry will receive the full report today, while MBIE and the four DHBs that contributed to report will receive the sections relevant to them.

- OAG recognises some information in the report may be out of date, so are happy to engage over the next two weeks to ensure the most up to date information is included
- They are aiming for report to be published in late-May
- OAG will aim to write a balanced report, acknowledging the complexity of the Programme and the successful work already done, while also making 6 recommendations for improvements moving forward:
 1. Increase transparency around supply risks and potential impact on rollout
 2. Develop more contingency plans against major risks (supply, workforce etc)
 3. Improve guidance to DHB about specific scenarios in which it is acceptable deviate from sequencing framework
 4. Work with DHBs to make sure equity considerations are fully embedded in their plans
 5. Increased clarity for Māori/Pacific providers and other providers like GPs
 6. Improving comms planning to increase clarity around key events and how Ministry is going reach specific vulnerable groups

Group Discussion including OAG staff

- In response to a question regarding current risk monitoring within Programme, Leanne suggested that the report would note that the Programme is largely picking up on the right risks and taking actions, while suggesting that some risks require additional focus.
- Leanne also stated that the aim of the report is not specifically to say whether the Programme is performing well or poorly, but more to emphasise what needs to be done to maximise the chance of reaching the publicly stated goals of the campaign.
- Colin suggested that an important thing to contextualise within the report is the need for the Programme to increase not just its scale but also its reach into communities.

Internal Group Discussion [note discussion occurred at the end of the agenda]

- David said that the report will be circulated tonight among the Programme Leadership and Steering Group members. He will come up with a process to organise the response and ensure everything is provided back within the two-week timeframe.
- The response will be put through Steering Group to ensure full Ministry oversight
- Jo noted that the response from Ministry will need to include all the details that were not able to be picked up during OAG's fieldwork, including conversations and emails.
- Colin noted that how this report is responded to will be crucial in maintaining public confidence.
- Jo suggested that in parallel to preparing the response to the draft report, we will also need to prepare the Comms side for when the report is released and provide clear messaging on what Ministry has been doing to address the recommendations.
- Maree noted that we should also focus on benchmarks measuring the quality of the Programme in addition to the speed.
- Jo stated that the OAG report should remain as a standing Agenda Item until the report is published.

Action 1: David to circulate OAG Draft Report and coordinate Programme response.

Action 2: Response to OAG Draft Report to be brought back before Steering Group as soon as possible.

2 **Risk summary report** (Mat Parr, David Nalder)

Paper considered: CVIP Programme Status and Risk Summary - Steering Group 20 April

	<p>David provided an update on Programme risks and on changes to Summary document Risk summary report</p> <ul style="list-style-type: none"> • The Key Decisions slide (Slide 3) is included to tie agenda items back to the underlying risk and then to risk owner • This week a trend line for risks has been added to showing whether level of risk seems to be increasing or decreasing <p>Group Discussion</p> <ul style="list-style-type: none"> • Steve noted that given that the time pressure everyone is under, resources should be prioritised on actions that can address multiple underlying risks (such as the Accountability Framework) • Colin suggested to start distinguishing between risks and issues within the Risk Summary report <p>Action 3: Separate risks and issues within Risk Summary Report</p>
4.	<p>Programme progress against milestones (Mat Parr and Andrew Bailey) <i>Paper considered: Milestone and progress reporting 20 April 2021 v2</i></p> <p>Andrew provided update on milestone reporting within Programme</p> <ul style="list-style-type: none"> • He has been working with Rachel to see how to bring DHB SRO's group closer to this and use it as a shared understanding of upcoming events. • Following on from a discussion at last week's meeting, their team is working with DHBs on developing criteria by which we can be confident that we are ready for rollout to different population groups. He will provide further updates to Steering Group on this as the work progresses. • They are also focusing on aligning deliverables to the major population milestones, with Slide 4 showing what we think will need to be in place per workstreams for the different Tiers • A future challenge will be how to capture the different performance across DHBs within this framework <p>Group Discussion</p> <ul style="list-style-type: none"> • Deborah asked how it was possible to be confident for the rollout to all the Population cohorts while having many unknowns in the Deliverables section • Andrew agreed that perhaps for the later Tiers, particularly Tier 4, the indicators could be updated to reflect uncertainty. He also noted that some deliverables were less critical and could be rated Amber while allowing overall objective to remain green. • A general discussion took place regarding how to ensure the document reflected the key risks identified within risk register and OAG report. • Some refinement of the document was suggested in order to ensure that critical points were highlighted and drawn to the attention of the Steering Group for awareness and for actions to be taken. <p>Action 4: Updates to be made to milestone reporting document to enable critical points to be identified and brought to attention of Steering Group</p>
5.	<p>Update on large event planning (Richard Clarke and Jane Mason)</p> <p>Mat provided an introduction, explaining that Richard and Jane were from Auckland Unlimited, a large events company who are helping to develop a playbook for mass vaccination events.</p> <ul style="list-style-type: none"> • The goal is to have a first draft within the next couple weeks and then, vaccine stock permitting, looking at an event around late June, ideally in Counties Manukau

- Around late August there could then be potential to run additional large-scale events when general population is fully eligible for vaccine

Richard and Jane provided a brief overview of the work of Auckland Unlimited.

- They will approach event to structure it around the medical team as the “performers”
- They are looking at key workstreams required to carry out the event, as well as analysing best practice internationally where mass COVID-19 vaccination events have already occurred, while recognising such events in New Zealand would be unique in that we are not facing active community transmission

Group Discussion

- Responding to a question from Jo, Richard advised that the timelines for their work would depend on the resources Ministry is able to allocate to this
- Mat noted that the plan would not be a one-size-fits-all approach, and would be made available to all DHBs
- Richard said Auckland Unlimited will initially focus on developing the guidelines, but could also provide consulting services on any location around the country as well as a delivery service if needed.
- Colin highlighted that we need to be very clear upfront about how we envisage this model working. For example, is it something that will be stood up over a weekend or a longer running event to deliver both doses.
- Jo said that it would also be important for Auckland Unlimited to try to develop an understanding of which parts of the population will respond to events like this, as there could be trade-offs with other delivery systems.
- Joe noted that there is a draft paper that looks at equity via different delivery models and that he would circulate this to Steering Group once it is finalised.
- Jo noted that there will be a need to engage DHB SROs from the beginning of this process, although approach will probably not be suitable for all DHBs.
- Colin noted that the big benefit of such an event would be if it could be run in a way that is additive to existing activities, rather than drawing from existing resources and becoming a substitution.

Action 5: Provide further clarity to Auckland Unlimited on structure of mass events their planning should target.

Action 6: Joe Bourne to circulate paper looking at equity impact of different delivery models once it is finalised.

6. **Cook Islands and Polynesia update and rollout plan** (Megan McCoy)

Paper considered: Polynesia vaccine roll-out for steering group 19 April

Megan provided an overview of current state of play for Cook Islands and Polynesian vaccine rollout

- Documents have been prepared for the Vaccine Ministers meeting on Friday to give an initial indication of when vaccine rollout could commence in Cook Islands
- The chart shows the high-level steps that need to be done to meet an ambitious start date of mid-May
- The plan is broken down into steps by workstream, noting that the requirements of the pharmaceutical companies is the step that will ultimately determine if rollout is possible or not.
- In the Memo circulated it is proposed that Steering Group would need to provide approval prior to the rollout in each of the six Polynesian countries
- Depending on the updates from Pfizer and Cook Islands it may be possible within the next few weeks to come to Steering Group for advice about Cook Islands rollout
- In order for the activity to go ahead it will be essential to have a dedicated GM in place

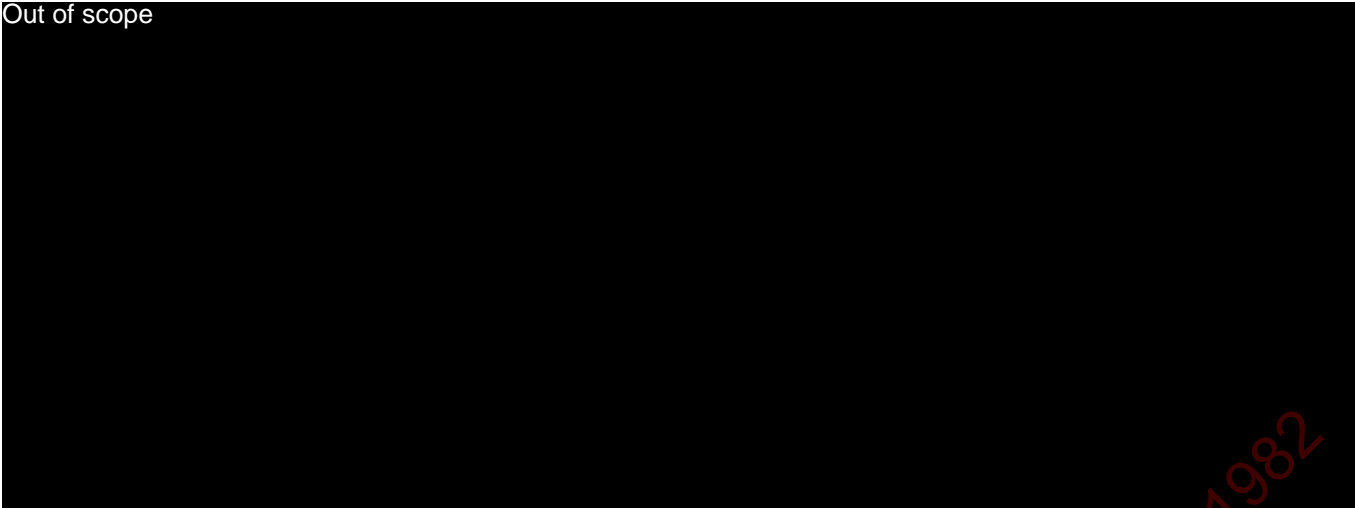
	<p>Group Discussion</p> <ul style="list-style-type: none"> • It was noted that rolling out the vaccine in Cook Islands and Polynesia at the same time as scaling up in New Zealand would be a challenge, although the possibility to start with the countries with smaller populations before building up to the larger ones good reduce this pressure slightly. • Jo stressed that without a dedicated GM with operational experience the activity couldn't go ahead, and this message would need to be reiterated to Vaccine Ministers. This has already been requested via NZDF but we are yet to receive any proposals. • Maree noted that as we are operating in an environment of resource scarcity, notably around vaccine supply until end of June, the plan for this rollout cannot be considered in isolation but must be considered alongside the plan for the domestic rollout • Megan noted that there may be a need to develop a small pool of deployable vaccinators, possibly looking to draw on non-regulated workforce here who are qualified in the Pacific. <p>Action 7: Request for resourcing, including a GM for Polynesian vaccine rollout, to be reiterated at all levels</p> <p>Action 8: Incorporate planning for Polynesian vaccine rollout into the overall Programme planning</p>
7.	<p>Update on options for active monitoring of adverse reactions (Tim Hanlon)</p> <p>Tim gave an update on active monitoring of adverse events.</p> <ul style="list-style-type: none"> • The backbone of the safety system in New Zealand is passive monitoring via CARM • The significant risk to the Programme around monitoring was initially whether CARM could be scaled to the extent needed, although the ability for that scaling to take place is now within touching distance • Active monitoring, such as via SMS, would not give extra safety signals but could increase the dataset and therefore increase consumer confidence • This would be possible, but would require a lot of technical input and additional resourcing • The Group raised concern about possibly overstressing Programme, particularly if active reporting wouldn't address safety issues • Jo asked for a paper to be prepared over the next couple weeks to show what the resource requirements could be, and how this could be done in a sustainable way. • Maree noted that the paper would need to include a comment on the overall Programme impact <p>Action 9: Paper to be prepared outlining resource requirements and possible implications on Programme of an active monitoring system for adverse vaccination event.</p>
8.	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>Ian provided an update on the work of CV-TAG</p> <ul style="list-style-type: none"> • A process has now been finalised for commissioning advice and getting that through to Jo for sign off • Today the team has provided an update on questions around clotting from AstraZeneca and Pfizer vaccines.
9	<p>Standing item on workforce (Fiona Michel)</p>

	<p>Fiona acknowledged that workforce is a key area of work within the Programme, although there is nothing crucial for Steering Group to be aware of this week.</p>
10.	<p>Standing item on logistics and distribution (Ian Costello)</p> <p><i>Paper considered: 210419_Logistics Update</i></p> <p>Item not addressed due to time constraint</p>
11.	<p>Standing item on communications and engagement update (John Walsh)</p> <p><i>Paper considered: Communications update 19 April</i></p> <p>Paper noted but item not addressed due to time constraint</p> <p>Sue mentioned that there is a new case of a border worker who is positive despite receiving the vaccine.</p> <ul style="list-style-type: none"> • It will be important for clear communications around how this could happen and why vaccination is still important. • Tim was asked to confirm that there were no adverse events noted for this person's vaccinations. He will follow this up offline with Sue.
12	<p>Update on DHB equity plans (Jason Moses)</p> <p><i>Paper considered: 20210419 DHB Plans and Equity Analysis</i></p> <p>Jason provided an overview of his analysis of current DHB plans</p> <ul style="list-style-type: none"> • The pressure to increase volumes must not distract from equity considerations • The single biggest thing that can be done to remove barriers to access is to mobilise delivery, rather than focusing on mass vaccination events that may not be accessible to all <p>Jo noted that within the Accountability Framework it is being made that that DHBs are accountable for range of things, of which equity is the most important. Initial conversations have also indicated possibly large gaps in relation to access for disabled people.</p> <p>Action 10: 'Next steps' from Equity Analysis to be actioned and reported on at next Steering Group meeting.</p>
13.	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <p>No major updates this week.</p>
14.	<p>Any other business</p> <ul style="list-style-type: none"> • Sue noted that there was work to be done to find a channel for suggestions and offers of assistance from other Agencies to reach where it needed to within Programme • Jo mentioned a previous idea from Ashley to invite in Regional representatives to act as liaison for external Agencies, although this is yet to be developed further • Maree noted that Agencies seconding people into Programme could also help provide links • Jo said that she had provided feedback to PSC this morning regarding the lack of traction received on outstanding resource requests • John Whaanga stated that he thought there were already SROs for regions across government whose role is to coordinate roles across government • It was noted that Jo will be meeting tomorrow with someone who may have capacity to act in this sort of liaison role.

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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 27 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members:	Maree Roberts, John Whaanga, Deborah Woodley, Michael Dreyer, Jo Gibbs, Colin MacDonald, Stephen Crombie, Robyn Shearer Optional: Dr Caroline McElnay
Attendees:	Mat Parr, John Walsh, Andrew Bailey, David Nalder, Astrid Koornneef, Fiona Michel, Geoff Gwyn (for item), Fiona Wakefield (for item), Rachel Lorimer, Andi Shirtcliffe (for item), Sonia McFetridge (for item).
Apologies:	Chris Fleming, Sue Gordon, Dr Dale Bramley, Dr Ian Town, Shayne Hunter, Grant Pollard, Wendy Illingworth, Ian Costello.
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>The minutes from the previous meeting on 20th April 2021 were approved, and all outstanding actions were noted as either in train or picked up on current agenda.</p>
2	<p>Risk summary report (Mat Parr, David Nalder)</p> <p><i>Paper considered: CVIP Programme Status and Risk Summary - Steering Group 20 April</i></p> <p>David provided an update on Programme risks and on changes to Summary document Risk summary report</p> <ul style="list-style-type: none"> • There are three new risks added this week: Contingency planning, tendering and contract management, and the impacts of Health sector reform • The major focus this week has been on providing response to OAG report, but it was noted last week that there are some things like the accountability framework which could address a number of the risks <p>Group Discussion</p> <ul style="list-style-type: none"> • Ashley noted he was happy for the risk around Health sector reform to remain in the document and to be populated over the coming week. • Jo said that there was an agreement to do a stand-up with the Governance Group for their next meeting in order to provide more information on the details underpinning the milestone plan and how everything fits together

	<ul style="list-style-type: none"> • In response to a question from John Whaanga, Mat noted that there are two types of contingency planning to be done. The first is the contingency planning around vaccination if there is a new outbreak, and this work is well advanced. • The second is the contingency around the overall plan to scale, with these discussions expected to happen once the DHB plans for July onwards have been submitted.
3	<p>Programme progress against milestones (Mat Parr and Andrew Bailey) <i>Paper considered: Milestone report 27 April 2021</i></p> <p>Andrew provided update on milestone reporting within Programme</p> <ul style="list-style-type: none"> • Andrew will be meeting with Stephen/Colin on Thursday to prepare for the milestone plan walk through with Governance Group • Upcoming milestones were noted <p>Group Discussion</p> <ul style="list-style-type: none"> • In response to a question from Deborah, Andrew noted that there are some milestones which sit underneath the major milestones but cannot fit on the report due to space limitations • Jo suggested that this additional level of detail could be provided to Steering Group next week but it may not be beneficial to go into this level of detail every week • Ashley asked for an update on the invitation strategy as it is due next week and currently classified as 'unknown' • Andrew advised that the discussions are ongoing with DHBs on this topic, and the exact date this will be needed is to be confirmed depending on the model to be used for Group 3 or Group 4 • Andrew noted that Invitation Management Portals were flagged as orange not because of technical limitations but because of the need to finalise the operating model that will support the tools • Jo suggested that for next meeting the team could prepare a brief status update on all the milestones that aren't green <p>Action 1: Additional level of detail underlying milestone view to be provided to Steering Group next week.</p> <p>Action 2: Provide a short status update on any items that aren't green in Milestone report for next week's Steering Group</p>
4	<p>OAG Report update (David Nalder)</p> <p>David provided an update on Programme's response to the draft OAG Report</p> <ul style="list-style-type: none"> • David noted that the process is underway to do a clause by clause response to OAG report and he is confident we will meet the OAG's deadline of next Tuesday • A response is being put together showing what the Ministry has done/intends to do for each of the six recommendations • There will also be Ministry comms published around the same time the final version of the report is tabled
5.	<p>Equity update and data trends for Māori (Mat Parr for Jason Moses and Luke Fieldes)</p> <p>Mat provided a verbal update as the paper on the topic is awaiting peer review.</p> <ul style="list-style-type: none"> • An initial analysis on overall uptake in Tier 1a has been prepared • There has been an initial discussion about this at PLG meeting earlier in the day • There is a further workshop with PLG planned for tomorrow and intention to engage with DHB SROs on the topic • Ashley requested to receive a copy of the paper as soon as it is finalised <p>Action 3: Copy of report on data trends for Māori to be shared with Ashley as soon as possible</p>

6.	<p>Communications and engagement update (John Walsh)</p> <p><i>Paper considered: TPK Māori vaccination campaign funding memo 22_04_21</i></p> <p><i>Paper considered: Pacific Communications Campaign Funding memo final</i></p> <p>John Walsh provided update on Comms campaigns being run by TPK and MPP</p> <ul style="list-style-type: none"> • Both campaigns have been developed in close collaboration with Health • Both TPK and MPP have substantially funded their own campaigns but are looking for additional funding support from Health • The Ministry's own campaign is progressing well and will be moving today towards the focus on the benefits layer ('The stronger our immunity the greater our possibilities') <p>Group Discussion</p> <ul style="list-style-type: none"> • Following group discussion, Ashley approved the funding for TPK • Funding for MPP was agreed in principle, subject to sign off from Pacific Health <p>Action 4: Proposal for funding for MPP comms activity to be shared with Gerardine Clifford-Lidstone within Pacific Health team before final sign-off</p>
7.	<p>Measuring success of the COVID-19 immunisation programme (Allison Bennett)</p> <p><i>Paper considered: Measuring Success of the COVID-19 Immunisation Programme_22 April</i></p> <p>Allison provided an overview of the paper circulated</p> <ul style="list-style-type: none"> • The main proposal of the paper is that we should set the national goal to vaccinate "as many people as possible" • One reason for this is that we still don't know enough about the individual vaccines to have a population immunity target • Given that not everyone is eligible for Pfizer vaccine, if almost every adult who is eligible chooses to be vaccinated it would equate to roughly 76% vaccine coverage of the New Zealand population • The paper also focuses on how to showcase the success of the programme as a positive view of component parts (such as equity, sustainability, efficiency) rather than purely on a numerical basis <p>Group discussion</p> <ul style="list-style-type: none"> • Discussion centred on the need to have a clear narrative established • Although there is not yet sufficient evidence to determine population immunity targets, it was stressed that ambitious goals need to be set nonetheless, noting that 95% target is used for many of the childhood vaccines
8.	<p>National booking operational processes (Astrid Koornneef)</p> <p>Astrid gave an update on the work being done on the national booking operational process</p> <ul style="list-style-type: none"> • Team is currently working with DHBs to understand exactly where they are with current booking processes • There is the need to be very clear around who is responsible for what within operational process, all the way down to details. Michael has secured some additional resources which are being used to work on this • The aim is to have the plan available for Governance Group next week, with something coming to Steering Group next week in interim <p>Group Discussion</p> <ul style="list-style-type: none"> • Michael noted that the booking system is being demonstrated today with ADHB and could be starting to use from tomorrow • Once the detailed operational design is completed then could move forward with more advanced tools such as sending out invitations

- Ashley noted on the milestone tracker that the Booking System going live nationally was currently categorised as 'unknown' and asked Michael to let Steering Group know if at any point he is worried about delivery or needs additional support

Privacy impact assessment update (Geoff Gwynn and Fiona Wakefield)

Fiona provided an update on the Privacy Impact Assessment (PIA) being done around the booking system:

- Once national booking system goes live, if there are privacy issues this could result in loss of public confidence in the wider Programme
- Current mitigation measures include the incremental development/rollout to ensure that complexity is only added when possible
- A PIA has been done and is currently with the Ministry's Chief Privacy Officer for comments/sign-off
- Additional PIAs will be done at each new stage of the process

Action 5: Geoff to provide Steering Group with copy of Privacy Impact Assessment once signed off by Chief Privacy Officer

9. **Accountability framework update** (Geoff Gwynn)

Geoff gave an update on the progress around preparing the Accountability Framework

- The goal is to have a draft to Programme Leadership Group and DHB SROs by Friday in order to receive comments and provide updated draft at next Steering Group
- If all goes to plan it could then be presented to Governance Group and DHB CEs next Friday
- The framework looks at detailed roles and responsibilities under each of the eight steps in our process from the Operational Guidelines, what controls are in place that support those roles, and where details on the controls can be found.

Group Discussion

- Jo noted that CEs will be expected to sign off to say they agree to the framework, and will also be expected to sign off their vaccination plans for July-December and submit these plans against each criteria.
- Deborah offered to have an offline discussion with Geoff to provide insights gained from other immunisation programmes.

Action 6: Draft accountability framework to be presented to Steering Group next week

10. **Incident reporting** (Astrid Koornneef)

Paper considered: s 9(2)(ba) incident 15yr old vaccination briefing for Steering Group - v0.1

Paper considered: Vaccine wastage RCA HVCC DHB FINAL DRAFT

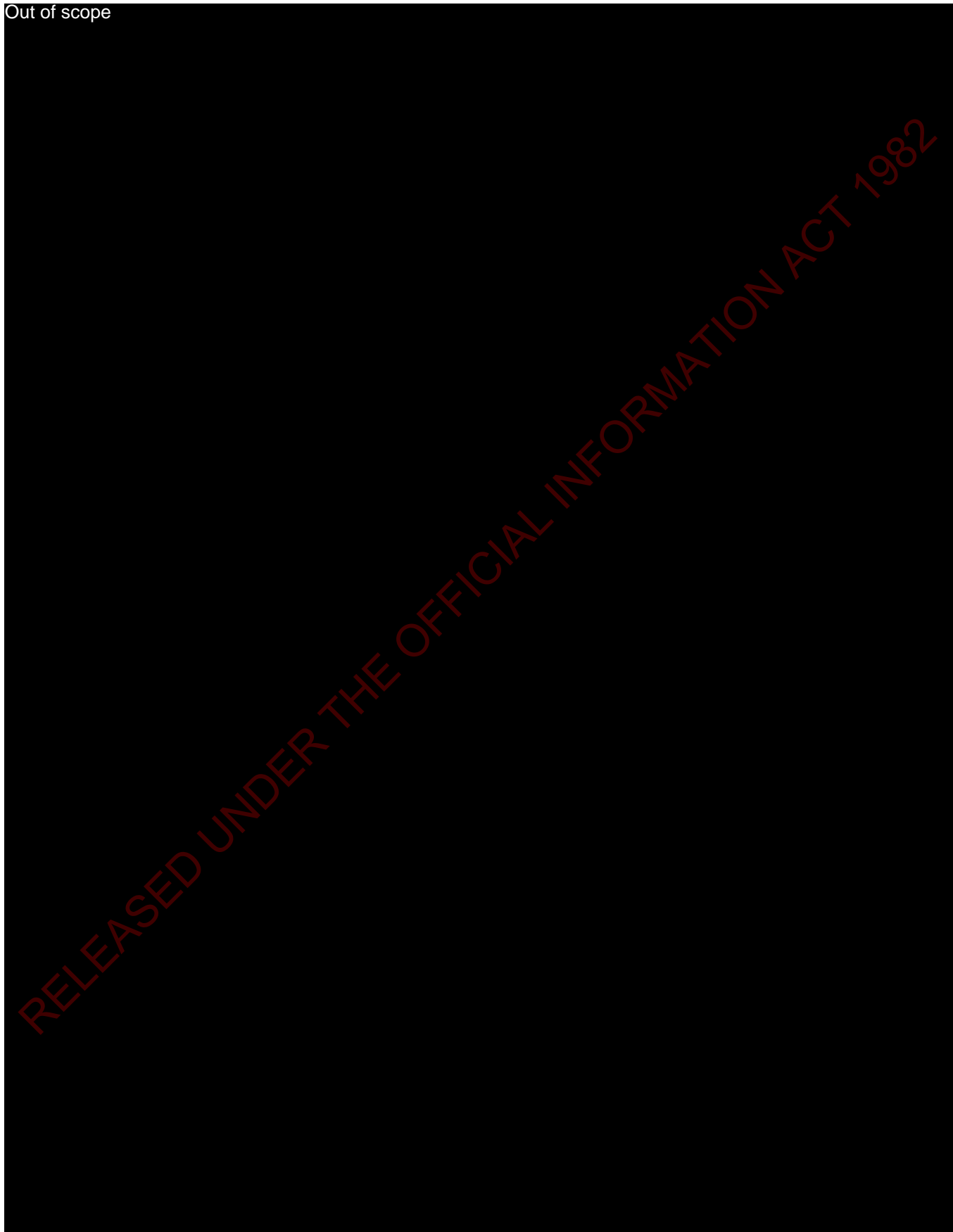
Astrid gave a brief summary of the work done on two recent incidents and the papers provided:

- The recommendations coming out of the s 9(2)(ba) root cause analysis (RCA) still need to be confirmed and will be reported back to Steering Group
- The RCA report for the HVCC wastage incident is still a draft, but attention was drawn to page 8 which shows the identified root causes and recommended solutions
- The team is progressing on setting up a safety framework that gives clear responsibilities throughout the vaccination process
- They are also working with DHBs to ensure there is a clear way for issues to be monitored and managed as they arise
- Work is also ongoing to setup a national clinical governance forum for the whole programme

11.	<p>Standing item on science and technical advice through CV-TAG (Dr Caroline McElnay for Dr Ian Town)</p> <p>Caroline said there was nothing particular to note from CV-TAG this week</p>
12.	<p>Standing item on workforce (Fiona Michel, Andi Shirtcliffe and Sonia McFetridge)</p> <p><i>Paper considered: Workforce Non Regulation Trained Vaccinator Approach FINAL 27 April 21</i></p> <p>Fiona provided an update on progress in Workforce stream:</p> <ul style="list-style-type: none"> • Number of trained vaccinators is increasing well and people can now register directly for training • One of the agencies used for contract tracing is going to be cleaning surge database • Development of the training for non-regulated workforce is advancing well with first pilot expected on 13/14 May • The paper circulated today focuses on the technical aspect of this workstream, and includes the recommendation to make a COVID-19 specific regulatory change, to ensure this workforce can be active as soon as possible • The proposed regulatory change would allow this workforce to administer vaccinations under supervision • This change would address the short-term need for COVID-19 vaccinators, with additional work required to consider how to make this workforce eligible vaccinators in a permanent sense to deliver legacy benefits • It was noted that preparation and delivery of the training course could progress in parallel to the regulatory changes being made, although the workforce couldn't carry out any vaccinations until the regulatory changes were finalised <p>Decision</p> <ul style="list-style-type: none"> • Steering Group approved the proposal to progress with Regulatory Changes
13.	<p>Standing item on logistics and distribution (Ian Costello)</p> <ul style="list-style-type: none"> • Jo said that Ian was unable to attend today's meeting but has committed to providing a paper for next week's Steering Group as a number of key logistics milestones are falling due shortly • Michael noted that the decision has been taken not to rollout previously commissioned inventory management software (Colossus and Netstock) in order to focus on the national rollout of the inventory management portal <p>Alison provided a brief update on vaccine supply</p> <ul style="list-style-type: none"> • AstraZeneca have verbally agreed to allow donation to Pacific nations so there may be a public announcement around that this week • She will provide an update as soon as possible regarding the delivery schedules for Pfizer vaccine for July <p>Action 7: Paper providing update on Logistics and Distribution key milestones to be prepared for next week's Steering Group</p>
14.	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <ul style="list-style-type: none"> • Colin noted that the planned walk through with Governance Group to provide surety around how all the pieces fit together • Mat noted he could contact Chair of Governance Group to see whether as many members as possible could be physically present for that meeting • Stephen suggested that a dry run on scale events prior to any planned pilot event in June could be useful <p>Action 8: Contact Chair of Governance Group to request physical presence of as many members as possible for Governance Group meeting next Friday (7 May)</p>

15.	Any other business <ul style="list-style-type: none">• Jo noted that additional follow-up had been done with PSC regarding resourcing for the Programme and a number of CVs were received towards the end of last week
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Out of scope



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