

Health Report

Contact Tracing Assurance Committee (interim and final reports)

Date due to MO: 22 July 2020

Action required by: TBC

Security level: IN CONFIDENCE

Health Report number: 20201210

To: Hon Chris Hipkins, Minister of Health

Contact for telephone discussion

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Action for Private Secretaries

Return the signed report to the Ministry of Health.

Date dispatched to MO:

Contact Tracing Assurance Committee (interim and final reports)

Purpose of report

This report outlines the findings of the interim and draft final reports of the Contact Tracing Assurance Committee (the Committee), established under Section 11 of the New Zealand and Disability Act 2000, and summarises the actions that are underway or planned to address the key areas of focus outlined in the Committee's final report.

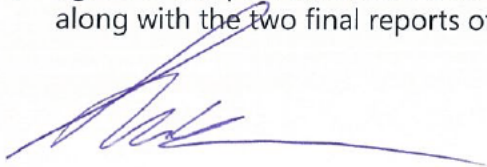
Summary

- Contact tracing is a vital element of the ongoing COVID-19 Response.
- In April 2020, the Ministry commissioned and received an independent rapid audit of contact tracing for COVID-19 from Dr Ayesha Verrall (the Verrall Report).
- On 6 May 2020, the Committee was appointed, chaired by Sir Brian Roche, to provide the Minister of Health with independent advice on the Ministry's improvements to the contact tracing system recommended in the Verrall Report.
- The Ministry has now implemented all recommendations from the Verrall Report (HR20201159 refers) and the Committee has now delivered its draft interim and final reports.
- In its final report, the Committee note that based on the information reviewed, all recommendations of the Verrall Report have been addressed and are now in place.
- In its report, the Committee also identified six areas of focus that require urgent attention to provide assurance as to the system's ability to successfully deploy and respond in response to a COVID-19 outbreak.
- The six key areas of focus are:
 - scenario planning and stress testing of the system
 - clarity of accountabilities and decision rights
 - the role of technology to support contact tracing
 - fit for purpose project structure
 - a very active cross-Government approach
 - a whole of system view.
- This report outlines the actions for addressing these areas of focus, with actions being implemented and progressed throughout July and August 2020.
- The Committee's final report will be delivered to the Minister's office in advance of receiving this report.

Recommendations

We recommend you:

- a) **note** the contents of this report describing work underway to implement the key areas of focus identified by the Committee by the end of August 2020
- b) **note** the Ministry has a work programme in progress and will provide regular updates to the Minister regarding its implementation
- c) **agree** to the proactive release of this health report on the COVID-19 website ☒ **Yes/No** along with the two final reports of the Committee.



Sue Gordon

Deputy Chief Executive

**COVID-19 Health System Response
Directorate**



Hon Chris Hipkins

Minister of Health

Date: 26/8/2020

Proactively released

Contact Tracing Assurance Committee (interim and final reports)

Background

1. In April 2020, the Ministry commissioned and received an independent rapid audit of contact tracing for COVID-19 from Dr Ayesha Verrall (the Verrall Report).
2. The Verrall Report included eight recommendations to strengthen the contact tracing response to COVID-19. The report was published on the Ministry's website on 20 April 2020. We have implemented all eight recommendations.
3. The Minister of Health established the Committee on 6 May 2020. The Terms of Reference for the Committee are attached as Appendix one.
4. The Committee undertook most of their work during late May and early June and an initial draft interim report was prepared and presented to the then Minister of Health, Hon Dr David Clark.
5. Considering the rapidly changing environment, Dr Clark requested the Committee update the recommendations and observations set out in the interim report. As a result, a further update on progress was undertaken with the Ministry on 9 July 2020.
6. The report has now been completed in two parts:
 - a. A draft final report dated 16 July 2020 which updates the Committee's earlier conclusions and recommendations; and
 - b. A draft interim report dated 12 June 2020 which sets out the observations that the Committee thought required attention by the Ministry of Health.
7. The letter accompanying the Committee's reports set out the key areas of focus that require urgent attention by the Ministry based on the Committee's:
 - a. observations and recommendations from the visit to the Ministry on 9 July
 - b. updated comments on the recommendations the Verrall Report
 - c. updated comments on the main recommendations of the Interim Report dated 12 June 2020.
8. The Ministry supports these key areas of focus and this report provides you with actions the Ministry is and will undertake to ensure continued progress is made.

Key areas of focus

Scenario planning and stress-testing of the system

Scenario planning and stress-testing of the system along with a full risk register are required. Having a newly designed and implemented system is encouraging but until it has been stressed-tested and amended/modified as required there are ongoing risks of failure. Scenario planning and stress-testing were recommended by the Allen + Clarke report and the Committee (through discussions) in May. The Ministry is planning to undertake this exercise in late July and again in August.

In keeping with the need for a whole of system approach to COVID-19, contact tracing capacity should be seen and framed within the context of the overall management of an outbreak, should one occur. As such, scenario planning will need to include an integrated approach to the use of the tools available – including clear leadership and role allocation, strategic testing, regional alert level changes, travel restrictions to and from the affected region/city and contact tracing.

Scenario planning, stress-testing and the development of a risk register as outlined above are normal within response-type systems such as Fire and Emergency, Bio-Security and Police operations. A response to a COVID-19 outbreak has many of the same characteristics.

9. Public Health Units (PHUs) are undertaking testing of their systems and increased capacity through scenario planning and desktop exercises. This includes scenarios that involve delegation of cases and close contacts to the Ministry's National Investigation and Tracing Centre (NITC). The Ministry is working alongside the PHUs to support these processes and provide peer review and feedback. This approach ensures ongoing testing of systems at a local level and encourages shared learning and understanding of different approaches across PHUs.
10. The Ministry is currently developing the approach to stress-test the contact tracing system. A group, led by the Ministry's Director of Emergency Management, has been established to design, operationalise, test and evaluate the exercises. The Ministry has sought support from other central government agencies to ensure a comprehensive series of exercises are undertaken, based on the scenarios being used for the All-of-Government (AoG) resurgence planning.
11. The testing approach will be delivered through four phases:
 - Phase 1: Test the processes
 - Phase 2: Test and scale one PHU
 - Phase 3: Test and scale four PHUs (repeat phase 3 to cover all PHUs).
 - Phase 4: Regular testing and scaling of contact tracing as per phase 3 to support a continuous improvement cycle.
12. Planning for the four phases is underway and will be implemented from August 2020.
13. Regular large-scale exercises will require an additional training environment within the National Contact Tracing Solution (NCTS) that can accommodate large volumes of data. These requirements are currently being defined and we expect this test environment to be stood up by early August.

14. The Ministry will, as part of this process, review and complete a full risk and mitigation register for the end-to-end contact tracing process. This will be subject to ongoing expert review as recommended by the Committee. This process will be completed by the end of August 2020.

Clarity of accountabilities and decision rights

Clarity of accountabilities and decision rights within the three core interventions around border controls, testing and contact tracing require ongoing work. The operating environment is dynamic and the processes and associated accountabilities need to reflect that. Clarity on the command and control structure is critical. Recent events at the border have highlighted the need for clarity in this area.

Specifically with respect to an outbreak of COVID-19, it is important that the command and control structure and decision-making rights are transparent and understood by all those likely to be involved in a response. Management of a potentially fast-moving outbreak should be led by an appointed person with training in public health and outbreaks of infectious diseases who has the authority to act quickly using all the tools available, with the involvement and confidence of Cabinet and the Director-General of Health.

15. The Ministry has established a COVID-19 Directorate which brings together the operational, clinical and technical staff from within the Ministry into one cohesive structure, recognising the criticality of a timely and integrated response.
16. This Directorate provides clear end-to-end responsibility and accountability for implementation of the Government's overall public health response strategy across the four key pillars: border controls, robust case detection and surveillance, effective contact tracing, and strong community health measures.
17. The Ministry is working closely with the AoG group to create a clear decision-making framework for managed isolation and quarantine, reflecting the four stages of entry, stage, exit, and facility management in general. The operating areas have been clearly assigned with each organisation working closely together to ensure an aligned approach with inputs from partner agencies as appropriate.

The role of technology to support contact tracing

The role of technology to support contract tracing is a fundamental enabler of a high quality and responsive system. Ongoing effort is required to simplify and make more useable the current App, together with clarifying the role of other technologies such as the Bluetooth Card and/or other improvements made by Google and Apple. Having readily accessible high-quality information is critical to success irrespective of its source. Making it easy for the public to record information is an ongoing task made more challenging by the lack of what many see as a lack of an imminent threat. The complacency which is currently evident makes this a critical and ongoing issue.

18. The NZ COVID Tracer App (the App) was released on 20 May 2020. The second release, enabling integration with NCTS, occurred on 10 June 2020. A further release is planned for late July 2020 and the use of Bluetooth to support contact tracing is still under consideration.

19. The Ministry, in conjunction with other central government agencies, will continue to publicly promote the App to improve uptake and support the Minister's public messaging regarding the utilisation of this contact tracing tool. The Ministry has provided advice (HR20201200 refers) on the options for making it compulsory for businesses to display their QR code, using powers under the COVID-19 Public Health Response Act 2020.
20. The Ministry is continuing the development of the interoperable eco-system with a recently closed Expression of Interest for integrating some initial external data sources to the NCTS. In this context we expect that this would, over time, include data sets such as that provided by airlines or a Bluetooth card. This will enable the App notification functionality to be integrated with other services.
21. The responsibility of the COVID-card sits with Government Digital Services. The Ministry is actively engaged in this work by providing information and facilitating engagement with PHUs to provide the COVID-card team the opportunity to better understand the contact tracing process and how the card could add value.

Fit for purpose project structure

Fit for purpose project structure and response is a critical success factor. The recently adopted structural change for overall responsibility of the COVID-19 response within the Ministry is encouraging. It is critical that the project structure and those who work within it provide the connectivity, support and leadership to respond to any outbreak. It is a very significant challenge that will require ongoing effort and modification as and when circumstances change, especially as the response moves beyond the exclusive domain of the Ministry of Health.

22. The COVID-19 Directorate is responsible for the liaison and interface with other government agencies, the health sector and other key stakeholders.
23. The Deputy Chief Executive leading the COVID-19 Directorate is directly accountable to the Director General of Health and is part of the Ministry's Executive Leadership Team to ensure a cohesive and supported health approach.

A very active cross-Government approach

A very active cross-Government approach will be required to achieve success and to ensure that the Ministry can retain the confidence and understanding of others within the Government response. There would be merit in continuing to review where the response is best placed within the Public Sector to ensure the success of any response that arises.

24. The Ministry is an active partner in the cross-Government approach for COVID-19. The recent appointment of the Deputy Chief Executive to the COVID-19 Directorate gives greater clarity and opportunity to build on the relationships already established.
25. The Ministry has and will continue to play a significant role in border management including managed isolation and quarantine facilities management, for which there is joint cross-Government accountability.
26. The Ministry's active engagement with the wider public sector will ensure that the approach taken is one directed and rooted in evidence-based public health measures.

27. The Ministry has sought support from AoG in relation to the stress testing of the system.

A whole of system view

A whole of system view must continue to be taken within the adopted approach and strategy. The public health sector has historically suffered from fragmentation and at times, an unhealthy focus on institutional independence. The approach currently adopted by the Ministry, which the Committee supports, will challenge the historical operating model adopted within the sector. The associated cultural and operational challenges should not be underestimated.

The leadership role of the Ministry will be critical to an integrated and seamless approach to any response. While good progress has been made and an enviable position has been achieved to date, the system leadership approach adopted by the Ministry will need to continue and be focussed on overcoming any impediments to a system view and an end-to-end approach.

28. The Ministry has established seven areas of focus which align to the Ministry's Strategy - Tā Tātou Rautaki. Strengthening public health services by establishing a national public health service is one of those key areas of focus, and this will be led by a new Deputy Director-General who is a public health physician and highly experienced.
29. The establishment of this nationally led and coordinated public health service is a key enabler of the overall system. The work programme to establish the service will be finalised by the end of August 2020.

Communication

30. There is significant public interest in the Ministry's contact tracing system, and it is expected that there will be strong interest in the findings of the Committee.
31. The Ministry proposes to publish the interim and final reports, the Terms of Reference and this health report on the COVID-19 website in due course.
32. A draft press release to support the publication of these documents will be provided to your office.

Equity

33. The Ministry has been working on the COVID-19 Māori Response Action Plan. Its purpose is to drive action and define the relationships needed to prevent, mitigate and protect Māori communities from the impact of the COVID-19 pandemic.
34. The Māori Reference Group and Māori Monitoring Group have been established as advisory groups to support and provide insights to the Ministry's COVID-19 response, primarily through the Māori Health Directorate. Membership of both groups includes Māori academics, clinicians, providers, Tumu Whakarae, community members, and others.
35. The NITC will give effect to the principles of the Treaty of Waitangi/Te Tiriti o Waitangi ensuring that a "by Māori, for Māori" approach is incorporated into local and national processes.
36. As the national contact tracing response is predominantly delivered from PHUs who provide public health services, the requirement to incorporate an equitable service is built into their service specifications as part of the PHU agreements. There is an expectation

that each of these organisations deliver contact tracing services in an equitable fashion, within the context of the community that they service.

37. The ongoing work of the NITC in implementing the National Contact Tracing Preparedness Plan (HR20201159 refers) is supported by the Ministry's Māori Health Directorate and the Pacific Health team to ensure alignment to national strategies and to maximise relationships with local providers, iwi and other key partners.
38. The Ministry agrees with the Committee that we must ensure we engage with the AoG network (including, but not limited to, Health, Education, Social Development, Oranga Tamariki, Whanau Ora Commissioning Agencies) and the Maori network (including, but not limited to, whānau, hapū, iwi and Māori organisations). Progress is being made however ongoing attention is required to ensure that the system is responsive to the needs of Māori given the potential impact of COVID-19 community transmission on Māori.

Next steps

39. The Ministry will report back to you on progress against the areas of focus at the end of July and August.

ENDS.

Appendix 1: Contact Tracing Assurance Committee - Terms of Reference

Contact Tracing Assurance Committee's Terms of Reference

Background and context

- Significant progress on breaking the chain of transmission of COVID-19 means that New Zealand will move from Alert Level 4 to Alert Level 3 on 28 April 2020. While this is a positive step in the fight against COVID-19, relaxation of controls under Level 3 poses a significant risk while there is still a chance of residual community transmission.
- Elimination of COVID-19 does not mean that there will be no further COVID-19 cases in New Zealand. We will continue to see sporadic cases, outbreaks and potential clusters of COVID-19 over time. When cases appear they must be stamped out quickly and effectively to prevent onward transmission.
- Contact tracing is a vital part of our immediate fight against COVID-19. Effective contact tracing helps to prevent potential onward transmission, raise awareness about the disease and its symptoms and supports early detection of suspected cases. It is critical that New Zealand's approach to contact tracing can meet these demands.
- The Ministry of Health established the National Close Contact Service (NCCS) at pace to provide a streamlined national approach to contact tracing, supplementing the high capability but low capacity tracing model operated by the 12 individual Public Health Units (PHUs).
- To support scaling up to meet Alert Level 3 requirements, the Ministry commissioned Dr Ayesha Verrall to undertake a rapid review of New Zealand's contact tracing capability. Dr Verrall's report made eight key recommendations to strengthen contact tracing across four broad themes. The Ministry is now working to implement them under urgency as part of delivering a streamlined National Contact Tracing Unit.

Purpose and scope

- Effective contact tracing is a critical part of the Government's COVID-19 elimination strategy and must be robust and fit for purpose across all Alert Levels. Appropriate oversight is required to ensure that the Government can be assured that new cases are quickly identified, isolated and eliminated.
- The Contact Tracing Assurance Committee (CTAC) is therefore established under section 11 of the New Zealand Health and Disability Act 2000 to provide the Minister of Health with independent advice on the Ministry's improvements to the contact tracing system recommended in Dr Verrall's report, including:
 - any national changes required to strengthen national contact tracing, including the organisation of public health units and arrangements with the rest of the health system

- assurance that the NCTU is well placed to deliver rapid, effective contact tracing during its early implementation period
 - timely advice on emerging risks and issues within CTAC's remit.
- Section 11 committees are independent; report directly to the Minister of Health; and are solely accountable to him.
- CTAC is an advisory group and does not have a role in overseeing ongoing delivery or performance of contact tracing functions. This accountability will be through the Director-General reporting to the Minister of Health via normal reporting channels.
- It may be appropriate to expand CTAC's terms of reference after contact tracing improvements have been made to examine any system issues which have become apparent as part of the pandemic response.

Membership and fees

- CTAC will comprise a Chair and four members with expertise in public health and Māori / Pacific health perspectives.
- Fees for the Chair and members will be set according to the Cabinet Fees Framework and outlined in a letter of appointment.
- All costs associated with CTAC will be met through existing Ministry baselines.

Meetings and processes

- CTAC will meet regularly on dates determined by the Chair. Initially CTAC will be required to meet more frequently. Meeting frequency will be determined by the Chair.
- Extraordinary meetings may be called by the Chair (or directed by the Minister) if urgent matters arise.
- CTAC will operate in good faith and on a 'no surprises' basis.
- CTAC meetings will initially be held virtually to align with physical distancing requirements. The Chair is responsible for setting meeting agendas, leading meetings and ensuring that the business of the day is heard.
- The Ministry will provide administrative support to CTAC including:
 - setting up virtual meetings
 - providing any analytical support
 - collating and distributing papers
 - recording minutes and actions as required.

Access to information and confidentiality

- Discussion within meetings will remain confidential and minutes will not be circulated outside the Ministry without the agreement of the Chair.
- CTAC can request access to any information held by the Ministry and other relevant health system agencies (e.g. PHUs and DHBs) provided the information is within scope of this terms of reference. Any such requests for information will be made to the Director-General of Health or his agent and will be responded to promptly.
- All information received, considered and generated by CTAC is subject to the Official Information Act 1982. Responses to any such requests will be collated by the Ministry on behalf of CTAC for the Chair's approval.

Disclosure and other matters

- All CTAC members must declare any actual, possible or perceived conflicts of interest. The Ministry's administrative support function will keep and maintain a register of any such declarations.