

1. OVERVIEW

The COVID-19 vaccination programme will be the largest mass-vaccination programme ever undertaken in New Zealand. In Hawke's Bay, the goal is to have 80% of the adult population vaccinated by the end of 2021. This is a considerable undertaking and will require significant effort and resource from the District Health Board and the wider health provider network.

The Ministry of Health (MOH) is dictating many aspects of the rollout of the vaccination programme nationally, which includes the vaccine and consumables purchasing and logistics, funding models, workforce and training requirements and communications as well as a strategy for equitable delivery to Maori. District Health Boards are being asked to operationalise the national work, and establish delivery models to vaccinate their population.

Cabinet has approved a staged roll out to the NZ population. In the current scenario, with little or no COVID circulating in the community, the sequencing is broadly thus:

Tier 1: Border Workers and their household contacts

Tier 2: Front line Healthcare Workforce and Aged Residential Care

Tier 3: Wider population, beginning with the most vulnerable

The Prime Minister announced on 9 March that the vaccine that will be used throughout the New Zealand population will be the Pfizer BioNTech vaccine due to its high efficacy rates and safety profile. This creates significant extra workload around cold chain, logistics and tracking and time constraints because of the fragile nature of the vaccine. In addition, the requirement for two doses to be given 21+ days apart makes this vaccination programme a large undertaking.

This plan lays out the high level programme structure, delivery methodology and timelines.

2. PROGRESS TO DATE

HBDHB has established a Governance Group and a draft structure based on the MOHs workplan which divided the programme into seven workstreams or pillars. Ngaira Harker, Nurse Director Maori, was identified as the programme lead. s 9(2)(a) has been engaged as a 0.5FTE project manager until the end of June 2021. s 9(2)(a) Immunisation Coordinator has been seconded as 0.9FTE to the Project Team until the end of 2021 to provide clinical advice, workforce support and training. Pillar or workstream leads were identified with the intention that that these DHB staff members could deliver the vaccination programme, in addition to their other work commitments.

We began delivering vaccinations to the Tier 1 border workers and their households at the start of March. This began sooner than anticipated due to earlier than expected delivery of the first shipment of vaccine and required "planning while doing". s 9(2)(g)(i)

3. PROGRAMME OBJECTIVES

The programme has the following objectives:

- 80% of the adult population (3pprox.. 106,000 people) have received 2 doses of the vaccine by the end of 2021
- To design a population-wide vaccination response that upholds and honours Te Tiriti o Waitangi and WAI2575 Hauora report principals
- Equitable or better uptake of the vaccination in the Maori, Pasifika and other vulnerable population than the general population is achieved
- The vaccination programme is rolled out in a way that is staged, careful, safe and minimises wastage
- The rollout builds capacity within the health care workforce

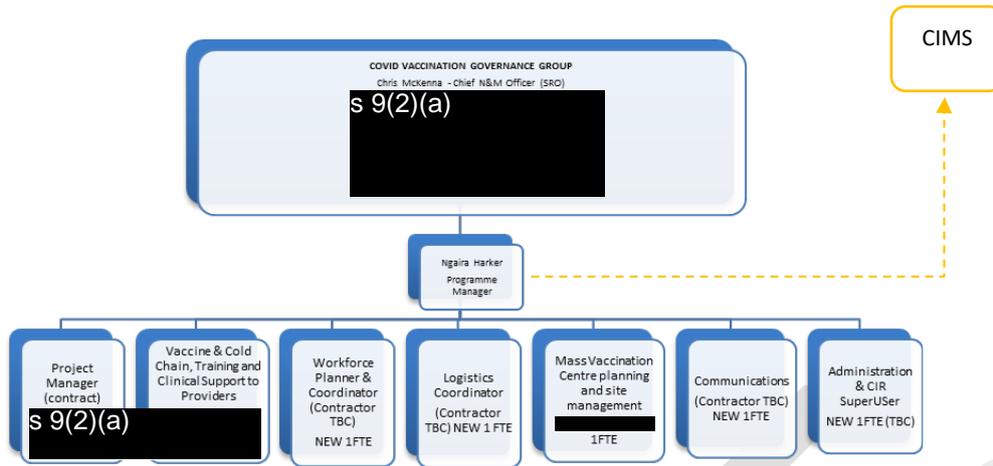
4. ASSUMPTIONS

The following assumptions have been made:

- There will be adequate supply of the Pfizer BioNTech vaccine to meet the needs of our population
- HBDHB will follow the sequencing order directed by the MOH and this will require a planned, staged approach to stratification and delivery
- Most primary care and kaupapa Maori providers will want, where possible, to vaccinate their own service users
- That large scale mass vaccination centres will need to be stood up in Tier 3
- There will be investment by HBDHB in the project structure to deliver this programme and that combining this work with business as usual will not be sufficient to meet the objectives
- That growing the vaccinator and administrator workforce capacity quickly will be a major focus of the project.

5. OPERATIONAL STRUCTURE

The programme will sit in the Health Improvement and Equity Directorate with Governance provided by a Programme Governance Group with Chris McKenna, Chief Nursing and Midwifery Officer as Senior Responsible Owner. The project team will have a dotted line report through the COVID Incident Management System (CIMS) team, but as a vaccination programme is not an emergency event, the project team will sit outside of the CIMS structure but will maintain a close working relationship with it.



The project team will require ongoing support from the following HBDHB functions:

- Information Technology
- Cultural advice and relationship support from Maori and Pasifika leads
- Medical Officer(s) of Health Guidance
- Funding and finance
- Provider engagement support and comms from Planning and Funding
- Business Intelligence to undertake population sequencing, reporting and data analysis
- DHB Pharmacy – which will require extra resource to operate as a storage and distribution centre
- Logistics

6. COMMUNICATIONS

There is a very high level of interest in the COVID vaccination programme politically, from the media amongst the provider community, the DHB workforce and the public. The Ministry of Health is working on a public information campaign, however there will be a significant workload to educate and inform our local communities, staff and providers and this will need to be tailored to specific interest groups to take account of cultural differences, language requirements, geography and to explain the sequencing and order of the roll out. An experienced communications advisor will be required to be dedicated to the programme and there will be a dedicated space on the DHB website for information about the rollout. A draft communications plan is appended to this project plan.

7. SERVICE DELIVERY

Vaccination services will be organised in accordance with the MOH Operating Guidelines. These are currently at Version 4 and are likely to be updated regularly.

Vaccinating will occur at different rates in different settings as the programme rolls out. All vaccination sites must be able to accommodate a reception and waiting space, private vaccination cubicles, drawing up and cold chain space and a separate observation area. Adequate parking and security will be required as well as a stable WIFI/internet connection.

Tier 2 (a) includes front line health care workers at most risk of exposure to COVID-19 in their every day work. This includes all Primary Care and First Level Services staff, community pharmacy, Emergency Department staff and emergency diagnostics staff and ambulance services as well as COVID vaccinators and Community Based Assessment Centre (CBAC) workers.

Of these, there will be a large number of health professionals who will receive the vaccination and will form a significant part of the workforce that delivers vaccinations to the rest of Tier 2 (a) and (b) and Tier 3, the general population.

Therefore, a major focus during Tier 2(a) will not only be vaccinating the workforce but developing the skill and capacity amongst those who are needed to become providers of the vaccination service themselves. To this end, the earliest focus in Tier 2 (a) will be vaccinating and training the following groups:

Tier 2 a

Tier 2a delivery will occur through a range of models. 2 General Practices were established as COVID Vaccination practices as at 17 March 2021. Aim to have Occupational Health (supported by PHN) operational by end March 2021 and 2 to 3 further General Practices operational by 5 April.

Cohort	Estimated numbers	Start Date
DHB – Hospital based Vaccination clinics		
ED staff	100	From March
Emergency diagnostics and support staff	112	From March
Ambulance Services	150	From April
COVID-19 testing lab team	10	From April
Rural 2a workforce Wairoa	86	From April
Rural 2a workforce CHB	51	From April
General Practice Vaccination Clinics in primary care settings		
COVID Testing Staff	125	From April
COVID Vaccination Administering	300	From April
General Practice front line staff incl. A&M	614	From April
Pharmacy Staff	288	From April
Community Midwives/WCTO	94	From April
	1930	From April

Tier 2b

Tier 2b delivery will also be through a range of approaches, with more General Practice providers, Maori providers and possibly pharmacy providers being brought on and building capacity to deliver both in Tier 2 and Tier 3. There still some unknowns for this group – particularly Aged Care where discussions are occurring nationally around large providers vaccinating their own staff and residents however the DHB will be responsible for coordinating the vaccinations for ARC residents in smaller independent facilities.

Cohort	Estimated numbers	Start Date
DHB- Hospital Based Vaccination Clinics		
Community Public Health	53	From May
Outreach Imms	10	From May
COVID Incident Mgmt Teams	42	From May
Inpatient, outpatient & ambulatory care & diagnostics	2539	From May
Primary Care and General Practice Clinics		

Home Care Support	819	From May
Community Diagnostics – radiology/labs	133	From May
Mental Health & Addictions front line staff	40	From May
NGO & Community Based services including iwi-based services incl mental health and addictions	700	From May
Mobile Teams		
ARC workers and residents	3000	From May
Hospice Staff	80	From May
	7416	

Tiers 3 & 4

TBC

8. WORKFORCE PLANNING & DEVELOPMENT

A large vaccinator workforce will be required to deliver the campaign. There are approximately 350 authorised vaccinators in Hawke's Bay however most of those are currently largely or fully utilised in their current roles. It is important that "Business As Usual" continues. The COVID Vaccination programme coincides with the Measles Mumps and Rubella catch-up programme that is underway. The Influenza Vaccination season is due to begin in Mid April and already places a significant burden on Primary Care, Occupational Health and Pharmacist vaccinators.

A workforce plan is under development to identify how many existing vaccinators will be available to vaccinate through their existing workplaces, and to quantify the surge/additional workforce required.

Workforce estimates

The following estimates are based on these assumptions:

- Experienced vaccinators can administer 15 vaccinations per hour, 6 hours per day
- One vaccinator draws up vaccine for 4 vaccinators
- One RN is required in the observation area at all times
- One admin is required for reception/check in
- One admin is required to support the vaccinators
- One admin is required to support in observation area
- Site lead FTE is dependent on the number of sites

ESTIMATED WORKFORCE REQUIREMENTS	
Total # doses to fully vaccinate 80% of Hawke's Bay adults	205,000
Vaccinations per day (180 working days)	1140
Vaccinations required per hour	190
Vaccinator FTE (6 contact hours per day)	13.6
Number Drawing up RN FTE (1:4 vaccinators)	3.4
Number Observation RNs FTE (1:4 vaccinators)	3.4
Number CIR Admins/reception/observation FTE (3:4 vaccinators)	10
Site Lead	Dependent on # sites and location

The Immunisation Advisory Centre (IMAC) has worked with the Ministry of Health to develop a COVID Vaccination training package and training for the COVID Immunisation Register. This training is available to current authorised vaccinators and takes approximately 4 hours to complete before a vaccinator can deliver the Pfizer BioNTech vaccine. However, in Tier 1 we identified that many primary care vaccinators are not experienced with drawing-up from multi-dose vials and there was great benefit in them having an additional clinical training session where they were able to handle the vaccine, practise the drawing up and conduct vaccinations before vaccinating the public. To continue this additional support during the capacity building phase would be of value, but will require additional resource.

The Ministry of Health has recently announced that it will support the development of the non-regulated health workforce to become vaccinators. This may include kaiawhina, enrolled nurses, health care assistants, student nurses, dentists and dental therapists, allied health professionals and others to work under an authorised vaccinator.

PROACTIVELY RELEASED