Controller and Auditor-General
Tumuaki o te Mana Arotake

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Co-ordination of the all-of-government response to the Covid-19 pandemic in 2020

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Co-ordination of the all-of-government response to the Covid-19 pandemic in 2020

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December 2022

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Key facts from the all-of-government response to Covid-19

Five leaders

formed a new team called "the Quin" to oversee the response to Covid-19 between March and June 2020

Over 600

people involved in the early all-of-government response to Covid-19

80%

of Covid-19 Group* staff were seconded from other agencies as at December 2020

Two sites

of the National Crisis Management Centre oversaw the all-of-government response and its delivery between March and June 2020

co-ordinated up to

28

workstreams

1,222 recommendations

made through Covid-19-related reviews between March 2020 and June 2021

More than 3 million

online views of Epidemic Response Committee meetings between March and May 2020

* The Covid-19 Group was established 1 July 2020 in the Department of the Prime Minister and Cabinet to co-ordinate the all-of-government response to the Covid-19 pandemic.

Auditor-General's overview

E ngā mana, e ngā reo, e ngā karangarangatanga maha o te motu, tēnā koutou.

Before Covid-19 emerged, the last time New Zealand had experienced a global pandemic of this scale was in 1918. Since then, our country has suffered the impacts of a wide range of emergencies.[1]

New Zealand remains vulnerable to many hazards and risks, and it is inevitable that we will have to respond to more adverse events.

The public relies on government to appropriately resource and actively maintain arrangements for dealing with emergencies and other crises.[2]

Before Covid-19 emerged, the Ministry of Health and other government agencies had systems, frameworks, legislation, and plans in place to help prepare for, and respond to, a pandemic. Some of these arrangements had been strengthened after several new infectious diseases were identified as potential pandemic risks to New Zealand.[3]

In 2020, the National Risk Register included a pandemic as one of 42 nationally significant risks. Threats to biosecurity and human health, including pandemics, were also one of the Government's 16 National Security Intelligence Priorities for government agencies to monitor.

Even so, the first year of the all-of-government response to the Covid-19 pandemic was a steep learning curve.

I decided that it was important to take an independent look at what happened during the Covid-19 response in 2020. This was to understand how resources and efforts across the public sector were co-ordinated as the pandemic unfolded. I was interested in how officials identified and implemented improvements to the response as it developed, and the lessons from the response that might help New Zealand better prepare for future crises.

My audit focused on the central government co-ordination of the response. We did not look at the operational arrangements for response activities such as Covid-19 testing, contact tracing, or managed isolation and quarantine. Other reviews have looked at these aspects of the response and those reports are publicly available.

1 We use the term emergency to refer to a situation that may cause loss of life, injury, illness, distress, or endangers the safety of the public or any part of New Zealand. For a full definition, see the Civil Defence Emergency Management Act 2002.

2 We use the term crisis in places to refer to conditions of large scale, high intensity, or great complexity, and that disturb the usual functioning of society and the economy. An emergency can also be a crisis.

3 These pandemic risks included Severe Acute Respiratory Syndrome (SARS) in 2003, Avian Influenza in 2004, Swine Influenza in 2009, and Middle East Respiratory Syndrome in 2012.

Although my audit was focused on what took place in 2020, I considered it necessary to understand New Zealand's pre-existing emergency management and pandemic preparations, and our general state of readiness for a pandemic before Covid-19. I have also set out some of the improvements to readiness and response arrangements that were carried out in 2021 before the Delta and Omicron variants arrived in New Zealand.

What we found

It is fair to say that no system or plan could have fully prepared New Zealand for the impact of Covid-19. I did not expect to find that the response was straightforward. It is inevitable that, in these circumstances, things would not always go as planned.

Many public servants worked extraordinary hours in extraordinary circumstances to help keep New Zealanders safe and to mitigate the pandemic's other impacts. Officials were resourceful and showed initiative. They faced a complex task, prolonged uncertainty, and constant pressure. The ability of public servants to work together under significant stress was, and continues to be, critical to the success of the response.

The ongoing nature of the Covid-19 response has been a particular challenge. Work to prepare New Zealand for the next wave of Covid-19, or other disruptive events of this nature, must consider how to manage an extended response in a more sustainable way. We cannot just rely on good people. We need a better level of overall preparedness.

New Zealand could have – and should have – been better prepared

Some of New Zealand's national security, emergency management, and health system arrangements were not suitable for dealing with the specific characteristics of Covid-19. Before the emergence of Covid-19, there were pandemic-related plans in place, but some documents were outdated and confusing, and many people told us that there was not enough practical guidance on how to implement the plans. No central mechanism ensured that agencies had developed, co-ordinated, or regularly updated pandemic plans.

Recommendations from previous reviews of how prepared New Zealand was for a public health emergency (including pandemic simulation exercises) had not been fully implemented.

Many people working in the all-of-government response to the Covid-19 pandemic, including senior officials, had limited understanding of pre-existing emergency management arrangements. Governance of nationally significant risks, including pandemics, needed improvements.

All these factors could have affected the coherence and efficiency of the early Covid-19 response activities.[4]

Officials had to keep adjusting the Covid-19 response

Officials used the *New Zealand Influenza Pandemic Plan* and *Co-ordinated Incident Management System framework* as starting points for responding to Covid-19. They quickly adapted arrangements as they judged necessary – for example, changes were made to how the lead agency approach for responding to emergencies was used, and officials set up new structures to manage the response.

These arrangements were largely effective. However, they were not designed to be enduring, and they contributed to confusion and tensions between agencies. There were some gaps and duplication. These took time to resolve. Co-ordinating information and advice was often challenging.

Changes to ways of operating were not always well communicated to people involved in the response, and many considered that the arrangements were complex. One review found that "agencies felt that the system was complicated to the point where they could not draw it".[5]

Although officials made efforts to continually enhance the response, for much of 2020 there were no consistent systems or processes for managing cross-agency risks to the response. Processes for routinely identifying, documenting, and implementing improvements were unclear.

4 I have previously noted shortcomings in the Government's pandemic preparedness. See Office of the Auditor-General (2020), *Ministry of Health: Management of personal protective equipment in response to Covid-19*, at oag.parliament.nz.

5 Kitteridge, R and Valins, O (2020), *Second rapid review of the Covid-19 all-of-government response*, at covid19.govt.nz.

New Zealand was better prepared for outbreaks of Covid-19 by the end of 2020

In December 2020, Cabinet approved longer-term arrangements to provide a more structured and sustainably resourced system response to Covid-19. These arrangements were designed to be less reactive and established clearer roles, responsibilities, and ways of working.

Cabinet also gave the Department of the Prime Minister and Cabinet (DPMC) a formal mandate to lead the co-ordination of the all-of-government response. DPMC had in effect been doing this since March 2020. However, the formal mandate provided additional clarity.

Steps were also taken to improve assurance. These included setting up a Covid-19 Chief Executives' Board and plans to include a continuous improvement function in DPMC's Covid-19 Group.

These decisions, along with improved planning for resurgence of Covid-19, meant that New Zealand was better prepared for further Covid-19 outbreaks by the end of 2020. However, the outbreaks of Delta and Omicron in 2021 underscored the continued need for good governance, effective mechanisms for testing preparedness, and for making ongoing improvements in a timely way.

Covid-19 is a wake-up call

By mid-2022, Covid-19 had become widespread in our communities. By October 2022, the Government had announced that New Zealand could safely move to the next phase of the Covid-19 response and lifted most restrictions.

However, now is not the time to become complacent. In my view, the Government must demonstrate that it is taking action to avoid what the World Health Organization warns all countries against – a cycle of "panic then forget" when it comes to responding to emergencies.

DPMC told us in July 2022 that it expects the Covid-19 Group's involvement in the Covid-19 response to reduce over time, as the all-of-government response system moves to a decentralised governance and operating model.

The lessons from this pandemic cannot be lost in the myriad of priorities that the public sector is tasked with. I urge the Government to consider how it will ensure that this experience means we are better prepared for the next emergency or crisis.

New Zealanders need assurance that regularly reviewed strategies and plans are in place to deal with these types of events. Plans should be regularly tested to ensure that they are suitable, particularly for events of the scale and complexity of a global pandemic. Implementation of improvements should be monitored and reported to the public.

In my view, the public sector needs a much greater focus on risk reduction and preparedness. This involves, among other things, ensuring that appropriate risk assessment and mitigations are in place.

The public sector also needs to engage more with the public about emergency management. This includes listening to the public's views and expectations and testing the public's appetite for risk. I note that DPMC has started to promote these types of conversations as part of its current work looking at long-term national security risks.

None of this will happen without deliberate and sustained focus, strong leadership, and appropriate investment. Changes must be prioritised to ensure that we are prepared for the next major emergency or crisis. We know that this will occur – even if we do not know when or what it will be.

In June 2022, we provided our draft report to DPMC, the National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, and the Ministry of Health. In response to our report, these agencies told us that they continue to take steps to help ensure that lessons will be learned from the Covid-19 response.

New Zealanders need to know these steps will be effective. In 12 months, I will seek an update on progress to address the recommendations that I make in this report.

I am pleased to see that the Government has now announced a Royal Commission of Inquiry into its Covid-19 response. There is still much to learn, including from the second and third years of the Government's response, and we should not miss this opportunity.

I thank the many people who contributed to this report, including those from a range of agencies who spoke to us about their involvement in the all-of-government response.

Lastly, I want to again acknowledge the efforts of public servants in the response to Covid-19, and the commitment they have shown to mitigating the worst impacts of the pandemic to keep New Zealanders safe.

Nāku noa, nā

John Ryan
Controller and Auditor-General | Tumuaki o te Mana Arotake

8 December 2022

Our recommendations

Our recommendations are designed to help enhance both the response to Covid-19 and New Zealand's wider readiness for emergencies and crises.

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to:

1. ensure that there is central co-ordination and clear roles and responsibilities for:
   - government agencies to keep emergency management plans up to date and consistent with agreed standards, current guidance, and other best practice;
   - implementing improvements from regular emergency management exercises and other evaluations of emergency readiness; and
   - monitoring progress in implementing those improvements;
2. ensure that key staff maintain a good understanding of all-of-government strategic crisis management, hazard risk management, and emergency management frameworks, including relevant legislation and guidance on lessons management;
3. develop and maintain workforce plans for sustainably staffing long-term emergency responses (which should include appropriate mechanisms for recruitment, redeployment, training, and supporting staff well-being);
4. demonstrate how they are making improvements during an ongoing response by:
   - systematically identifying lessons, taking action, and monitoring progress;
   - seeking independent expertise and acting on that advice, as appropriate; and
   - reporting the findings of reviews publicly in a timely and accessible way, including whether they have implemented recommendations;
5. improve the transparency of, and engagement with the public on, risk, readiness, and response arrangements to inform strategic policy, planning, investment, and resourcing decisions; and
6. provide regular assurance to Parliament about the public sector's readiness for major disruptive events, including how they have implemented our recommendations.

1 Introduction

1.1 In 2020, New Zealand was internationally considered to have done well in preventing the worst impacts of Covid-19. Case numbers and deaths per capita were low compared with other countries, and our economy recovered faster.[6]

1.2 New Zealand's geographic isolation and ability to control its borders delayed the virus's arrival. This gave the Government time to monitor other countries' experiences, and these informed its decisions on how to respond.

1.3 The Ministry of Health led the public health response to Covid-19. The National Emergency Management Agency (NEMA) supported the Ministry and carried out civil defence emergency management activities, such as co-ordinating welfare services.

1.4 Te Kawa Mataaho Public Service Commission (Te Kawa Mataaho) provided workforce support to public organisations and their employees. The Department of the Prime Minister and Cabinet (DPMC) oversaw the wider all-of-government response to the Covid-19 pandemic. This was in line with its responsibilities for leading the national security system and co-ordinating government action to deal with significant risks to New Zealand.

1.5 In this report, when we refer to the all-of-government response to the Covid-19 pandemic, we mean the central government agencies[7] involved in that response.

Why we did this audit

1.6 During 2020, many public servants were involved in the all-of-government response. They carried out significant work to help keep New Zealanders safe, rapidly and under huge pressure. This involved working in new ways and in new roles in a highly uncertain and difficult environment. The extent of this has not always been visible to the public.

1.7 We carried out this audit because we consider it important to learn from the experience of dealing with the Covid-19 pandemic – and to reflect on what New Zealand could have done and could still do better.

1.8 We wanted to provide Parliament and the public with an independent account of how the all-of-government response was implemented and how it evolved during 2020. This was the first and, in some ways, most challenging year of the response.

6 Organisation for Economic Co-operation and Development (2022), *OECD economic surveys: New Zealand 2022*, at oecd.org.

7 In this report, we use the term agencies to primarily mean central government agencies and non-public service departments (that is, the New Zealand Police, New Zealand Defence Force, and the Parliamentary Counsel Office). In some instances we use departments to be consistent with legislation.

1.9 The response was large, complex, and constantly changing. This meant there was a high risk of mistakes and inefficiencies. However, it also meant that there was potential for innovation and effective new ways of working.

1.10 We wanted to:

- document the key strengths and weaknesses of the all-of-government response during 2020;
- provide assurance about whether adequate and appropriate actions were taken to strengthen the response as it evolved; and
- provide observations about improvements that, in our view, should be considered in any future Covid-19 responses.

1.11 We were also interested in insights from the Covid-19 response that could help the Government prepare for, and respond to, other emergencies and crises.

What we looked at

1.12 We looked at how the Government responded to the emergence of the Covid-19 pandemic and what it did to adapt and improve its response during 2020.

1.13 Our work focused on DPMC's role in overseeing the all-of-government response. We looked at what it did to co-ordinate and lead the response. This included identifying how DPMC ensured that the response remained fit-for-purpose to reduce the worst effects of the Covid-19 pandemic.

1.14 We wanted to provide a view on how agencies and officials:

- used pre-established plans, guidance, and requirements for responding to a pandemic; and
- carried out the roles, responsibilities, and activities expected of them when responding to a pandemic.

1.15 To do this, we looked at:

- how ready New Zealand was for a pandemic before Covid-19 emerged, including the arrangements that were meant to help agencies plan for, and respond to, a pandemic; and
- how existing emergency management and pandemic preparations were implemented or modified to respond to the Covid-19 pandemic.

1.16 We also looked at the mechanisms used to help identify and implement improvements to the all-of-government response as it unfolded. This included looking at how officials recorded and addressed issues, risks, and lessons.

1.17 We mostly focused on what took place during 2020. However, we also looked at some activities in 2021 that showed how the response had been improved before the Delta and Omicron variants arrived in New Zealand. We expect that other reviews will look closely at the all-of-government response in 2021 and beyond.

What we did not look at

1.18 We did not assess the response's overall effectiveness. We did not examine:

- the Government's policy decisions (for example, to close borders, implement Alert Levels, or fund specific initiatives);
- the role of local government or non-government organisations; or
- regional arrangements for responding to the Covid-19 pandemic.

1.19 Although we describe some readiness and response activities that the Ministry of Health and other agencies carried out, our audit did not focus on these organisations. We did not assess the effectiveness of the work that they or multi-agency workstreams did, such as managed isolation and quarantine (MIQ), welfare, or public communications.

How we carried out this audit

1.20 We reviewed documents that DPMC provided. These included minutes of leadership meetings, internal memos, dashboards, reviews, Ministerial correspondence, Cabinet papers, and material about pandemic preparedness produced before and during the Covid-19 response.

1.21 We also interviewed key senior officials involved in the all-of-government response, including staff from DPMC, NEMA, the Ministry of Health, and secondees from other agencies.

Structure of this report

1.22 In Part 2, we describe the arrangements to prepare for, and respond to, a pandemic that were in place before Covid-19 emerged.

1.23 In Part 3, we describe how ready New Zealand was for a pandemic before Covid-19 emerged.

1.24 In Parts 4 to 6, we outline key aspects of the Government's response to the Covid-19 pandemic during 2020.

1.25 In Part 7, we provide an overview of mechanisms used to identify and implement improvements to the all-of-government response to Covid-19 during 2020.

1.26 In Part 8, we make observations about what could be done to strengthen New Zealand's ongoing readiness and response arrangements for the Covid-19 pandemic and other disruptive events.

1.27 Appendix 1 is a timeline that shows when key groups and functions of the all-of-government response were active in 2020.

1.28 Appendix 2 sets out key groups that are mentioned in our report and lists their members.

2 Before Covid-19: Arrangements to prepare for a pandemic

2.1 In this Part, we describe:

- the systems that existed before Covid-19 to manage potential and actual emergencies, including a pandemic;
- the expectations to monitor risks, build capability, and test planning;
- the pre-established roles and responsibilities for responding to an emergency; and
- the other legislation and plans that were in place to support pandemic preparedness.

There were systems in place to manage potential and actual emergencies

2.2 Since 2001, the government has taken an all hazards, all risks approach to help protect the security and resilience of New Zealand and its people. This approach covers a wide range of risks, such as armed conflict, espionage, major transport accidents, infrastructure failures, and pandemics.

2.3 The approach is used to help prepare for, and respond to, events of varying complexity and severity.

2.4 DPMC leads, co-ordinates, and supports the national security system, which generally deals with major crises and operates at a strategic, cross-agency level of central government.

2.5 NEMA leads and stewards the emergency management system, which is part of the national security system. It generally deals with smaller-scale incidents, such as flooding and fires, and focuses on civil defence, operational matters, and supporting communities. Regional groups and local authorities deliver this support in partnership with lifeline utilities and other services.[8]

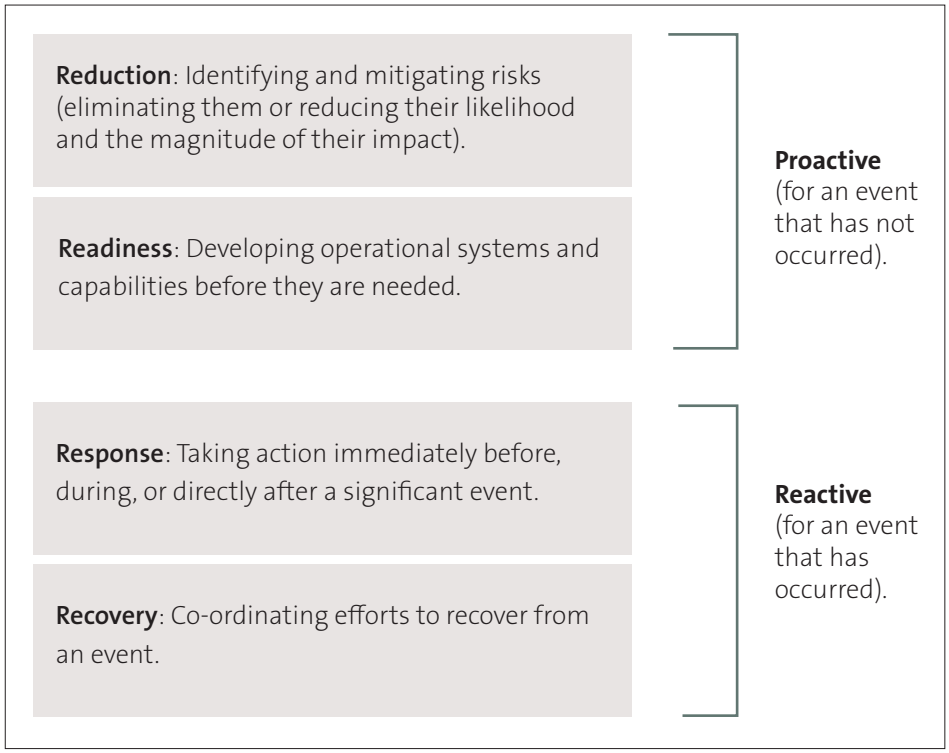
2.6 The national security system and emergency management system would usually both be activated for highly disruptive events, such as the Kaikōura earthquakes. These two systems are informed by the 4R model outlined in Figure 1.

2.7 The Civil Defence Emergency Management Act 2002 requires government departments (and others) to carry out civil defence emergency management functions and duties.[9] Government departments must also continue functioning to the fullest extent possible during and after an emergency to meet their statutory responsibilities. This is known as business continuity.

8 Lifeline utilities provide essential infrastructure services to the community, such as water, transport, energy, and telecommunications.

9 Agencies are expected to assess their civil defence and emergency management capability. NEMA is expected to deliver or provide advice about training and other appropriate capability development. See National Emergency Management Agency (2015), *Guide to the National Civil Defence Emergency Management Plan*, at civildefence.govt.nz.

Figure 1
The 4R model for emergency management



Source: Adapted from Royal Commission of Inquiry (2020), *Ko tō tātou kāinga tēnei: Report of the Royal Commission of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019*.

2.8 Under the National Civil Defence Emergency Management Plan, agencies are expected to develop and maintain their own risk-based emergency management plans.[10]

2.9 Under the Public Service Act 2020 (and the previous State Sector Act 1988 which it replaced), departments and departmental agencies have responsibilities towards the government's collective interests.

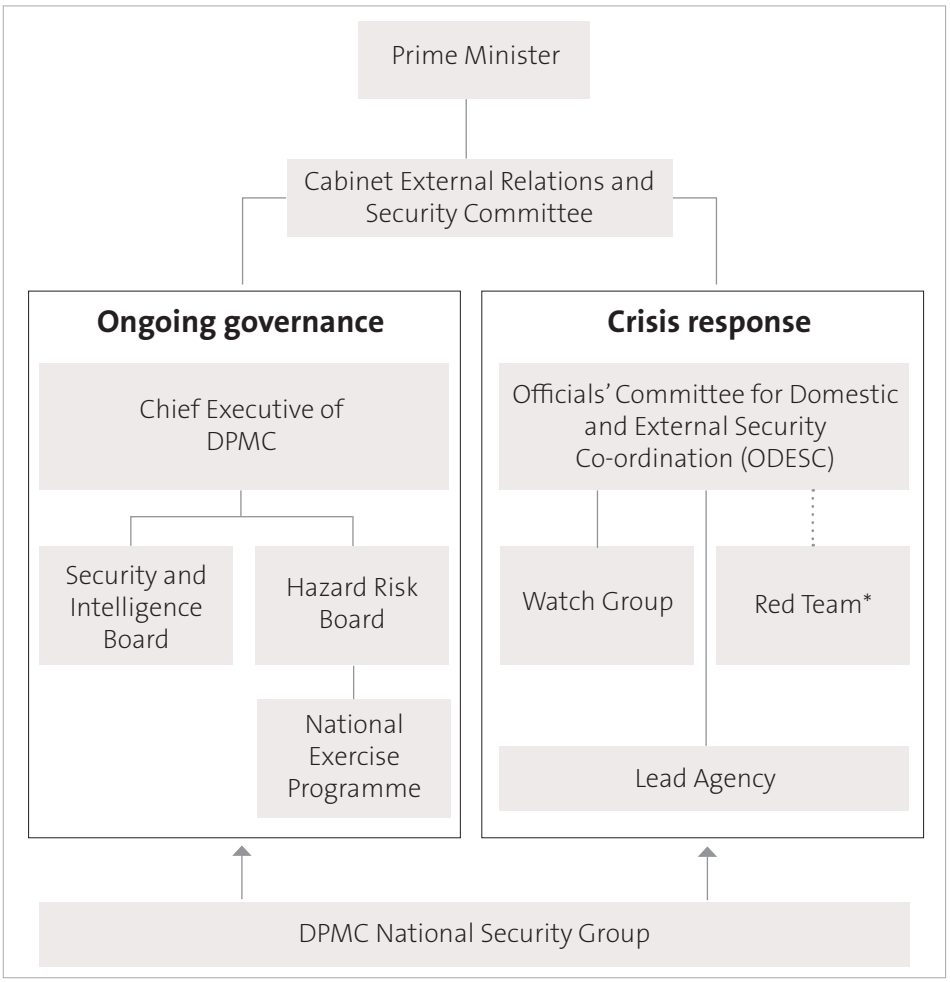
DPMC co-ordinates strategic risk mitigation and crisis responses

2.10 Figure 2 shows that the national security system has:

- an **ongoing governance** mode, with structures to lead cross-agency assessment, analysis, and treatment of risks; and
- a **crisis response** mode, with structures that can be activated during an emerging or actual security event.

10 The National Plan was made under, and is set out in, the National Civil Defence Emergency Management Plan Order 2015. We discuss this in more detail in Part 3.

Figure 2
The national security system



* A Red Team provides assurance to the Officials' Committee for Domestic and External Security Coordination but has no formal accountability.
Source: Adapted from Royal Commission of Inquiry (2020), *Ko tō tātou kāinga tēnei: Report of the Royal Commission of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019*.

2.11 In both modes, DPMC's National Security Group leads, co-ordinates, and supports the national security system's activities and the various agencies and officials involved in those activities.

Agencies were expected to monitor risks, build capability, and test planning

2.12 DPMC told us that it leads, oversees, and maintains a National Risk Register. When we carried out our audit, this register included 42 nationally significant risks, identified through a multi-agency process, that the two Boards in Figure 2 governed. The Security and Intelligence Board was assigned 13 threat-type risks to oversee, such as terrorism and cyber security. The Hazard Risk Board was responsible for the remaining 29 hazard-type risks, which included a pandemic.

2.13 These Boards were meant to ensure that there was appropriate oversight, alignment, and prioritisation of activities to manage these risks.

2.14 The National Exercise Programme supported the work of the Hazard Risk Board. This Programme was designed to prepare the public sector for responding to events, including pandemics, in an integrated and effective way. A planning and co-ordination team oversaw system readiness activities (known as exercises) to build capability and test planning through mock multi-agency responses to emergency scenarios.

2.15 For the risks it was assigned to govern, the Hazard Risk Board was meant to consider the reports from these exercises and any findings from debriefs and "lessons identified processes" after a response.[11]

2.16 Agencies were assigned responsibility for particular risks and were expected to contribute information about the risk areas that the Hazard Risk and Security and Intelligence Boards governed. In 2018, DPMC identified, and Cabinet approved, 16 National Security Intelligence Priorities to guide agencies on where they should focus their resources for monitoring and collecting information about the most important risks.

2.17 In 2019, the Government released an unclassified version of these priorities for the first time. One of these priorities was threats to biosecurity and human health.

2.18 The national security system, and relevant agencies, were expected to carry out work to reduce nationally significant risks and be ready to respond if they were realised.

11 Department of the Prime Minister and Cabinet (2016), *National Security System handbook*, at dpmc.govt.nz. The Security and Intelligence Board was also responsible for carrying out these activities for the risks assigned to it.

There were pre-established roles and responsibilities for responding to an emergency

2.19 When an escalating crisis is identified, the crisis response mode of the national security system may be activated.[12] Figure 2 shows that it is standard procedure for:

- a lead agency to run the operational response; and
- specifically formed groups of officials to provide strategic direction and oversight.

The lead agency has a range of responsibilities

2.20 The lead agency is one that has the legislative authority and/or technical expertise to manage a particular hazard.[13] This model is intended to ensure that responsibilities and accountabilities for managing an emergency are clear and well understood ahead of time. The lead agency is expected to maintain enough capability and capacity to perform its role.

2.21 The lead agency is expected to advise the national security system on whether to activate the National Crisis Management Centre, which is normally located in a secure facility in the Beehive basement.

2.22 In a major emergency, the lead agency usually operates from the National Crisis Management Centre to ensure that there is a central location for:

- collecting, managing, and sharing information;
- co-ordinating and directing the response's operations, planning, and support;
- liaising between the operational response and the national strategic response;
- supporting strategic oversight and decision-making; and
- co-ordinating the release of information publicly and liaising with media.

2.23 The lead agency is expected to fill key positions in the National Crisis Management Centre, including the overall lead Controller. If a state of national emergency is declared, NEMA works alongside the lead agency to help co-ordinate the response.[14] Other agencies can supply additional personnel and support.

2.24 In carrying out its operations, the lead agency is expected to follow the *Co-ordinated Incident Management System* (the CIMS framework).[15] This provides information about roles and responsibilities for an emergency response. It promotes the use of consistent principles, functions, protocols, and terminology so that the response can be carried out in a co-ordinated and effective way.

12 Activation criteria include an issue of large scale, high intensity, or great complexity, and the need for extensive resources.

13 The lead agency model is set out in the National Civil Defence Emergency Management Plan (2015).

14 NEMA is also the lead agency for infrastructure failure and geological and meteorological hazards.

15 DPMC published the third edition of the CIMS framework in 2019. It was jointly developed by emergency management agencies and endorsed by ODESC. See civildefence.govt.nz.

2.25 The CIMS framework is designed to be flexible and scalable for all hazards and risks. It allows additional structures to be set up, as necessary, under a state of national emergency or as the situation warrants.

2.26 The Ministry of Health is the lead agency for outbreaks of infectious human disease. When we carried out our audit, district health boards were the regional leads.

2.27 Under the lead agency model, the Ministry of Health was expected to co-ordinate both the national health and disability sector and the wider all-of-government response to a pandemic. This included providing guidance to agencies and setting the direction for them to lead the response for their sectors.

2.28 The Ministry of Health was also responsible for activating and running its National Health Co-ordination Centre. The Centre oversees the Ministry's emergency response activities in the health sector, including producing and communicating official information and guidance to the health and disability sector, operational groups, and other public organisations.

Cross-agency groups provide strategic advice on crisis responses

2.29 DPMC's Chief Executive convenes and chairs meetings of the Officials' Committee for Domestic and External Security Coordination (ODESC) and chooses the right mix of chief executives to attend depending on the nature of the particular crisis.

2.30 ODESC sits at the strategic level, above the management and operations of the lead agency and its statutory responsibilities. Members are expected to work as a collective to focus on the system as a whole and help ensure all-of-government co-ordination.

2.31 ODESC has limited formal powers, but it has the important role of advising the Prime Minister and the Cabinet's External Relations and Security Committee on strategic developments, options, and priorities during a crisis. ODESC's other responsibilities include:

- ensuring that the lead agency and organisations supporting it have the resources and capabilities they need to bring the response to an effective resolution; and
- providing strategic advice on mitigating risks beyond the lead agency's control.

2.32 To assure ODESC that the full range of actions for a response are being considered, a Red Team can be set up to carry out a semi-independent real-time review of activities.

2.33 Watch Groups also provide advice to ODESC. They are formed to monitor a potential, developing, or actual crisis. Watch Groups comprise senior officials with relevant authority. They often meet before ODESC.

2.34 The Watch Group's role includes ensuring that all strategic risks are being managed, identifying gaps and areas of concern, and agreeing on any further action needed.

A range of legislation and plans supported pandemic preparedness

2.35 Three main pieces of legislation provide the government with powers to manage a pandemic. They are:

- the Health Act 1956, which gives medical officers of health broad powers to manage the spread of infectious diseases;
- the Civil Defence Emergency Management Act 2002, which allows the Minister of Civil Defence to declare a state of national emergency;[16] and
- the Epidemic Preparedness Act 2006, which was created to give agencies adequate statutory power for preventing and responding to epidemics.[17]

New Zealand had a pandemic response strategy and plan

2.36 The public sector was expected to follow generic emergency management guidance for all hazards and risks, and more specific guidance for health emergencies, including pandemics.

2.37 Before Covid-19 emerged, the Ministry of Health's *New Zealand Influenza Pandemic Plan: A framework for action* (the Pandemic Plan) was central to pandemic planning.[18] It sets out all-of-government measures to take before, during, and after a pandemic. The following six-phase response strategy guides those measures:

- Plan for it: Plan to reduce the impacts of a pandemic and be prepared.
- Keep it out: Prevent, or delay as much as possible, the arrival of a pandemic.
- Stamp it out: Control and/or eliminate clusters of infection.
- Manage it: Reduce the pandemic's impacts on the population.
- Manage it post-peak: Quickly progress recovery and prepare for another response.
- Recover from it: Quickly progress recovery of public health, communities, and society.

16 The title of the Minister responsible for administering this Act was changed to the Minister for Emergency Management in November 2020.

17 This Act was introduced after the threat of a human outbreak of Avian Influenza.

18 When we wrote this report, the 2017 Pandemic Plan was still current. As we noted in our 2020 report, *Ministry of Health: Management of personal protective equipment in response to Covid-19*, the Pandemic Plan had not been substantively updated since 2010. It was first published in 2002, then updated in 2006. See health.govt.nz.

2.38 The Pandemic Plan focuses on an influenza pandemic. However, it states that the approach "could reasonably apply to other respiratory-type pandemics".

2.39 The Pandemic Plan describes 11 workstreams. It outlines the expected roles and responsibilities of the agencies designated to lead and support each workstream, including the Ministry of Health and district health boards.

2.40 The Pandemic Plan also includes guidance on potential actions and interventions, such as border measures, testing, contact tracing, and quarantine. It identifies the legislation agencies might need to use to carry out various activities.[19]

Agencies were expected to develop and test their own pandemic plans

2.41 Before Covid-19 emerged, agencies were expected to develop their own pandemic plans informed by the Pandemic Plan. This was to help them lead the planning, preparedness, and response for their sector.

2.42 An Intersectoral Pandemic Group was expected to provide co-ordination and support to agencies. A Pandemic Influenza Technical Advisory Group was also meant to inform the Ministry's planning for a pandemic response and to meet as needed. The Ministry of Health told us that, before Covid-19 emerged, its usual work included scanning for emerging threats and sharing relevant technical information as part of its weekly internal meetings.

2.43 Under the National Civil Defence Emergency Management Plan, agencies were expected to regularly carry out exercises and test their arrangements for responding to emergencies. They were expected to share any resulting lessons and improvements with other relevant agencies and regional groups.

2.44 Infectious human disease pandemics were identified as a hazard risk that might require co-ordination and management at a national level.

2.45 As part of the National Exercise Programme (see paragraph 2.14), the Ministry of Health led simulation-based testing of national pandemic planning in 2006/07 and 2017/18. Findings from 2006/07 included the need for regular exercises to help key staff become more familiar with roles, responsibilities, and authorities.

2.46 A core objective for the 2017/18 exercise was to familiarise senior leaders and managers with the challenges of a long-duration emergency. It was also intended to inform the Pandemic Plan's further development. This exercise resulted in a range of recommendations. We discuss progress against these in Part 3.

19 Other potentially relevant legislation includes the Health (Quarantine) Regulations 1983, the Biosecurity Act 1993, and the Health and Safety at Work Act 2015.

3 Before Covid-19: Our pandemic preparedness had limitations

3.1 In this Part, we make observations about the public sector's general state of readiness for potential and actual emergencies, and pandemics in particular, before Covid-19 emerged. We discuss:

- the governance and strategic management of national security risks;
- agencies' capacity to contribute to wider risk reduction and readiness;
- the accountability arrangements for carrying out adequate planning and improving readiness;
- the currency of guidance and legislation for preparing for a pandemic;
- agencies' understanding of emergency management arrangements; and
- how responses to major emergencies were reviewed and lessons were learned.

3.2 Because of New Zealand's vulnerability to natural hazards, as well as recent disruptive events (see paragraph 3.17), we expected that:

- there would be appropriate systems to manage potential and actual emergencies that would generally function well, and focus on reducing risks; and
- there would be well-embedded processes and practices for routinely identifying and incorporating improvements to ways of operating.

3.3 Given New Zealand's concerns about, and experience of, new influenza and coronavirus threats from the early 2000s[20] and international requirements to plan for disease outbreaks,[21] we also expected that:

- systems would be in place and agencies would be reasonably ready to respond to a public health emergency, specifically a pandemic;
- recommended actions from pandemic readiness exercises and evaluations of previous public health emergencies would have been implemented or be in progress; and
- planning would be reasonably current and familiar to those most likely to use it.

3.4 We also expected that there would be active central co-ordination and accountability for ensuring that these readiness activities were carried out.

20 Severe Acute Respiratory Syndrome (SARS), Avian Influenza, and Middle East Respiratory Syndrome were added to the schedule of notifiable infectious diseases under the Health Act 1956. The Pandemic Plan states that these various threats and experiences had informed "accelerated" pandemic planning.

21 As a member of the World Health Organization, New Zealand is required to detect, plan for, and respond to disease outbreaks of all kinds. The Ministry of Health is responsible for liaising with the World Health Organization on these matters.

Summary of findings

3.5 Before Covid-19 emerged, there were many systems, structures, frameworks, and plans in place to help prepare for, and respond to, a pandemic. However, some of these were not as current or functioning as well as they should have been.

3.6 Some documentation to inform pandemic and other emergency preparedness was outdated and confusing. It also did not provide sufficient information for agencies on how to review and learn lessons from responses to emergencies. The public sector was not generally familiar with, and did not have a good understanding of, pre-existing emergency management arrangements.

3.7 The governance of nationally significant risks, including pandemics, had not been working as intended. Recommendations from pandemic readiness exercises had not been systematically implemented.

3.8 The public had limited visibility of how the government had responded to previous assessments of the country's preparedness for a health emergency. No central mechanism ensured that agencies had developed and updated their pandemic plans. There was also no mechanism in use for co-ordinating these plans across government.

3.9 Overall, there was limited public assurance that the public sector was adequately prepared for pandemics and other significant threats and hazards.

3.10 Before Covid-19 emerged, our national security, emergency management, and health systems had shortcomings that could have affected the effectiveness and efficiency of a pandemic response. In Part 8, we discuss steps that have been taken, or are being taken, to address these issues.

Governance and strategic management of national security risks needed improvements

3.11 Before Covid-19 emerged, the Hazard Risk Board had not been meeting regularly and was not performing as intended.[22] Minutes from its June 2020 meeting described struggles to carry out strategic governance properly, and members agreed that the board needed to "lift" its discussions to focus on system-wide risks instead of issues and do so with a national security lens.[23]

22 The Hazard Risk Board did not meet for the first six months of 2020. This was the second consecutive year where that happened.

23 The State Services Commission (now called Te Kawa Mataaho Public Service Commission) led performance improvement reviews of DPMC in 2013 and 2015. These found that DPMC needed to strengthen its leadership and co-ordination of national security interests to be more focused on the future. To read the reviews, see publicservice.govt.nz. In 2016, we also found that DPMC needed to improve the governance of risks to be fully effective. See Office of the Auditor-General (2016), *Governance of the national security system,* at oag.parliament.nz.

3.12 Over the years, there have been various attempts to refocus the way agencies manage risks through the national security system. However, these have not always been sustained or delivered as intended.

3.13 The Royal Commission of Inquiry into the terrorist attack on Christchurch mosques found that agencies' delivery against the intelligence priorities had not been monitored. It also found that threat assessments provided to Ministers were not always accompanied by advice on what to do about the risks.

3.14 Our 2019/20 annual audit of DPMC recommended that it more clearly demonstrate the desired impact of the National Security Group's work.

Agencies had limited capacity to contribute to wider risk reduction and readiness

3.15 Before the Covid-19 pandemic, a multi-year work programme was under way to improve New Zealand's emergency management system. This work included initiatives to build the system's workforce capability and capacity.

3.16 The work programme was started in response to a review that an independent advisory group carried out in 2017.[24] The Minister of Civil Defence commissioned the review in 2017 after concerns had been raised about the civil defence sector's effectiveness in dealing with a series of emergencies.

3.17 This reform work continued in 2019. Part of this work involved establishing NEMA.[25] At the same time, the emergency management system and its people came under significant pressure as they responded to another series of major events.[26]

3.18 In 2017, a performance improvement review found that 15 of 17 organisational management areas at the Ministry of Health were weak or needed improvement.[27] A 2020 report found that the health and disability system was "under serious stress".[28]

24 The work programme is based on this report: New Zealand Government (2018), *Delivering better responses to natural disasters and emergencies: Government response to the Technical Advisory Group's recommendations*, at dpmc.govt.nz.

25 NEMA replaced the Ministry of Civil Defence and Emergency Management as a departmental agency with greater autonomy. It is hosted by DPMC.

26 The National Crisis Management Centre was activated four times for a total of 147 days during 2019/20. NEMA's Chief Executive described this as unprecedented. See the Governance and Administration Committee (2021), *2019/20 Annual review of the National Emergency Management Agency*, at parliament.nz.

27 State Services Commission (2017), *Performance improvement framework: Review for Manatū Hauora, the Ministry of Health*, at publicservice.govt.nz.

28 Simpson, H (2020), *Health and disability system review: Final report/Pūrongo whakamutunga,* at systemreview.health.govt.nz. This review led to a programme of reforms to the health and disability system. Planning started in 2021 for implementation from July 2022. The Covid-19 pandemic was not part of the review's parameters. However, the pandemic was taken into account as context for the report's release in June 2020, and at that time the health and disability system was described as being under "extreme" stress.

3.19 The 2020 report found:

- underfunding and financial management problems;
- a lack of mandatory longer-term integrated planning;
- that aspects of system leadership and accountability needed strengthening;
- significant service delivery issues;
- rising demands on staff; and
- workforce shortages.

3.20 In our view, these challenges are likely to have impacted the Ministry of Health's and the wider health system's ability to prepare for and respond to a pandemic.

3.21 More generally, we understand that agencies had limited capacity to contribute to system efforts to proactively manage hazards and risks. The Royal Commission of Inquiry into the terrorist attack on Christchurch mosques highlighted that agencies were expected to supply information on National Security Intelligence Priorities. However, those expectations were not enforced.

Accountability for carrying out adequate planning was lacking

3.22 Under the National Civil Defence Emergency Management Plan, agencies are expected to develop and maintain risk-based emergency management plans.

3.23 The plans should describe how agencies will carry out their responsibilities for the 4Rs (see Figure 1). They should also be comprehensive (for all hazards and all risks) and integrated with other agencies' planning. It is recommended – but not required – that they follow a generic risk management standard.[29]

3.24 These planning activities were supported by accountability arrangements, but monitoring and reporting requirements were not as well developed as they could have been.

3.25 The Director of Civil Defence Emergency Management can request to see a department's plan. However, this request applies only to business continuity plans (see paragraph 2.7) and not wider emergency planning.[30]

3.26 The New Zealand Security Intelligence Service requires chief executives to sign and submit an annual self-assessment of how their organisation meets the government's mandatory protective security requirements.[31] These include

29 AS/NZS ISO 31000.2009: *Risk management – Principles and guidelines*.

30 In June 2021, NEMA told us that the Director had not been using this power.

31 This was made compulsory for 36 central government agencies when the protective security requirements were introduced in 2014. Other organisations, including some in the private sector, have since adopted the protective security requirements framework.

requirements to specifically manage business continuity, as well as risks, incidents, and threats (to people, information, and assets) more generally.

3.27 Agencies are also required to develop plans and security measures for responding to events, threats, and activities of varying likelihood of causing harm (for example, terrorist attacks and earthquakes).

3.28 Guidance advises agencies to monitor and continuously review their preparations for disruptive events and to co-ordinate with other emergency prevention and response planning.[32] However, we do not know whether and how well agencies carry out these activities.

3.29 DPMC told us that, to the best of its knowledge, no formal expectation directly links emergency management planning to agencies' activities under the protective security requirements.

3.30 We consider that a cross-agency stocktake of planning for disruptive events would provide valuable insights. During our audit, we saw and heard evidence that the need for centralised responsibility for co-ordinating cross-system business continuity planning on an ongoing basis has been a long-standing issue.

3.31 Agencies that have an audit and risk committee may engage that committee to look at their organisation's arrangements for managing emergencies as part of their wider risk mitigation and assurance practices, but this is at the discretion of a chief executive.

3.32 Te Kawa Mataaho is responsible for setting expectations and reviewing chief executives' overall performance in leading their departments. As part of this, chief executives are expected to ensure that operational matters, including emergency management planning and reporting against the protective security requirements, are carried out in line with their general responsibilities set out in the Public Service Act 2020.

3.33 Te Kawa Mataaho told us that it monitors chief executives' performance through its close connections and ongoing conversations with them. Ministers also provide updates about chief executives' performance to Te Kawa Mataaho. We understand that chief executives are not required to formally confirm to Te Kawa Mataaho that they have carried out their expected activities and operational responsibilities.[33]

32 New Zealand Government (2018), *Overview of protective security requirements*, at protectivesecurity.govt.nz. See, in particular, "GOV 3 – Prepare for business continuity" and "GOV 7 – Be able to respond to increased threat levels".

33 For example, through legal compliance statements or overarching attestations (that they fulfil the requirements of their performance expectations and the Public Service Act 2020).

3.34 We found stronger statutory requirements for emergency planning elsewhere.[34]

3.35 For example, the Civil Defence Emergency Management Act 2002 requires regional councils and territorial authorities to prepare civil defence emergency management plans. These plans must:

- include the opportunity for public submissions;
- be consistent with the National Civil Defence Emergency Management Strategy;
- be sent to the Minister of Civil Defence for comment; and
- be reviewed after five years if this has not been done sooner.

3.36 Before the Covid-19 pandemic, there was no central mechanism in regular use to confirm that central government agencies had developed pandemic plans that were suitably up to date, aligned with planning guidance, and co-ordinated with other plans (see paragraph 2.43).[35]

Accountability for improving readiness was limited

3.37 We saw some evidence of how actions to improve New Zealand's readiness to respond to a pandemic were to be carried out, monitored, and communicated to Parliament and the public.

3.38 However, recommendations from previous pandemic exercises had not been systematically implemented. When officials met to discuss the escalating issue of Covid-19 in January 2020, they were advised that recommendations from the 2017/18 pandemic exercise had not been fully implemented.

3.39 The Ministry of Health told us that, after the 2017/18 exercise, the Intersectoral Pandemic Group met a couple of occasions. However, it was decided that the best way to make progress with planning would be for the Ministry to meet with the lead agency for each workstream instead.

3.40 We were told that there was some tracking of progress, but we did not see evidence of how action against the exercise's recommendations had been monitored and communicated to all agencies. When Covid-19 emerged in early 2020, the Pandemic Plan had not been updated to reflect any changes from the 2017/18 exercise.

34 We looked at other countries' initiatives to strengthen the rigour of their planning. In Queensland, for example, legislation requires publication of disaster management standards (developed by the state's independent Inspector-General of Emergency Management) that all entities involved in disaster management must follow.

35 In our 2020 report *Ministry of Health: Management of personal protective equipment in response to Covid-19*, we found that the Ministry of Health was responsible for ensuring a co-ordinated planning approach between district health boards for health-related emergencies. District health boards were meant to publish their health emergency plans on their websites but had not done this consistently. The Ministry had not been checking whether these plans had been published. It also did not have any process for formally reviewing those plans.

3.41 Before the Covid-19 pandemic, two external assessments had identified areas for improvement in New Zealand's health emergency preparedness.

3.42 In 2019, a joint World Health Organization and Ministry of Health review was published that assessed New Zealand's capacities against International Health Regulations.[36] Although the review reported many positive findings, it made four overarching recommendations and identified 54 priority actions. These included putting corrective actions and other lessons identified from public health emergency exercises and responses into practice in a timely way.

3.43 Included in one of the recommendations was that the Ministry of Health address critical human resource needs and build dedicated capacity to communicate risk for a public health emergency.

3.44 The Ministry of Health published a link to this report on its website, but not until April 2021 – almost two years after the report had been finalised.[37]

3.45 The 2019 Global Health Security Index scored New Zealand 54 out of 100 for pandemic readiness.[38] This was a desktop assessment of 195 countries against a range of indicators for dealing with the risk of infectious disease outbreaks.

3.46 The Index relied on open-source information, based on the principle that people should be able to access information about their country's existing health emergency capacities and plans.

3.47 Views about the Index are mixed. Some have commented on its limitations, particularly since Covid-19 emerged. Conversely, New Zealand public health academics and other researchers have commented on the value of the Index and its methods.[39] The Ministry of Health told us that it did not participate in the preparation of the Index or recognise its findings.

3.48 In any case, New Zealand still had areas where improvements were needed. This included the public availability of information about how ready the country was for a health emergency.

36 World Health Organization (2019), *Joint external evaluation of International Health Regulations core capacities of New Zealand*, at who.int.

37 World Health Organization (2019), *Joint external evaluation of International Health Regulations core capacities of New Zealand*. Accompanying information stated that the Ministry of Health was developing a National Health Security Plan. The Ministry told us that the measles outbreak and Covid-19 had disrupted this. See health.govt.nz.

38 The Global Health Security Index is co-authored by the Nuclear Threat Initiative and the Johns Hopkins Center for Health Security. See ghsindex.org.

39 See Boyd, M, Baker, M, and Wilson, N, (November 2019), "New Zealand's poor pandemic preparedness according to the Global Health Security Index", in *Public Health Expert*, at blogs.otago.ac.nz. See also Boyd, M, Baker, M, Nelson, C, and Wilson, N. (June 2020), "The 2019 Global Health Security Index (GHSI) and its implications for New Zealand and Pacific regional health security", in *New Zealand Medical Journal*, at journal.nzma.org.nz.

3.49 In our view, it is important for the public to have an opportunity to access and engage with assessments of pandemic and wider emergency and crisis readiness, including the findings of exercises, evaluations, and independent reviews. We also consider that there needs to be greater public transparency to show how the government responds to findings from such assessments.

Recommendation 1

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to ensure that there is central co-ordination and clear roles and responsibilities for:

- government agencies to keep emergency management plans up to date and consistent with agreed standards, current guidance, and other best practice;
- implementing improvements from regular emergency management exercises and other evaluations of emergency readiness; and
- monitoring progress in implementing those improvements.

Some guidance and legislation needed updating

3.50 The *National Security System handbook* (2016) was and remains a critical document about the arrangements for responding to a potential, emerging, or actual national security event. However, when Covid-19 emerged, some content in the handbook was outdated.

3.51 In October 2021, DPMC published a separate two-page online fact sheet listing key changes to help address confusion. However, until this date (about 18 months into the Covid-19 response), guidance still included information about structures, agencies, and ODESC arrangements that no longer existed.

3.52 When this report was published, DPMC's webpage stated that the handbook was under review. We encourage DPMC to conclude this work as soon as possible.

3.53 Similarly, the *Guide to the National Civil Defence Emergency Management Plan* (2015) refers to an ODESC *National Hazardscape Report* from 2007, as well as guidance that the Ministry of Civil Defence and Emergency Management produced in 2006 that reflects best practice from 1998 on how to debrief after events.

3.54 In July 2022, NEMA told us that the general guidance in this document is sound but updating it is on its work programme.

3.55 Some legislation was also outdated. In July 2020, an inquiry by the Finance and Expenditure Committee found that the Health Act 1956 did not provide suitable and enduring powers for managing a significant long-term health emergency such as the Covid-19 pandemic. We discuss changes to legislation in Part 5.

Emergency management arrangements were not well understood

3.56 Evaluations of pandemic exercises had highlighted the need to improve and maintain central government agencies' familiarity with, and understanding of, pre-existing emergency management arrangements. A review of the emergency management system (see paragraph 3.15) and other reports had identified this as a wider issue.

3.57 Before the Covid-19 pandemic, agencies already needed to better understand roles, responsibilities, and accountabilities for given emergencies. DPMC told us that agencies also needed to better understand legal and operating frameworks, the national security system, and the concept of lead agencies.

3.58 We found that the various plans, guidance, strategies, and frameworks meant to inform pandemic planning formed a complex picture that was difficult to understand. There was a lack of clear information on, for example, the relationship between the national security system and the emergency management system.

3.59 Some people we interviewed told us that it was not always clear how the Pandemic Plan would be implemented during a pandemic. However, we also heard from the Ministry of Health that being involved in the 2017/18 pandemic exercise, the joint review exercise (see paragraph 3.42), and the response to the domestic measles outbreak had given participants a good applied understanding of health emergency responses.

3.60 NEMA is carrying out work to improve emergency management capability and clarify roles and responsibilities. This should help agencies and other relevant organisations better understand what arrangements mean in practice.

3.61 We expect that guidance will be reviewed and updated as part of this process. It is also important that Parliament and the public can understand how things should work and who to hold to account.

3.62 Other countries have also identified improvements to deepen and broaden emergency management competencies. The Victorian Auditor-General's Office has recommended that all departments include mandatory training for staff with dedicated business continuity responsibilities when they start their role and at least every two years.

3.63 In the United Kingdom, a Parliamentary inquiry recommended that Ministers also receive guidance and training on planning and crisis responses and participate in exercises along with the most senior officials.

Recommendation 2

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to ensure that:

- key staff maintain a good understanding of all-of-government strategic crisis management, hazard risk management, and emergency management frameworks, including relevant legislation and guidance on lessons management.

Guidance on reviewing emergency responses and learning lessons was limited

3.64 Before the Covid-19 pandemic, there were plans, strategies, and frameworks in place that broadly expected an emergency response would be reviewed.

3.65 The *National Security System handbook* mentions formal post-response debriefs and "lessons identified processes". The CIMS framework has general requirements for handover briefings and debriefings between operational shifts.

3.66 The Pandemic Plan states that, after the peak of the response and during recovery, all agencies are expected to debrief, then collate and review lessons. The Ministry of Health is responsible for producing a final report, guided by an evaluation framework.

3.67 However, we found minimal guidance about good practices and processes for how to carry out reviews of emergency responses. The emergency management material we looked at did not always explain the complete cyclical process of lessons management, including implementation and evaluation, or how to go about it.

3.68 One key reference document presented post-event debriefs as optional.[40] In 2020, the Hazard Risk Board noted the absence of a system-level, centralised continuous improvement function.

3.69 Insufficient advice about how to best capture and embed learning could affect agencies' efforts to make meaningful improvements during and after emergency responses.

40 Although the CIMS framework does recognise the value of identifying broader lessons to inform future response planning, it presents this as optional. It states: "after demobilisation, lead agency, multi-organisation, and community debriefs may occur". It also states that these can be formal or informal.

3.70 In our view, more work needs to be done to improve agencies' understanding and application of the term lessons learned. This term is commonly used to describe insights that have been collected (sometimes as raw observations or opinions) but not actually validated and acted on.[41] NEMA told us that its has recently carried out work to support the consistency of practices and systematic management of lessons. We discuss this further in Part 8.

41 The widespread misuse of this term is discussed in Australian Institute for Disaster Resilience (2019), *Lessons management handbook*, at aidr.org.au. In New Zealand, the 2014 and 2019 editions of the CIMS framework briefly stated that lessons are not learned until they have actually been applied, but the CIMS framework does not discuss how to do this.

What happened: January to February 2020

4

6 Jan	Health sector alerted about a viral pneumonia from China.
23 Jan	ODESC chairperson briefed on system readiness and risks for managing a potential pandemic.
Late Jan	Ministry of Health increasingly takes actions guided by the Pandemic Plan.
27 Jan	Watch Group meets and DPMC activates the national security system.
31 Jan	ODESC meets to help co-ordinate a cross-agency response. Ministry of Health confirmed as lead agency.
3 Feb	Restricted entry into New Zealand for travellers coming from China.
28 Feb	First case of Covid-19 confirmed in New Zealand.

4.1 In this Part, we outline key aspects of the all-of-government response in January and February 2020 and our observations. We discuss how:

- officials acted early to respond to Covid-19;
- DPMC organised more help to fill gaps in the response; and
- applicable the Pandemic Plan was for responding to the emerging Covid-19 pandemic.

4.2 For the response to the Covid-19 pandemic during 2020, we expected that:

- officials would draw on pre-existing pandemic planning and adapt it as necessary;
- the all-of-government response would be well co-ordinated and adequately resourced; and
- robust processes would be used to identify and address high-level risks and weaknesses in the overall response.

Summary of findings

4.3 As Covid-19 emerged, DPMC and the Ministry of Health performed their expected roles in monitoring the situation and carrying out initial preparedness and response activities.

4.4 During February 2020, concerns about weaknesses in pre-existing arrangements and shortcomings in the wider system for dealing with the complexities of

Covid-19 were raised at officials' meetings. It became clear that the Ministry of Health lacked enough capability and capacity for leading and co-ordinating a full all-of-government response.

4.5 Steps were taken to strengthen the all-of-government response, including bringing in more people to help the Ministry of Health with co-ordination and planning.

Officials acted early to respond to the new virus

4.6 On 5 January 2020, the World Health Organization alerted member states to a viral pneumonia of unknown cause in Wuhan, China. The Ministry of Health notified the health sector the next day.

4.7 The Ministry of Health continued to monitor and respond to the situation, including engaging with its Australian counterparts and the World Health Organization. The national security system also received information on the virus from diplomatic reporting, Five Eyes intelligence partners, and unclassified sources.

4.8 By the last week of January 2020, the Ministry of Health had taken a range of actions that were guided by the Pandemic Plan. These included:

- producing daily situation reports;
- establishing an incident management team;
- convening the Intersectoral Pandemic Group and a Border Working Group;
- setting up a public health response at the border;
- directing public health units to initiate plans for contact tracing;[42] and
- activating its National Health Co-ordination Centre.

4.9 Ministry of Health officials also provided advice that Cabinet should approve adding the novel coronavirus to the schedule of notifiable infectious diseases under the Health Act 1956.

4.10 DPMC's Chief Executive formally activated the national security system on 27 January 2020. A dedicated Watch Group met on the same day, and ODESC was convened four days later.

4.11 The Watch Group and ODESC met more frequently as the virus's threat increased. We saw evidence that ODESC was carrying out its expected functions in preparing to co-ordinate an all-of-government response. This included ensuring that the Ministry of Health, as the lead agency, had enough resources.

4.12 ODESC was also looking to improve the consistency of information, clarify the roles and responsibilities of individual agencies in the all-of-government response, align efforts, and co-ordinate advice to Ministers.

42 When we carried out our audit, public health units delivered regional public health services. Their responsibilities included communicable disease control and responding to events involving risks to public health.

4.13 On 29 January 2020, the Ministry of Foreign Affairs and Trade activated its own Emergency Co-ordination Centre to deal with consular and other international liaison matters. It also produced daily situation reports.

4.14 The New Zealand Police used their National Command and Co-ordination Centre to support the response. From early February 2020, they hosted an inter-agency planning and logistics function to help evacuate New Zealanders from Wuhan. The Police also hosted an inter-agency communications co-ordination group to help the Ministry of Health develop risk-based messaging.

4.15 Other agencies offered personnel to support the all-of-government response. This included providing the Ministry of Health's National Health Co-ordination Centre with liaison officers.

The Department of the Prime Minister and Cabinet organised more help to fill gaps in the response

4.16 Although initial response activities appeared to be carried out efficiently, we saw evidence that individual agencies were not properly prepared for a pandemic.

4.17 A briefing from the National Security Group said that the Hazard Risk Board had identified a pandemic as a "top risk" to New Zealand. The briefing also identified key risks to managing a potential Covid-19 outbreak. These included outdated business continuity plans and many public servants being untrained and unfamiliar with the Pandemic Plan and their agencies' particular responsibilities.

4.18 There were increasing concerns at ODESC meetings during February 2020 about the Ministry of Health's capability and capacity to lead an all-of-government response. Many throughout the public service saw the Ministry as a relatively small agency with policy, strategy, and monitoring as its core functions.

4.19 The Ministry of Health had limited direct experience in operations and service delivery. These were the domains of district health boards and their frontline staff. Some people we interviewed felt that the Ministry's focus on public health and the health sector meant that it was not suited to also fully oversee the response's broader social, cultural, and economic issues and impacts.[43]

4.20 The chairperson of ODESC raised particular concerns about a gap in the strategic co-ordination of the all-of-government response and the adequacy of public communications. He also saw the need for a stronger operational response at the centre of government.

43 The Ministry of Health told us that, whether it leads an all-of-government response or not, the Director-General of Health's central role and responsibilities would remain unchanged. These include providing a primary source of advice on what is required to balance public health and key legal considerations in a given situation. We discuss this further in Part 5.

4.21 The chairperson of ODESC brought in experienced public servants to strengthen the system-wide strategy and policy response and to ensure that agencies' response activities were integrated. He also asked agencies to urgently provide more staff to the Ministry of Health to reduce its resourcing pressures.

4.22 Agencies made efforts to fill particular areas of capability that were needed, including policy and planning and staff trained in the CIMS framework. However, officials also acknowledged that people would have to work in new areas of responsibility, and we heard that inefficiencies sometimes arose when people without emergency planning experience were involved in developing arrangements for the response.

The Pandemic Plan had limited applicability

4.23 We heard mixed views about the Pandemic Plan's applicability to guide the response. For some people, it provided a good start. We saw early public health advice to ODESC that said that the Pandemic Plan was a "sound framework" but that it would need adapting to respond to a coronavirus rather than an influenza.[44]

4.24 The Government's communication approach to the response reflected the language from the strategic phases of the Pandemic Plan (see paragraph 2.37). When New Zealand's first case of Covid-19 was confirmed on 28 February 2020, ODESC noted that the response needed to prepare for the Pandemic Plan's Manage it phase, while still trying to Keep it out and Stamp it out.

4.25 However, we heard that communication about the Pandemic Plan and its intended use could have been better. People we interviewed were not always clear on what needed to be done or how to do it.

4.26 Many told us that they found the Pandemic Plan difficult to engage with and that it lacked guidance on how to implement it. Some told us that it had major gaps and that people in the health sector knew that it was outdated.

4.27 The chairperson of ODESC and many others we spoke to soon realised that the Pandemic Plan would not be suitable for dealing with the complexities of Covid-19.

44 A key difference between these two disease types is how they spread and the length of incubation. At this point, Covid-19 was considered a novel coronavirus. Much was still unknown about it.

What happened: March to June 2020

5

5 Mar	First of three simulation exercises carried out to test response planning.
6 Mar	National Crisis Management Centre (NCMC) North activated.
11 Mar	World Health Organization declares Covid-19 as a pandemic.
12 Mar	The Quin formed to lead the all-of-government response.
18 Mar	First National Action Plan produced.
21 Mar	Four-stage Covid-19 alert level framework announced.
22 Mar	Operations Command Centre running (becomes NCMC South).
25 Mar	State of national emergency declared. Epidemic Response Committee established. Alert Level 4 lockdown.
1 Apr	Second National Action Plan produced.
22 Apr	Third National Action Plan produced.
23 Apr	First rapid review of the response's operating model completed.
Early May	New Zealand's Covid-19 elimination strategy confirmed and published.
13 May	Covid-19 Public Health Response Act introduced.
8 Jun	New Zealand moves to Alert Level 1.
12 Jun	Plan for establishing Covid-19 unit in DPMC finalised.
30 Jun	National Crisis Management Centre deactivated.

5.1 In this Part, we outline key aspects of the all-of-government response from March to June 2020 and our observations. We discuss how:

- officials activated the National Crisis Management Centre and developed measures specific to Covid-19;
- the new arrangements posed challenges; and
- an early review recommended more sustainable ways of working.

Summary of findings

5.2 In March 2020, officials actively looked to fill gaps in pandemic readiness and to test the arrangements for the response. Legislation was quickly created or amended. Officials moved to new ways of working.

5.3 DPMC developed and led a bespoke response structure that combined elements of pre-existing emergency planning with a new approach. This shifted the Ministry of Health away from its expected lead agency role of co-ordinating the all-of-government response to focus on leading the health system response.

5.4 This bespoke structure was seen as effective and necessary for strengthening the overall response. However, it also created confusion about roles, responsibilities, and accountabilities and led to some effort being duplicated.

5.5 When ODESC stopped meeting from April 2020, this was a significant departure from standard governance arrangements. We were told that other mechanisms were used to provide strategic oversight. However, we concluded that in practice, this was not always the case.

5.6 It quickly became clear that there needed to be a longer-term and more sustainable response to the Covid-19 pandemic. A rapid review of the response model was commissioned, and steps were taken to transition to new arrangements. These were to come into effect from July 2020.

Officials activated the National Crisis Management Centre and developed measures specific to Covid-19

5.7 On 6 March 2020, the chairperson of ODESC directed NEMA to activate the National Crisis Management Centre and to base it at the Ministry of Health instead of the usual Beehive basement. The National Crisis Management Centre was still expected to follow the CIMS framework.

5.8 On 11 March 2020, the chairperson of ODESC advised Ministers that he was taking additional steps to strengthen the response's co-ordination. He told Ministers that he had appointed an All-of-Government Controller to liaise between the national security system and the operational response led by the National Crisis Management Centre.

5.9 The All-of-Government Controller was a new role created to oversee the all-of-government response. It included health as one of many workstreams.

5.10 From this point on, the Ministry of Health focused on leading the health system response. This included co-ordinating the health and disability sector's response and providing advice and information to Ministers and the public.

5.11 From early March 2020, DPMC's National Security Group organised a series of simulation exercises to test response arrangements under various scenarios (including worst case outbreaks) to help identify gaps in planning. Further Covid-19 modelling work was also done. It showed that the health system would not cope if Covid-19 spread in the community.

5.12 In mid-March 2020, the Prime Minister announced that the response would shift from "flattening the curve" (managing but tolerating the virus in the community) to "going hard and early" (taking more aggressive measures to prevent Covid-19 from spreading).

5.13 In early April 2020, the Ministry of Health developed a working paper titled *Aotearoa/New Zealand's Covid-19 elimination strategy: An overview*. In early May 2020, the strategy was confirmed and published on the Ministry of Health website.

5.14 Many groups from throughout the public sector were convened to assess the impact of the unfolding Covid-19 situation on particular sectors and provide advice. These groups were generally made up of officials and subject-matter experts. They sometimes also included or engaged with industry stakeholders.

5.15 Groups of Ministers were quickly established to consider advice on Covid-19. On 2 March 2020, the Prime Minister advised Cabinet that an Ad Hoc Cabinet Committee on the Covid-19 Response would be set up.

5.16 By 19 March 2020, a Covid-19 Ministerial Group had replaced this Committee. Its role was to co-ordinate and direct the Government's response to the Covid-19 pandemic, and it had the authority to make urgent decisions (see Appendix 2). Officials provided advice directly to this Ministerial Group and attended its meetings most days.

5.17 On 21 March 2020, the Prime Minister announced a four-stage Covid-19 Alert Level framework.[45] When a state of national emergency was declared on 25 March 2020, the country went into lockdown. This required everyone except essential workers to stay home for an initial four-week period.

5.18 Before adjourning on 25 March 2020, Parliament agreed to give the Government authority to spend money, if necessary, outside its approved budget for 2019/20. An Epidemic Response Committee was also set up to scrutinise the Government's response to the Covid-19 pandemic.

45 This set out the public health and social measures required of communities and businesses. The restrictions were intended to be proportionate to the level of Covid-19 containment.

Some changes to legislation were needed to respond to the Covid-19 pandemic

5.19 The first simulation exercise in March 2020 highlighted that proactive use of powers under the Health Act 1956 would be crucial to help prevent the spread of Covid-19. An omnibus Bill, passed on 25 March 2020, made amendments to several Acts to put in place the necessary arrangements to respond effectively to Covid-19.[46]

5.20 In accordance with the Epidemic Preparedness Act 2006, once the Prime Minister had issued an epidemic notice, the use of other special powers was activated (for example, judges being permitted to modify rules of court as they saw necessary). Certain provisions were also activated under other Acts.[47]

5.21 On 13 May 2020, the Covid-19 Public Health Response Act 2020 came into law. This was one day after it was introduced as a Bill. Its stated purpose was to support a public health response that:

- prevents, and limits the risk of, the outbreak or spread of Covid-19;
- avoids, mitigates, or remedies the actual or potential adverse effects of the Covid-19 outbreak;
- is co-ordinated, orderly, and proportionate; and
- has enforceable measures in addition to the relevant voluntary measures, and public health and other guidance that also support that response.

5.22 The Covid-19 Public Health Response Act empowered the Director-General of Health and the Minister of Health to make orders to achieve these objectives. This included requiring people to physically distance from others and refrain from going to specified places, carrying out specified activities, and associating with specified people.

5.23 When New Zealand moved to Alert Level 1 on 8 June 2020, the extraordinary powers granted by the Civil Defence Emergency Management Act could no longer be used. This was because the country had finished a national transition period (after the end of the state of national emergency on 13 May 2020).

46 These Acts included the Education Act 1989, the Local Government Act 2002, and the Residential Tenancies Act 1986.

47 These other Acts included the Corrections Act 2004, the Electoral Act 1993, the Immigration Act 2009, and the Social Security Act 2018.

5.24 The Government was advised that the Covid-19 Public Health Response Act would provide sufficient powers from this point. This Act was to be valid for up to two years. Further amendments were made to the Act as the response evolved.[48]

5.25 The unprecedented and wide-reaching nature of the Covid-19 pandemic meant that significant and rapid work was needed to assess legislative provisions and special powers that are not normally activated. We heard that agencies did not always understand their statutory powers to act in the Covid-19 context and made many urgent requests to the Crown Law Office for legal advice.

5.26 In August 2020, a judicial review ruled that the first nine days of the Alert Level 4 lockdown (from 26 March to 3 April 2020) had been justified but unlawful. Although an order could have been issued to lawfully enforce the lockdown at the time, this was not done. The court judgment acknowledged that the unlawfulness had since been remedied.[49]

5.27 We saw evidence of efforts over time to improve cross-agency management and oversight of legal matters. For example, we were told that a Legal Steering Group was an effective way of keeping track of legal and regulatory work, including orders and potential amendments. This group included members from the Crown Law Office, the Ministry of Health, and the Ministry of Justice. It was chaired by a representative of the Parliamentary Counsel Office.

5.28 Parliament's Regulations Review Committee, chaired by an opposition member, provided scrutiny over the proper use of law-making powers in 2020. We saw evidence that its work led to improvements in some Covid-related orders.

5.29 To prepare for future emergency and crisis responses, work should be done to review statutory authorities and make sure they are clear and appropriate. The Ministry of Health told us that clarifying the specific role of the Director-General of Health in future governance arrangements and the statutory powers that are available to Ministry staff will enhance pandemic responses.

5.30 Public servants also need to better understand the legal frameworks, powers, and responsibilities for managing emergencies (see recommendation 2).

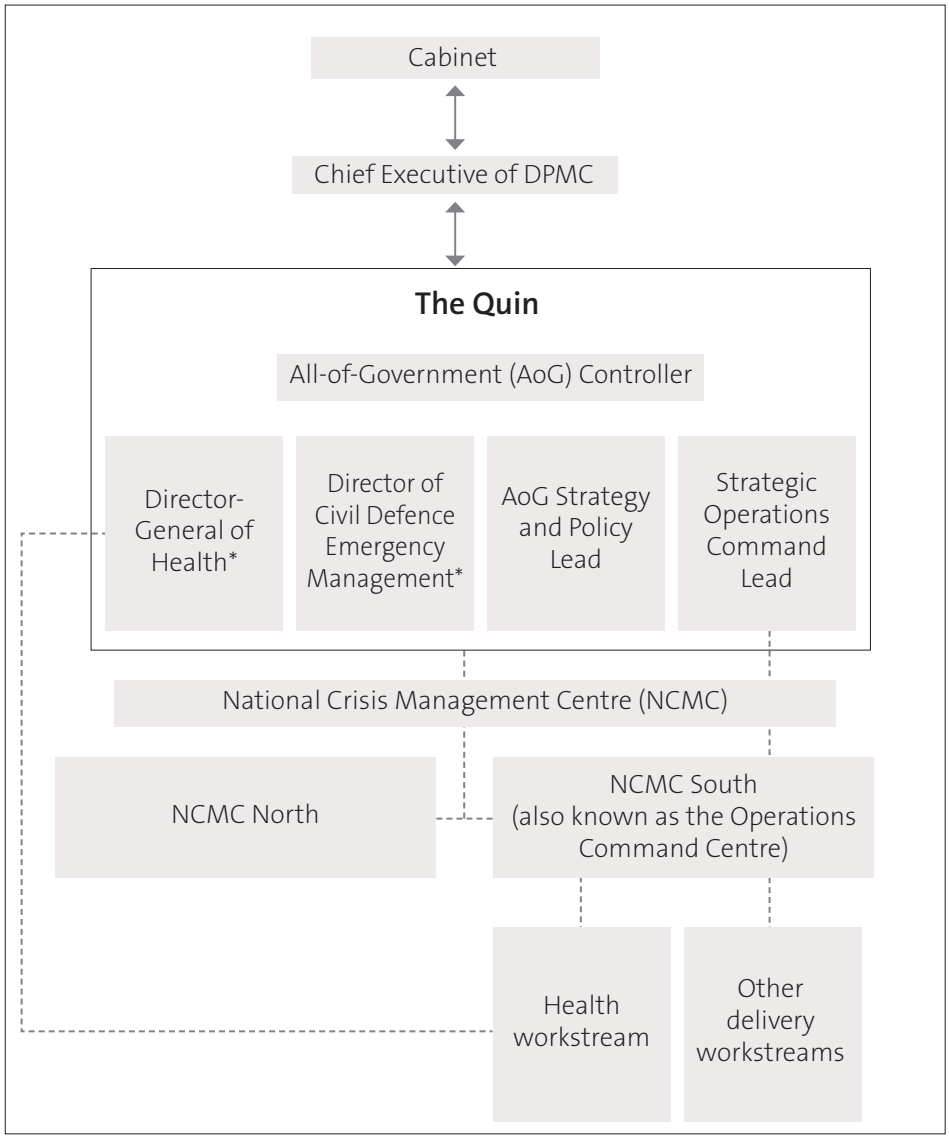
48 Amendments included provisions for the Government to recover MIQ costs from users (August 2020) and for the Minister for Covid-19 Response to make orders after consulting the Minister of Health as well as the Prime Minister and the Minister of Justice (December 2020). Before this new Ministerial portfolio was created, it was the Minister of Health who made orders for the Covid-19 response (after consulting the Prime Minister and the Minister of Justice).

49 An order under the Health Act 1956 was made after the first nine days, so the remainder of the first lockdown was prescribed by law.

Leadership and governance structures departed from convention

5.31 The all-of-government response structure evolved further in the weeks leading up to the Alert Level 4 lockdown and its first days of implementation.

Figure 3
The all-of-government response structure for the Covid-19 pandemic, as at 1 April 2020



* These roles have statutory powers.
Source: Adapted from National Crisis Management Centre (1 April 2020), *National Action Plan 2.0*.

5.32 The Quin (see Figure 3) was a new leadership structure. It brought together senior officials with the statutory powers and functions to respond to a pandemic both as a public health incident (a notifiable infectious disease) and a national emergency. These officials were the Director-General of Health and the Director of Civil Defence Emergency Management respectively.

5.33 Pre-Covid pandemic guidance did not mention the need for these office holders to work in partnership. However, DPMC's Chief Executive considered it critical that these powers be aligned. The structure also brought together newly formed strategy and operations leadership roles.

5.34 Minutes show the Quin met as a group almost daily to discuss priorities and raise emerging issues and risks with the all-of-government response. Topics ranged from the scale of testing and contact tracing to public compliance, migrant worker matters, and whether border settings were adequate.

5.35 From March to June 2020, the All-of-Government Controller officially led the all-of-government response through the National Crisis Management Centre. This was split between two locations, known as NCMC North and NCMC South.

5.36 NCMC North was based in the Ministry of Health's national office. It included all-of-government functions for planning, communications, strategy, and policy. The Ministry also had equivalent functions focused on the Covid-19 response. This meant that NCMC North and the Ministry needed to align their activities.

5.37 NCMC South, also known as the Operations Command Centre, was based in a different part of the city from NCMC North. The New Zealand Police initially led the Operations Command Centre, but by 1 April 2020 it was incorporated into the all-of-government response structure (see Figure 3).

5.38 The Operations Command Centre was responsible for leading the operational response. This included overseeing and providing direction to cross-agency activities.

5.39 The Operations Command Centre had up to 28 workstreams. Some were set up in line with Pandemic Plan guidance, and others were created from scratch. Workstreams changed depending on what was needed.

5.40 Activities carried out through the Operations Command Centre included securing personal protective equipment and safe transportation for essential workers, setting up the MIQ system, and overseeing the health workstream's testing and contact tracing.

5.41 A lot of people were needed for the National Crisis Management Centre's functions. Much of this workforce was seconded from throughout the public

sector. DPMC stated that, in the early weeks and months, more than 600 personnel were directly involved with the all-of-government response.[50]

5.42 Te Kawa Mataaho told us that, to support this, it arranged regular meetings of human resource leaders throughout the public sector to understand emerging issues and ensure a co-ordinated response. During the peak of the first Covid-19 outbreak, these meetings took place daily.

5.43 Minutes show that, by late March 2020, ODESC had expanded to 40 agencies and was sharing information and updates rather than focusing on cross-agency co-ordination and priority setting.

5.44 From early April 2020, the Chairperson of ODESC stopped convening these meetings. We were told that other mechanisms for bringing chief executives together were used in place of ODESC. This included the Public Service Leadership Team (a group of chief executives that normally meets fortnightly, chaired by DPMC's Chief Executive).

5.45 During our interviews, we were told that the Quin performed the role of a governance board, although not everyone shared this view. Meeting minutes showed that the Quin spent much of its time in a reactive mode, managing immediate operational issues.

5.46 A Watch Group was called on 29 June 2020 to discuss an urgent review of the MIQ model. However, these meetings were not regular. The minutes recorded that "while the Watch Group was helpful for insights, it does not replace the all-of-government structure".

5.47 ODESC did meet occasionally to discuss specific concerns in the second half of 2020. We discuss this further in Part 6.

The new arrangements posed challenges

5.48 Many people told us that the CIMS framework and lead agency models are good for responding to "short, sharp events" such as fires and floods but that they were not right for the Covid-19 pandemic.

5.49 This is because the Covid-19 pandemic has broad-reaching impacts and a long duration. Complex strategic planning and policy development are needed to respond to these. This appeared to us to be a key factor in the decision to establish the bespoke arrangements.

5.50 Most of those we spoke with said that the changes made to manage the Covid-19 pandemic were necessary and effective. People were committed to doing what needed to be done.

50 See Governance and Administration Committee (2021), *2019/20 Annual review of the Department of the Prime Minister and Cabinet*, at parliament.nz.

5.51 However, deviating from pre-existing arrangements also created challenges. Many of those related to communication and consultation (both within the all-of-government response structure and between agencies) and public servants' ability to adapt to different and often ambiguous ways of working.

5.52 New response arrangements needed to be set up quickly under pressure and uncertainty. Several plans, strategies, and structures were drafted and revised in quick succession during this rapidly evolving period. However, it was not clear to us how well these updates and the implications of the changes for day-to-day operations were communicated to relevant parties.

5.53 The Director-General of Health remained a core part of executive direction and decision-making under the new arrangements. Both he and the Director of Civil Defence Emergency Management told us that they worked well together.

5.54 However, we heard that some saw the establishment of NCMC North to run the all-of-government response in the Ministry of Health as a takeover. This perception was exacerbated by it being primarily staffed by people from outside the Ministry.

5.55 This strained working relationships in already tense circumstances. We heard that, although NCMC North and the Ministry of Health were in the same building, their activities were not always well-integrated.

5.56 We heard that there were frustrations on both sides. The Ministry of Health faced large volumes of requests from the National Crisis Management Centre that often conflicted with other priorities that it needed to manage (including its own work to provide advice to Ministers).

5.57 We were told that adopting untested arrangements meant that decision-making rights and lines of accountability were not always clear. Assigning of tasks was not always well co-ordinated or suited to people's areas of expertise. People we spoke to said that this caused tension, created confusion, and led to work being duplicated.

5.58 Many people involved in the all-of-government response saw the need for a single source of truth and for better information management, including to control the commissioning of work and ensure appropriate sign-out processes. NEMA told us that, from its perspective, it was common (and frustrating) for multiple requests to be made for the same information from different parts of the response structure.

5.59 The bespoke response structure shown in Figure 3 was rolled out quickly, and then adjusted many times. There were initial issues with misunderstood and missing mandates.

5.60 We were told that creating a role called All-of-Government Controller was problematic because it was sometimes confused with the National Controller – a different role that has specific statutory powers.[51] People reported that this caused misunderstandings, particularly for those from the emergency management sector.

5.61 Another example was that the Strategic Operations Command Lead had no formal authority to direct agencies. To resolve this, the Prime Minister wrote to all public service leaders asking them to urgently prioritise any lawful requests from the Command Lead, along with their own statutory powers.

Governance arrangements were not always clear

5.62 A lack of formal operating procedures for the Quin likely contributed to the confusion. We understand that the Quin's official standing was not well-communicated to the public sector.

5.63 The Quin was formed quickly. We heard mixed views about what the Quin was and what it did. The Quin had no terms of reference or formalised protocols. Decision-making was centralised to this small number of individuals. We heard that not everyone was present for all discussions, although we understand this was necessary to an extent due to competing demands on their time.

5.64 A review in April 2020 (see paragraphs 5.82-5.85) found that the Quin lacked "proper" administrative support for setting agendas, communicating decisions, and commissioning tasks. We saw evidence that its meeting records had improved by June 2020. We were told that minutes were circulated, but we did not see evidence that actions were consistently recorded or reviewed.

5.65 Other decisions to move away from expected ways of operating or to introduce new ones were not always clearly communicated to agencies.

5.66 For example, we were told that some senior officials felt that, from as early as April 2020, no body with formal governance accountabilities was consistently dedicated to looking at strategic, longer-term cross-agency issues related to the Covid-19 pandemic.[52]

5.67 The minutes from the first Hazard Risk Board meeting for the year (in June 2020) show that some board members were unclear on why there was a shift away from the "tried and tested" ODESC system.

5.68 Some expressed concern that it was "premature" and "jeopardised [the] visibility" of elements of the response. Some also felt that it was important to be

51 The Director of Civil Defence Emergency Management exercised legislated National Controller powers during the peak of the Covid-19 response in 2020 (25 March to 30 June).

52 The second rapid review in October 2020 also highlighted this issue.

transparent about why and how this had happened and to assess its impacts for future reference.

5.69 The chairperson of ODESC told us that he regularly checked with the Public Service Leadership Team about his decision to move away from using ODESC. He told us that it made sense to not have extra meetings during an intensely demanding and logistically difficult period when chief executives were often meeting each other and Ministers to discuss specific issues.

National Crisis Management Centre arrangements were challenging

5.70 Many people told us that having NCMC North and the Operations Command Centre in different locations was problematic. We understand that having two locations was necessary to accommodate the amount of people involved in the response and manage health and safety requirements, such as allowing physical distancing.

5.71 However, we heard that people were frustrated about poor co-ordination and alignment between NCMC North and the Operations Command Centre. We heard that communication and consultation were problematic and that roles were sometimes unclear.

5.72 We also heard that the Operations Command Centre, which included staff from the New Zealand Police and the defence and intelligence sectors, had a different style of operating than NCMC North. We understand that the separate locations meant that it was hard to unify the different organisational cultures.

5.73 Some people who joined the National Crisis Management Centre, such as staff from NEMA and the Emergency Management Assistance Team, were trained in emergency management practices. However, others were not familiar with these practices, and this sometimes caused problems.

5.74 Standardised emergency response protocols were not consistently applied. For example, NCMC North used certain reporting processes that the Operations Command Centre did not follow.

5.75 We were told that both sites produced daily reports for decision-makers at different times and in different formats and that this led to rework. Ministers were not always satisfied with how and when information was provided, and we heard that it took time to resolve the issue.

5.76 From March to May 2020, 273 staff from 45 agencies were working in NCMC North. Records show that these included 46 people from NEMA and two people from the Ministry of Health.

5.77 Excluding NEMA, only 13% of staff in NCMC North were trained in the CIMS framework.[53] NEMA told us that this low percentage reflects a wider system issue that needs to be addressed.

5.78 When the National Crisis Management Centre was activated, finding extra staff quickly was challenging. We heard that senior officials found it time consuming and stressful to recruit people into the all-of-government response.

5.79 Some people we interviewed felt that Te Kawa Mataaho had a low profile during this early period of the response. Senior officials were advised in February 2020 to contact the chairperson of ODESC if they had any specific resource and supply/demand issues.

5.80 Over time, Te Kawa Mataaho provided additional assistance to support resourcing. For example, Te Kawa Mataaho worked with public service union representatives to produce *Covid-19 workforce mobility guidance for state services agencies* (2020).

5.81 This guidance set out principles for temporary and permanent redeployments and the broad roles and responsibilities of home and host agencies. We discuss further efforts to resource the response in Parts 6 and 8.

An early review recommended more sustainable ways of operating

5.82 The bespoke response arrangements described in paragraphs 5.31-5.47 were considered temporary. After those arrangements had been in place for about four weeks, the chairperson of ODESC commissioned a rapid review to advise on how best to structure the ongoing response.[54]

5.83 One of the review's main findings was that a clear mandate was needed from Cabinet to set the scope of operations and to clarify the authority and decision-making rights of the newly created and evolving all-of-government response function.

5.84 The review team considered that DPMC was a natural home for a longer-term all-of-government response unit. This is because DPMC's role involves leading the national security system and advising the Prime Minister.

5.85 Embedding the response structure in DPMC also meant that it could access standard corporate services that the all-of-government response needed (human resources, finance, and information technology). More conventional ways of operating were also needed to provide clarity about roles, responsibilities, and accountabilities.

5.86 Work to implement these recommendations started in May 2020.

53 This information came from an NCMC survey. Note, however, that the response rate to this question was only 30% so results should be treated with some caution.

54 Roche, B, Kitteridge, R, and Gawn, D (2020), *Rapid review of initial operating model and organisational arrangements for the national response to Covid-19*, at covid19.govt.nz.

What happened: July to December 2020

6

1 Jul	Covid-19 Group established in DPMC.
6 Jul	Cabinet agrees an overall plan for responding to new community cases.
6 Aug	Watch Group meets to discuss agency and public complacency about Covid-19.
10 Aug	Cabinet agrees a new leadership structure and more planning for Covid-19 resurgence.
11 Aug	First community cases in 102 days.
13 Aug	Red Team formed to scrutinise Covid-19 resurgence response.
6 Sep	Parliament dissolved ahead of general election.
30 Oct	Second rapid review of the response's operating model completed.
2 Nov	Minister for Covid-19 Response appointed.
17 Nov	Covid-19 Chief Executives' Board first meets.
2 Dec	Cabinet approves longer-term arrangements and funding for the Covid-19 response system until June 2022.
17 Dec	Public service leaders agree arrangements for dealing with a potential Covid-19 outbreak and other emergency occurring at the same time.

6.1 In this Part, we outline key aspects of the all-of-government response to the Covid-19 pandemic from July to December 2020 and our observations. We discuss how:

- changes were made to support a longer-term response;
- carrying out longer-term work was challenging; and
- planning for a resurgence of Covid-19 took time.

Summary of findings

6.2 The Covid-19 All-of-Government Response Group (the Covid-19 Group) was established in DPMC to help make the response more sustainable. The Group was intended to do only the work that other agencies could not do, and advance a more forward-looking work programme.

6.3 The Covid-19 Group faced many challenges as the new arrangements were put in place. These challenges included staff burnout, secondees returning to their home agencies, and increasing public complacency about Covid-19 health measures. Some of the intended improvements to the Group's operating arrangements took time to work through, and some were delayed or not able to be prioritised.

6.4 A second rapid review of the response model reiterated the need for the Covid-19 Group to have a formal mandate and clearer accountabilities. The review also stated that the Group needed longer-term resourcing.

6.5 The Covid-19 Group made further efforts to work through these particular issues while also co-ordinating planning for another community outbreak. A governance board was set up to provide dedicated oversight of the Covid-19 response.

6.6 In December 2020, there were further changes to improve the response's sustainability. Cabinet approved revised institutional arrangements for the Covid-19 system and committed funding for them until June 2022. It also agreed to establish an additional governance board to oversee border settings.

Changes were made to support a longer-term response

6.7 On 30 June 2020, the National Crisis Management Centre was deactivated. The Covid-19 Group created in DPMC on 1 July 2020 took over many of the Centre's functions.[55] In effect, the Covid-19 Group Leadership Team replaced the Quin.

6.8 The establishment of the Covid-19 Group was one of 50 initiatives in the Government's July 2020 Covid-19 Response and Recovery Fund package. Its purpose was to continue a co-ordinated all-of-government response to the Covid-19 pandemic. The Group was responsible for:

- providing strategy and policy advice to Cabinet;
- operational co-ordination;
- data analytics, monitoring, reporting and insights; and
- public communications.

6.9 The Covid-19 Group went about delivering these functions while adjusting its structures in line with the response's requirements.[56]

6.10 The Covid-19 Group also worked to allocate ongoing response activities to appropriate agencies. For example, lead responsibility for the MIQ system was transferred to the Ministry of Business, Innovation and Employment.

55 The Covid-19 Group was headed by a deputy chief executive who reported to DPMC's Chief Executive.

56 Cabinet did not officially confirm the Covid-19 Group's role to co-ordinate and lead the response until December 2020.

6.11 Cross-agency governance arrangements also continued to evolve. From August 2020, DPMC's Chief Executive trialled various meeting formats to help find the right approach to provide consistent strategic oversight of the Covid-19 pandemic.

6.12 A Covid-19 Chief Executives' Strategic Readiness Group was set up as a subgroup of the Public Service Leadership Team to focus on longer-term Covid-19 issues.

6.13 Shortly after the new arrangements were first implemented in July 2020, the chairperson of ODESC commissioned a follow-up to the April 2020 rapid review. He asked it to provide advice on optimal structures and processes for New Zealand to be well-placed to respond, as a first priority, to any significant increase in Covid-19 activity, and also to support ongoing recovery work.

6.14 The review's terms of reference were subsequently updated to reflect the resurgence of Covid-19 cases in August 2020 and to make the review both real-time and future focused. The second rapid review report was finalised on 30 October 2020.[57]

6.15 The review team found that many improvements had been made since the first rapid review. It also identified actions to further strengthen the all-of-government response. These included establishing focused Covid-19 governance to streamline and "de-clutter the governance landscape". At the time, there were many different officials' groups that might or might not have been considering Covid-19 matters, or considering them in a strategic way.

6.16 In November 2020, a dedicated Minister for Covid-19 response was appointed. A Covid-19 Chief Executives' Board was also set up to be part of the national security system's ongoing governance (see Figure 4). It was intended to sit alongside the Hazard Risk Board and Security and Intelligence Board.

6.17 The Covid-19 Chief Executives' Board's core members were the chief executives of 12 departments. They were expected to reflect the views of their sectors and wider stakeholders (including iwi, private sector, non-government organisations, and vulnerable communities). They were also expected to keep these parties appropriately informed of their discussions.

57 Kitteridge, R and Valins, O (2020), *Second rapid review of the Covid-19 all-of-government response*, at covid19.govt.nz.

Figure 4
Composition of the Covid-19 Chief Executives' Board, as at November 2020

Board member	Sector represented
DPMC (chairperson)	
Ministry of Social Development	Education, employment, and training
The Treasury and Ministry of Business, Innovation and Employment	Economic strategy and impacts
Ministry of Health	Health
Te Puni Kōkiri	Māori-Crown
Ministry of Justice	Justice sector and enforcement
Ministry of Transport	Critical infrastructure and ICT
Ministry of Foreign Affairs and Trade	International
New Zealand Customs Service	Border
Ministry of Business, Innovation and Employment	Managed isolation and quarantine

Additional members

Crown Law Office, Te Kawa Mataaho, Covid-19 Group

Additional attendee

Representative for the Red Team Function

Source: Adapted from Department of Prime Minister and Cabinet, *Covid-19 Chief Executives' Board draft terms of reference.*

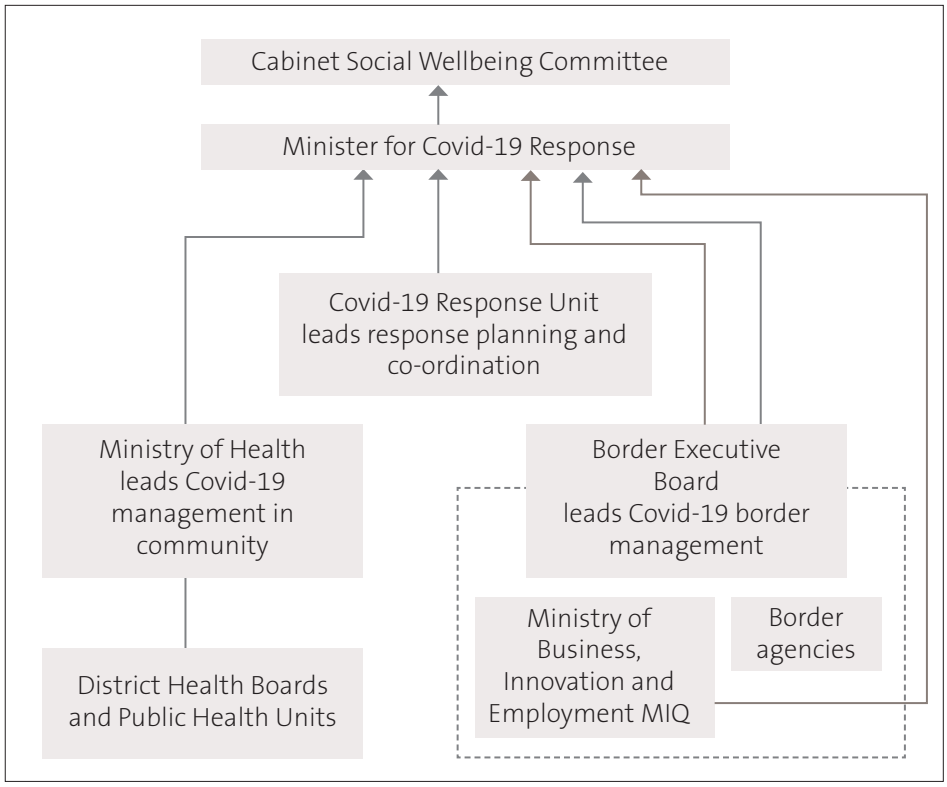
6.18 The Covid-19 Chief Executives' Board was to provide governance of the Covid-19 response for two to three years. Its terms of reference stated that its purpose was to ensure that "the system is informed, is doing what it needs to, at the pace required, and that risks are identified and mitigated".

6.19 The Board was also to be used for escalating complex decisions. It was to provide oversight and give assurance to Ministers, and advice to Cabinet on the system's priorities.

Cabinet clarified and strengthened the Covid-19 response arrangements

6.20 On 2 December 2020, Cabinet approved an enhanced Covid-19 response system, with clarified roles and responsibilities and funding confirmed until 30 June 2022 (see Figure 5). Cabinet agreed that one agency could not manage the response alone and that there should not be a single line of accountability for managing the full response.

Figure 5
The Covid-19 response system approved by Cabinet, as at 2 December 2020



Source: Adapted from Cabinet paper (2 December 2020), *Overview of institutional and governance arrangements and funding*.

6.21 Cabinet officially established the Covid-19 Group as a business unit of DPMC and gave it a mandate to provide strategic leadership and central co-ordination of the all-of-government response.[58] This included responsibility for the national strategy for the response.[59]

6.22 Through this process, two functions were added to the Covid-19 Group: risk and assurance (including advising Ministers of emerging risks and ensuring that gaps are addressed) and system readiness and planning (including aligning agency planning).

6.23 The Covid-19 Group's responsibilities for strategy and policy were also extended to align them with the response system as a whole. The Covid-19 Group's other two core functions were also enhanced: insights and reporting (to include continuous improvements and sharing lessons learned throughout the system) and public communications and engagement (to include support for engaging businesses and communities).

6.24 Cabinet confirmed the Ministry of Health's responsibilities for managing the public health response in communities. This involved surveillance, testing, contact tracing, and providing public health advice.

6.25 Cabinet also confirmed that the Ministry of Health's Covid-19 Response System Directorate was responsible for, among other things, managing the national supply of personal protective equipment and other essential medical equipment, and for managing the health-related aspects of MIQ facilities.

6.26 Cabinet confirmed that the Ministry of Business, Innovation and Employment was responsible for the day-to-day running of the MIQ system.

6.27 Cabinet also approved the establishment of the Border Executive Board as an interdepartmental executive board under the Public Service Act 2020. The members of the Board were made jointly accountable to the Minister for Covid-19 Response for delivering strategic improvements to the border system, as well as other border-related outcomes that Cabinet expects.

Carrying out longer-term work was challenging

6.28 From July to December 2020, the Covid-19 Group made continued efforts to embed arrangements and ensure that they were fit for purpose. As the Group was doing this, it also looked to find new ways of working that were less reactive and more focused on the future.

58 The Covid-19 Response Unit referred to in Cabinet papers was an extension of the Covid-19 Group. It is commonly known as the Covid-19 Group.

59 The Ministry of Health had published the elimination strategy in May 2020 and, in December 2020, worked with DPMC to complete a 125-page review on refining and improving the strategy.

6.29 There were many challenges in the Group's operating environment. These included increasing public complacency about complying with Covid-19 health measures and the community outbreak of Covid-19 in August 2020.

6.30 Parliament adjourned in September ahead of the general election in October 2020. Pre-election conventions, such as restrictions on major government decision-making, meant that the Covid-19 Group could not carry out some of its work.

6.31 During July to December 2020, the Covid-19 Group focused on clarifying its role and remit, ensuring adequate resourcing, and progressing planning for a Covid-19 resurgence.

The Covid-19 Group made efforts to communicate its role

6.32 When the Covid-19 Group was first formed, it did not have a mandate from Cabinet to lead the system response, so it had to rely on influencing others.

6.33 This lack of formal authority put the efficiency and integration of response activities at risk. We understand that it also contributed to ongoing tensions between the Covid-19 Group and the Ministry of Health.

6.34 DPMC recognised that the complexity and fluidity of the various groupings in the response system had created challenges. We saw evidence that, from late June 2020, the Office of the All-of-Government Controller made efforts to communicate the Covid-19 Group's proposed role. Messages about the Covid-19 Group's role were shared at large meetings of chief executives and in individual conversations with key leaders. We saw evidence that the Group intended to develop communication and engagement plans. However, these were not always produced.[60]

6.35 The Covid-19 Group made increasing efforts to inform others of its objectives, structures, and functions. From July 2020, the Covid-19 Group sent weekly updates to the leaders of public service departments, a small number of Crown entities, the New Zealand Police, the New Zealand Defence Force, the Parliamentary Counsel Office, and NEMA. The distribution list extended to other agencies over time.

6.36 However, we heard that these approaches were not always effective. The Covid-19 Group recognised that sharing information sometimes depended on relationships rather than reliable processes.

60 We saw evidence that in, late June, officials identified the need for a jointly developed DPMC-Ministry of Health engagement plan. This was to promote an enduring relationship with clear roles, protocols, and communication channels. We were told that this plan was not produced but that steps were taken to improve engagement between DPMC and the Ministry. These steps included extending meeting invitations and sharing organisational charts.

6.37 In October 2020, the second rapid review found that the roles and responsibilities in the all-of-government response (particularly for the Covid-19 Group and the Ministry of Health) needed to be widely circulated in plain English. The review team found that agencies felt that the system was complicated to the point where they could not draw it.

6.38 In November 2020, the Covid-19 Group's leadership team received advice about the need to develop a formal documented strategy and operating model setting out how the Ministry of Health, the Covid-19 Group, and the Ministry of Business, Innovation and Employment MIQ function should work together.[61]

Resourcing remained a challenge

6.39 Securing adequate ongoing staffing for the all-of-government response made it difficult to progress longer-term work. Burnout and secondees returning to their home organisations contributed to vacancies.

6.40 High staff turnover created considerable burden and stress on individuals who had to carry significant workloads (see also paragraph 6.55). In August 2020, an internal Covid-19 Group document said that suboptimal staffing levels presented risks of "single points of failure" to the response.

6.41 To support the Covid-19 Group's work facilitating workforce mobilisation, Te Kawa Mataaho created an agency deployment newsletter to communicate where the system needed resources. Te Kawa Mataaho also supported DPMC to access staff through public service talent boards.

6.42 The Covid-19 Group relied on goodwill and low cost or no cost (in-kind) support from agencies to help it work within its budget. The amount of operational funding approved to set up the Covid-19 Group in July 2020 and to run it in 2020/21 was $13.9 million.

6.43 Managing this budget was a constant matter of discussion for the Covid-19 Group Leadership Team and DPMC's Chief Executive. Meeting minutes from September 2020 described concerns about the risk of the communications budget running out and a critical public information gap.

6.44 In a document prepared for a meeting with the Minister of Finance in October 2020, DPMC stated that it had expected to be able to access about a third of needed staff through secondments at agencies' own costs. It had also expected to be focused on recovery by this point. These assumptions had proven incorrect.

6.45 DPMC noted that the Covid-19 Group's staffing model and resourcing was putting its ability to provide a well-co-ordinated government response with quality

61 This advice was part of a report by the Covid-19 Group's Insights and Reporting Team, which had input from 13 agencies.

advice and effective public communications at risk. DPMC sought and was given additional funding for the Group to continue critical functions in October 2020 and again in December 2020.[62]

6.46 In our view, careful consideration needs to be given to how acceptable it is to rely on goodwill during an extended and acute nationwide emergency. Assumptions about resourcing an evolving response need to be continually tested, and other scenarios need to be planned for and costed.

6.47 In early December 2020, 80% of the Covid-19 Group's staff were secondees. Other agencies funded or co-funded 60% of these secondees. The Minister for Covid-19 Response (who was also the Minister for the Public Service) told Cabinet that the Group's dependence on secondees was unsustainable and a significant risk to its operations.[63]

6.48 The Minister recommended that Cabinet agree to make Te Kawa Mataaho responsible for critical workforce planning and co-ordination. He told Cabinet that Te Kawa Mataaho was already under pressure to deliver public service reforms and asked that it approve funding for them to deliver this new function until June 2022.

6.49 Cabinet subsequently directed the Public Service Commissioner to help the Ministry of Health and other agencies fill urgent staffing gaps.

6.50 Te Kawa Mataaho told us that, from December 2020, it set up a team to help build Covid-19 workforce resilience and sustainability (supporting leader and workforce well-being) and provide support for agencies (facilitating connections and mobilising resources).

6.51 This is positive. In our view, it is also important to consider how wider government services can continue to be delivered during extended disruption, when public sector capacity is significantly reduced because of infection control or redirection of work efforts.

62 Actual expenditure for the Covid-19 All-of-Government Response appropriation for 2020/21 was $16.1 million, as reported in DPMC's Annual Report. See Department of the Prime Minister and Cabinet (2021), *Annual Report: Pūrongo-ā-tau for the year ended 30 June 2021*, at dpmc.govt.nz.

63 Cabinet paper (2 December 2020), *Establishing a Covid-19 Response Unit*, at covid19.govt.nz.

Recommendation 3

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to:

- develop and maintain workforce plans for sustainably staffing long-term emergency responses (which should include appropriate mechanisms for recruitment, redeployment, training, and supporting staff well-being).

Resurgence planning took time

6.52 We saw evidence that both the Ministry of Health and the all-of-government response began planning for another Covid-19 community outbreak as early as mid-May 2020. By June 2020, three separate strands of work on resurgence planning were under way in the National Crisis Management Centre.

6.53 On 6 July 2020, Cabinet considered an overall plan for responding to new community cases. The Covid-19 Group published a version of this on the Unite Against Covid-19 website on 15 July 2020. The plan outlined how the Government would respond to three scenarios.[64]

6.54 In our view, despite efforts to plan for resurgence, a further outbreak does not appear to have been an immediate concern for many, including public servants, when the country emerged from lockdown. As New Zealand moved down Alert Levels and entered an extended period with no new community cases, agencies began returning to their usual work.

6.55 There was widespread fatigue among staff who had been or were still working long hours on the all-of-government response. Some senior officials told us that, during the peak of the response, they had worked every day for up to 18 weeks.

6.56 Agencies were having difficulty delivering normal work programmes because they did not have enough staff. This was a particular problem for agencies with staff deployed to do border and MIQ work. These resourcing pressures affected agencies' ability to carry out Covid-19 resurgence planning.

6.57 The Government publicly signalled a change in direction towards recovery. In June 2020, the Unite Against Covid-19 website announced a shift in focus "from keeping ourselves safe from the virus to the economic and social recovery of New Zealand". However, this change was not sustained.

64 These scenarios were a contained cluster in a community (such as an aged residential care facility), a large cluster in a region (such as a social event at a café), and multiple clusters spread nationally (such as a large sporting event and a concert).

6.58 The new Unite for Recovery campaign was dropped when New Zealand recorded its first Covid-19 case acquired through the border in 24 days on 16 June 2020. The Government returned to its Unite Against Covid-19 branding and public health messages.[65]

6.59 Although short lived, this change in direction created some confusion. For example, we saw evidence that officials were concerned that some local authorities had already switched into recovery mode and directed their efforts away from the planning needed for resurgence.[66]

Officials were refocusing on resurgence planning when an outbreak struck

6.60 By early August 2020, New Zealand was approaching 100 days where no new cases of Covid-19 had been identified in the community. However, we found that some senior officials were concerned about the public's increasing complacency.

6.61 On 6 August 2020, a large Watch Group meeting was called to discuss the need for agencies to prioritise resurgence planning. Minutes show that attendees acknowledged that New Zealand was in a privileged position but that there was a wide and incorrect assumption that we were safe from another outbreak.

6.62 Attendees were concerned about the lack of cross-agency understanding of resurgence planning and related decision-making rights, roles, and responsibilities. They agreed that the Covid-19 Group would set up a workstream to co-ordinate resurgence planning.

6.63 On 10 August 2020, Cabinet was provided with more detail on how to implement the July plan (see paragraph 6.53). Cabinet approved a new decision-making and accountability structure to deal with a resurgence of Covid-19.

6.64 A National Response Leadership Team, which included the Chief Executive of DPMC and the Deputy Chief Executive in charge of the Covid-19 Group, was to provide all-of-government advice to Cabinet or Covid-19 Ministers, and also to provide non-health advice to the Director-General of Health (to inform his use of powers under the Covid-19 Public Health Response Act).

6.65 This team was also expected to activate relevant regional response leadership groups for local responses. A National Response Group would co-ordinate planning and monitor the implementation of response activities (see Appendix 2).

65 See Office of the Auditor-General (2020), *Unite for the Recovery advertising*, at oag.parliament.nz. Concerns had been raised with our Office about the political neutrality of the recovery advertising material. We found that the Government had taken appropriate steps to ensure that the advertising was in line with established guidelines. We found no inappropriate spending.

66 The Government was using recovery language in other contexts as it looked ahead. Support for a "post-Covid rebuild" was a key part of the Covid-19 Response and Recovery Fund announced in July 2020.

6.66 However, the plan agreed by Cabinet needed further work. An update to Cabinet on the state of cross-agency resurgence planning was scheduled for the end of August 2020.

6.67 Before this could take place, the country went back into response mode. On 11 August 2020, the Ministry of Health reported four new community cases. Auckland moved to Alert Level 3, and the rest of the country moved to Alert Level 2.

Resurgence planning was strengthened after the August 2020 outbreak

6.68 During the resurgence response many issues were identified. These included unclear testing requirements for high-risk workers, poor connections between regional leadership and central government, and issues falling between the mandates of agencies.

6.69 A later review found that the national resurgence response plan had not been developed well enough before the August 2020 outbreak of Covid-19 in the community.[67] The review found that those required to put it into action did not fully understand what they were meant to do.

6.70 Planning between agencies had also not been well aligned. We saw evidence that the Ministry of Health did not send its resurgence plan to the Covid-19 Group until 31 July 2020.

6.71 After the August 2020 outbreak, there were increased efforts to develop better integrated resurgence planning and improve information flows.

6.72 We were told that resurgence planning workshops were held sometime between September and October 2020. We saw evidence that DPMC and the Ministry of Health ran a workshop in November 2020 for agencies to understand the plans that DPMC and the Ministry had separately produced.

6.73 At the November workshop, DPMC outlined the intent of its current planning work. This was to provide advice to agencies on how to complete their resurgence plans and to prepare a more detailed system response plan.

6.74 The Ministry of Health told us that it worked with DPMC to seek consistency. However, some guidance about how to approach resurgence planning appeared complicated and was not always aligned.[68]

67 Simpson, H and Roche, B (2020), *Report of the Advisory Committee to oversee the implementation of the New Zealand Covid-19 surveillance plan and testing strategy*, at covid19.govt.nz.

68 The Ministry of Health produced a *Covid-19 Health and disability sector resurgence planning tool* in November 2020 to help the Ministry and district health boards prepare for community cases. The tool was developed alongside DPMC's national resurgence plan. Users were referred to the 14 other strategies, frameworks, policies, plans, and guidelines to help inform planning. The Ministry of Health's guidance referred to the CIMS framework, but DPMC's guidance did not.

6.75 Further workshops were planned in 2020 but we did not see evidence that these workshops were held.

6.76 In December 2020, a combined DPMC-Ministry of Health summer resurgence planning pack was given to key people expected to be involved in a response, along with training. This was so that they would be ready for a period of higher risk during the holiday season.

6.77 Overall, the 158-page pack showed well-developed and practical planning. It outlined relevant governance and operational structures, processes and procedures, and activities to be carried out by key agencies. It also described the roles and responsibilities of other agencies and included information on district health board readiness, with varying levels of reported planning at that point.

6.78 On 13 December 2020, the Government launched a multimedia advertising campaign called Make Summer Unstoppable. This included publishing a short plan for the public that set out how the Government would respond to three scenarios of people testing positive for Covid-19.[69] It also outlined what the public could do and what the Government was doing to reduce the risk of, and to be ready for, new cases.

6.79 On 17 December 2020, an ODESC meeting to discuss resurgence planning also considered what would happen if another emergency happened at the same time as a summer outbreak.

6.80 The Covid-19 Group worked with the National Security Group on how activating the national security system for a non-Covid crisis would work if resurgence response structures were also operating. This work was intended to clarify roles and responsibilities and ensure that extra staff would be available if any concurrent events happened. This was a risk that had been raised at other officials' meetings during 2020.

6.81 We were told that further work was also carried out to review and improve national resurgence planning arrangements. This included revisions after the February 2021 outbreak and more work to prepare for Easter 2021. This was a popular time for travel, and there was increased potential for the virus to spread.

6.82 Some updates to the membership of resurgence structures were made. DPMC told us that agencies provided regular (quarterly) assurance that Covid-19 resurgence plans were in place and aligned.

69 These scenarios involved a border worker, someone at a campsite, and a person returning from a large music festival.

6.83 In our view, the Government publishing its high-level scenario planning in July and again in December 2020 was useful. It helped the public understand what would likely happen and be required of them if an outbreak occurred. It also provided assurance that the Government was planning ahead. We strongly encourage the Government to continue to share its planning with the public.

Mechanisms used to improve the response during 2020

7

7.1 In this Part, we provide an overview of key mechanisms used to identify and implement improvements to the all-of-government response in 2020. We discuss how:

- scenario modelling, simulations, and trials tested ways to improve the response;
- officials learned from other countries' experiences;
- officials collected and monitored information;
- problems were identified and resolved;
- officials made efforts to understand and reflect the public's views;
- resources were provided to manage system-wide lessons and risks; and
- Parliamentary committees scrutinised the response.

7.2 We expected that reasonable steps would be taken to identify issues and risks to the all-of-government response and to continually improve it.

7.3 Given the complexities and rate of change in the operating environment, we did not expect that systems would always work smoothly. However, as the response evolved, we expected to see processes established to support sharing of lessons and more wider and consistent application of good practices.

Summary of findings

7.4 It is clear that officials made significant ongoing efforts to understand how well the all-of-government response was working in 2020 and improve it.

7.5 However, there was no standard process or overarching plan for ensuring that continuous improvements to the all-of-government response were carried out. Many approaches to identifying issues and making improvements were used, but how well they were developed and applied varied.

7.6 Some of these approaches were not implemented in a regular or integrated way, not carried out as intended, or relied on people rather than good processes. There were also disruptions such as the August 2020 outbreak and challenges created by high staff turnover.

7.7 Formal risk management and system assurance functions were introduced from December 2020. This provided more confidence that issues would be addressed.

Scenario modelling, simulations, and trials were used to test and improve the response

7.8 Using international and domestic public health information, the Ministry of Health and the all-of-government response carried out modelling to see how many Covid-19 cases there could be if different approaches were taken. This modelling and the simulation exercises held in March 2020 informed the elimination approach and other mitigating actions.

7.9 Officials worked proactively to plan and test the operational response in 2020. This included planned stress-testing of contact tracing in June 2020 and testing a resurgence response days just before the August 2020 outbreak. DPMC also organised testing to see whether the system was ready for a summer resurgence.

7.10 Officials updated the Covid-19 Tracer App to include manual entries, Bluetooth, and National Health Index numbers. We saw evidence that algorithm-based tools were in development in November 2020 to help rapid decision-making on super-spreader events and incoming travel risks.

7.11 Trials of Bluetooth Covid-19 contact tracing cards as a wearable alternative to QR code scanning were carried out. In late 2020, a prototype co-designed with Te Arawa iwi was trialled in Rotorua, but a national roll-out was found to be unviable.

7.12 The Institute of Environmental Science and Research ran an eight-week pilot from November 2020 to test wastewater for traces of Covid-19 at MIQ hotels and in a sample of towns. This testing continued in selected locations, including where possible outbreaks were suspected.

Officials learned from other countries' experiences

7.13 From Covid-19's earliest emergence, international data, research, and information about other countries' experiences were reported to senior officials and other decision-makers. This continued throughout the response.

7.14 We saw examples of a Covid-19 weekly monitoring report to Ministers that included information about the situations in other countries and approaches they were taking. Overseas trends and developments were also part of strategic insights papers for the Covid-19 Group's leadership team.

7.15 In June 2020, the Quin discussed a paper by the National Crisis Management Centre about how other countries had removed restrictions. In July 2020, the Covid-19 Group sourced documents from Victoria, Australia on lessons from its outbreak and subsequent lockdown. We saw a Cabinet paper on resurgence planning that used this information.

7.16 Some Ministers and senior officials, including the Chief Executive of DPMC and the Director-General of Health, discussed approaches to the Covid-19 pandemic with foreign counterparts and other officials. New Zealand also participated in regular information exchanges through a global network of chief science advisors and other international groups.

Officials used a wide range of data to inform the response

7.17 Officials regularly tracked quantitative information on a range of measures. This included the number of Covid-19 tests, positive cases, potential breaches of lockdown, and QR scans. Efforts were made to source additional relevant data.

7.18 Officials used dashboards to report key information. We were provided with samples of reporting from all-of-government workstreams that identified top issues and used traffic light colour coding to show the status and progress of activities and measures.

7.19 Real-time data was collected and projections were available to help inform policy, resourcing, and public information decisions. For example, in June 2020, an urgent two-day review was carried out when the number of people entering New Zealand threatened the capacity of MIQ facilities and staffing levels. Supply and demand figures, along with international arrivals and public health information, continued to inform border settings in 2020.

7.20 We saw evidence that, in early August 2020, officials were concerned about research that indicated a significant reduction in the public's compliance with Covid-19 health measures. This led to the development of a Be Ready advertising campaign. In November 2020, in response to low Covid-19 Tracer App usage, the Make Summer Unstoppable campaign encouraged New Zealanders to keep up precautionary health behaviours.

7.21 The all-of-government communications team actively monitored social media posts for misinformation and disinformation,[70] and took corrective steps. These included responding to posts and providing clarifications through daily public messages written for Ministers, officials, and the media.

7.22 We also saw that the Covid-19 Group developed ways to monitor risks to its own operations. By December 2020, it had adopted decision-making tools to help assess and address risks to its role leading the all-of-government response.

7.23 These risks included deteriorating relationships with key agencies and corporate business disruption (for example, from Covid-19 Group staff being in isolation or an earthquake making its work systems inaccessible).

70 Misinformation means false information presented as fact, either intentionally or unintentionally. Disinformation means false information deliberately spread to mislead people.

7.24 The Covid-19 Group identified mitigations and reported its internal risk assessment to its leadership team and to DPMC's Risk and Assurance Committee.

Internal and cross-agency engagement identified and resolved problems

7.25 We consistently heard that meetings (both internal and with other response agencies) were critical for identifying and helping to implement improvements. Getting the right people together on a regular basis was seen as one of the most effective and efficient ways for sharing information, raising issues, identifying priorities, challenging assumptions, and finding solutions.

7.26 However, interactions were not always smooth. Ongoing effort was needed to improve communication and working relationships. High staff turnover and frequent changes to operating arrangements made this challenging.

7.27 We heard that, in 2021, the Deputy Chief Executives of the Covid-19 Group and the Ministry of Health were in daily contact, even during periods of no community transmission. Deputy chief executives responsible for Covid-19 policy still met up to three times a week.

7.28 Some of the normal hierarchies and conventions were put aside during the height of the all-of-government response. Ministers spoke directly with officials who were experts in their field, rather than communicating through line management. Advice was sometimes provided through these exchanges, rather than through formal papers.

7.29 Although this approach was efficient, it also meant that decision-makers did not always have access to full analysis or documentation.

7.30 We heard that the all-of-government response brought together agencies that might not ordinarily work together, such as the Ministry of Health and the Ministry of Business, Innovation and Employment. These relationships are seen as having continued value.[71]

7.31 In November 2020, Ministers discussed the need for Covid-19 advice to be better integrated. However, we were told that having a DPMC liaison officer in the Ministry of Health and a staff member from the Ministry of Health in the Covid-19 Group helped improve mutual understanding and relationships.

7.32 We also heard about the value of the Covid-19 Group, the Ministry of Health, and the Ministry of Business, Innovation and Employment each having a private secretary in the office of the Minister for Covid-19 Response. We were told that

71 DPMC has expressed this view. See Governance and Administration Committee (2021), *Hansard transcript: 2019/20 Annual Review of the Department of the Prime Minister and Cabinet*, at parliament.nz. Many people we interviewed reflected on the opportunity to come together as part of the all-of-government response. A few people told us about "taking off agency hats" to do what was needed for the collective government response.

they all worked together closely and provided a useful communication channel both within and between agencies.

Officials made efforts to understand and reflect the public's views

7.33 To keep the public's trust and confidence in the all-of-government response, officials used different methods to understand people's needs and experiences at different Alert Levels. However, we did not see evidence of an overarching plan to carry out these activities or to co-ordinate various efforts between agencies during 2020.

7.34 Surveys were conducted to help understand the impact of the Covid-19 pandemic on people's lives and to inform response settings. These included the Ministry of Health's Covid-19 Health and Well-being Survey,[72] and research commissioned in March and June 2020 to help Ministry of Health and National Crisis Management Centre officials understand how the public was responding to the Government's Covid-19 communications.[73]

7.35 The Covid-19 Group worked with the Ministry of Health to analyse the best way to maintain the public's trust and confidence and improve people's compliance. The Ministry led a behavioural insights project and shared its findings at a November 2020 workshop attended by policy staff from the Covid-19 Group.

7.36 Other attempts to seek public views included the Operations Command Centre developing a Good Ideas website to bring together the public's views on how to improve the all-of-government response.

7.37 For some Covid-19 response plans, the Ministry of Health invited views from a range of people. In June 2020, the Ministry used an online tool to seek feedback from key stakeholder groups to help inform an action plan to respond to the *Independent review of Covid-19 clusters in aged residential care facilities*. In the same month, the Ministry also used the tool to consult on its *Covid-19 psychosocial and mental wellbeing recovery plan*. It published a summary of feedback in October and a revised plan in December 2020.

7.38 However, we also understand that some plans had to be revised because they did not adequately reflect stakeholder feedback. This included the Ministry of Health's *Updated Covid-19 Māori health response action plan*.

72 This survey ran from March to September 2020. It involved calling participants daily to ask questions about the clarity of Alert Level rules, their mental health, and their ability to pay basic living costs.

73 TRA (2020), *Covid-19 – Response to communications. Baseline measure: 30-31 March, Clemenger BBDO and Ministry of Health* and TRA (2020), *Covid-19 – Response to Government communications, DPMC*. See research at covid19.govt.nz.

7.39 Some people we interviewed said that they were aware of shortcomings in how the all-of-government response engaged with communities in 2020. Quin meeting minutes show that, from March 2020, leadership team members were aware of iwi concerns and identified actions to address them.

7.40 However, some of these efforts were not fully effective. In May 2020, for example, the Quin discussed iwi concerns about contact tracing that had not been satisfied and that iwi had not been given the opportunity to contribute to tangi guidelines. In November 2020, the Covid-19 Group Leadership Team was made aware that iwi had concerns about not being consulted early enough in any work to change Alert Level boundaries for a future resurgence.

7.41 A Caring for Communities workstream was developed that had several responsibilities, including to give welfare support to vulnerable or hard-to-reach people, establishing community liaison and outreach, engaging with iwi, and gathering intelligence and insights.[74] Initially, the Chief Executive of Te Arawhiti led this workstream, which was run through the Operations Command Centre. A governance group chaired by the Chief Executive of the Ministry of Social Development was set up to oversee the work.

7.42 We saw evidence that this workstream filled a critical gap in co-ordinating welfare support and was retained as the all-of-government response evolved.[75]

7.43 A private sector workstream was also set up through the Operations Command Centre. Its work included a private/public partnership project which helped procure and manage critical supplies to essential workforces. It also helped businesses connect with others that were supporting vulnerable communities.

7.44 Provision was made for an ongoing business sector liaison once the all-of-government response transitioned to DPMC in July 2020. We discuss developments to better include communities and businesses in Part 8.

74 This workstream supported the welfare activities carried out by 16 regional Civil Defence Emergency Management Groups, co-ordinated by NEMA. We saw a list that identified priority communities. It included people with addictions, recent migrants, refugees, gang families, homeless people, disabled people, ethnic people, and children in need of protection.

75 We were told that this group continued to operate during the August 2021 resurgence, supported by national and regional welfare co-ordination groups.

A range of review and reflection activities supported improvements

7.45 Many people we interviewed stated that reviews were one of the main ways to influence change and improve the all-of-government response. For the second rapid review, the chairperson of ODESC asked to be briefed on findings as they emerged. These reviews were referred to in requests to Cabinet to strengthen the structures and resourcing of the Covid-19 response system.

7.46 Many other reviews of aspects of the Covid-19 response were carried out, intended to be carried out, or identified as being needed. Reviews often reacted to specific issues of concern to the public, such as the supply of personal protective equipment, the performance of contact tracing, and the process for exemptions to managed isolation.

7.47 We saw a continuous improvement plan that NEMA produced in April 2020. This high-level plan outlined how NCMC North was expected to manage continuous improvements.

7.48 We also understand that short internal reviews (known as hot washes) were held in the National Crisis Management Centre. NEMA told us that feedback was also collected from National Crisis Management Centre staff on any operational issues found during their shift.

7.49 NEMA said that this information was used to make tactical improvements where appropriate. These changes were communicated as and when needed at staff briefings.

7.50 We heard that workshops and team debriefs were held in other parts of the response but that these tended to be ad hoc rather than systematic. We did not see evidence that the outcomes of these discussions were consistently documented, shared, and acted on.

7.51 We saw evidence that the all-of-government response looked for ways to better achieve its objectives. Over months, the Quin discussed options for the most appropriate operating model and how best to transition to it. The Covid-19 Group Leadership Team regularly reflected on ways to improve its own operations.

7.52 From October 2020, the Covid-19 Group's Leadership Team identified that valuable perspectives and knowledge were being lost because many seconded staff were leaving. The leadership team was increasingly concerned that "things were falling through the cracks" and agreed to introduce exit interviews as one solution.

7.53 Efforts had previously been made to capture insights from departing staff. An NCMC North document from June 2020 referred to an exit survey that included questions on what worked well and what could be improved.

7.54 We also saw reference to other reflection and review exercises from different parts of the response. In June 2020, DPMC's Chief Executive informed the Hazard Risk Board that a process was in development for a Covid-19 "lessons learned" exercise. This did not occur, but DPMC told us that other sources (rapid reviews and hot washes) had provided information.

7.55 In July 2020, there was also a two-day national civil defence emergency management debrief of the Covid-19 response. Attendees discussed the bespoke response structure, inter-agency co-ordination, reporting, and planning.

7.56 This event informed an independent assessment of the civil defence emergency management response to the Covid-19 pandemic for NEMA from January to June 2020. The assessment made 29 recommendations and was provided to NEMA in December 2020. The Ministry of Health also provided us with details of various reviews it carried out in 2020.

7.57 During the August 2020 outbreak, the chairperson of ODESC formed a Red Team to challenge and strengthen the response's decision-making.[76] We understand that this was the first time during 2020 that a Red Team had been used in relation to the Covid-19 pandemic.[77]

7.58 Every day for four weeks, the Red Team developed critical questions for the National Response Leadership Team. These questions were both operational and strategic in focus, such as "What consideration has been given to building hospital capacity, particularly in areas where resources are stretched, to deal with both business-as-usual and Covid-19 incursion demand?" and "Are you confident that the lessons identified from this response are being translated into system learning?". In our view, many of these questions have enduring value.

76 As stated in paragraph 2.32, a Red Team can be set up to do a semi-independent real-time review of activities to assure ODESC that the full range of actions is being considered for a response.

77 The *National Security System handbook* outlines best practices for running a Red Team, including advice about appropriate frequency. It states that running a Red Team "should not be a one-off activity and should be conducted to allow undetected vulnerability to be identified and addressed", while not becoming too disruptive.

More systematic approaches to making improvements and managing risks were introduced

7.59 Towards the end of 2020 a number of initiatives to encourage continuous improvement were implemented:

- The Covid-19 Chief Executives' Board incorporated a permanent Red Team function.
- A continuous improvement function was formally assigned to the Covid-19 Group as part of its system assurance role. Part of this involves testing the National Resurgence Response Plan through regular table-top exercising and continuously updating it to reflect lessons from the Covid-19 response.
- NEMA became responsible for setting up a continuous improvement framework and an operational system for learning lessons. It also became responsible for the National Exercise Programme.

7.60 We were told that NEMA had set up a small continuous improvement team by February 2021 and was seeking to build its capacity. NEMA secured additional funding to deliver improvement initiatives through Budget 2021, including stronger hazard management expertise. We heard that NEMA established a continuous improvement unit in January 2022.

7.61 We expect the Covid-19 Group and NEMA to work closely together in carrying out their respective responsibilities for supporting continuous improvements and also promoting risk reduction and readiness.

Centralised risk management was introduced

7.62 Part of the Covid-19 Group's assurance role included system-wide risk management.

7.63 In August 2020, the Covid-19 Group requested agencies' risk registers to help develop a framework for monitoring and managing Covid-related risks throughout the system. However, this work was stalled by the August 2020 outbreak, when the Group had to re-prioritise focus on the response.

7.64 By December 2020, the Covid-19 Group had progressed a draft framework to manage system risks for the new Covid-19 Chief Executives' Board to use. The framework identified 14 key risk areas.

7.65 Most of these were potential issues that could not be resolved by one agency or workstream (known as cross-cutting or horizontal risks). Examples include a flawed national strategy, not having enough staff to support the response system, losing public confidence, and a poorly performing economy. The other risks were potential issues that a particular workstream was managing but that would have wide-reaching impacts if the risk eventuated (vertical risks). Examples were the effectiveness of MIQ and the vaccine roll-out.

7.66 By May 2021, the Covid-19 Group had started using the framework to update the Board on key risk areas.

Parliamentary scrutiny of the response enhanced transparency

7.67 The Leader of the Opposition chaired the Epidemic Response Committee. Between 31 March and 26 May 2020, it met three times each week to scrutinise what the Government had done and planned to do in response to the Covid-19 pandemic.

7.68 The work of the Committee increased transparency and public awareness of the response. The Committee heard from officials, Ministers, and the public on a range of topics about how the response was being managed. Meetings were live-streamed and had high public interest (more than three million views on Parliament's Facebook and Vimeo channels).[78] The Epidemic Response Committee also examined two pieces of legislation and suggested amendments, informed by public submissions.[79]

7.69 From late May 2020, after Parliament resumed sitting, each agency with Covid-19 responsibilities was accountable through normal departmental select committee arrangements.

7.70 In a July 2020 review, Parliament's Standing Orders Committee encouraged Parliament to keep some successful elements of the Epidemic Response Committee model. These elements included its more conversational style of scrutiny and more frequent appearances by Ministers.

78 These 3 million views were estimated to account for 10%-20% of total viewership of the Committee across all media (including through frequent replay of its proceedings in news media during lockdown). See Hellyer, G (February 2021), "Assessing Parliament's response to the Covid-19 pandemic", *Policy quarterly* 17:1, at ojs.victoria.ac.nz/pq.

79 These were the Covid-19 Response (Further Management Measures) Legislation Bill and the Immigration (Covid-19 Response) Amendment Bill.

Our preparedness and response must keep improving

8

8.1 In this Part, we make observations about New Zealand's ongoing readiness and response arrangements for the Covid-19 pandemic and other disruptive events. In particular, we discuss the need for:

- adequate workforce capability, capacity, and support;
- good co-ordination, communication, and information management;
- simulation exercises;
- engaging the public;
- more transparency on progress against recommendations; and
- oversight of system-wide risks during a response.

8.2 We also describe:

- the pandemic response and planning during 2021;
- how Covid-19 variants continued to test New Zealand's readiness;
- future Covid-19 arrangements; and
- the importance of preparing for other emergencies and crises better.

Adequate workforce capability, capacity, and support is needed

8.3 People are essential to the effectiveness of emergency and crisis responses. The ability of public servants to work together in stressful, complex, and unfamiliar situations will continue to be critical.

8.4 DPMC told us that the public sector needs to develop a culture and practice of constantly taking action, planning, and adjusting its response to emergency scenarios. DPMC also told us the public service needs more capability to better manage ambiguity and effectively carry out all-of-government teamwork.

8.5 We encourage DPMC, NEMA, and Te Kawa Mataaho to consider the best ways to use other agencies' (and public servants') transferable expertise for future emergencies and crises. For example, we saw that for the Covid-19 response, the Ministry for Primary Industries had useful experience and insights to offer from leading responses to major biosecurity events.

8.6 The Covid-19 Group has kept records of people who worked in the all-of-government response and who could be contacted to help with a resurgence of Covid-19 or other emergency responses.

8.7 This is positive. Having enough and appropriately skilled public servants in-house or on standby for response activities is likely to promote efficiency in future responses, and could reduce public spending on contractors and consultants.[80]

80 The Ministry of Health told us that consultants provided missing expertise and helped sustain the response to the pandemic, which had created a much higher workload.

8.8 Data shows that the number of public servants increased in 2020/21, with 50% of the increase attributed to work related to Covid-19.[81] Te Kawa Mataaho told us that it helped source 300 contact tracers who could be used for a summer outbreak in 2020/21.

8.9 However, concerns remain about the sustainability of resourcing (particularly in frontline responses) and the ability to surge. Concerns also remain about agencies' ability to continue critical elements of their usual work without being overstretched if another significant outbreak occurs.

8.10 It is important that the public sector develops broader capability. It needs to be able to draw on a deep and wide pool of people with adaptable general competencies, as well as specific technical expertise, to support all-of-government and whole-of-society responses to complex emergencies. This includes people from outside the public sector.

Good co-ordination, communication, and information management are essential

8.11 Although those involved in the response placed high value on regular meetings for bringing about improvements, these meetings had their limitations. We were told that they sometimes got too big, that key people did not attend, and that important outcomes were not always recorded or shared.

8.12 We heard that there were compatibility and performance issues with different information and communication software and systems. Appropriate technology solutions were put in place over time.

8.13 Public health and safety measures for officials and other staff in the all-of-government response also had to be worked through. This included physical distancing in workplaces and other steps to prevent or control infection. To improve efficiency in the next public health emergency response, these considerations need to be included in planning and readiness.

8.14 DPMC created a master file to track actions from meetings of ODESC, the Quin, and the Covid-19 Group. However, until mid-August 2020, this did not appear to be regularly updated, and it was not clear how widely the file was made accessible.

8.15 Different parts of the all-of-government response also produced many different situation reports and dashboards. This meant that information for decision-makers had the potential to be inconsistent or conflicting.

8.16 There were problems with co-ordinating the international assessment work that different teams did throughout the all-of-government response. Meeting minutes

81 Te Kawa Mataaho (2021), *2021 Public service workforce data*, at publicservice.govt.nz.

from October 2020 show that the Covid-19 Group's leadership team was also concerned that overseas insights were not being consistently brought together to inform policy development.

8.17 There are important lessons to be learned from these experiences. Strong systems and processes to support the co-ordination of information, decision-making, tasking, and consultation between agencies are needed to support an efficient response.

8.18 It is also important that these be tested before they are needed and any changes made during an actual response are clearly and widely communicated.

Regular simulation exercises are important

8.19 The simulation exercises carried out in 2020 provided valuable insights but were not done regularly. DPMC told us that this was a matter of balancing the need for exercises with needs of the ongoing Covid-19 response and not overburdening fatigued people. We agree that finding the right balance during a response is important.

8.20 To improve New Zealand's readiness and response arrangements for the next waves of Covid-19 and other emergencies or crises, officials need to continue to ensure that simulation exercises:

- can still be carried out during potential disruptions from real emergencies;[82]
- are sufficiently inclusive and wide-reaching;
- incorporate the strengths and address the weaknesses of Covid-19 response experiences to date;
- prepare for the range of threats and hazards New Zealand faces; and
- have adequate resourcing (capability and capacity).

8.21 It is also important that exercises are carried out on a regular basis. We note that an evaluation of the 2017/2018 pandemic exercise led by the Ministry of Health found that the 10-year interval between the exercises was too long, "when taking into account the likelihood and potential consequences of a pandemic."[83]

8.22 We were encouraged to see a draft workplan for a continuous stress-testing regime that was published on the Unite Against Covid-19 website in July 2021. This set out a schedule of Covid-19 scenario-planning activities that DPMC was to co-ordinate until May 2022. However, we have not seen public reporting on whether these activities were carried out.

82 This means trying to adhere to the simulations scheduled through NEMA's National Exercise Programme and the Covid-19 Group readiness function (see paragraphs 7.59-7.60).

83 See Ministry of Health (2018), *Exercise Pomare: Post exercise report*, at health.govt.nz.

8.23 To promote accountability for carrying out Covid-19 readiness testing, the following two performance targets for DPMC have been introduced:

- The National Response Leadership Team is satisfied that the National Resurgence Response Plan is used effectively in a resurgence, and/or remains up to date, robust and routinely tested (new for 2020/21); and
- Exercises are undertaken to ensure readiness to respond to the Covid-19 elimination strategy pillars (new for 2021/22).

8.24 DPMC reported the first measure as achieved in its 2020/21 annual report (in October 2021). It reported the second measure as achieved in its 2021/22 annual report.

8.25 In our view, there is still a need for more robust performance reporting on the Government's response to the ongoing Covid-19 pandemic. We encourage agencies to consider other measures they can use or information they can provide to assist the public in understanding the improvements that are being made to improve New Zealand's readiness and response.

Engaging the public remains critical

8.26 Continuing to engage with the public should strengthen and improve the Government's response to the Covid-19 pandemic.

8.27 Including members of the public in design and development processes can help to test assumptions and identify unintended consequences, ensure that a range of perspectives and needs are considered, and promote the behaviours required to manage the spread of Covid-19 or future viruses.

8.28 Two of the Covid-19 Group's five strategic objectives in 2020/21 related to engaging and enabling the public. The Group worked to achieve these objectives, but they told us making meaningful progress with some aspects has been challenging.

8.29 We saw evidence that officials raised questions in June 2020 about what the all-of-government response was doing to address equity and ensure collaboration with Māori, disabled people, and others.

8.30 Efforts were made to understand the perspectives of the public. The Covid-19 Group monitors media and other public opinion as sources of insights into people's experiences and the effect of government communications. As discussed in paragraph 7.34, survey work was also carried out to inform the ongoing development of the response.

8.31 Officials also identified ways to better engage with various groups over time. Documents we reviewed indicated that the business sector and communities were expected to be involved in developing and testing resurgence planning from late 2020. We also heard in March 2021 that the Covid-19 Group intended to improve relationships with communities by setting up panels with strong connections to particular groups, including iwi.

8.32 In October 2021, the Group published information on the Unite Against Covid-19 website about a community panel with nine members representing Māori, Pacific, LGBTQ+, disabled people, rural, youth, older people, and other ethnic groups. Members of the panel were expected to provide feedback and insights from their communities, including those most disadvantaged by the Covid-19 pandemic, on aspects of the all-of-government response. Part of their role was to also help shape the medium- to long-term Covid-19 strategy.

8.33 However, we note that this information has not been recently updated. DPMC told us in July 2022 that information relating to the community panel and also to the Business Leaders' Forum is now included as part of the Covid-19 response weekly report on the Unite Against Covid-19 website.[84] In our view, given the intent of these mechanisms, making this information more accessible would be useful.

8.34 In our view, it is important to have transparent and effective arrangements for sharing information between the community and the Government. These types of arrangements can help identify issues before they emerge during a response. They can also help with public acceptance of policies and interventions and support wider trust and confidence.

More transparency is needed about progress against recommendations

8.35 The two rapid reviews commissioned by the chairperson of ODESC in 2020 resulted in positive changes to the all-of-government response. However, it took time for the Covid-19 Group to make progress against some of the recommendations (see Figure 6).

84 DPMC also told us in August 2022 that Te Arawhiti had also facilitated engagement with the National Iwi Chairs Forum, non-affiliated iwi, and Māori organisations.

Figure 6
Actions to respond to rapid reviews that took time to achieve

Key action	Date identified	Date achieved
Secure a Cabinet mandate for the Covid-19 Group.	April 2020, October 2020	December 2020.
Form an independent group to provide real-time feedback on response activities.	April 2020	March 2021. Minister for Covid-19 Response establishes the Covid-19 Independent Continuous Review, Improvement and Advice Group (Improvements Group).
Invest in dedicated resource to capture lessons from the national crisis, ensure system-wide learning.	April 2020, October 2020	From early 2021, ongoing.
Collate and share lessons identified and common points from agencies' internal reviews throughout the system.	October 2020	December 2020, responsibility assigned to proposed risk and assurance function of the Covid-19 Group. May 2021, work planned to develop a repository.*
Progress a system-wide risk and assurance framework.	October 2020	Draft discussed mid-December 2020, in use by May 2021 (with further improvements planned from September 2021).

* In May 2021, the Covid-19 Group told us that it was going to develop a repository of recommendations from all that had been done on the system response to share with the Covid-19 Chief Executives' Board. The Chairperson of the Improvements Group raised such work as a matter of priority in a letter to the Minister of Covid-19 Response in May 2021 (see covid19.govt.nz).

8.36 We recognise that the ongoing demands of the all-of-government response will have slowed progress and some improvements take time to work through.

8.37 The public had limited visibility of the full spectrum of Covid-19 review work done or commissioned by the Government during 2020. The two rapid reviews completed in April and October 2020 were not released to the public until late March 2021. A review of the surveillance plan and testing strategy was completed in September 2020 but not released publicly until December 2020.

8.38 It was also difficult to see whether the recommendations that were made had been implemented.

8.39 DPMC published a summary of recommendations from research commissioned in March 2021 and included a list of initial actions the Covid-19 Group took in

response.[85] This is an example of the type of accountability we would like to see more widely adopted.

8.40 A significant number of reviews about aspects of the Covid-19 response have been carried out. In June 2021, the Covid-19 Group did a stocktake of the various reviews about aspects of the Government's Covid-19 response.

8.41 Approximately 50 major reviews (conducted by external audits, independent parties, or internal reviews) were completed during March 2020 to June 2021. These reviews produced a total of 1222 recommendations.

8.42 The Minister for Covid-19 Response requested monthly updates on progress against recommendations from July 2021. In August 2021, DPMC published a one-page document that outlined progress. The 1222 recommendations were grouped into 10 categories and high-level information about progress was reported. This provided some transparency about how recommendations are being addressed.

8.43 We see ongoing value in the Government continuing to provide a central website for the public to find information about the Covid-19 response. It would be useful for this to include a continually updated master list of all reviews of the response, as well as evidence of how the Government has responded to the reviews' findings.[86]

8.44 In our view, it would also be useful for the strategic crisis management and wider emergency management system to have a more formalised and systematic approach to recording and reporting its progress against recommendations from reviews and other work. If this was made public, it would also provide assurance about the extent to which improvements are being made.[87]

8.45 This is also consistent with findings from the Audit Office of New South Wales in April 2021 on how emergency response agencies could better address recommendations from public inquiries.[88]

85 Department of the Prime Minister and Cabinet (2021), *Summary: "How are you feeling, Auckland?"*, at covid19.govt.nz. This was based on work carried out by Moana Research.

86 Recommendation trackers and an interactive dashboard developed by audit offices in the United Kingdom and Queensland, respectively, provide a fuller view to the public. The United Kingdom also has requirements for quarterly reports to a select committee on the implementation of recommendations about Covid-19 risk management.

87 Such an approach aligns with the best practice recommended by the Australian Institute for Disaster Resilience. Its *Lessons management handbook*, published in 2019, outlines a cycle of collection, analysis, implementation, monitoring, and subsequent review of lessons. All stages require continuous stakeholder engagement.

88 Audit Office of New South Wales (2021), *Addressing public inquiry recommendations – Emergency response agencies*, at audit.nsw.gov.au.

More support is needed to build a culture of review during an extended emergency

8.46 In September 2021, DPMC told us that it was using the framework for lessons management that the Australian Institute for Disaster Resilience developed to formally gather observations for the Covid-19 Chief Executives' Board to consider.

8.47 In July 2022, DPMC told us that it had applied this framework in workshops on identifying lessons. NEMA told us it would lead work with specialist practitioners to create an official New Zealand version. Te Kawa Mataaho told us in August 2022 that it has a strong desire to capture and embed what it learned during the Covid-19 response. We encourage DPMC, NEMA, and Te Kawa Mataaho to share good practices from their work with other organisations.[89]

8.48 In our work, we commonly find that efforts to learn lessons are done as isolated, one-off activities in a way that is not methodical or connected with others.

8.49 We appreciate that it is challenging to carry out robust review processes during an emergency or crisis. Response activities often need to be prioritised. We also recognise that areas identified for improvement might not be applicable if situations change.

8.50 However, in our view, it would be helpful to give more consideration to ensuring that regular review of response activities occurs *during* an emergency or crisis.[90] The Ministry of Health told us in July 2022 that it has learnt from the pandemic that ongoing iterative reviews are needed. It has sought to carry them out regularly, including with DPMC.

8.51 Many of the review activities during 2020 were carried out in an ad hoc way. Sometimes, the identification of issues for improvement depended on individuals (such as team leaders) to decide if, how, and when to do this.

8.52 In our view, agencies need better guidance and tools to support review activity and build overall capability.

8.53 We saw evidence that some senior decision-makers did not fully understand the role and purpose of the Red Team formed in August 2020.

8.54 Including a Red Team as a standing function of the Covid-19 Chief Executives' Board should normalise this practice and demonstrate its value. We expect that agencies will have also become more familiar with the culture and approaches

89 In 2016, we recommended that DPMC strengthen the resilience of the national security system by, among other things, recording and applying lessons from system activations and exercises more methodically. See Office of the Auditor-General (2016), *Governance of the national security system*, at oag.parliament.nz.

90 Overseas jurisdictions are trying to address this same challenge. See, for example, Federal Emergency Management Agency (2020), "The continuous improvement process" webinar, at training.fema.gov.

of continuous review through the work of the high-profile Covid-19 Independent Continuous Review, Improvement and Advice Group (the Improvements Group).

8.55 Even so, we think additional guidance could be developed to help agencies set up independent real-time scrutiny to help drive continual improvements during an extended response to an emergency.

Recommendation 4

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to demonstrate how they are making improvements during an ongoing response by:

- systematically identifying lessons, taking action, and monitoring progress;
- seeking independent expertise and acting on that advice, as appropriate; and
- reporting the findings of reviews publicly in a timely and accessible way, including whether they have implemented recommendations.

More attention should be given to monitoring system-wide risks during a response

8.56 Although we saw many efforts to identify and report on different Covid-related risks, we found that these were not always managed in a co-ordinated and integrated way during 2020.

8.57 The Covid-19 Group told us they faced challenges in working with agencies' varying levels of risk management maturity. It sometimes had issues with getting the right information about risks from agencies that had other competing demands.

8.58 In our view, this might have contributed to the response system remaining in a reactive mode for an extended period. Having a centralised risk register with strong oversight sooner could have better supported effective and efficient cross-agency efforts to manage system-wide risks.

8.59 We understand that in May 2021, the Covid-19 Chief Executives' Board adopted a new assurance framework to improve planning and prioritisation.

8.60 Future responses to nationally significant events should have dedicated governance arrangements that are communicated well and that have appropriate

administrative and decision-making support. Initiatives to strengthen governance arrangements for future crises have also been recommended in other countries.[91]

More steps were taken to improve the response and planning in 2021

8.61 From July 2021, the Minister for Covid-19 Response sought greater accountability from key response agencies. This was largely in response to the Improvements Group's review of the February 2021 outbreak.

8.62 On 7 July 2021, the Minister wrote to the leaders of DPMC, Te Kawa Mataaho, the Ministry of Health, and the Ministry of Business, Innovation and Employment. He asked them to prioritise workstreams to improve the response in three areas: contact tracing, system capability and capacity, and system-wide scenario planning.

8.63 The Minister requested monthly progress reports on actions identified in the review of the February 2021 outbreak. He expected insights from the Improvements Group to be reported to him regularly, shared with agencies, and published on the Unite Against Covid-19 website.

8.64 To increase the value and impact of its work, the Improvements Group proposed to adopt a more real-time approach. It wanted to focus on identifying changes to the response system for immediate consideration and implementation instead of taking a lengthier review and report approach.

8.65 A Strategic Covid-19 Public Health Advisory Group (the Strategic Group) was also formed to provide independent advice on the Covid-19 response. The members of the Strategic Group were appointed for their expertise in epidemiology, infectious diseases, public health, and modelling. The Group's terms of reference included a public-facing role to communicate complex scientific analysis to the general public.

8.66 In July 2021, Te Kawa Mataaho progressed work to establish adequate resources and staffing to respond to a large outbreak. This included developing strategies for addressing tiredness and burnout.

8.67 Work to evolve the national strategy continued as the Covid-19 vaccine was rolled out in New Zealand and other countries. On 12 August 2021, the Government released a new plan, *Reconnecting New Zealanders to the World*. It held a live-streamed panel discussion that included the Prime Minister, the chairperson of the Strategic Group, members of the Improvements Group, and the Prime Minister's Chief Science Advisor.

91 Audit Wales (2021), *Doing it differently, doing it right? Governance in the NHS during the Covid-19 crisis – Key themes, lessons, and opportunities*, at audit.wales. A 2021 House of Lords' inquiry, *Preparing for extreme risks: Building a resilient society*, also recommended actions to prevent the confusion with governance during the Covid-19 pandemic from arising in future crises. See publications.parliament.uk.

8.68 The arrangements outlined above were intended to help strengthen the Covid-19 system as a whole, through improved planning and assurance, and to help shift it to a fit-for-the-future model, which the Improvements Group had advised.

Covid-19 variants continued to test New Zealand's readiness

8.69 The World Health Organization named Delta as a Covid-19 variant of concern in May 2021. From June 2021, it made up most cases and was leading to surges overseas. The need to prepare for an aggressive variant like Delta was identified in an update for the Covid-19 Chief Executives' Board meeting on 17 August 2021. Advice was given that:

> *The Delta, and potentially more transmissible future variants, pose significant challenges in a response and due to the transmissibility of infection, rapid and bold responses are vital for success. It will be necessary to develop a shared understanding across agencies of these implications.*

8.70 DPMC had planned to run a cross-agency workshop by mid-August 2021 to discuss the impacts of an outbreak of Delta and carry out system-wide work to recalibrate response arrangements.

8.71 However, New Zealand had its first suspected community case of Delta on 17 August 2021 and went into immediate nationwide lockdown. To manage Delta's spread, Auckland was placed under an extended period of restrictions (from 17 August 2021 until 14 December 2021, when the regional boundary was lifted).

8.72 A review of the response to Delta found that work to get ready for a Covid-19 outbreak (including scenario planning led by DPMC) on a national basis had not been done in an adequate and integrated way.[92] District health board chief executives and chairpersons had written to the Minister of Health about their low confidence in preparedness planning.

8.73 We saw documents that show that DPMC's readiness programme (which included testing the national resurgence response) did not get under way until 15 June 2021. As at 17 August 2021, DPMC's plans signalled an intention to carry out work to ensure alignment across the system to mitigate gaps ahead of an outbreak.

92 Covid-19 Independent Continuous Review, Improvement and Advice Group (2021), *Observations from the recent Delta outbreak*, at covid19.govt.nz.

8.74 During the period of restrictions for Delta, people in the media, in academia, in Parliament, in communities, and in the wider public variously reported concerns that included:

- ongoing inadequacies in the health system's infrastructure, the health workforce, and intensive care unit capacity;
- the need to boost vaccination rates;
- efforts to address inequities had not been prioritised or effective enough;
- wider routine wastewater testing had not been adopted nationwide;
- rapid screening for Covid-19 had not been scaled up; and
- the need to manage the risk of Covid-19 through appropriate border controls and isolation and quarantine settings, including MIQ (which had limited capacity).

8.75 On 4 October 2021, the Prime Minister indicated a shift in strategy from eliminating Covid-19 to reducing it to an acceptable level and learning to live with it.

8.76 The Government took other significant steps to respond to Delta and to try to keep New Zealand moving through another period of high uncertainty. Major activities included boosting vaccination rates, introducing a Covid-19 Protection Framework, and revising the length of stays in MIQ.

8.77 Some of these initiatives also related to the rapidly escalating threat of Omicron, which the World Health Organization named as a variant of concern on 26 November 2021. Overseas cases suggested that it would be even more transmissible than Delta.

8.78 The Government faced other challenges during this period. These included a sharp increase in misinformation and disinformation (which officials noted as an issue in October 2021). The Waitangi Tribunal also found that the Crown had breached te Tiriti o Waitangi principles in the Covid-19 response.

8.79 There were also some gaps in public engagement, transparency, and accountability. These included:

- perceived inconsistencies in government messaging and confusion about restricted and permitted activities at different points in time;[93]
- enacting the Covid-19 (Vaccinations) Legislation Bill under urgency (within two days) without select committee scrutiny or public submissions; and
- limited public reporting of activities carried out by the two independent advisory groups.[94]

93 Some efforts were made to understand public views during the Delta outbreak. For example, rapid insight checks (short surveys) were carried out in August, September, and October 2021. Findings on the clarity of information and compliance were included in the published reports. The sample sizes were relatively small.

94 This included a two-month lag in releasing the Improvements' Group report on the response to Delta and no public visibility of its other continuous advisory work for almost five months in 2021.

8.80 We were encouraged to see that, on 10 December 2021, the Government released documents on the Improvements Group's work, dating back to April 2021. A further batch of reports from this group was released in June 2022. We encourage agencies to consider whether these types of reports could be released more frequently.

8.81 In our view, it would also be useful for the Government to publish the modelling work it uses to inform decisions about the Covid-19 response and its planning in a single and easily accessible place that is well communicated to the public (see paragraph 8.43).

8.82 We note the 2021 Global Health Security Index found that the transparency of New Zealand's health information had improved since its 2019 assessment.

Future Covid-19 arrangements need focus

8.83 Since the spread of Delta and Omicron, there have been increasing calls for a harder look at how New Zealand is positioned to best respond to the Covid-19 pandemic and future crises. This involves considering:

- our institutional and governance arrangements;
- how we build, resource, and structure our capabilities and capacity to do surveillance and operational planning and other anticipatory work; and
- what other countries are doing.

8.84 In September 2021, a United Nations report stated that the Covid-19 pandemic provides an urgent choice for countries: breakdown or breakthrough.[95] It presented a scenario of continuing business-as-usual and risking perpetual crisis, with no preparedness for a mutating Covid-19 virus or the other 827,000 animal and bird viruses with potential to infect humans.

8.85 Various initiatives have been proposed or introduced to strengthen governments' institutional arrangements for the current pandemic. For example, the World Health Organization's Independent Panel recommended that national pandemic co-ordinators be appointed and made accountable to the highest levels of government, with a mandate to co-ordinate whole-of-government preparedness and response.

8.86 In June 2021, the Improvements Group signalled the need to ensure that the response's operating model was suitable. In September 2021, the Improvements Group again found that the system response arrangements from December 2020 were not fully integrated, were still primarily reacting to events, and lacked strategic oversight.

95 United Nations (2021), *Our common agenda – Report of the Secretary-General*, at un.org.

8.87 The Improvements Group had concerns about the all-of-government response's reliance on a small number of chief executives to provide governance, who also have their own organisations to lead.

8.88 The Improvements Group recommended that a standalone Pandemic Preparedness and Response Unit be urgently set up. The Chair suggested that such a unit be led by a chief executive and staffed by people from the public and private sectors.

8.89 Others, including epidemiologists, have also said that New Zealand has taken a reactive approach to the Covid-19 pandemic, and that we need to prioritise preparing for the next pandemic and look longer term.

8.90 The national security intelligence priority for biosecurity and human health was updated in November 2021. The publicly available version now explicitly includes an aim to support the Pandemic Plan. It also includes expectations that agencies understand new and emerging human diseases and mitigations used overseas for dealing with such threats.

8.91 We encourage officials to continue to review and improve the operating model for the all-of-government response so that it is suitable for the present situation and also for the future. This includes considering how to incorporate wider perspectives and advice and enable fresh thinking and innovation.

8.92 Including diverse voices and experiences is critical for informing a comprehensive and robust whole-of-society response.[96]

We need to better prepare for future crises

8.93 An International Science Council report[97] emphasised that the Covid-19 pandemic is not just a health crisis with health impacts. It has highlighted the need for policy and planning on long-term impacts of the Covid-19 pandemic and for future crises to take into consideration a much wider range of domains and consequences, including growing inequalities.

96 See also World Health Organization (2022), *Strategic preparedness, readiness and response plan to end the global Covid-19 emergency in 2022*, at who.int. The report states that "localised responses [to Covid-19 and concurrent events] must be co-designed with communities to ensure relevance, acceptability, sustainability and effectiveness".

97 International Science Council (2022), *Unprecedented and unfinished: Covid-19 and implications for national and global policy*, at council.science.

8.94 There are calls to set up dedicated structures or functions that have a long-term outlook and are generally independent of the government. Suggestions include:

- appointing a Parliamentary Commissioner for Extreme Risks;[98]
- setting up an apolitical body to co-ordinate the monitoring and mitigation of high-impact risks;[99]
- setting up committees for the future, which the United Nations and some countries are doing;
- instituting a catastrophic emergencies programme to report annually to Parliament;
- setting up an Office for Preparedness and Resilience, headed by a Government Chief Risk Officer, that has an auditing function and a dedicated select committee to scrutinise risk planning;[100] and
- forming a science strategy council to provide multidisciplinary expertise for complex emergencies.

8.95 Policy decisions such as these are for the Government to make.

8.96 However, in our view, it is critical that strengthened Covid-19 response arrangements also connect with wider efforts to be ready for other significant disruptions. The United Nations report (see paragraph 8.84) identified other complex emergencies and catastrophic events that we need to prepare for at the same time as the Covid-19 pandemic.

Work is under way to improve readiness for future emergencies and crises

8.97 Various programmes of system change are addressing issues with crisis readiness that became more apparent during the Covid-19 pandemic. These include:

- the DPMC-led response to the Royal Commission of Inquiry into the terrorist attack on Christchurch mosques;
- NEMA's ongoing work leading emergency management system reforms;[101] and
- the health and disability system reforms (led by the Health and Disability Review Transition Unit, also based in DPMC).

98 Boyd, M and Wilson, N (December 2021), "Current and future generations must flourish: Time for a long-term and global perspective on pandemic and other catastrophic risks", *Public Health Expert*, at blogs.otago.ac.nz.

99 Gluckman, P and Bardsley, A (2021), *Uncertain but inevitable: The expert-policy-political nexus*, Koi Tū: The Centre for Informed Studies, at informedfutures.org.

100 An inquiry in the United Kingdom recommended that the United Kingdom do this. See House of Lords' Risk Assessment and Risk Planning Committee (2021), *Preparing for extreme risks: Building a resilient society*, at publications.parliament.uk.

101 This includes a review of the Emergency Management Act and the Plan Order and accompanying Guide.

8.98 Provisions introduced through the Public Service Act 2020 to support greater interagency collaboration and engagement with Māori might inform improvements. Planned local government reforms might also present opportunities to better understand and engage with communities.

8.99 Work to improve response arrangements also needs to inform and be informed by wider conversations with the public. Some senior officials with responsibilities for emergency management and national security told us that there needs to be a "deep hard look" at New Zealand's approach to dealing with all hazards and risks.

8.100 In Part 3, we identified some shortcomings in New Zealand's readiness for a major disruptive event before Covid-19 emerged. Many of the issues related to:

- under-investment;
- stretched capability;
- suboptimal use of oversight and monitoring functions for managing system security risks and their consequences;
- a perceived focus on response rather than risk reduction; and
- a lack of priority given to preparedness for a pandemic.

8.101 DPMC told us in 2021 that the National Security Group is improving the national security system. It has already made changes to help focus the Hazard Risk Board on strategic cross-system issues.

8.102 We encourage DPMC to continue working with NEMA and other relevant organisations to build enough capability and capacity to carry out effective risk reduction and readiness activities, including ongoing monitoring and assessment of significant threats and risks to New Zealand.

8.103 We note there has been a significant increase in funding to DPMC for Covid-19 epidemiological modelling, disinformation monitoring, and risk assessment. This has risen from an initial $3.3 million for 2021/22 to $6.7 million for 2022/23.

8.104 DPMC told us in July 2022 that it expects the Covid-19 Group's involvement in the Covid-19 response to reduce over time, as the all-of-government response system moves to a decentralised governance and operating model.

8.105 There have been calls for strategic foresight to be strengthened and embedded, along with better anticipatory governance of disruptive events. These events are expected to have a greater impact and be more frequent than in the past.[102]

102 McGuinness Institute (2021), *Discussion paper 2021/03: A Covid-19 situational report: Beyond Aotearoa New Zealand's fortress as at 1 September 2021*. See also Gluckman, P and Bardsley, A (2021), *Uncertain but inevitable: The expert-policy-political nexus,* Koi Tū: The Centre for Informed Studies, at informedfutures.org.

8.106 The United Kingdom's Office for Budget Responsibility said that:

> *... the difficulty in anticipating the precise timing and nature of the next crisis puts a premium on governments engaging in horizon scanning and investing in generic risk management systems and structures.*[103]

8.107 The International Science Council has also urged governments to reframe the way they assess risk and to take a more integrated and systems approach.[104]

8.108 A recently introduced requirement in New Zealand for government departments to produce long-term insights briefings could be a step in the right direction. This is because it involves looking at least 10 years into the future to identify and publicly report trends, risks, opportunities, and proposed responses.

8.109 We are also encouraged by the work that agencies have done to support community and national conversations about security issues in response to the Royal Commission of Inquiry into the terrorist attack on Christchurch mosques. This work has informed the draft long-term insights briefing that DPMC and the Ministry of Foreign Affairs and Trade co-led and published in October 2022 for public feedback.[105]

8.110 In September 2021, the Treasury published *Tirohanga Mokopuna 2021 – The Treasury's combined Statement on the Long-term Fiscal Position and Long-term Insights Briefing*. This report included discussion of a set of disruptive event scenarios and their potential financial impacts. As part of developing this work, the Treasury also held a series of "conversations about our future" with Māori and Pasifika leaders.

8.111 In our review of *Tirohanga Mokopuna 2021*, we highlighted the value of further involving the public in thinking about, and planning for, the future and ensuring that departments are not developing their insights briefings in isolation from one another.[106]

8.112 In our view, better engaging with the public includes, for example, discussing how major emergencies are managed, how communities should be involved, and what the implications and trade-offs of different levels of risk tolerance might look like.

8.113 Given the public's experience of the Covid-19 pandemic, it is timely for government to have these conversations, normalise them as a way of operating, and demonstrate its responsiveness.

103 See United Kingdom National Audit Office (2021), *The government's preparedness for the Covid-19 pandemic: Lessons for government on risk management*, at nao.org.uk.

104 International Science Council (2022), *Unprecedented and unfinished: Covid-19 and implications for national and global policy*, at council.science.

105 New Zealand Government (2022), *Let's talk about our national security: National security long-term insights briefing*, at dpmc.govt.nz.

106 See Office of the Auditor-General (2022), *Commentary on He Tirohanga Mokopuna 2021*, at oag.parliament.nz.

8.114 Academics and other independent parties have been calling for governments to engage with the public on their preparedness and response activities more actively.[107] This aligns with New Zealand's *National disaster resilience strategy* (2019), which promotes "a wide, whole-of-society, participatory, and inclusive approach" to reducing and managing risks.[108]

Recommendation 5

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to:

- improve the transparency of, and engagement with the public on, risk, readiness, and response arrangements to inform strategic policy, planning, investment, and resourcing decisions.

Recommendation 6

We recommend that the Department of the Prime Minister and Cabinet, National Emergency Management Agency, Te Kawa Mataaho Public Service Commission, the Ministry of Health, and other relevant organisations continue to work together to:

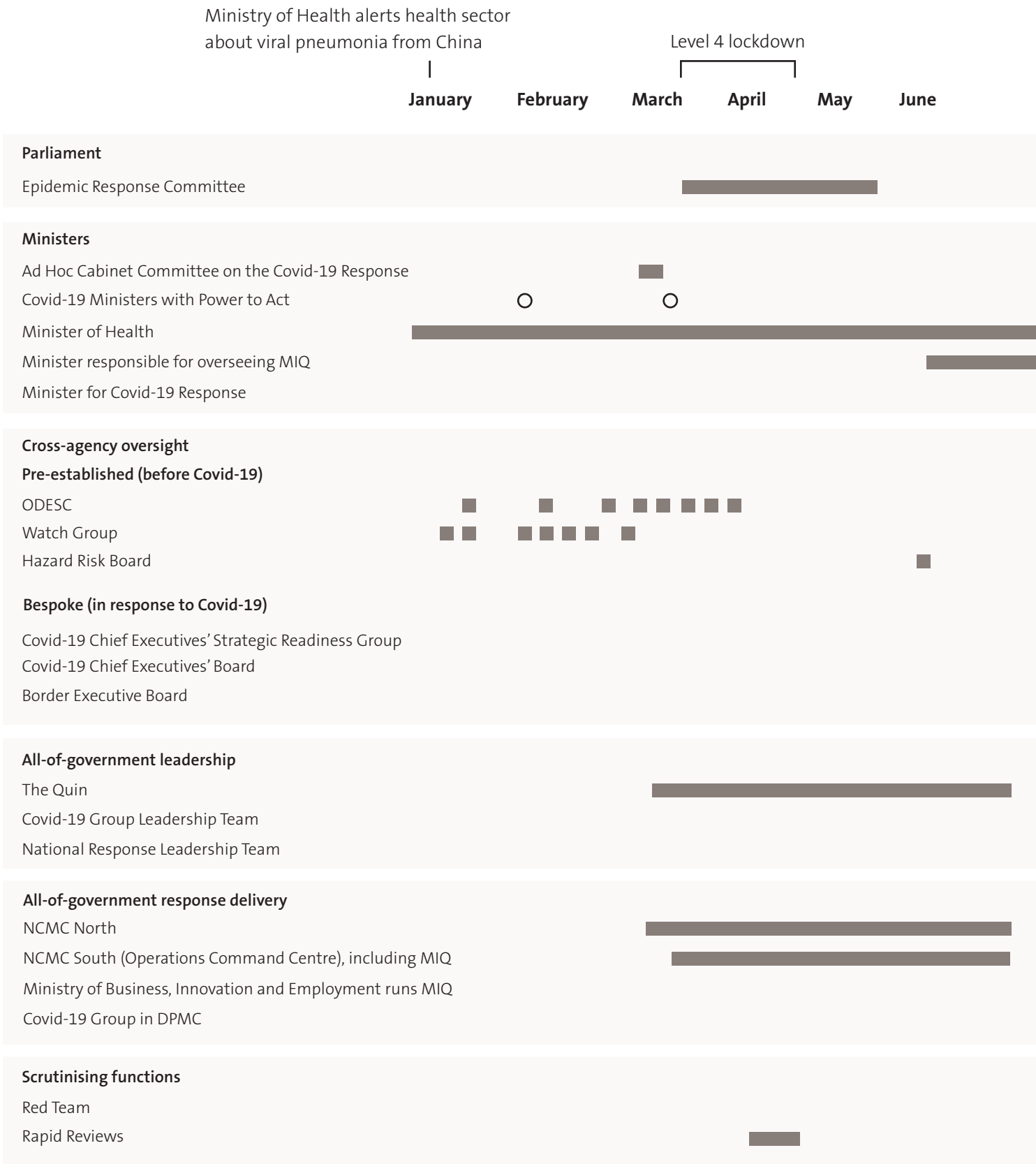
- provide regular assurance to Parliament about the public sector's readiness for major disruptive events, including how they have implemented our recommendations.

8.115 We are pleased to see that the Government has now announced a Royal Commission of Inquiry into its Covid-19 response. There is much to learn from the response, and we should not miss this opportunity.

107 For example, the Global Preparedness Monitoring Board made an urgent call to action in September 2020 for governments to engage their citizens in Covid-19 and other health emergency preparedness. The International Science Council report also recommended that community engagement be a central activity in preparedness plans for pandemics.

108 Ministry of Civil Defence and Emergency Management (2019), *National disaster resilience strategy*, at civildefence.govt.nz.

Appendix 1
Key groups and functions of the all-of-government response to Covid-19 in 2020



Key

When the group or function was active*

Approved by Cabinet

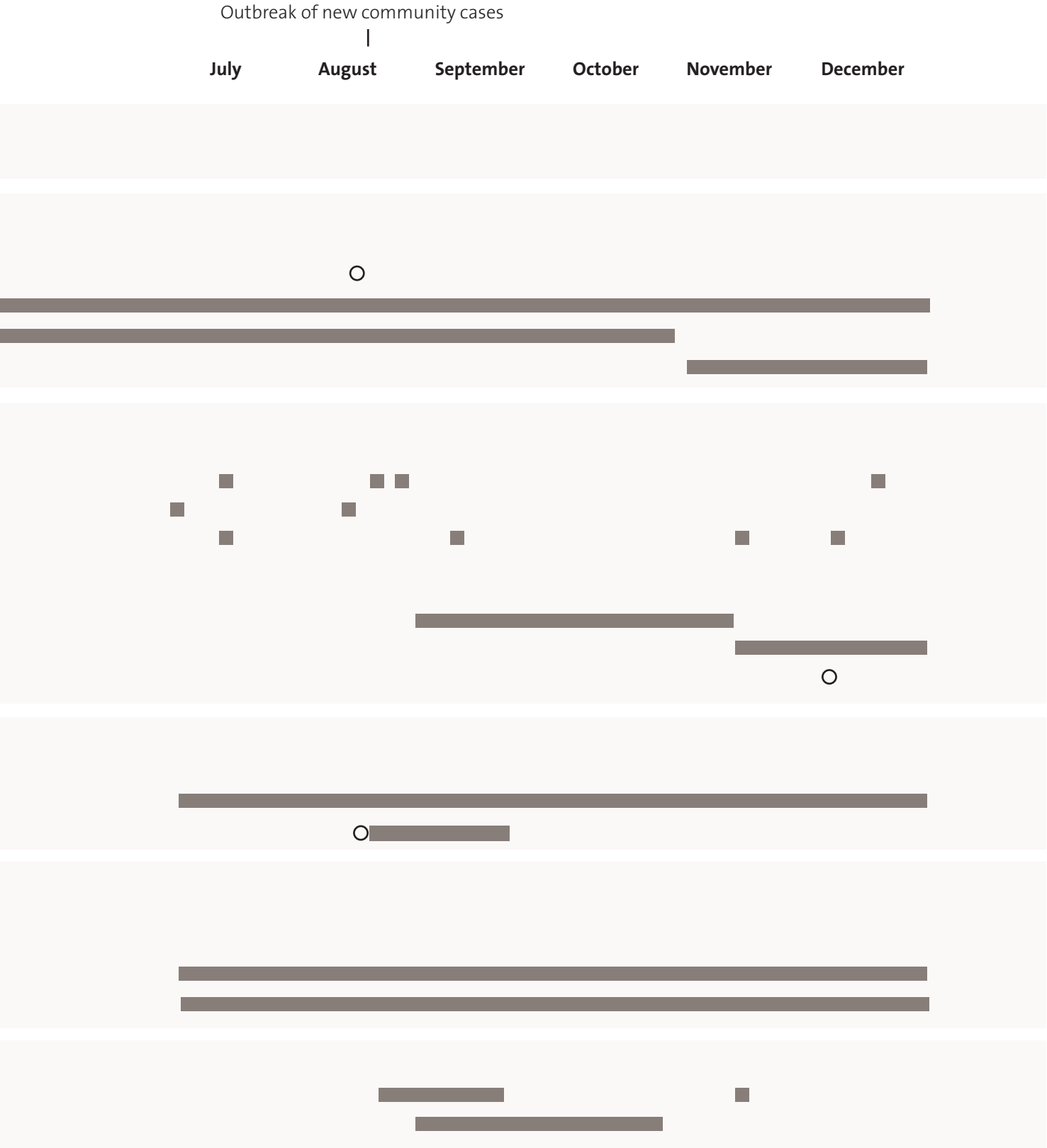
DPMC Department of the Prime Minister and Cabinet

NCMC National Crisis Management Centre

MIQ Managed Isolation and Quarantine

ODESC Officials' Committee for Domestic and External Security Co-ordination

* The timings are indicative.



Appendix 2
Key groups of the all-of-government response to Covid-19

Group	Members
Border Executive Board	Chaired by the Comptroller of the New Zealand Customs Service. Comprises the chief executives of the Ministry of Business, Innovation and Employment, the Ministry for Primary Industries, the Ministry of Transport, the Ministry of Foreign Affairs and Trade, and the Ministry of Health. The members of the Board were made jointly accountable to the Minister for Covid-19 Response for delivering strategic improvements to the border system and the other outcomes that Cabinet expects.
Cabinet External Relations and Security Committee (see Figure 2)	Chaired by the Prime Minister (who also holds the portfolio of National Security and Intelligence). Comprises 11 other Ministers, including Ministers with portfolio responsibilities for Biosecurity, Defence, Disarmament and Arms Control, Emergency Management, Foreign Affairs, and Health.
Cabinet Social Wellbeing Committee (see Figure 5)	Chaired by the Minister for Social Development and Employment. Comprises 16 other Ministers, including the Minister for Covid-19 Response and the Minister of Health.
Covid-19 Chief Executives' Board (see Figure 4)	Chaired by the Chief Executive of DPMC. Comprises the chief executives of the Ministry of Health, the Ministry of Social Development, The Treasury, the Ministry of Business, Innovation and Employment, the New Zealand Customs Service, the Ministry of Foreign Affairs and Trade, the Ministry of Transport, the Ministry of Justice, Te Puni Kōkiri, Crown Law Office, and the Public Service Commission. The Deputy Chief Executive of the Covid-19 Group is also included and a permanent Red Team function was incorporated in late 2020.
Covid-19 Community Panel	Nine members representing Māori, Pacific people, LGBTQ+ people, disabled people, rural, youth, older people, other ethnic groups, and the health sector.
Covid-19 Group Leadership Team	Chaired by the Deputy Chief Executive of DPMC's Covid-19 Group. In 2020, this team comprised the Group's Chief of Staff and its heads of Strategy and Policy, Communications, and Planning and Operations.
Covid-19 Independent Continuous Review, Improvement and Advice Group (Improvements Group)	Appointed by the Minister for Covid-19 Response. The Chairperson and four other members represent sectors or are considered experts in a desirable field. They are expected to engage relevant agencies and wider stakeholders (including iwi, private sector, non-government organisations, and vulnerable communities, as appropriate).
Covid-19 Ministers (Covid-19 Ministerial Group)	Ministers with Power to Act from Cabinet on the Government's response to Covid-19. In February 2020, the Group comprised the Prime Minister, the Minister of Foreign Affairs, the Minister of Tourism, the Minister of Finance, the Minister of Education, the Minister of Health, and the Minister for Trade and Export Growth. In March 2020, the Group comprised the Prime Minister, Deputy Prime Minister, Hon Kelvin Davis, the Minister of Finance, the Minister of Education, the Minister for Social Development, the Minister of Health, and Hon James Shaw. In August 2020, the Group comprised the Prime Minister, Deputy Prime Minister, the Minister of Finance, the Attorney General, the Minister of Health, and the Minister of Justice.

Covid-19 Chief Executives' Strategic Readiness Group	Chaired by the Chief Executive of DPMC. Set up as a sub-group of the Public Service Leadership Team to focus on longer-term Covid-19 issues. Included the Deputy Chief Executive of DPMC, the Comptroller of the New Zealand Customs Service, and chief executives of the Ministry of Health, Ministry of Business, Innovation and Employment, the Ministry for Social Development, the Ministry of Foreign Affairs and Trade, the Ministry of Transport, the Ministry of Justice, the Treasury, and the New Zealand Security Intelligence Service. This group evolved into the Covid-19 Chief Executives Board.
Emergency Management Assistance Team	This is a deployable capability that was established in 2019 as part of the emergency management reforms. It is managed by NEMA. Emergency Management Assistance Team members are drawn from across central and local government and emergency services. They are people with the appropriate skills, experiences, and attributes to support emergency responses, including working in emergency co-ordination centres.
Epidemic Response Committee	Chaired by the Leader of the Opposition. Comprised 11 members of Parliament in total, six of whom were from the Opposition.
Hazard Risk Board	Chaired by the Deputy Chief Executive of DPMC's National Security Group. Included chief executives (or their delegates) of DPMC, the New Zealand Police, the Ministry of Health, the Ministry for Primary Industries, the Ministry of Transport, the New Zealand Defence Force, the Ministry of Foreign Affairs and Trade, Fire and Emergency New Zealand, and NEMA.*
Intersectoral Pandemic Group	A group with a role in all-of-government pandemic planning (referred to in the *New Zealand Influenza Pandemic Plan*). Membership is not set out in that plan or other public documents.
National Response Group	Comprises senior leaders from the Covid-19 Group, the Ministry of Health, and NEMA.
National Response Leadership Team	Chaired by the Chief Executive of DPMC. Comprises the Director-General of Health, the Chief Executive of NEMA, the Deputy Chief Executive of the Covid-19 Group, the Secretary to the Treasury, the Solicitor General, and the Commissioner of Police.
Officials' Committee for Domestic and External Security Co-ordination (ODESC)	Chaired by the Chief Executive of DPMC. Comprises the right mix of chief executives, depending on the crisis and as determined by the Chairperson.
Public Service Leadership Team	Includes all chief executives of government departments. The Public Service Act 2020 sets out the full membership of this team. Regular meetings of this group are chaired by the Chief Executive of DPMC. Formal meetings (in line with the Public Service Act) are chaired by the Public Service Commissioner.
The Quin	Chaired by the All-of-Government Controller. Comprises the Director-General of Health, the Director of Civil Defence Emergency Management, an All-of-Government Strategy and Policy Lead, and an All-of-Government Strategy Operations Command Lead.

Strategic Covid-19 Public Health Advisory Group (Strategic Group)	Appointed by the Minister for Covid-19 Response. Comprises up to six members, who are experts in epidemiology, infectious diseases, public health, and modelling.
Watch Groups	Chaired by the Deputy Chief Executive of DPMC's National Security Group. Comprised of relevant senior officials able to commit resources and agree actions on behalf of their organisation.

* These were the members according to DPMC's *National Security System handbook* (2016). When the handbook was published, NEMA and Fire and Emergency New Zealand were known as the Ministry of Civil Defence and Emergency Management and the New Zealand Fire Service respectively.

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