

# Second rapid review of the COVID-19 all-of-government response

October 2020

## REVIEW PANEL

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# Introduction

This review was commissioned by the Chair of the Officials' Committee for Domestic and External Security Coordination (ODESC). The review was originally intended to determine readiness of the public service to respond to any resurgence of community transmission of COVID-19, following the initial series of lockdowns from March 2020 to May 2020. With the resurgence in Auckland in August, the review changed focus to determine, in real-time, how well the public service was responding to the resurgence and to ensure we can continually improve New Zealand's ability to manage future COVID-related challenges.

This is the second rapid review of New Zealand's COVID-19 response. The first was undertaken by Sir Brian Roche, Rebecca Kitteridge and Dave Gawn during the initial outbreak of COVID-19 and led to a series of improvements, particularly with respect to the all-of-government response effort (the first rapid review).<sup>1</sup> This second rapid review affirms many of the changes that have already been implemented, and suggests some further changes to ensure New Zealand's response to the COVID-19 pandemic continues to support positive outcomes in terms of public health, social wellbeing, and a resilient economy.

The review's focus is on how the response to COVID-19 has been coordinated and delivered by core public service departments. It is based primarily on interviews with departmental chief executives and their senior teams. The review's scope is confined to central government and does not cover how local government or the wider business and community sectors managed during the resurgence, or the readiness of those sectors for future outbreaks. A list of interviewees is at Appendix 1. Its terms of reference is at Appendix 2.

The review team communicated regularly with officials at the Department of the Prime Minister and Cabinet (DPMC) and elsewhere in the public service, testing our thoughts and preliminary findings. We benefited considerably from this process. In addition, it means that implementation

<sup>1</sup> Rapid Review of Initial Operating Model and Organisational Arrangements for the National Response to COVID-19, Sir Brian Roche, Rebecca Kitteridge, David Gawn, 23 April 2020.

of a number of the recommendations is already well underway.

Similar to the first rapid review, this review was undertaken relatively quickly to allow for responsive changes to be made. We expect that the system will continue to learn and make further adjustments in the future, in recognition of the fluid and dynamic nature of the global pandemic, and taking into account the scale, magnitude and longevity of the event.

## FIRST, A WORD OF APPRECIATION

Before proceeding to assess the effectiveness of the current COVID-19 public service response and suggested improvements, the review team considers it important to acknowledge the efforts and achievements of the public service in supporting the Government to deliver its strategy of eliminating COVID-19. It has been an outstanding success by any measure. During the months following the discovery of COVID-19 in this country, public servants from agencies across the public service have worked tirelessly on the response.

We wish to thank all those who have responded so willingly to keep us safe and healthy, to support our economy, and to ensure our social wellbeing. We heard many stories that demonstrated that the spirit of service is alive and thriving in the New Zealand public service – this is something to be celebrated.

The review team is grateful to all of those who gave their time during the pressure cooker of the resurgence to offer their reflections and perspectives to the review team. We would also like to thank the DPMC COVID-19 Group, who generously hosted us and supported this review.

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# Executive summary

**This review concludes, overwhelmingly, that the system<sup>2</sup> is in a better space than it was when the first rapid review was undertaken.**

Those interviewed were clear, however, that a continuous improvement approach was required.

*"We are in a better place now, a better rhythm."*

They have formed the view in the months following the first rapid review that the structures and processes that are now being used are likely to be needed for a number of years (rather than COVID-19 "being over by Christmas").

**It follows that there is a need to ensure that the system is able simultaneously to deliver Reduction, Readiness, Response, and Recovery (the "4Rs") functions over the next 18-24 months.**

With this core finding in mind, this review's major findings and recommendations are, in summary:

- Participants expressed strong interest in a medium-term strategy to supplement the high level elimination strategy, with an associated all-of-government work programme, to facilitate proactive thinking, planning, and implementation through the system. **The review recommends that a medium-term strategy and work programme be developed by the DPMC COVID-19 Group for Cabinet's consideration and support.**
- This review found that an opportunity exists to clarify and streamline the current COVID-19 governance landscape within the public service. **The review recommends that one leadership board (the COVID-19 Chief Executives Board (CEB)) be established to provide system governance with respect to the government's COVID-19 response, and that this Board be a standing committee of ODESC with a clear Cabinet mandate to govern and be accountable for sustainable**

**delivery of the public service work programme across the "4Rs".**

- There continued to be ongoing support from participants for a "strong strategic centre", with participants generally agreeing that DPMC's COVID-19 Group continues to play a key role in the system's success. It was clear, however, that the Group's functions and purpose were not universally well understood. **The review recommends that the scope and functions of the DPMC COVID-19 Group be re-cast, and that investment in its activities be made to place it on a more sustainable footing, including seeking additional funding, recognising that the Group's important work is likely to be required for the next 18-24 months.**
- **Thought should be given to moving some functions currently being undertaken within the DPMC COVID-19 Group to other agencies.** These include the Caring for Communities workstream, the compliance workstream and critical workforce planning.
- Given the importance of intelligence, insights, modelling, reporting and research to many parts of the system, we recommend that the **DPMC COVID-19 Group's Insights and Reporting team be moved out of the Operations and Planning team and become a team in its own right.** The DPMC team would work with similar teams in other agencies to simplify, align and integrate strategic insights, leverage expertise, and ensure up-to-date strategic analysis and insights are being shared consistently and effectively across the system. The aim remains for the right people to get the right information at the right time.
- The review found that for a range of reasons, and with the benefit of hindsight, preparation and planning could have been speeded up and improved between the initial outbreak and the August resurgence. System preparation and planning was identified as the single greatest opportunity for improvement in this second rapid review. **Going forward, planning and preparation activities should be prioritised**

<sup>2</sup> In this report, the word "system" is used to mean all the parts of the public service involved in responding to COVID-19.

**by line agencies within their respective accountabilities, coordinated by the DPMC COVID-19 Group, and governed (in terms of the collective effort) by CCB.**

- The review found that functional and system leadership, where it existed, was an invaluable good for the system. **The review recommends that such initiatives be supported and adequately funded where they touch on critical parts of the system response.**
- The success of the response cannot be determined simply through a Wellington-centric lens; the voice of critical stakeholders (NGOs, business, iwi, devolved sectors etc) need to be considered. This requires involving these stakeholders in government planning and preparation where possible and ensuring that policies are designed with operational reality in mind. In addition, the public service needs to ensure that during any future resurgence, timely and accurate communication to stakeholders is prioritised. Doing so requires a rapid transmission of information from decision-makers to sector and agency leads.
- The social sector is a complex environment, with challenges compounded by delivering national solutions at a household level through a network of organisations. Many participants reflected to us that caring for our most vulnerable must continue to be a priority through the “4Rs”. **It is critical that the operating approach, and the relationships that have been established, in delivering the Caring for Communities (C4C) workstream not be lost. In the medium-term we recommend that thought is given to moving C4C to a social sector agency** (such as the Ministry of Social Development).
- Continuous improvement is critical. Each agency needs to engage in a review of its COVID-19 related activities so far (to the extent not already done), with lessons identified translated into improvements and fed into planning at the agency, sector and system level. **DPMC’s COVID-19 Group should continue to coordinate the sector and system reviews, providing assurance to CCB.**
- The system was universally appreciative of the Ministry of Health’s hard work, and wanted to support it in its critical role. There are opportunities for the Ministry of Health in the future to accept more help from the wider system, including from parts of the system outside the social sector. **The system needs to continue to “back the Ministry of Health to win”. Equally, as the Ministry of Health increases its response capability and capacity, it can do more to engage with the wider system and to leverage expertise and support offered from outside the health sector.**



## How we got here

The first case of COVID-19 was diagnosed in New Zealand on 28 February 2020. The New Zealand government was faced with an unprecedented operating environment; events that were previously unimaginable occurred quickly.

On 19 March 2020, New Zealand shut its borders to all except New Zealand permanent residents and citizens (and their partners and children), with some limited exceptions. On 21 March 2020 the country moved to Alert Level (AL) 2, then moved rapidly to AL4, which was a nationwide lockdown, at 11:59pm on 25 March 2020.<sup>3</sup>

The New Zealand public service responded swiftly to the crisis created by the pandemic. The National Security System was activated on 27 January 2020. The National Health Coordination Centre activated in late January 2020, and the National Crisis Management Centre (NCMC) stood up on 10 March (supplemented by an Operations Command Centre). Key aspects of the response were provided by statutory office holders, primarily the Director-General of Health, the Director of Civil Defence and Emergency Management, and the Commissioner of Police.

When these arrangements had been in place for approximately four weeks, the Chair of ODESC commissioned the first rapid review into the arrangements supporting the all-of-government COVID-19 response. The first rapid review reported on 23 April 2020. It recommended that a COVID-19 response unit be established within DPMC to provide system leadership and coordination across all elements of New Zealand's COVID-19 response.

The DPMC COVID-19 Group was established accordingly on 1 July 2020, and aspects of the crisis response were stood down.

<sup>3</sup> There are four levels: Alert Level 4 is lockdown (likely the disease is not contained); Alert Level 3 is restrict (high risk the disease is not contained); Alert Level 2 is reduce (the disease is contained but risk of community transmission remains); Alert Level 1 is prepare (the disease is contained in New Zealand).

New Zealand managed to eliminate COVID-19 from the community for over 100 days and was able to return to AL1, although the border

*“COVID-19 turned New Zealand on its head. Our economy is built on interconnectedness, the easy movement of people, ideas, capital, ideas, and events. That has had to change. And there is plenty more to come.”*

remained closed and those entering New Zealand were required to stay in managed isolation for two weeks. The public service continued to respond and adapt to the requirements of the national response to the pandemic. For example, in July the Ministry of Business, Innovation and Employment (MBIE) took over responsibility for running Managed Isolation and Quarantine (MIQ).

On 11 August 2020 there was a resurgence of COVID-19 in the community in Auckland. Auckland's alert level was raised to AL3 on 12 August, with the rest of New Zealand moving to AL2. This was a difficult time for the country and for the public service. The fact that New Zealand was at different alert levels created different issues from those experienced during the initial lockdown, and necessitated further changes to the system. For example, in September the Ministry of Health established a new directorate to manage its expanded public health activities, and particularly its significantly increased operational functions in the areas of contact tracing and testing.

As at 11:59pm on 7 October all of New Zealand is at AL1.

This review was undertaken from August to October, during a period of intensity for the system, and provides “real time” insights into how the system is set up to continue to respond to the challenges and opportunities of COVID-19.

## Framing the problem

As this review got underway, those being interviewed reflected to the review team their expectation that the government response to COVID-19 was going to be needed not only for a few months, but for some years.

They described a future where they would need to be ready for, and to respond to,

*"I've been asking myself if this is a system that can endure for the next 18-24 months."*

resurgences that would emerge with little warning. They talked about the need to reduce New Zealand's vulnerability to the virus through border protection, good public health practice, a vaccine programme, and medical treatments. They described the need to mitigate the impact of the pandemic on our private sector and our communities so that we can respond effectively, and support and speed our economic and social recovery.

What we heard is that the situation to which the system initially responded was uncertain and intense: issues arose at pace and the system was largely focused on issues management rather than strategic thinking and proactive planning. Now, the system has become more settled: most issues are no longer novel (or issues are less surprising), and agencies are adapting and responding to the challenges presented by COVID-19 by having developed or developing processes and practices.<sup>4</sup>

It became clear from the interviews that all the activities that agencies described fit within what is known in emergency management terms as the "4Rs": Reduction, Readiness, Response, and Recovery. All these activities will continue to be necessary in the medium-term as New Zealand deals with the impact of COVID-19. We will need to prioritise dealing with all "4Rs" in overlapping waves of intensity over the next 18 months to two years, and possibly longer. We will need to design a system that can handle that by strategising and

planning, by acting collectively, and by surging up and down as circumstances dictate – but in a way that can be sustained over time, with as many elements as possible becoming ordered and predictable.

The review team therefore articulated the problem as follows.

*"How does the system simultaneously deliver COVID-19 reduction, readiness, response and recovery sustainably over the next 18–24 months?"*

Success here can be measured by:

- **Readiness:** The system is prepared for (and has practised to respond to) future outbreaks and resurgence. When an outbreak happens the policy work has (as far as possible) been undertaken to respond to different scenarios and to ensure we are operationally ready to act rapidly.
- **Response:** The operational response to any outbreak is quickly implemented, leading to a rapid identification of cases and a health, social and economic response that effectively supports individuals and businesses within acceptable fiscal parameters.
- **Reduction:** We are successfully mitigating the threats of COVID-19, by, for example, working with global partners to identify and gain access to suitable vaccine supplies and medical treatments.
- **Recovery:** The path to economic and social recovery is clearly laid out, with a clear strategic pathway for how government, iwi, individuals, businesses and NGOs will work together to support the challenges New Zealand faces over the coming years.

If the system is successful in dealing with all "4Rs" we will achieve a fifth "R": **Resilience**.

<sup>4</sup> This description aligns with the Cynefin framework, a conceptual framework which is used to aid decision-making. The framework has four quadrants in which

issues can either be **chaotic** or **complex** (unordered), or **complicated** or **simple** (ordered).

**TAKING A PRINCIPLES-BASED APPROACH**

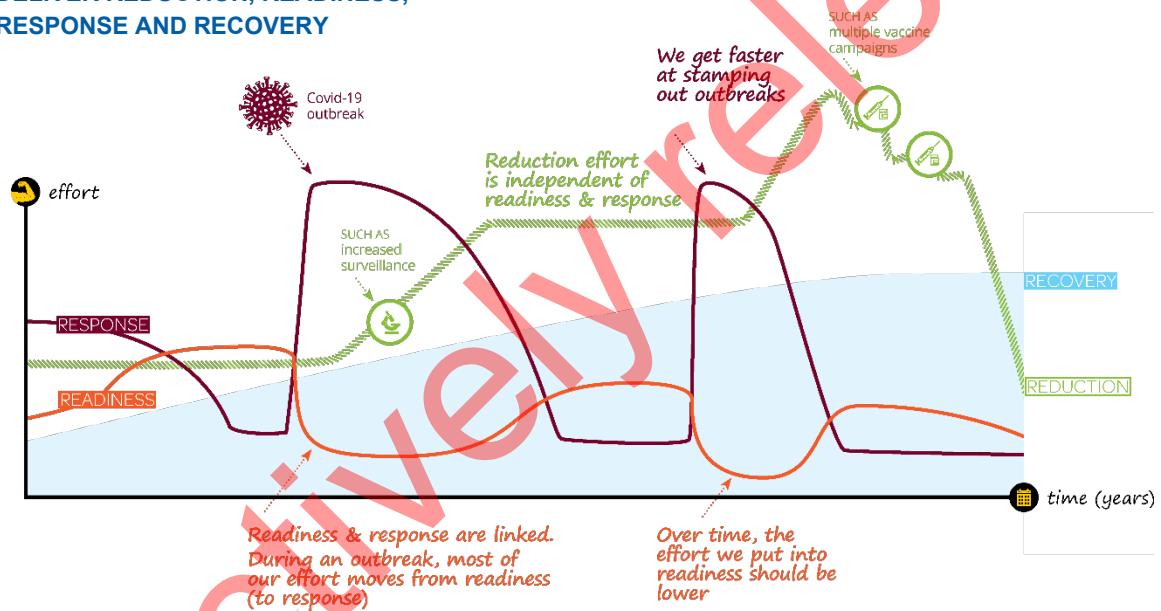
Through the interviews the review team distilled a number of core principles to apply to any proposed system change. These are:

- There needs to be **clarity** in terms of **system governance** and **coordination**.
- Wherever possible use **established and orthodox channels and go with the grain of the public service** rather than inventing novel structures and processes that might confuse or duplicate.

- **Plan, prepare, practice** – it will save the system significant expense, time and pain.
- **Delivery** on the ground is where success is measured, but the system must provide **assurance** to the top.

Each of these principles are reflected in this report and the system improvements it suggests.

**WE NEED TO SIMULTANEOUSLY DELIVER REDUCTION, READINESS, RESPONSE AND RECOVERY**





# The elements needed to ensure that the all-of-government approach to COVID-19 is effective, sustainable and resilient

Given we should expect COVID-19 and its after-effects to be a significant focus for New Zealand for the next two years or more, the public service system needs to be set up to deliver across the “4Rs” on an ongoing, sustainable basis.

The key challenge for the public service is how to align the many different parts in a novel and complex situation. What are the elements needed to ensure that public service departments and the New Zealand public are working together as well as possible? How do we design a system ‘architecture’ that best aligns the bureaucracy? And how can we best reduce the sand-in-the-gears?

The public service is comprehensive and there is no one element that, if individually addressed, would solve the problem of making the system work more effectively. That said, this review has identified a number of elements which, if working well, should improve the ability of the system to deliver on the challenges over the next two years.

## STRATEGY

The system is clear about the specific outcomes it needs to achieve to deliver on the Government’s COVID-19 strategy. The system understands the agreed roadmap for delivering across the “4Rs” over the next six, 12 and 24 months, including who needs to do what by when. (See page 11)

## GOVERNANCE

Governance mechanisms ensure that the system is doing what it needs to, at the pace required, and that risks are identified and mitigated. These mechanisms promote public service accountability and provide system assurance to ministers. (See page 12)

## STRUCTURE, ROLES AND ACCOUNTABILITIES

It is clear who is in charge of what including: clarity about the respective roles of the Ministry of Health; the DPMC COVID-19 Group and individual agencies with line responsibilities. (See page 17)

## PLANNING, PREPARATION AND LEARNING

The system gets ahead of issues before they materialise, developing and supporting a culture of continuous learning that is not dependent on particular individuals. (See page 18)

## INFORMATION AND INSIGHTS

The system is informed by factual information, insights, evidence and analytics, integrated across different areas and delivered to the right people at the right time to have real impact on policy advice, operational delivery, and communication. (See page 19)

## POLICY AND LEGAL

The system ensures that it gives policy advice that reflects the particular short-, medium- and long-term challenges of this crisis with its whole-of-society and whole-of-economy impacts. Operational realities, constraints, impacts and imperatives are accurately reflected in policy advice. (See page 20)

## PUBLIC COMMUNICATIONS

Public communications keep the public informed about how to keep themselves safe and to maintain trust and confidence in the government response. Timely, clear and consistent messaging to the public is successful in continuing to encourage social responsibility for, and acceptance of, a collaborative and caring response. (See page 22)

## DELIVERY

Policies are designed with operational reality and delivery in mind, including at the regional and local level. Accountability is devolved as far as possible

to those on the front-line, and regional/local issues are rapidly identified and resolved outside of central government. (See page 23)

**MINISTRY OF HEALTH (as lead agency)**

The system supports the Ministry of Health with their objectives; the Ministry of Health operates within its areas of strength and leverages system capability in other areas. (See page 25)

**DPMC COVID-19 GROUP**

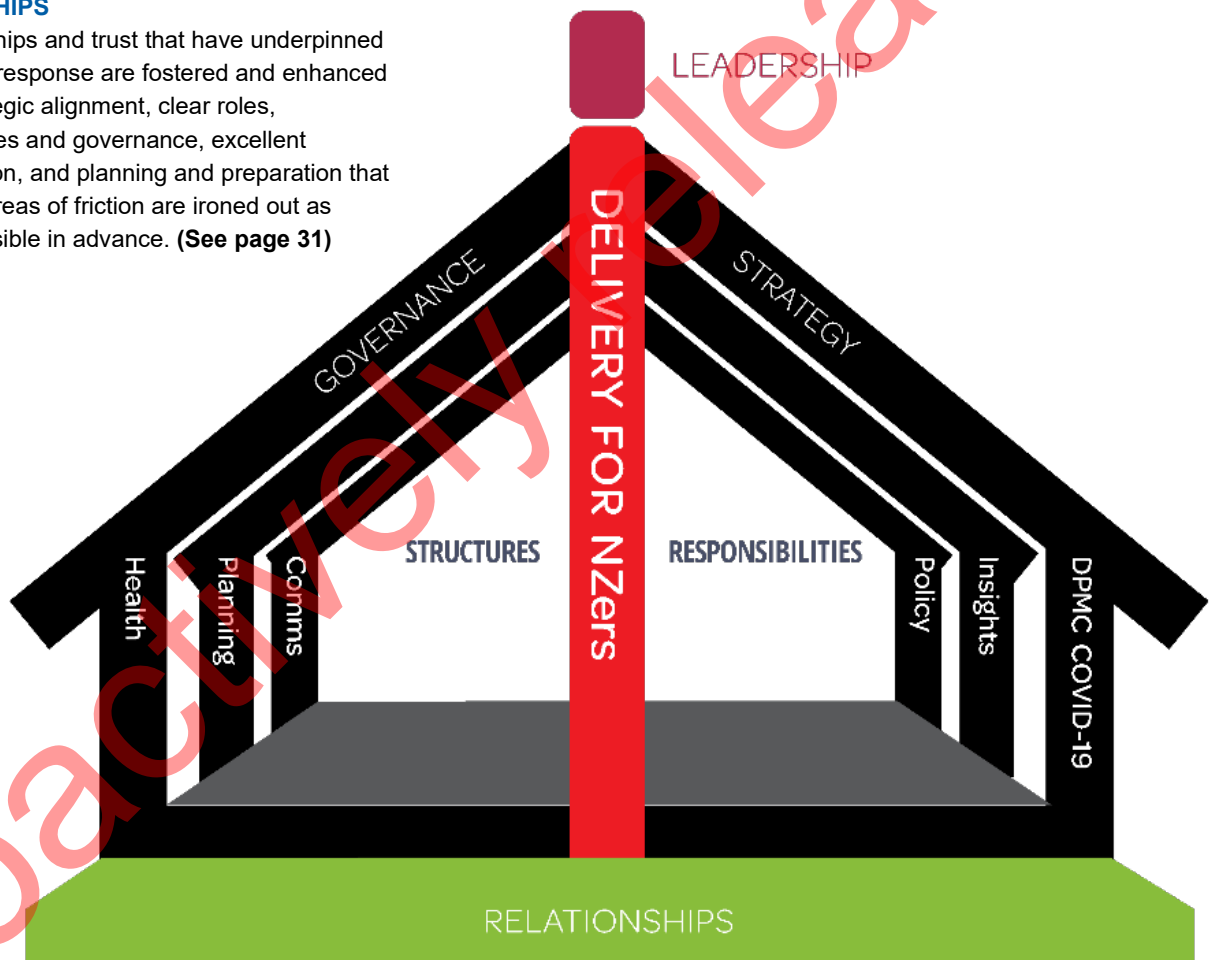
Central agency coordination of the all-of-government effort is appropriately focused, providing a unique value-add, and is sustainable over the medium-term. (See page 26)

**RELATIONSHIPS**

The relationships and trust that have underpinned the system’s response are fostered and enhanced through strategic alignment, clear roles, accountabilities and governance, excellent communication, and planning and preparation that means that areas of friction are ironed out as much as possible in advance. (See page 31)

This wharenui sets out a way to think about the critical relationships between these components.

While it is not necessary for each of the pieces of the wharenui to be perfect, the more that the different components can align and support each other, the more likely it is that we can develop a sustainable system that is capable of dealing with the challenges, uncertainties and opportunities that lie ahead.



## Strategy

Across agencies, interviewees indicated clear understanding and buy-in of the Government's overarching goal of eliminating COVID-19.

There was broad acceptance that the best economic strategy builds on an effective health response. This clarity of direction is a real strength

*"We need to adapt, adjust, improvise."*

that has enabled the system to rapidly prioritise resources across government, particularly during the initial outbreak.

Interviewees acknowledged, however, that the system has been largely in reactive mode. We heard there is a real desire to shift to a more strategic and longer-term way of thinking and operating; to get ahead of issues rather than constantly reacting to events as they emerge.

Across our interviews, there was an emerging consensus that COVID-19 will be the dominant challenge facing New Zealand (and the world) for at least the next 18-24 months. Indeed, depending on the extent of the recession, the social, economic and (to some degree) environmental impacts on New Zealand from COVID-19 will likely cast a shadow for the rest of the 2020s. The Treasury's Pre-Election Economic and Fiscal Update suggests that the Government will be facing more than a decade of core operating expenditure being greater than income.

Less clear for agencies was the strategy and work programme that will support the high-level elimination goal. As described above, New Zealand will need to be adept and agile at managing all "4Rs". We will need to do so in an environment of high uncertainty, including when/if a future vaccine or effective medication may become available, and when our border will be able to reopen fully.

Moreover, agencies will need to deliver on a COVID-19 strategy while – as part of their business-as-usual activities – supporting a multitude of other Government priorities, as well as planning for and ensuring we can manage whatever future, concurrent emergencies arise.

Over the last two years the New Zealand government has had to deal with three major emergencies – COVID-

19, Whakaari/White Island and the Christchurch mosque shootings (along with a range of local and regional events, from fires and drought to flooding). The system needs to be ready to deal with whatever future shocks will emerge in the coming months and years while also dealing with COVID-19.

With the system already highly stretched, the need for an all-of-government COVID-19 strategy and work programme that can focus and prioritise effort – and get ahead of risks and issues before they materialise – is critical. The requirement here is for agencies to engage in strategic foresight such as developing scenarios that are worked through. It will not be enough to have a strategic plan that cannot flex and evolve to meet the inevitable unknowns associated with COVID-19. Part of this is effective planning and preparation across multiple futures (see page 26 for more on this). For this, the system continues to require, as in the words of one senior interviewee, "a strong strategic centre". The challenge here is to set a clear strategic programme that will guide the public service.

*"We need to be thinking, where do we want to be in 2021, at the end of 2021 even, and get consensus on what this looks like, and then work towards it so that it is able to happen."*

## Governance

The arrival of COVID-19 on New Zealand's shores raised novel issues affecting a broad range of government agencies.

Almost every aspect of the response has involved complex and inter-related public health, economic and social dimensions. The need to find an appropriate balance between these dimensions (which has changed as time has gone on) has required a collective, "system" approach to the government response. This collective, multi-dimensional system response has been essential to the success of the public service response to COVID-19.

The public service in New Zealand is well joined up and there are strong relationships of trust and collegiality within the cohort of public service chief executives. This means that as the system response to COVID-19 has evolved, public service chief executives have understood the need for a flexible and evolving set of system coordination arrangements.

The "Quint," for example – comprising the chief executive of DPMC (as Chair of ODESC), the Director-General of Health, the Police Commissioner, the all-of-government Controller, and the Director of Civil Defence and Emergency Management – was a natural grouping of public service leaders during the initial emergency phase of the pandemic. Following the first rapid review, the public service reorganised itself, with the establishment of a dedicated unit within DPMC, and agencies like MBIE and the Ministry of Health picking up specific COVID-19-related functions.

Those interviewed agreed that the new arrangements are a real improvement, showing an ability to respond in an agile way to the rapidly evolving COVID-19 environment. Having experienced the August resurgence, however, there was a consistent view that further improvements could be made in terms of governance of the "4Rs" within the public service.

In particular, through our interviews what we heard was that:

- Agencies felt that there is no single governance structure at the officials' level that is tasked with governing the COVID-19 response. Rather, participants identified that there are a number of groupings of officials throughout the system, some of which operate independently (including with independent statutory functions).
- A dedicated forum has not existed consistently that has allowed agencies to escalate and thrash out inter-agency issues (although a number of participants remarked that during the initial response in March and April, the frequent meetings between officials and the COVID-19 ministers allowed this to occur, within the limits of time and urgency). The inter-agency forums that are now in place are predominantly operating as information sharing mechanisms.
- A lack of secretariat support for many of the groupings has meant a lack of clarity around agenda-setting, recording and communicating of decisions, commissioning of tasks and accountability.
- The reactive space in which the response has so far existed has meant that these governance structures have remained at the "tactical" or "issues-management" level, rather than being able to set strategic or future-focussed agendas for the response.
- One participant phrased the issue as follows: "Who can help me as a chief executive to make sense of competing interests and accountabilities, in a way that sees the system joined up where it needs to be without me being given an accountability that I cannot alone discharge, or seeing my prerogatives as a chief executive compromised?"

There is a range of chief executive groupings that might potentially play more of a role in leading and coordinating the public service's response to COVID-19.

- **The Public Service Leadership Team**, for example, comprises the heads of the core public service departments. Under the Public Service Act 2020, the Public Sector Leadership Team provides strategic leadership to contribute to an effective and cohesive public service.
- **The National Response Leadership Team**, which was established by Cabinet Minute CAB-20-MIN-0387 specifically to respond to incidents of COVID-19 in the community through: providing all-of-government advice to Cabinet, providing non-health advice to the Director-General of Health to inform his use of powers under the COVID-19 Public Health Response Act 2020; and activating the relevant regional leadership group to coordinate local operational response. It was not established to provide long-term strategic governance.
- **The "Chair of Chairs group"**: is a chief executive level structure established by the Chief Executive of DPMC/Chair of ODESC under the "Public Service Leadership Team COVID-19 Coordination and Information Arrangement", in which chief executives represent a sector "cluster" of agencies. There are seven sector clusters and a chief executive "red team".<sup>5</sup> It was envisaged that the Ministry of Health and the DPMC COVID-19 Group would be represented on each cluster (although this has proved difficult in practice).
- **A standing committee of the ODESC system** is another option. ODESC's purpose, as agreed by Cabinet, includes ensuring coordinated advice on matters of national security and crisis management; overseeing the development of national and sector strategies for treating major security risks; and coordinating the government's strategic response. Since 2001, New Zealand has taken an "all hazards – all risks" approach to national security which means ODESC's remit

encompasses civil contingencies and societal risks, including pandemics. New Zealand's holistic and integrated approach to national security encompasses the "4Rs".

The review team assessed these options:

- **The Public Sector Leadership Team** comprises all public service chief executives and so is too large and its membership is too varied to provide effective governance in the context of COVID-19. It is, however, a useful information-sharing forum.
- **The National Response Leadership Team** was specifically established to rapidly respond to the confirmation of a new case in the community. Its membership (CE DPMC; DG Health; CE National Emergency Management Agency; DCE COVID-19 Group, DPMC; Secretary to the Treasury; Commissioner of Police) is small and not appropriately configured to deal with the medium-term strategic issues facing New Zealand.
- **The "Chair of Chairs"** meeting provides valuable information exchange, and the group is the right size with the right sectors represented to provide governance over an all-of-government strategic work programme. Currently, however, the Chairs structure is operating more in the information-sharing space than as a governance board.
- A committee of **ODESC** would be useful (indeed, orthodox), as ODESC is the committee mandated by Cabinet to provide advice to Government on all matters relating to pandemics and crisis management, and to coordinate the government's strategic response. There are useful precedents for committees of ODESC providing governance across sectors on an ongoing basis. ODESC also has a natural link to the Prime Minister, being supported by DPMC and chaired by DPMC's chief executive.

<sup>5</sup> Red teaming involves subjecting a plan, ideas or assumptions to rigorous analysis and challenge in order to improve the validity and quality of the final plan.



## AN OPPORTUNITY TO ADJUST

We recommend an adjustment to the current governance structure of the response. We consider that there is scope for a formalised governance structure with a clear Cabinet mandate to govern and be accountable for sustainable delivery across the “4Rs”, for as long as the government is required to respond to COVID-19. Some of those interviewed said that strengthening the “Chairs of Chairs” structure would re-focus it to operate in a more strategic manner, and would “de-clutter” the governance landscape. We agree. We propose that the Chair of Chairs structure be re-cast as a standing committee of the ODESC system. We propose calling this group the COVID-19 Chief Executives Board (CCB).

*“There is an opportunity here to de-clutter the governance landscape.”*

The review team considers that the link to ODESC remains useful, particularly given its mandated role in relation to pandemics and its links to the DPMC and the Prime Minister. While ODESC convenes as “ODESC” during a crisis, its business as usual governance activities are carried out by two chief executive level boards; the Security and Intelligence Board and the Hazard Risk Board. We see CCB being a natural third limb to ODESC’s standing governance activities, functioning in a similar manner to the Security and Intelligence Board.

CCB would build on the Chair of Chairs groupings in terms of membership, with the following additions:

- the Director-General of the Ministry of Health, representing the Health “cluster”;
- the Chief Executive of Te Arawhiti, recognising the ongoing importance of Māori-Crown relationships through the “4Rs”; and
- the Public Service Commissioner, recognising the public service-wide effort and involvement.

Members would be responsible for representing views of the sector agencies and their wider stakeholders (including iwi, private sector, NGOs and vulnerable communities as appropriate) at CCB, providing assurance to CCB regarding their respective sectors, and keeping sectors and key

stakeholders informed about CCB’s considerations as appropriate. Other chief executives would attend as required, depending on the issues being considered.

On page 16 is a diagram outlining how this governance structure would look.

CCB would provide **system leadership in navigating New Zealand through the COVID-19 pandemic** by ensuring that the system identifies risks and priorities, is informed and is doing what it needs to, at the pace required. CCB would be accountable for providing the necessary system assurance and oversight to ministers.

CCB’s aim would be to foster a **reciprocal sense of accountability** from agencies participating within the system, who are expected to deliver against a forward work programme. Common risk registers and work programmes (which cascade up and down) will be critical to ensure consistency of approach.

We recommend that CCB’s remit is:

- **Overall system performance** (including driving system-level collaboration and coordination in respect to the COVID-19 work programme).
- To **sponsor** and **advise** on the Government’s medium-term **COVID-19 strategy** (recognising that this is ultimately subject to ministerial direction).
- To identify the **system level risks** and the **system-level priorities** that flow from this strategy.
- To oversee the associated **work programme** that addresses both the **strategy’s priorities** and **risks** and to provide assurance to Cabinet on the same.
- To provide a **point of escalation for complex decisions**. This is particularly so in circumstances where it is not immediately clear where accountability at the agency level should lie.

To achieve its remit, CCB would be expected to:

- Take a **holistic and strategic view** (encompassing health, economic and social



outcomes across reduction, readiness, response and recovery); and

- Aid and promote a **common understanding of the Government's strategy**.

As we heard throughout the system, there is a desire to shift to a more strategic approach, and to reduce some of the pressure points on the system through planning and advance coordination. We see CCB playing a critical role in this space.

"Good" will be achieved by CCB when:

- **The system is ahead of issues before they materialise** – we heard from participants many times that there is a need to "get ahead". CCB's success should be measured by its ability to drive anticipatory policy and decision making from line agencies, and its ability to identify and mitigate system risk.
- **A work programme is actively managed and delivered in a coordinated manner throughout the system** – CCB will drive, coordinate and monitor the system work programme in accordance with the Government's strategy. This work programme should be designed and supported by the DPMC COVID-19 Group.
- **Ministers have confidence that COVID-19 is being managed across the "4Rs"** – and that key future inputs are being actively managed. Key inputs can be activities such as: future resurgence planning; opening up international borders; and developing and working to a vaccine strategy.

We are aware that the specific accountabilities and the terms of reference of CCB would need to be decided by the Chair of ODESC, and that work on a possible draft is underway within DPMC. We recommend, however, that the Chair of ODESC seek a clear Cabinet mandate that provides CCB with the authority to fulfil its core functions as described above. This will provide CCB the levers it will require throughout the system, recognising the all-of-government impact this work will continue to have. Members of CCB should also be given clear expectations of their roles and accountabilities by the Public Service Commissioner, utilising where possible the opportunities presented by the new Public Service Act 2020.

The grouping would likely meet very regularly (e.g. fortnightly) at the outset, shifting over time to less frequent meetings that will allow a sufficient gap between meetings for CCB to exist in the "strategic" rather than "tactical" space. Frequency of meeting can, of course, change depending on the intensity of the issues to be tackled.

CCB should be supported by the DPMC COVID-19 Group as secretariat, which should be appropriately resourced.

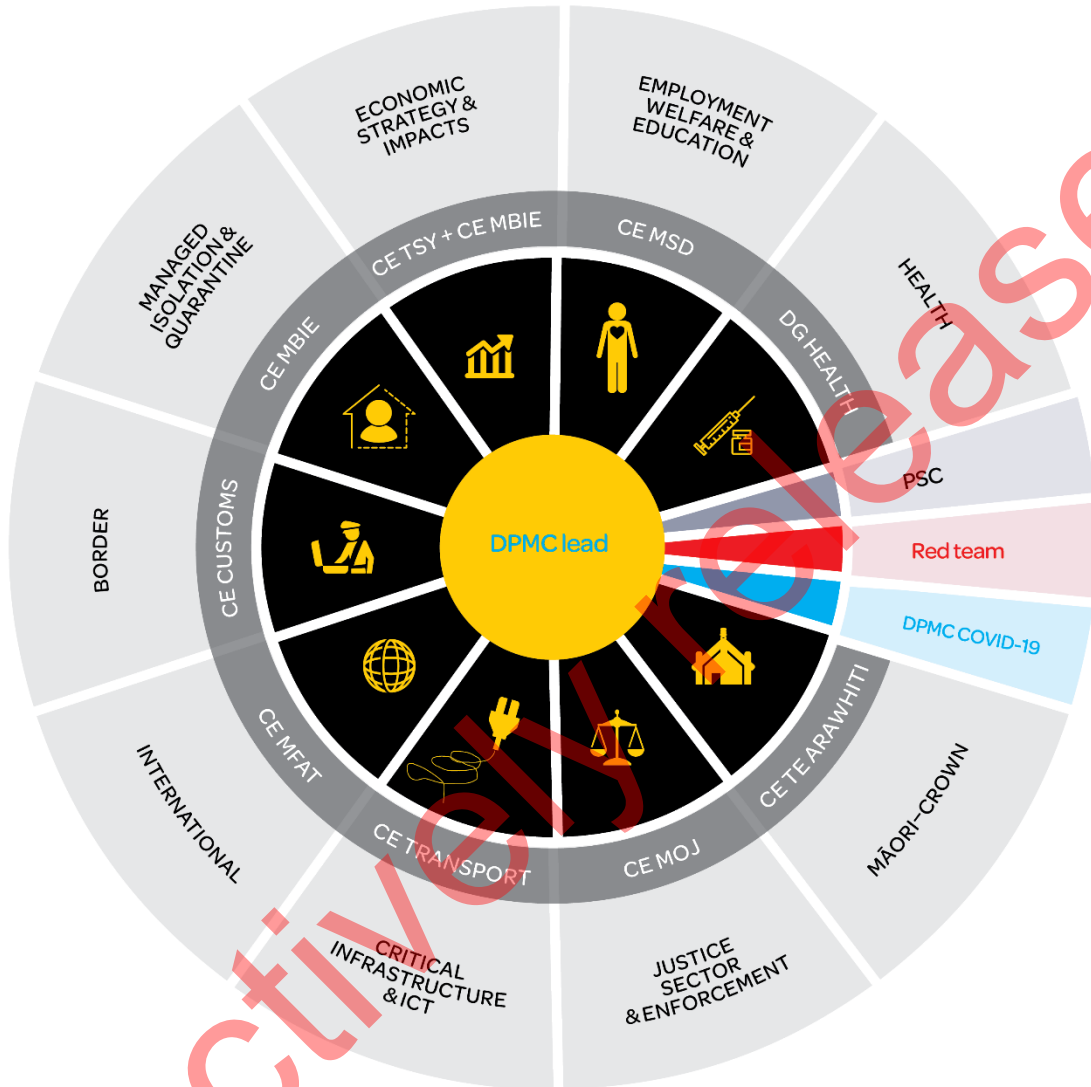
#### The role of CCB in a resurgence

In the event of a significant resurgence or COVID-related crisis, we envisage that the Chair of ODESC may convene ODESC rather than CCB. Convening ODESC in its crisis role permits the Chair to identify which chief executives are best suited to consider the issues, risks and implications.

Given the flexibility of ODESC's membership, we recommend that Chair of ODESC consider whether ODESC, rather than the National Response Leadership Team, is better positioned to respond to any future resurgence. Alternatively, the membership of the National Response Leadership Team should be assessed to ensure that it still comprises the most applicable chief executives.

# COVID-19 CEs Board

Each segment represents a sector. In turn, many of the sectors comprise other chief executive governance boards.



## Structures, roles and accountabilities

Many interviewees identified that clarity of roles and functions was important for agencies to continue to deliver success.

Through our interviews, it became clear that as events have evolved, structures and roles have been layered over one another, creating unclear accountabilities throughout the system for certain issues. For some novel issues (such as testing of all workers at the international border), agency responsibility was not immediately clear. In some cases agencies have struggled to have end-to-end ownership of the issue even once it has been assigned to them.

Part of this is driven by structure: the Ministry of Health is the lead agency at the national level for communicable disease (including pandemics) under the National Security System and the attendant legislation, and is supported by district health boards at the local and regional level. The New Zealand public service is used to operating within a lead agency model. However, everybody understands that this is not just a “health issue”, and as the complexity of the response has grown, so too have the number of agencies which have responsibilities within the system response.

There is an opportunity to have a reset. Many of the structures, roles, responsibilities and accountabilities that were put into place to manage the initial response were done at pace; the layered result is not conducive to an effective and efficient system response. Shifting from an “emergency” mind-set, and returning to a sense of orthodoxy will assist in creating clarity of structures, accountabilities, roles and responsibilities.

To assist in this shift, we recommend that:

- **Responsibilities** be devolved back to their line agencies as much as possible, with inter-agency coordination and system assurance provided by the DPMC COVID-19 Group (see page 26 for more on its operating model), which we see as having a critical role in ensuring the system is linked up and strategically aligned. Combined with our suggested system governance whereby agencies are accountable to CCB, we consider that this model will provide greater certainty on agency responsibilities moving forward.
- As we heard throughout our interviews, agencies felt that the system was complicated to the point where they could not “draw” it. “Plain English” explanations on the role of the DPMC COVID-19 Group and the role of the Ministry of Health should be created by the DPMC COVID-19 Group and widely circulated. **Effective communication** of the structure, and attendant roles and responsibilities, are critical to the system’s success.
- As a rule of thumb, **existing and orthodox structures and frameworks** should be used where possible, rather than novel ones being created. This is especially so where specialist frameworks already exist. As we heard throughout, replacing a structure without fully understanding what sits beneath it will likely cause system confusion.

*“The system is very complicated – we’ve tried to whiteboard it, and no one can draw it. We need a clear diagram.”*

## Planning, preparation and readiness

Many of the pain points we heard throughout the review resulted from the system having to react at pace to requirements for very urgent advice or immediate operational delivery.

This situation is acute in some places like the DPMC COVID-19 Group and particularly in the Parliamentary Counsel Office, where working into the early hours of the morning became common to complete a relentless array of short-notice Health Orders.

Some of this was unavoidable; at times, events have developed which have been truly unprecedented and for which no forward planning could reasonably have been done. Others were foreseeable; at the end of the initial intense response period, however, the pressure of other work, combined with the officials involved in the response taking their first break in months, meant that, at the time Auckland went back to AL3 and the rest of New Zealand went to AL2, there was still a need for more detailed planning to aid in the implementation of Cabinet's decisions.

*"Everyone was still frantically busy on the issues of the day. What we didn't do was squeeze the resourcing on the preparedness."*

As was the case with the first AL4 lockdown, public servants in a range of agencies pulled out all the stops in responding to the resurgence. Nonetheless, interviewees gave a number of compelling examples of how greater preparation and the ability to work through policy implementation at a more measured pace would have led in places to better outcomes and mitigated unnecessary difficulty throughout the system.

There will continue to be, of course, matters which arise over the next 18-24 months which are unprecedented, unable to be planned for and necessitate urgent action that will require the system to work at pace. The more planning and preparing, however, that agencies can do in advance across a range of likely and foreseeable scenarios and risks, the less that agencies will

need to "create policy on the hop" if such new events develop quickly. Shifting into a more proactive mind-set, and engaging in anticipatory policy making and planning to get ahead of complex situations before they materialise, will support successful and painless delivery.

*"I think that there is an opportunity here for the system to be more proactive, identify the anxiety points and head them off early and in a collective way."*

Prior planning and preparation should also assist in mitigating current rub points where agencies feel that decisions are being taken without the time for them to have meaningful (or, in some cases, any) input. With sufficient lead-in time, there should be the opportunity for all agencies to be consulted on policy papers and to provide advice on implementation issues in accordance with best practice. It will support clear, well-coordinated public communications. It will also enable agencies to engage with key stakeholders and sectors in a way that continues to build trust in government and maximises understanding and acceptance of the measures required to achieve the Government's elimination strategy.

## Continuous improvement

Success means learning from what we have experienced so far and making changes accordingly.

Having a culture of continuous learning and improvement will mean that systems become smoother and better as time passes. Agencies should prioritise capturing lessons identified; this can be done through engaging in “hot-washes” after conclusions of intense periods of activity, or undertaking formal reviews periodically. (We note that this review and its predecessor are examples of this, and we are aware that many agencies have been conducting reviews of various kinds.)

We also heard that informal relationship-driven networks were the lynchpin of much that was successful about the government response. This feature of the New Zealand public service is a huge strength of the system, but with it comes a risk that institutional knowledge and relationships will be lost when people inevitably move on. Agencies should ensure that that this knowledge is captured and shared, including when key people change roles.

We recommend that:

- Each agency continue to **engage in regular reviews** of their response activities, and that the lessons learned/ identified are collated by the DPMC COVID-19 Group, to ensure that common points and system wide learning is able to be shared throughout the system. The Ministry of Health, in particular, as an agency that has undergone a significant period of sustained change through responding to COVID-19, should prioritise engaging in its own review to identify lessons through working with the system thus far, if it has not already done so.
- Agencies should **identify key people** who hold particular institutional knowledge regarding COVID-19 and ensure that this knowledge is captured and shared among a number of people, as well as being formally documented.

## Information and insights

Information and insights are the oxygen that enables good decisions to be made and then be implemented.

The Coordinated Incident Management System (CIMS) has an intelligence stream precisely for that reason. With something as complicated and complex as the COVID-19 response, the challenge is getting the right information to the right people at the right time.

The Insights and Reporting team in the COVID-19 Group in DPMC (originally located in the Operations Command Centre) was established to provide intelligence and insights to support the COVID-19 all-of-government response. The team has been operating within the Operations and Planning team largely at a tactical level.

A number of participants expressed a strong wish for a greater variety of intelligence and insight reporting: relevant international developments, strategic analysis, and insights across economic and social domains as well as health. It was acknowledged that some of this information may be being produced already within various agencies, and that what might be lacking is a centrally located team to bring it together.

Information and insights will remain critical. Coordinating and integrating intelligence, insights, data and analysis being provided by the DPMC COVID-19 Group, the Ministry of Health, Treasury, MFAT and others would provide great value to a number of agencies.

If the proposals in this report are adopted, we see an ongoing need for the DPMC COVID-19 Group to continue an intelligence and insights function. This team would however perform the intelligence coordination and integration function set out above. It would predominantly operate at a strategic foresight, rather than tactical, level. And to provide the greatest value it would be lifted out of the Operations and Planning team, and be a team in its own right supporting the other teams in the COVID-19 Group, CCB and its member agencies.



## Policy and legal

Responding to the threat of COVID-19 has required extraordinary levels of decision making at a pace perhaps comparable only to war-time.

Since February 2020, over 500 submissions directly related to COVID-19 have been considered by Cabinet. Major decisions have sometimes been required within hours. During the

*“The alert level framework was brilliant. It is the public policy framework of the decade.”*

height of the initial lockdown, and during the early stages of the resurgence, officials frequently worked through the night to ensure that Cabinet submissions supported Ministers’ decision-making, and legal Orders could be drafted

and approved. Many of these decisions had enormous social, health, economic and civil rights implications: for example, to lock down entire workforces or to require people to be isolated or quarantined (potentially) against their will.

The public service has well established processes for ensuring the views of agencies are taken into account in developing policy, while recognising that ‘officials advise, ministers decide’. But given the pace and scale of decision-making, it is not surprising that there were considerable ‘rub points’ in the policy development process. For example, the decision to have the Auckland region operate at AL3 while the rest of the country was at AL2 raised a series of novel policy questions as to who and what could legitimately cross a new internal border.

It is not for this review to consider the merits of particular policy choices, but rather to make the following observations for any such future similar scale decisions:

- **Good preparation and planning is crucial** to identify issues before they materialise. While there may never be a right answer, stress-testing beforehand would have helped identify potential issues and solutions.
- Where rapid turn-around in advice is needed, **having a diverse spectrum of views in the room** can help. Agencies are comfortable with their advice not being accepted, providing they

believe that they (and their stakeholders) have been properly heard. If in doubt, it is better to consult more widely, while recognising the need for pace and that decisions cannot always be made by committee.

*“The turnaround time on advice is just so quick; often we only have half an hour to comment on something.”*

- There is a value in **‘slowing down to speed up’**. During the resurgence, parts of the public service were worn down by the ‘battle rhythm’ of constant rapid policy and implementation turnaround. It put major stress on the system, including the ability to draft Orders and execute them effectively. Except where time is truly of the essence, taking an extra 24 or 48 hours can help to iron out implementation issues before they materialise, thus saving time in the long run and ensuring that the system can operate sustainably.
- **Functional and system leadership can really help**. For example, Crown Law’s system leadership role proved instrumental in aligning legal advice across the public service and ensuring the quality of advice. Crown Law’s new System Leadership Group helped enable this collective action through coordination and information sharing that agencies did not have to pay for. We support this kind of system leadership role – which benefits the whole system – being appropriately funded, in the interests of better system outcomes. Given, however, the unprecedented measures being taken by the government in response to the pandemic, we also suggest that a special allocation of funding would be useful in removing financial and other barriers to Crown Law providing proactive, comprehensive and timely legal advice on cross-agency or “all-of-government” issues.
- **Operational agencies and policy agencies need to work hand in glove**. An operational lens on key policy decisions remains critical to reducing stress throughout the system. Planning, preparing, listening to a range of perspectives, and taking a little more time to iron out wrinkles will help ensure that difficulties in implementing decisions are minimised.



The Strategy & Policy team in the DPMC COVID-19 Group received strong support from most interviewees. Going forward we see an ongoing need for a small, centralised team to drive and coordinate the all-of-government strategy and policy programme. For more on this Group and its functions, see page 26.

Proactively released

## Public communications

Coherent and consistent public communication has been deemed a key pillar to any government's effective response to the COVID-19 pandemic.<sup>6</sup> It has certainly been vital to New Zealand's success.

Almost all participants in this review, when asked what was going well, identified public communications. Participants felt that this was an element of New Zealand's response that should be celebrated. The successful Unite Against COVID-19 campaign is a particular accomplishment of the system, in that it provided New Zealand society with clear, coherent and effective public messaging through both the pressure cooker of the initial response and the resurgence.

Over time, we face the risk that the public becomes complacent and/or ceases to support the measures that are needed to maintain the elimination strategy. Countering "message fatigue" will require our public communications to continue to be smart, sophisticated and for audiences to be strategically targeted with particular messages. Public communications should therefore continue to be supported through sufficient funding with adequate (and senior level) resourcing so that the public communications demands that the COVID-19 response requires can be maintained, even during periods of "peace-time".

We also consider it very important that continued efforts be made to ensure that public communications are seamless across the system (particularly between the communications and public engagement functions of the DPMC COVID-19 Group and the Ministry of Health) to ensure that the central government's messaging continues to be as cogent, consistent and coherent as it has been so far.

In the future, we see the public communications function continuing to be a key component of the DPMC COVID-19 Group, including the Group

continuing to "own" the Unite Against COVID-19 campaign (and any successor to that campaign). While more about this function within the DPMC COVID-19 Group is outlined below (see page 26 for more), we deliberately highlight public communications here as a separate component, because we consider it a critical element of New Zealand's continued success. Without communicating to the public the core central government messages in a timely and coherent manner, we risk losing the social licence that has been a key feature of our success to date.

<sup>6</sup> See OECD Building Resilience to the COVID-19 pandemic: the role of centers of government, 2 October 2020.

## Delivery

As with most emergencies, success is not measured by what government does in Wellington, but by the impact on individuals, communities and businesses, in conjunction with the public's perception of how well these were supported. As such, delivery of the response into regions and communities is where our activities ultimately count.

Agencies supporting the private sector, or managing devolved arrangements, told us of two aspects of the response to the resurgence and the move to AL3 (Auckland) and AL2 (rest of New Zealand) that they found particularly challenging: the practical aspects of sectors implementing policy decisions made at pace; and the speed at which agencies were required to communicate decisions to their respective stakeholders.

Several interviewees expressed frustration that "the system" did not appreciate the complexities of their respective sectors in responding to split alert levels. We were provided with a number of examples of challenges with the COVID-19 Public Health Response (Alert Levels 3 and 2) Order 2020, with the most frequent request for improvement permitting agencies to provide input into the decision-making process.

Economic agency chief executives also considered that in some cases they were better placed than the Ministry of Health to make certain decisions to implement the Order, such as determining which workers should be given an exemption to cross the inland border around Auckland. Having the delegated authority to make such decisions was considered to have worked well during the first AL 4 and 3 in March / April 2020. There was a strong view that if New Zealand ends up with regional alert levels in the future, any exemption process (or similar decisions requiring knowledge of industry) should be made by agencies with understanding of those industries.

We are aware, however, that we cannot lose sight of the public health based rationale for regulatory decision making and that there is potential for

conflict between competing sector interests and demands. This is a critical feature that we need to improve the decision making on, and why we suggest CCB as a place to iron out these difficult policy issues.

In addition to examples provided to us relating to the education, justice, health, local government and private sectors (including transport and primary industry), another sector that garnered feedback was the social sector, specifically caring for the most vulnerable in our communities. This has always been a complex environment. The challenge is to deliver national decisions and solutions at a household level through a network of organisations operating at local, regional and national levels.

A novel feature of the COVID-19 response was the establishment of "Caring for Communities" (C4C) within the DPMC COVID-19 Group. Designed to supplement the work of the Civil Defence and Emergency Management (CDEM) Groups, C4C filled a gap by coordinating across a range of agencies and groups (including MSD, NEMA and the CDEM network, iwi, community groups, and others) in a way that no one agency could have done. C4C is an invaluable source of information and enables targeted and tailored assistance to be provided to vulnerable groups.

C4C's current success is due in no small part to the fact that its team was led by the Chief Executive of Te Arawhiti, who is extremely able and well connected. However, this is not a long-term solution. Some thought should be given to whether it could be led instead by a dedicated team within one of the social sector member agencies (e.g. MSD). We understand that work to clarify who is responsible for welfare delivery at each alert level has now been completed, with a C4C system plan for allocating responsibility for the different streams of welfare now in place.

C4C also facilitated and leveraged the Regional Leadership Groups. Originally designed for social and economic recovery, the role of these groups (some of which are still forming) was to strengthen connections between regional leaders and central government.

While the Regional Leadership Groups were generally considered by interviewees to be a positive development, some expressed

reservations around establishing new arrangements rather than reinforcing and bolstering the existing CDEM Group structures. We recommend that NEMA and C4C continue to work with Regional Leadership Groups and CDEM Groups to leverage the best of both worlds. Once accountability and supporting arrangements have been confirmed, communicating this to those involved is important.

Officials' passion and dedication for their respective sectors came through in all the interviews. While we only interviewed those within central government, we frequently heard positive references to the thousands of people who are directly supporting New Zealand's elimination strategy. Elimination would not be achievable without communities, businesses, schools, universities, transport providers, and individual New Zealanders doing the right thing.

Going forward, ensuring agencies are in a position to support their stakeholders will continue to be critical. Policies should be designed with operational reality and delivery in mind. Ensuring that the voice of Māori, business, industry, local government and others is incorporated across all "4Rs", where possible, will be vital to the success of the Government's strategy.

## Ministry of Health

The Ministry of Health has had to work incredibly hard in stressful conditions to do critically important work in responding to COVID-19.

What we heard throughout the review was that participants were understanding of the conditions in which the Ministry of Health were working, and deeply appreciative of the hard work that had been driven out of the Ministry. There was also a universal desire from agencies to help the Ministry of Health.

*“We understand the issues and the pressure that Health must be under, and we want to help.”*

The Ministry of Health has traditionally been a “policy shop” rather than an operational agency. But the current crisis has required the Ministry to operationalise, at pace, a range of new complex delivery systems (such as contact tracing and testing at the border). These have been difficult issues in which they have achieved remarkable results. The public service is at its best when it works together and shares its resources, however, and the challenges faced by the Ministry of Health require the support of the system.

What we have heard throughout the review is that the Ministry has been “hard to help” because it has been pre-occupied with the (very) pressing and immediate issues that it has been required to deal with each day.

One can see, for example, how hard it is for senior officials at the Ministry of Health to stand back and look at what system assistance they might benefit from given the daily pressure to front at media stand-ups, to be setting up new operational functions, responding to many requests for information, and advising on and implementing multiple COVID-19 Public Health Response Orders. We understand that elements of the Ministry of Health’s situation are being considered by the Simpson/ Roche review on testing at the border, so we do not propose to traverse these issues in detail in this review.

The new COVID-19 Health System Response Directorate which has been recently stood up by the Ministry of Health to manage its internal

COVID-19 activities may go some way to addressing its capacity issues. In addition, the public service must continue to “back Health to win” by continuing to offer and provide expertise and people in areas where the Ministry of Health is still building capacity or capability.

Equally, the Ministry of Health needs to participate in the system, through accepting offers of expertise that it lacks, engaging fully in CCB and other cross-sector initiatives, and continuing to “buy in” to the all-of-government system response. We acknowledge the need to have a health lens on most COVID-19 related issues. But as we stated at the outset of this report, this is going to be the “biggest game in town” for the foreseeable future: it is critical that all elements of the living standards framework (health, social, economic and environmental) are considered in decisions made, which will require Health to support and engage with other agencies in their work.

## DPMC COVID-19 Group

The DPMC COVID-19 Group (also commonly referred to as “the AoG”) was established as a unit of DPMC following the first rapid review.

The DPMC COVID-19 Group provides a central agency location for strategy, policy, operations, planning, public information management, insights and reporting, and workforce matching services relating to the national response to COVID-19.

Participants recognised that the DPMC COVID-19 Group had worked incredibly hard since its establishment in what was often a thankless role. In particular, participants were most strongly understanding and supportive of the role of the Communications & Public Engagement team and the Strategy & Policy team within the Group. The work of C4C (Caring for Communities) was widely admired and interviewees acknowledged that it had filled an important gap, although there were questions about where it should be located (as addressed on page 23). The “match-making service” (aimed at finding public servants to meet the need for surge secondments) had been used and found useful by some participants.

*“The [DPMC COVID-19 Group] do have a role, and it is an important operational piece. We are really supportive of it.”*

A number of those interviewed, however, were not clear about what the DPMC COVID-19 Group is now doing or why it is still needed. In

particular, most participants understood the least about the role of the Operations & Planning team. Although the DPMC COVID-19 Group that was established was the successor to the NCMC and its Operations Command Centre, a number of participants still referred to those earlier arrangements as though they still exist. Some interviewees could not see the need for the DPMC COVID-19 Group, and suggested that all of its functions could be carried out by other government agencies. Others thought the DPMC COVID-19 Group should be significantly strengthened on the basis that a strong strategic centre will continue to be vital. Most acknowledged that the DPMC COVID-19 Group is

still relatively new, and that it is playing a necessary coordinating role in particular areas where it could truly add value. Not all agreed, however, about what those areas are.

### OPERATING PRINCIPLES OF THE DPMC COVID-19 GROUP

One participant suggested the following formula for the DPMC COVID-19 Group as a set of operating principles:

The default setting should be providing **system assurance** to the chief executive of DPMC, and ultimately the Prime Minister, that the all-of-government system

*“The [DPMC COVID-19 Group] can’t be all things to all people; we need to figure out what their purpose is.”*

response to COVID-19 is working as it should.

This is not the same as a formal monitoring/audit role. As an example, this assurance can take the form of knowing that scenarios have been worked through and are joined up across agencies, key issues identified, with work commissioned to the right people.

If system assurance is not enough because active coordination is required, then the Group should provide **system coordination** in relation to the all-of-government response to COVID-19. This should only occur where there is no agency better placed to do it. Here, an example is coordination of agency resurgence planning to ensure that it makes sense at the system level, as well as at the agency level. Coordination of all-of-government public communications is another example.

If system coordination is not enough because some function needs to be undertaken, and there is no agency logically placed to do it, then the Group should **undertake that function on behalf of the system**. Drafting Cabinet papers on the alert levels is an example of this.



## PROPOSED FUNCTIONS OF THE DPMC COVID-19 GROUP

We support the above set of operating principles. We think the DPMC COVID-19 Group functions should be:

**Strategy:** The Strategy and Policy team should support the Government in developing a two to three year strategy with an eye to a long-term horizon (“100 days, 1000 days, 10,000 days”) to guide the all-of-government COVID-19 work programme, using the elements of the Living Standards Framework and cognisant of the fact that all “4Rs” will need to be addressed concurrently. The strategy should take into account a range of scenarios and robust modelling. While this strategy should be led from the DPMC COVID-19 Group, it should be prepared in consultation with the Strategy team within DPMC.

**Policy:** The Strategy and Policy team should develop the overall COVID-19 policy programme to achieve the strategy, seeking endorsement from CCB and ministers as to priorities and sequencing. The team should coordinate and drive the policy programme on behalf of the system; facilitating and encouraging adequate consultation and collaboration; and holding the pen only where there is no other natural home (e.g. alert levels).

The Strategy and Policy team should include people with a range of experiences and backgrounds (e.g. operational, regional, social, economic, health, justice) in order to maximise the range of perspectives being incorporated into its advice. Given the strong likelihood that policy papers will need operational implementation, having time to check the operational practicality of any proposed policy solution with line agencies is vital. The team should work with the Policy Advisory Group (DPMC) to ensure each can add value in terms of offering second (or third) opinion advice.

**Communications and Public Engagement:** A widely acknowledged system success has been the public

communications driven out of this Group. Its functions should be: coordinating the COVID-19 public messaging and engagement on behalf of the system; facilitating/encouraging adequate consultation and collaboration; and taking the lead where the communications cover a broad sweep of society’s activities (e.g. Unite Against COVID-19 campaign). The function should be supported through sufficient funding with adequate (and senior level) resourcing. We acknowledge that the communications team may need to surge up and down but we recommend that the core team be funded for the medium-term (not just through “gifted” secondments) and that a group of “reservist” communications staff be maintained for surge capacity.

*“I have nothing but praise for the work that the public comms team is doing. Good procedures to get messages really clear, really tidy.”*

**Planning and Operations:** This function involves providing an assurance, coordination and convening role to ensure that across the government and other delivery agencies the operational/delivery aspects of the COVID-19 response are well planned, coordinated and de-conflicted, and that gaps are identified and filled. It is not the role of the Operations and Planning team to undertake the operational functions itself, but it provides a valuable central planning role and forum for coordinating the operational response to COVID-19 across the “4Rs” and the various alert levels.

The Operations and Planning team has to be particularly careful to be clear about its coordination role, leaving the “doing” to lead agencies so that it does not duplicate effort. At this stage in the COVID-19 response, the emphasis of this team should be on planning rather than operations. In time, as the operational response becomes more settled, the Operations and Planning team should be able to reduce in size.

**Insights and Reporting:** Insights and Reporting is a valuable “good” for the whole DPMC COVID-19 Group (including the policy and communications teams) and other government agencies dealing with the COVID-19 response and so the Insights and Reporting section should be moved out of the Operations and Planning team to sit alongside all the teams as a team in its own right.

It should focus on strategic insights, research on international developments and analysis across a range of medical, scientific, social, economic, and other domains. It should work with similar teams in the Ministry of Health, Social Development, Treasury, etc. to leverage expertise and ensure that the most up-to-date strategic analysis and insights are being shared consistently across the system.

**Risk and assurance:** The Group should be providing a risk and assurance framework across the system, identifying key vulnerabilities and mitigations which would feed into the strategy, policy programme and planning. We understand that this work is already well underway.

**Secretariat support:** The secretariat’s role should be to ensure the conditions are in place for sound strategic decision making by CCB, including supporting the Chair to identify and triage issues; working with CCB agencies to manage the Board’s work programme and system risks; ensuring that items are framed to facilitate strategic discussions; and maintaining sound board practices (for example, record keeping and note taking).

**Corporate:** A small corporate team, led by the Group’s Chief of Staff, is needed to deal with legal issues, ministerial correspondence, and the administrative needs of the Group.

## FUNCTIONS THAT SHOULD BE MOVED ELSEWHERE

Although they perform a useful function, we question the location within the Group of the following functions, which might be located elsewhere:

**Caring for Communities (C4C):** As discussed on page 23 the work of C4C has been widely admired. The question remains as to whether C4C should continue to be located within the DPMC COVID-19 Group. As above, thought should be given to whether C4C could be led instead by a dedicated team within MSD.

**Compliance workstream:** Thought should be given as to whether the DPMC COVID-19 Group should continue to host the compliance workstream. Police or MBIE may be more logical agencies.

**Workforce supply and demand:** The COVID-19 Group currently offers a “match making” service, where agency requests for temporary assistance or secondments are centralised and communicated to agencies that might have suitable and available staff available. This service has not been used consistently by agencies, who often use their own networks. It has, however, been found to be very useful by some.

The prospect of the “4Rs” being needed with respect to COVID-19 over 18-24 months raises questions that can only be answered through some strategic workforce planning and management. There are two primary workforce challenges. The first is to be ready to be able to scale a workforce up and down in response to future outbreaks and their degree of seriousness (the Communications and Public Engagement team is a good example of this). The second is to support the public service to meet and fill the need for skilled staff in core departments who are dedicated to managing new COVID-related functions, including MIQ, in the border agencies and in the new directorate of the Ministry of Health. Ideally any workforce solution should use excess capacity in other parts of the system that are currently under-utilised because of the impacts of COVID-19.

Providing critical workforce planning – and brokering as needed – seems like a role best undertaken by the Public Service Commission. If

the role is maintained within the DPMC COVID-19 Group it should have more resources and be led by a senior HR practitioner who is experienced in workforce planning (including dealing with surge capacity issues).

### SETTING THE DPMC COVID-19 GROUP UP FOR LONG-TERM SUCCESS

There are weaknesses and risks with the current DPMC COVID-19 Group set-up, which need to be addressed.

**Clear mandate:** the DPMC COVID-19 Group has no clear mandate and has few levers to pull other than the fact that DPMC is an influential department that reports to the Prime Minister. This lack of Cabinet mandate means that a lot depends on the ability of the Chief Executive and staff of the Group to influence, cajole and coax other departments to cooperate. That has an impact on its ability to lead, its ability to “herd cats,” and its ability to get the best possible workforce on a sustainable basis. The question asked by this review is: is this good enough for a crisis of this magnitude? The Group and the Department would, if possible, have Cabinet’s imprimatur for its work and leadership.

**More permanent set-up:** Borrowing so many people for short stints is just not sustainable and creates unnecessary risk. Where

secondments are provided, agencies should be incentivised to provide their best staff to the Group on an ongoing basis.

The DPMC COVID-19 Group’s workforce includes a disproportionate number of secondees. That has some upsides, including giving opportunities to staff looking for central agency work experience, and cross-fertilisation of ideas. The preponderance of short-term secondments in the Group is, however, problematic. The Group generally has to take the people it is offered, who may or may not create a well-balanced team. For example, the current funding model assumes that 30% of secondees into the COVID-19 Group would be paid for by home agencies.

*“We’ve got to set this up sustainably; we can’t keep borrowing people.”*

Now that the pandemic is no longer a novel thing, agencies are increasingly reluctant to second their best people to the DPMC COVID-19 Group. And the prospective secondees themselves may be less keen to work very long hours in stressful conditions on projects which (while vital to the country’s future) are something of a grind. Sometimes, secondees are offered only for a few weeks, creating churn and lack of continuity.

It is challenging to properly on-board staff when there is so much turnover, and that creates risk in terms of staff not understanding their roles and responsibilities, not understanding how to use the document management system (and so to maintain the official record), and struggling to create team cohesiveness. It also creates the risk that institutional knowledge and continuity do not develop within the Group.

**Sustainable funding:** There needs to be certainty of funding to allow the Group to create a stable workforce of strong public service performers over the medium-term. Given the impact of this crisis on New Zealand, this is a small investment for a very significant benefit.

**Ability to surge:** The Group needs to be able to provide its functions flexibly across the “4Rs” and be able to surge up and down depending on what is going on in the country. That may mean that there is a core group (for example, in Communications and Public Engagement) but that surge capacity has been identified in other agencies and is actively maintained – like NZDF’s reserves. It may mean the surge team comes once a month to re-familiarise themselves with the Group’s systems, priorities and developments; that would be a good investment when there is a resurgence.

Incidentally, experience would tell us that the core of the Group should not be too small. There is a real need to have capacity to prepare and plan, and “peace time” is the time for that.

**Appropriate accommodation:** The Group is currently split across two locations, both of which have been borrowed temporarily for free, and neither of which is configured for the Group. There has been a reluctance to invest in equipment (such as secure document storage) when the Group's lifespan was uncertain. As the lifespan of the Group is likely to be several years, such an investment should be made.

**Co-location:** Co-location is critical for team culture across the COVID-19, and for the coherence of the Group's leadership team. All parts of the Group would benefit from understanding each other's work. Given how important operational implementation is, the Strategy and Policy team would learn a lot from the Operations and Planning team and vice-versa. The Insights and Reporting team should be alongside both, able to provide both tactical insights and more strategic analysis.

**Change the name:** To assist with a broader, system-wide, understanding of the role of the DPMC COVID-19 Group, we recommend that the Group cease be called (even colloquially) the "AoG", and instead be consistently referred to as the DPMC COVID-19 Group.

## Relationships and culture

This final section addresses relationships, which have been at the heart of the success of the public service in delivering on the Government's direction.

Without prompting, the importance of relationships was raised in almost every interview. The public service chief executives and senior leaders know

*"Public servants are doing such a good job - relationships and people have stood in place of the system. There is a real collegiality in the way that things are being done."*

each other well. They all feel comfortable to 'pick up the phone' to respond to issues or to unblock problems. Throughout government, relationships formed over many years have come to the fore. This is a credit to the New Zealand public service.

Of course, relationships have been tested during the 'fire' as individuals worked – and in many cases are still working – long hours with stressful deadlines, and high pressure to achieve. We heard of staff feeling burnt out and that it is a challenge to find resources for COVID-related initiatives.

In the future, and regardless of whether or not the primary proposals of this report are adopted, we note the key leadership challenge will be seeking to provide order and clarity in an environment that will be marked by high uncertainties, high risk/no fail and a criticality of delivery, to shift the decision-making environment from chaos to complex/complicated. This will require leaders to model and demonstrate the skills of collaboration and engagement alongside a sharp focus on system accountability and delivery. Fostering good relationships will remain vital. Those relationships, and the trust that supports them, will work best if there is a clear strategic direction, a work programme that is understood and supported by all, clarity of governance, good preparation and planning, and a clear operating model. That is what this report aims to achieve.

## In conclusion

The review team wishes to acknowledge the efforts of all New Zealanders who have contributed so much to New Zealand's response to COVID-19.

We trust that the recommendations in this report prove useful in helping the system continue to improve and adapt, as we learn more about the challenges of grappling with COVID-19.

Given the need, and recognising the desire for continuous improvement, we recommend that another rapid review be undertaken at a suitable future point.

*"If I could wave a magic wand it would be to remind people that it's good to be a New Zealander, and that we are lucky to be in New Zealand. There are so many people who are doing such good work."*

# Appendix 1. List of interviewees

## **Ashley Bloomfield**

Director-General of Health  
and Chief Executive  
Ministry of Health

## **Andrew Coster**

Commissioner  
New Zealand Police

## **Andrew Kibblewhite**

Secretary for Justice and  
Chief Executive  
Ministry of Justice

## **Andy Jackson**

Deputy Secretary  
Ministry of Education

## **Ben King**

Deputy Chief Executive  
Ministry of Foreign Affairs  
and Trade

## **Bill Perry**

Deputy Comptroller  
New Zealand Customs  
Service

## **Bryan Chapple**

Deputy Secretary  
The Treasury

## **Brook Barrington**

Chief Executive  
Department of Prime  
Minister and Cabinet

## **Caralee McLeish**

Chief Executive and  
Secretary to the Treasury  
The Treasury

## **Carl Crafar**

Chief Operating Officer  
Ministry of Justice

## **Carolyn Schwalger**

Chief Executive  
National Emergency  
Management Agency

## **Carolyn Tremain**

Chief Executive  
Ministry of Business,  
Innovation and Employment

## **Cassie Nicholson**

Deputy Parliamentary  
Counsel  
Parliamentary Counsel  
Office

## **Cheryl Barnes**

Head of Strategy and Policy,  
COVID-19 Group  
Department of Prime  
Minister and Cabinet

## **Chris Seed**

Chief Executive and  
Secretary Foreign Affairs  
and Trade  
Ministry of Foreign Affairs  
and Trade

## **Christine Stevenson**

Comptroller  
New Zealand Customs  
Service

## **David Taylor**

Divisional Manger  
Ministry of Foreign Affairs  
and Trade

## **Debbie Power**

Chief Executive  
Ministry of Social  
Development

## **Fiona Leonard**

Chief Parliamentary Counsel  
Parliamentary Counsel  
Office

## **Glenn Dunbier**

Deputy Commissioner  
New Zealand Police

## **Helene Quilter**

Deputy Commissioner  
Public Service Commission

## **Ian Auld**

Crown Counsel  
Crown Law

## **Ian Town**

Chief Science Advisor  
Ministry of Health

## **Iona Holsted**

Secretary for Education  
Ministry of Education

## **John Ombler**

Deputy Chief Executive,  
COVID-19 Group  
Department of the Prime  
Minister and Cabinet

## **John Walsh**

Director  
Ministry for Primary  
Industries

## **Juliet Gerrard**

Prime Minister's Chief  
Science Advisor

## **Katrina Casey**

Deputy Secretary  
Ministry of Education

## **Kevin Short**

Chief of Defence Force  
New Zealand Defence Force



**Lil Anderson**  
Chief Executive  
Te Arawhiti

**Michael Shapland**  
Brigadier  
New Zealand Defence Force

**Mike Bush**  
Head of Operations and  
Planning, COVID-19 Group  
Department of the Prime  
Minister and Cabinet

**Nicola Simmonds**  
Chief of Staff, COVID-19  
Group  
Department of the Prime  
Minister and Cabinet

**Nic Blakeley**  
Deputy Chief Executive  
Ministry of Social  
Development

**Nicola Wills**  
Team Manager  
Crown Law

**Peter Hughes**  
Public Service  
Commissioner  
Public Service Commission

**Peter Mersi**  
Chief Executive  
Ministry of Transport

**Ray Smith**  
Director-General  
Ministry for Primary  
Industries

**Richard Wallace**  
Parliamentary Counsel  
Parliamentary Counsel  
Office

**Sam Kunowski**  
General Manager  
Ministry of Justice

**Sarah Stuart-Black**  
Deputy Chief Executive and  
Director Civil Defence and  
Emergency Management  
National Emergency  
Management Agency

**Scott Fraser**  
Assistant Commissioner  
New Zealand Police

**Shelley Tucker**  
Manager  
Ministry of Transport

**Simon Macpherson**  
Deputy Chief Executive  
Ministry of Social  
Development

**Sue Gordon**  
Deputy Chief Executive  
Ministry of Health

**Tane Woodley**  
Manager  
New Zealand  
Customs Service

**Una Jagose**  
Solicitor-General  
Crown Law

**Vince Arbuckle**  
Deputy Director General  
Ministry for Primary  
Industries

## Appendix 2. Terms of reference

### ODESC- COVID-19: REAL-TIME REVIEW OF ALL OF GOVERNMENT RESURGENCE RESPONSE

#### Purpose

1. The purpose of this review is to advise on New Zealand's all of government COVID-19 response activities, so that the system is optimised to manage resurgence activity now and in the future.
2. The system is complex and dynamic, extending beyond the centralised coordination and delivery aspects of the individual lead agencies, individual statutory office-holders, other agencies, Ministers and Cabinet.
3. To maximise the utility of the review in a meaningful timeframe, and recognising that the response to COVID-19 is still underway, the focus is to be on the efficacy of the structures, processes, accountabilities and effectiveness of the all of government COVID-19 response as represented by ODESC, the all of government unit within the Department of Prime Minister and Cabinet (DPMC), and the reciprocal functional relationships between relevant individual agencies and these entities insofar as those functional relationships contribute to the system-level leadership of the response.
4. The review will leverage experience gained during the initial COVID-19 response period and through current activities. The review is to be both real time and future-focused.
5. The Chair of the Officials' Committee for Domestic and External Coordination (ODESC) commissioned this review in July 2020. Given the August 2020 resurgence of COVID-19 within New Zealand, a real time review is timely.

#### Context

6. New Zealand's National Security System was activated on 27 January 2020 in response to the emergence of a novel coronavirus in China, which causes what has become known as coronavirus disease or 'COVID-19'. On 11 March 2020, the World Health Organisation announced that COVID-19

could now be characterised as a global pandemic.

7. New Zealand's response moved quickly. This included restrictions on border movements and the introduction of a four-tier alert system. New Zealand moved to COVID-19 Alert Level 4 on 25 March 2020, Alert Level 3 on 27 April, Alert Level 2 on 13 May, and Alert Level 1 on 8 June 2020. COVID-19 was again detected in the community in South Auckland on 11 August 2020. New Zealand's response again moved quickly, with Auckland moving to COVID-19 Alert Level 3 on 12 August 2020 and the rest of the country moving to Alert Level 2. The current situation is dynamic; it is expected that changes will continue to occur at pace.
8. New Zealand must continue to be well prepared to respond both to this resurgence of COVID-19 within its borders, as well as any future resurgences that may require it to again escalate its response efforts.
9. This review will draw on the experience of agencies, including debriefs and interviews, as well as material such as the *Rapid Review of Initial Operating Model and Organisational Arrangements for the National Response to COVID-19*. The current review notes that the *Rapid Review* has been implemented through the establishment of the COVID-19 All-of-Government Response Group within DPMC, and that steady-state and resurgence arrangements are being continually improved and changed at pace. The current review will build on the *Rapid Review* and subsequent improvements, rather than replicating or reviewing them.
10. The intention is that this is a tight, time-bound review, which enables improvements to the COVID-19 response to be identified and implemented quickly.

#### Scope

11. The review is to reflect on experience gained over the past eight months to identify aspects of the system response that worked or are

working well (and therefore should be repeated or continued) as well as opportunities for improvement. It is to focus on how to optimise the structures, processes and accountabilities of the centralised response, recognising that individual agency accountabilities have continued during this period.

12. The review is expected to canvass the themes set out in paragraph 14 below, to identify how optimal structures and processes can be maintained, adjusted or, where necessary, put in place. The review will also seek to comment on additional themes, set out in paragraph 15, where possible.
13. Out of scope of this review are:
  - a. Consideration of the overall government strategy for responding to COVID-19;
  - b. Cabinet's policy decisions;
  - c. Agency or sector specific activity (this is expected to be covered through agency-initiated debriefs and reviews), except where the organisation or delivery of such activity materially impacts on the effectiveness of the centralised response.

#### Themes to be considered

14. The review will consider the following aspects for the purpose of optimising arrangements in relation to the all of government COVID-19 response:

##### Structures

- a. The **structures** supporting effective governance and two-way information exchange necessary for an effective cross-government response;
- b. The **overall coordination of the broader cross-government response**, including the coordination between the centralised COVID-19 structure (eg All of Government/National Crisis Management Centre) and accountable agencies, sector and cluster leads, and the governance structures;

##### Processes

- c. Lessons identified regarding the most useful components of **pre-existing plans**

and **processes**, and the process for **developing subsequent plans**;

- d. How best to **communicate changes** as pre-arranged processes are adapted;
- e. How to rapidly identify and resolve **emerging issues** with the system;
- f. **The process for developing official advice and supporting Ministers** in their decision making, recognising the individual agency and ministerial accountabilities that exist within the centralised response;

##### Accountabilities, roles and workforce

- g. How best to ensure that **roles, responsibilities and accountabilities** are clear;
- h. How best to **manage emerging aspects** that do not have a clear lead agency or appropriation;
- i. How best to ensure the COVID-19 response **workforce** comprises capable people in the right numbers at the right time; and
- j. How best to ensure that the COVID-19 response workforce is in **the right locations, with the right enablers** (e.g. IT systems).

15. The review will also look to make comment, where possible, on the following elements:

##### Effectiveness

- a. The optimal way of **developing and communicating strategic priorities** between the centralised response and agencies, and vice versa, to enable agencies to best support the response;
- b. The optimal way of ensuring all relevant participants have the **information they need** in a suitable format;
- c. The optimal way of capturing and retaining **knowledge**;
- d. How best to **partner with local government and iwi / Māori**;
- e. How best to **work with the private sector at a strategic level** so that i) this can support the government response and the recovery and ii) the government

is responsive to the private sector's needs; and

- f. The continued effectiveness of public **communications**.

#### **Conduct of the Review**

16. The review will be conducted by Rebecca Kitteridge (lead reviewer) and Oliver Valins. Administrative and secretariat support will be provided by National Security Group, DPMC.
17. The review team will take an inclusive approach and involve a range of State Sector Leadership Team agencies, and other public sector agencies as appropriate.
18. The report is to be presented to the Chair of ODESC by 30 October 2020, however findings and suggestions will be provided to the Chair of ODESC as they emerge in keeping with the real-time focus of this review.

Date: 20 August 2020

Proactively released