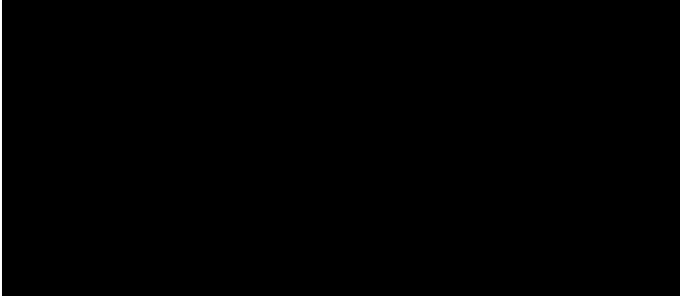


27 July 2020

Auckland DHB
Chief Executive's Office
Level 1
Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Ph: (09) 630-9943 ext: 22342
Email: ailsac@adhb.govt.nz



Re Official Information Request – Correspondence between ARPHS and MoH on contact tracing

I refer to your official information request dated 1 July 2020 requesting the following information:

Could I please request correspondence on contact tracing between ARPHS management and the Ministry of Health any time after the initial release of the report on April 10?

Clarification was requested from you by Sarah McMahon on 7 July 2020 and you provided the following clarification:

Can I please have all correspondence between ARPHS management and the Ministry of Health relating to its ability to meet the Covid contact tracing target (177 cases a day) recommended by Ayesha Verrall in the Rapid Audit of Contact Tracing? Including - any discussion about the target number, any discussion about the ability to hit that target and any discussion about what it will take to meet that target.

I am responding from Auckland District Health Board (ADHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards – Waitemata District Health Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

Please find attached (annexure A) all email correspondence between ARPHS management and the Ministry of Health relating to its ability to meet the Covid contact tracing target (177 cases a day) recommended by Ayesha Verrall in the Rapid Audit of Contact Tracing. Please note that we have only provided a single email where others are copied in. Personal contact details have been redacted to protect the privacy of these individuals – s9(2)(a) Official Information Act.

The National Contact Tracing Preparedness Plan is to be released by the Ministry shortly. Copies held by ARPHS are therefore withheld under s18(d) – the information will soon be publicly available.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully

pp 

Ailsa Claire, OBE
Chief Executive

Rowan Quinn Response – OIA 614

No	Date	Subject	Time
	07 May 2020	Baseline and target figures - concern re increase in PHU capacity requirements	17:20
	07 May 2020	Attachments: Baseline and Target capacity_by Public Health Unit.pdf	
	15 May 2020	RE: Capacity uplift plan for Auckland Regional Public Health Service	14:33
	15 May 2020	Attachments: Copy of PHU capacity plan_excel template.xlsx; ARPMS_Case Management and Contact Tracing Capacity Uplift Plan.docx	
	11 May 2020	National Contact Tracing Preparedness Plan- for attention of Clinical Directors and Service Managers, Public Health Units.	16.33
	11 May 2020	Attachments: National Contact Tracing Preparedness Plan (withheld – s18(d); Key messages_National Contact Tracing Preparedness Plan; Baseline and Target capacity_by Public Health Unit; Template of Contact Tracing Capacity Uplift Plan	
	22 May 2020	ARPHS: Capacity Plan	13:16
	22 May 2020	Attachments: ARPMS PHU capacity plan_number of cases est by MoH.xlsx; Reporting Template_Capacity Plan_ARPHS.docx	
	26 May 2020	Zoom call - PHU Capacity Plans, 10am Thursday 28 May	16:27
	27 May 2020	National Contact Tracing Preparedness plan: attached	16:11
	27 May 2020	Attachments: National Contact Tracing Preparedness Plan.pdf (withheld – s18(d)	
	27 May 2020	FW: F/up reporting: ARPMS: Capacity Plan	17:47
	27 May 2020	Attachments: ARPMS PHU capacity plan_number of cases est by MoH.xlsx; Reporting Template_Capacity Plan_ARPHS.docx	
	29 May 2020	Follow up from PHU Capacity Planning zoom call (all PHUs)	14:06
	04 June 2020	RE: F/up reporting: ARPMS: Capacity Plan	16:23
	11 June 2020	Capacity planning (ARPMS) reporting	17:09
	11 June 2020	Attachments: Capacity Reporting Template - Auckland Regional Public Health Service_11Jun20.xlsx	
	18 June 2020	Re: Capacity planning (ARPMS) reporting	11:01
	25 June 2020	RE: Accepted: ARPMS weekly capacity planning mtg	12:58
	25 June 2020	Attachments: Capacity Reporting Template - _ARPMS_25Jun20.xlsx	
	25 June 2020	RE: Accepted: ARPMS weekly capacity planning mtg	13:07
	30 June 2020	RE: ARPMS weekly capacity planning mtg	09:16
	02 July 2020	RE: Capacity plan report	13:44

From: Jane McEntee (ADHB)
Sent: Thursday, 07 May 2020 17:20
To: [REDACTED]
Cc: [REDACTED]
Subject: baseline and target figures - concern re increase in PHU capacity requirements
Attachments: Baseline and Target capacity_by Public Health Unit.pdf

Kia ora

I am very supportive of the work that we have been doing around contact tracing, the NCCS and the delegation model. I do however continue to be concerned about the 1000 cases per day figure and the requirement for PHUs to upscale to manage 500 cases. This became even more stark today when I saw the actual figure ARPHS would be required to upscale to which in the attached document is 177.

I do understand that the 1000 cases per day is from the Verrall report, based on the South Korean church scenario, however as NZ has recently worked to achieve the elimination strategy the ongoing planning to upscale for 1000 cases seems incongruent. We have upscaled our capacity in ARPHS but to increase the capacity further to plan for 177 cases is not aligned with on average the 1-2 cases per day that we are getting. The cases will increase with the change in the Alert Level however it does not seem feasible that this will reach 177 cases per day. I would strongly recommend this figure is reconsidered with new modelling before this is sent to PHUs and DHBs where it will generate a number of questions and could undermine the key messages that we do want to communicate.

Ngā mihi,

Jane

Jane McEntee

General Manager

Auckland Regional Public Health Service

Tel: +64 9 623 4600 Ext: 27102 | DDI: +64 9 6234602 | Mob: +64 274807861 | Fax: +64 9 623 4633

Level 3, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland

Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua*

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Summary of baseline and target capacity (number of new cases per day) by Public Health Unit

Public Health Unit	Population	% of population	Baseline capacity (number of new cases/day) at Level 3 or below	Target number of new cases per day * (all levels)	Change in capacity (Baseline v Target)
Northland	183,250	3.7%	20	18	-2
ARPHS	1,768,620	35.4%	60	177	117
Waikato	426,370	8.5%	5	43	38
Toi Te Ora	354,450	7.1%	12	35	23
Hau Tairāwhiti	49,685	1.0%	8	5	-3
Taranaki	121,460	2.4%	3	12	9
Hawke's Bay	167,770	3.4%	10	17	7
Mid Central	247,605	5.0%	6	25	19
Reg Pub Health	521,755	10.4%	20	52	32
Nelson Marl	152,680	3.1%	30	15	-15
Comm & Pub H	671,270	13.4%	15	67	52
Southern	335,990	6.7%	10	34	24
Total	5,000,905	100.0%	199	500	301

From: Jane McEntee (ADHB)
Sent: Friday, 15 May 2020 14:33
To: [REDACTED]
Cc: Julia Peters (ADHB), [REDACTED] Sue Waters (ADHB)
Subject: RE: Capacity uplift plan for Auckland Regional Public Health Service
Attachments: Copy of PHU capacity plan_excel template.xlsx, ARPHS_Case Management and Contact Tracing Capacity Uplift Plan.docx

Kia ora Chrystal

Please find attached ARPHS capacity plan response and excel spreadsheet template.

We would be happy to discuss this with you in more detail.

Ngā mihi,

Jane

Jane McEntee

General Manager

Auckland Regional Public Health Service

Auckland Regional Public Health Service

Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland

Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861

Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Tuesday, 12 May 2020 9:00 a.m.
To: Jane McEntee (ADHB)
Cc: Julia Peters (ADHB); [REDACTED]
Subject: Capacity uplift plan for Auckland Regional Public Health Service

Kia ora koutou,

By way of e-introduction, I am part of the team within the National Contact Tracing Service at the Ministry of Health. I have been working closely with your colleagues on developing the National Contact Tracing Model & Preparedness Plan.

Following on from an email sent yesterday outlining the Preparedness Plan, I have attached a Case Management and Capacity Uplift Plan for your PHU. This has been pre-populated with baseline capacity alongside the minimum and surge capacity required (defined in terms of the number of new cases your PHU can effectively manage each day).

An excel spreadsheet is attached for completion of the projected number of cases.

I am writing to offer a time to speak with you and/or a member of your team to talk through what information is being collected in the template and clarify any questions you may have. I, and the team working on this plan, are very mindful of the extremely high workload your teams have experienced over a number of months and would like to offer practical support to assist with this request. We are also aware there will be a number of requests for information from across the Ministry and are working hard to coordinate this as much as possible.

Please could you indicate your preference for a time to meet (virtually) for 30 minutes and whether a zoom, or direct call would work best for you? I have listed my availability below and will reply to confirm a meeting time and details.

Tuesday 12 May

2 - 2.30pm
4 - 4.30pm

Wednesday 13 May

10 - 10.30am
11 - 11.30am
12 - 12.30
1 - 1.30pm
2 - 2.30pm
4 - 4.30pm
4.30 - 5pm

Thursday 14 May

9 - 9.30am
10 - 10.30am
11 - 11.30am.

Please do not hesitate to phone me if you have any immediate concerns or queries. I look forward to speaking with you over the coming days.

Ngā mihi nui,

Chrystal O'Connor
Change Manager
National Screening Unit
Population Health and Prevention
Ministry of Health



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Name of Public Health Unit:

Key contact:

PHU Projected Capacity May & June 2020

Please complete the table below with the expected number of new cases per week that you expect your PHU to be able to effectively manage, noting the following assumptions:

- a. The PHU will start the investigation of every locally notified case.
- b. The PHU will monitor all cases, household contacts and close contacts of complex cases on a daily basis.
- c. All non-household, non-complex close contacts will be followed up by the NCCS.
- d. One-third of all cases are considered to be complex, and close contacts of complex cases will be followed up by the PHU.
- e. It is estimated that under level 2, there will approximately 20 close contacts for each case (non-complex) and 30 close contacts for each complex case. Within each group of close contacts, it is estimated that 4-5 are household contacts.
- f. Direct FTE will be staff directly assigned to complete contact tracing work; Indirect FTE will support contact tracing capacity with management, administration, & clinical advisor roles

Week beginning Monday:

Case and contact tracing Capacity May 2020

	11-May-20	18-May-20	25-May-20
# of new cases per day (complex/ outbreaks)	2	5	
# of new cases per day (non complex)	1	2	
# of direct FTE for contact tracing	45	45	51
# of indirect FTE for contact tracing	65	65	68

Case and contact tracing Capacity June 2020

	01-Jun-20	08-Jun-20	15-Jun-20	22-Jun-20	29-Jun-20
# of new cases per day (complex/ outbreaks)					41
# of new cases per day (non complex)					82
# of direct FTE for contact tracing	65	70	75	80	85
# of indirect FTE for contact tracing	75	75	75	75	75

Case Management and Contact Tracing Capacity Uplift Plan

PUBLIC HEALTH UNIT	Auckland Regional Public Health Service
CONTACT	Jane McEntee

60	124	177
Baseline capacity: number of new cases per day (under Level 3 or below)	Phase I: number of cases per day (under any level)	Phase II: number of cases per day (under any level)
Source: PHU	Source: NCCS (based on proportion of 350 new cases managed across all PHUS)	Source: NCCS (based on proportion of 500 new cases managed across all PHUS)

Projected increase in case management and contact tracing capacity

It is expected that, across all PHUs, there is capacity to effectively manage up to 350 new cases (including household and complex close contacts) per day by the end of June 2020 with robust plans in place to enable a rapidly scalable surge capacity of up to 500 new cases within 3 – 4 days if required.

Please complete **attached template** with the expected number of new cases per week that you expect your PHU to be able to effectively manage, noting the following assumptions:

- a. The PHU will start the investigation of every locally notified case
- b. The PHU will monitor all cases, household contacts and close contacts of complex cases on a daily basis.
- c. All non-household, non-complex close contacts will be followed up by the NCCS.
- d. One-third of all cases are considered to be complex, and close contacts for complex cases will be followed up by the PHU.
- e. It is estimated that under level 2, there will be approximately 20 close contacts for each case (non-complex) and 30 close contacts for each complex case. Within each group of close contacts, it is estimated that between 4 – 5 are household contacts.
- f. Direct FTE will be staff directly assigned to complete contact tracing work; indirect FTE will support contact tracing capacity with management, administration, & clinical advisor roles.

Case and contact tracing capacity	11-May	18-May	25-May	1-Jun
# of new cases per day (complex/outbreaks)				
# of new cases per day (non-complex)				
# of direct FTE to support contact tracing				
# of indirect FTE to support contact tracing				

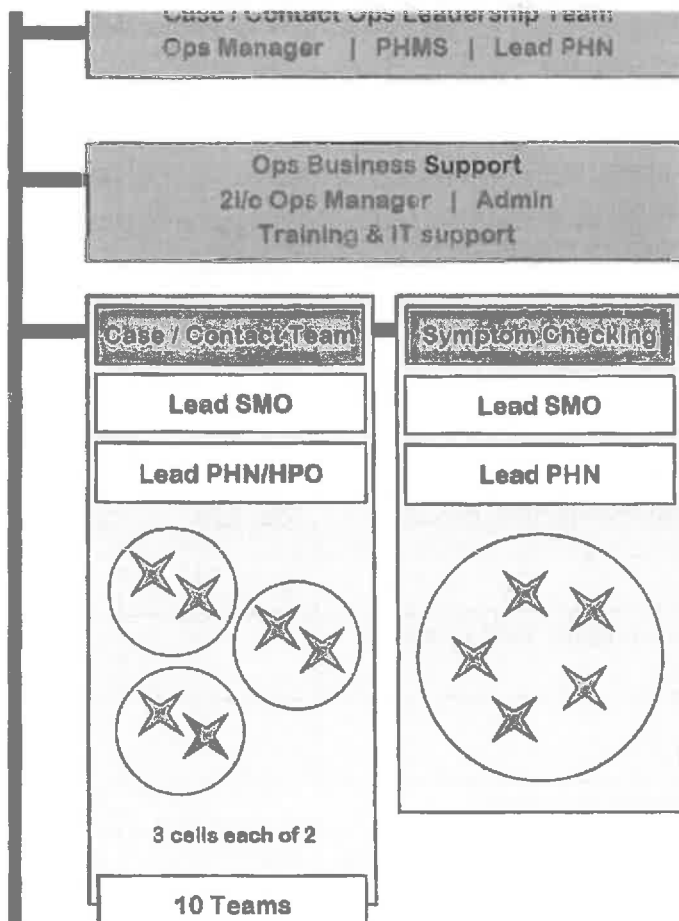
Case and contact tracing capacity	8-Jun	15-Jun	22-Jun	29-Jun
# of new cases per day (complex/outbreaks)				
# of new cases per day (non-complex)				
# of FTE to support contact tracing				
# of indirect FTE to support contact tracing				

Assumptions

Please list the assumptions that have informed capacity projections to meet the minimum number of new cases per day required in Phase I and surge capacity to meet Phase II targets, including the number of FTE required to complete case investigation and close contact follow-up (household and complex close contacts only).

It is recognised that PHUs will need to balance recruitment of staff to provide the required minimum capacity and training and availability of a "surge" workforce that may exist from within a PHU, or from other organisations.

1. ARPHS case and contact management team structure includes 1 lead SMO, 1 lead PHN/HPO and 6 team members (HPOs, nurses).
2. The 6 team members are split into 3 'cells' with 2 team members involved in scoping a case – ARPHS surge capacity planning includes that a team member may be required to scope a case by themselves
3. ARPHS has established 4 of these teams and planning supports surge capacity to increase to 10 if required.
4. ARPHS has established a separate symptom checking team.
5. To support these teams there is a case and contact operations leadership team providing operational management, public health medicine and public health nursing support and clinical advice (refer image below)
6. Please note all of these roles and FTE are included in ARPHS direct FTE numbers.



7. The case and contact management team requirements are 7 days per week
8. If new cases increased to 124/177 per day then NZ would return to Alert Level 4 – during Alert level 4 ARPHS received numerous staffing offers and utilised approximately 80 additional staff from across the DHBs and Auckland Council EHO staff which assisted with our surge capacity
9. A complex outbreak can impact on a team for a number of weeks, preventing it from accepting cases external to the outbreak (cases associated with the outbreak are included in the new cases per day cluster/outbreak line)
10. The volume of daily symptom checking with 120 cases per day would be unmanageable as the people requiring symptom checking will accumulate over say three or more weeks as cases and contacts come into the symptom checking pool and then sit there for a number of weeks until they are cleared. If there were 120 cases per day each with twenty contacts per case = 2400 contacts entering the pool every day. Even if 2/3 of these are sent to NCCS we would still be following up the symptom checking of approx. 20,000 at a peak on day 24. This volume would be unsustainable.
11. To support these volumes NCTS will need to be in production, available to ARPHS with interfaces in place, and that information can be easily retrieved
12. If other PHU regions did not have cases then ARPHS would draw on support from other PHUs – Te Toi Ora, Hawkes Bay and Regional Public Health have supported with public health nursing support in the past.
13. ARPHS will be establishing a Maori and Pacific case management and contact tracing team
14. Recruitment to support these requirements is in progress.
15. Indirect FTE includes staff involved in planning, intelligence, informatics logistics etc.
16. It is noted funding for PHUs is one off and not sustainable (baseline funding) therefore additional staff recruited to support case management and contact tracing will be offered 6-12 month fixed term contracts.
17. ARPHS focus will be on case and contact management and will not take on border or quarantine facility responsibilities.

Actions PHU have taken, have planned or are underway, to increase capacity

Action	Timeframe	Status
<i>Brief description of action e.g. recruitment of additional staff, training plans, development of training material.</i>	<i>When will this work take place</i>	<i>Planned, underway or complete.</i>
Position descriptions/task sheets for each role		complete
Recruitment to case management and contact tracing roles, includes appointing staff, pre-boarding, on-boarding	Feb - July	underway
Development of case management and contact tracing training model		complete
Case and contact tracing teams established		Underway
SOPs developed and team members familiar with using these		Underway
Ongoing refreshers for regional staff to maintain competence to support surge capacity when required	June	planned
Establishment of a Maori and Pacific case management and contact tracing teams	June/July	planned

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Please identify any national support required to increase capacity

- PHMS resource in Auckland is limited and is a critical role in providing advice on case and contact management in particular with cluster management – national support requested to recruitment/second additional PHMS/MOH resources
- To support these volumes NCTS will need to be in production, available to ARPHS with interfaces in place, and that information can be easily retrieved.
- Timely Public Health Technical Advisory responses to inform management of cases, contacts and clusters.

MINISTRY OF HEALTH CONTACT



From: [REDACTED]

Sent: Monday, 11 May 2020 4:33 p.m.

To: Jonathan Jarman (Taranaki DHB); Jose Ortega Benito (NDHB); Julia Peters (ADHB); Nicholas Jones (Hawke's Bay DHB); Osman.Mansoor@tdh.org.nz; Phil Shoemack - Toi Te Ora PHS (BOP); ramon.pink@cdhb.govt.nz; Richard Vipond; Robert Weir (MidCentral DHB); Stephen.Bridgman@nmdhb.govt.nz; Stephen Palmer (Hutt Valley DHB); susan.jack@southerndhb.govt.nz; William Rainger (ADHB); [REDACTED]

Cc: [REDACTED]

Subject: National Contact Tracing Preparedness Plan- for attention of Clinical Directors and Service Managers, Public Health Units.

Kia ora koutou,

Firstly, thank you for your continued commitment to New Zealand's response to COVID-19. Public Health Units (PHUs) have led the local response to the pandemic and the efforts of all staff within PHUs is very much valued and acknowledged by the Ministry.

This email contains information on a nationally coordinated model for contact tracing which has been developed to respond to the recommendation in the Verrall report to enable the public health system to effectively manage up to 1,000 new cases of COVID-19 each day.

The National Contact Tracing Service (NCTS) has been established within the Ministry of Health to lead and coordinate this work.

You will find attached the National Contact Tracing Preparedness Plan. The plan outlines a nationally led and coordinated contact tracing model and recognises the critically important role that PHUs have in managing infectious disease outbreaks, both in terms of the clinical and technical expertise to investigate and contact trace, as well as local knowledge and relationships. The model outlines how the local and national contact tracing teams will work together to manage capacity across the public health system.

The plan has been developed with advice and input from the following members of the Public Health Clinical Network; (Jane McEntee (Auckland Regional Public Health) , Peter Gush (Regional Public Health), Dr. Phil Shoemack (Toi Te Ora) and Dr. Ramon Pink (Community & Public Health) and endorsed by the PHU/MoH/DHB COVID response Governance Group.

There are a number of important assumptions contained within the plan to enable the system to be prepared and ready to manage up to 1,000 new cases of COVID-19 each day.

1. PHUs will increase case management and contact tracing capacity by the end of June to manage a minimum of 350 new cases of COVID-19 each day (across all PHUs), and will have robust plans in place to be able to rapidly scale capacity to up to 500 new cases a day within 3 - 4 days if required.

2. The National Close Contact Service (NCCS) will continue to be used to follow-up all non-household, non-complex close contacts.

The following documents are attached and provide further detail:

- A National Contact Tracing Preparedness Plan
- Key messages to support sharing this information with your staff - a summary of key points and abbreviated description of the national contact tracing model.
- Summary of baseline and target capacity by PHU.
- Template of the Capacity Uplift Plan - individual plans with pre-populated baseline and target number of cases will be sent to each PHU to complete.

Next steps:

1. Please share this information with your teams.

2. A **Capacity Uplift Plan** will be sent to each PHU containing information previously collected regarding capacity of new cases per day, and seeking further information on the expected case management and contact tracing capacity, including planning assumptions, FTE, constraints and any additional support PHUs may require from the NCCS, or wider Ministry.

This information is required by **12 noon Friday 15 May 2020** to provide information and assurance on New Zealand's capacity to respond to COVID-19.

Chrystal O'Connor is leading this work and will be contact with each PHU manager to set up a time to talk through the template, provide clarity about the information requested and answer any questions you, or your team may have.

3. An **Action Plan** will be developed to support the nationally coordinated contact tracing model, led by the NCTS with input and expertise from the sub-group of the Public Health Clinical Network. An initial list of work has been developed and a draft action plan will be shared with you once developed.

4. An initial \$15million has been provided to PHUs to increase capacity to respond to the pandemic. The Public Health Capability Team will be in contact regarding the second tranche of additional funding to support PHUs to further increase capacity for contact tracing.

Thank you once again for your commitment and leadership, we look forward to working together to implement this model.

Ngā mihi nui,

Astrid Koornneef (for COVID-19 response: Group Manager, National Contact Tracing Service),

Jane McEntee, Chair Public Health Clinical Network

Dr. Phil Shoemack, Deputy Chair Public Health Clinical Network.

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Summary of baseline and target capacity (number of new cases per day) by Public Health Unit:

Phase I (minimum capacity) and Phase II (surge capacity).

Public Health Unit	Population	% of population	Baseline capacity (number of new cases/day) at Level 3 or below	Phase I: number of new cases per day (all levels)	Phase II: number of new cases per day (all levels)
				Source: Calculated as a proportion of Phase I preparedness: 350 cases per day	Source: Calculated as a proportion of Phase II preparedness: 500 cases per day
Northland	183,250	3.7%	20	13	18
ARPHS	1,768,620	35.4%	60	124	177
Waikato	426,370	8.5%	5	30	43
Toi Te Ora	354,450	7.1%	12	25	35
Hau Tairāwhiti	49,685	1.0%	8	3	5
Taranaki	121,460	2.4%	3	9	12
Hawkes's Bay	167,770	3.4%	10	12	17
Mid Central	247,605	5.0%	6	17	25
Reg Pub Health	521,755	10.4%	20	37	52
Nelson Marl	152,680	3.1%	30	11	15
Comm & Pub H	671,270	13.4%	15	47	67
Southern	335,990	6.7%	10	24	34
Total	5,000,905	100.0%	199	350	500

*The number in the baseline capacity column was provided to the National Close Contact Service in response to the following question "The number of cases your PHU could scale to, and sustain, if you had 3 – 4 days' notice to build up to this level (inclusive of case investigation and contact tracing of household contact) effectively as per current practice". This baseline capacity can be amended as needed.

Key messages – National Contact Tracing Preparedness Plan

1. The National Contact Tracing Service (NCTS) has been established within the Ministry of Health to lead and coordinate a national contact tracing model.
2. To support this work, a National Contact Tracing Preparedness Plan has been developed to enable the public health system to effectively manage up to 1,000 new cases of COVID-19 each day.
3. The plan responds to Dr Ayesha Verrall's recommendations in the *Rapid Audit of Contact Tracing for COVID-19 in New Zealand* (<https://www.health.govt.nz/publication/rapid-audit-contact-tracing-covid-19-new-zealand>).
4. The plan has been developed with advice and input from the following members of the Public Health Clinical Network; (Jane McEntee (Auckland Regional Public Health), Peter Gush (Regional Public Health), Dr. Phil Shoemack (Toi Te Ora) and Dr. Ramon Pink (Community & Public Health) and endorsed by the PHU/MOH/DHB COVID response Governance Group.
5. The plan outlines an operating model which is PHU-centric, recognising that contact tracing skills and expertise, as well as local knowledge exists within PHUs.
6. This means that case investigation and contact tracing for **household and complex** contacts will continue to be managed by Public Health Units, where capacity allows.
7. The National Close Contact Service (NCCS) continues to be used to follow up **all non-household, non-complex close contacts** and coordinate efforts across the system to ensure enough capacity exists to rapidly respond to increases in COVID-19 cases.
8. Additional funding will be provided to Public Health Units (PHUs) to increase national capacity across all PHUs to effectively manage a minimum of 350 new cases per day by the end of June and have a robust plan in place to rapidly scale to a surge capacity of up to 500 new cases per day within 3 – 4 days if required.
9. A minimum number of cases by PHU has been allocated based on the proportion of the population they support, for example the minimum target of 350 cases per day e.g. if a PHU supports 10% of the national population their target will be $350 \times 10\% = 35$ cases per day.
10. Where any one PHU reaches or is nearing 80% capacity, the model enables the delegation of case investigation and follow up of household and complex close contacts by another PHU with capacity in the first instance.

11. The minimum required capacity of 350 new cases per day managed across all PHUs assumes that appropriate close contacts (non-household and non-complex) will be followed up by the NCCS, ensuring capacity remains in PHUs to respond to case investigation, household and complex close contacts.
12. If the number of new cases per day exceeds 500 (across all PHUs), the NCCS will also perform case investigation and a small team is being established to ensure this capability exists if needed.
13. The operating model is underpinned with a monitoring framework to measure the clinical effectiveness of the process, as well as highlighting where the system is under pressure and timeliness is at risk. A draft of this was provided to you for comment by Toby Regan.
14. The NCTU will collect information from PHUs on current and projected capacity. A *Contact Tracing Capacity Uplift Plan* template will be sent to each PHU to complete by Friday 15 May 2020 to ensure that planning assumptions and timeframes for increasing local contact tracing capacity are well understood and supported.
15. Ongoing engagement on individual capacity uplift plans will be critical to ensure PHUs are supported to increase capacity, delegate work as required and that the NCTS is able to effectively coordinate and understand contact tracing capacity across the system.
16. The NCTS will work collaboratively with PHUs to progress key activities to support the operating model we have outlined in the preparedness plan. A detailed action plan is being developed.

Case Management and Contact Tracing Capacity Uplift Plan

PUBLIC HEALTH UNIT	Auckland Regional Public Health Service
CONTACT	[NAME OF CONTACT REGARDING THIS PLAN]

60	124	177
Baseline capacity: number of new cases per day (under Level 3 or below)	Phase I: number of cases per day (under any level)	Phase II: number of cases per day (under any level)
Source: PHU	Source: NCCS (based on proportion of 350 new cases managed across all PHUS)	Source: NCCS (based on proportion of 500 new cases managed across all PHUS)

Projected increase in case management and contact tracing capacity

It is expected that, across all PHUs, there is capacity to effectively manage up to 350 new cases (including household and complex close contacts) per day by the end of June 2020 with robust plans in place to enable a rapidly scalable surge capacity of up to 500 new cases within 3 – 4 days if required.

Please complete **attached template** with the expected number of new cases per week that you expect your PHU to be able to effectively manage, noting the following assumptions:

- a. The PHU will start the investigation of every locally notified case
- b. The PHU will monitor all cases, household contacts and close contacts of complex cases on a daily basis.
- c. All non-household, non-complex close contacts will be followed up by the NCCS.
- d. One-third of all cases are considered to be complex, and close contacts for complex cases will be followed up by the PHU.
- e. It is estimated that under level 2, there will be approximately 20 close contacts for each case (non-complex) and 30 close contacts for each complex case. Within each group of close contacts, it is estimated that between 4 – 5 are household contacts.
- f. Direct FTE will be staff directly assigned to complete contact tracing work; indirect FTE will support contact tracing capacity with management, administration, & clinical advisor roles.

Case and contact tracing capacity	11-May	18-May	25-May	1-Jun
# of new cases per day (complex/outbreaks)				
# of new cases per day (non-complex)				
# of direct FTE to support contact tracing				
# of indirect FTE to support contact tracing				

Case and contact tracing capacity	8-Jun	15-Jun	22-Jun	29-Jun
# of new cases per day (complex/outbreaks)				
# of new cases per day (non-complex)				
# of FTE to support contact tracing				
# of indirect FTE to support contact tracing				

Please identify any national support required to increase capacity

MINISTRY OF HEALTH CONTACT



From: [REDACTED]
Sent: Friday, 22 May 2020 13:16
To: Jane McEntee (ADHB)
Subject: ARPHS: Capacity Plan
Attachments: ARPHS PHU capacity plan_number of cases est by MoH.xlsx; Reporting Template_Capacity Plan_ARPHS.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: REPLY/ACTION

Kia ora,

Thank you to the team involved in completing the case management and contact tracing capacity uplift plan last week. Information from these plans are critical to understanding what local capacity exists within each PHU and in turn, the health system's preparedness to respond to future outbreaks of COVID-19. The National Contact Tracing Service (NCTS) appreciate the significant challenge we face together to prepare and build capacity across the system and thank you for the time taken to prepare and share your planning assumptions.

This email contains information on three areas; 1) an overview of key issues identified across all plans, 2) clarification on information contained with your PHU plan, 3) request for weekly reporting to track progress against the plan.

Funding to support the plans was raised over the course of discussions last week. The Public Health Capability team have requested information this week on the first tranche of funding provided to PHUs. The Ministry will endeavour to come back to you by Wednesday next week to outline an approach to allocating the additional funding available to support this work.

1. Overview of PHU Capacity Planning

An initial review of plans from all 12 PHUs identified the following:

1. Daily follow-up of cases and household contacts for 14 days requires significant resources that may be achievable, or sustainable for PHUs.
2. There are variable operating models in place relying on different workforces, skill mix and FTE.
3. There is a limited supply of Medical Officer of Health / Public Health Medicine Specialist experience across NZ which impacts on the ability of PHUs to recruit additional resources in this area.

Daily monitoring and symptom checking (of cases and household contacts) requires a significant level of resource within each PHU. The National Close Contact Service (NCCS) has the capacity to deliver this function on behalf of all PHUs and this is part of the delegation model outlined in the National Contact Tracing Preparedness plan. **For the purposes of capacity plans, please adjust the FTE required for daily monitoring and symptom checking of cases (and household contacts) as these can be referred to the NCCS (in addition to all non-household close contacts).**

A range of national support was identified by PHUs and in light of the key issues above the National Contact Tracing Service will prioritise the following actions over the next 3 - 4 weeks.

1. Develop a standardised national protocol and operating procedure for;
 - daily monitoring and symptom checking for cases and household contacts,
 - delegation of case investigation and follow-up to another PHU,
 - release from isolation
2. Develop central case investigation model
 - design and confirm model for centralised case investigation
 - complete protocols, procedures, and training approach

- implement readiness plan for activation

2. Clarification- PHU capacity uplift plan

I have noted the projected increases and assumptions in your plan. The plan indicates that you will have built sufficient capacity to manage 123 new cases per day by the week of the 29th of June.

Increases in FTE are planned across each week between now and the end of June. The plan did not contain information on the number of new cases that ARPHS could manage based on these FTE, therefore an incremental increase of 10 new cases a day has been estimated in our modelling (e.g. baseline capacity to manage 60 new cases per day for the w/c 11 and 18 May, 70 new cases per day w/c 25 May, 80 new cases per day w/c 1 June 2020). The attached document contains these numbers by week - please review and update as needed.

Assumption 8 notes that you would expect NZ to return to alert level 4 if new cases per day increased in 124 (or above) in your region and therefore ARPHS would utilise additional staff from across the DHBs and Auckland Council.

a. Can you please confirm if the planned increases in FTE will rely on seconded staff either from within the PHU and/or external agencies before the 29 June 2020?

You note (assumption 10) that the workload of daily follow ups for both cases and close contacts (household and close contacts of complex cases) will be unsustainable. As outlined earlier in this email, the NCCS will be available to manage this work on behalf of PHUs. FTE requirements for this work can be removed from your capacity plan.

3. Weekly reporting

The NCTS is responsible for oversight and coordination of the national contact tracing model. To assist our ability to this, I would like to begin weekly reporting against the plans from next **Tuesday 26 May**. This will help to identify actual capacity over the initial eight week period and any challenges or constraints you are experiencing in implementing the plan to enable support to be provided.

A reporting template will be developed for this and distributed next week.

In the interim, for next week's report please provide complete the attached template and email this to me by close of play, **Tuesday 26 May**. This has been pre-populated with information from your capacity plan.

Please do make contact if you have any questions, or queries on these requests. Happy to discuss further.

Ngā mihi nui,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

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Name of Public Health Unit:

ARPHS (with anticipated numbers populate by MoH)

Key contact:

PHU Projected Capacity May & June 2020

Please complete the table below with the expected number of new cases per week that you expect your PHU to be able to effectively manage, noting the following assumptions:

- a. The PHU will start the investigation of every locally notified case.
- b. The PHU will monitor all cases, household contacts and close contacts of complex cases on a daily basis.
- c. All non-household, non-complex close contacts will be followed up by the NCCS.
- d. One-third of all cases are considered to be complex, and close contacts of complex cases will be followed up by the PHU.
- e. It is estimated that under level 2, there will approximately 20 close contacts for each case (non-complex) and 30 close contacts for each complex case. Within each group of close contacts, it is estimated that 4-5 are household contacts.
- f. Direct FTE will be staff directly assigned to complete contact tracing work; indirect FTE will support contact tracing capacity with management, administration, & clinical advisor roles

Week beginning Monday:

Case and contact tracing Capacity May 2020

	11-May-20	18-May-20	25-May-20
# of new cases per day (complex/ outbreaks)	20	20	23
# of new cases per day (non complex)	40	40	46
# of direct FTE for contact tracing	45	45	51
# of indirect FTE for contact tracing	65	65	68

Case and contact tracing Capacity June 2020

	01-Jun-20	08-Jun-20	15-Jun-20	22-Jun-20	29-Jun-20
# of new cases per day (complex/ outbreaks)	26	30	33	36	41
# of new cases per day (non complex)	53	59	66	73	82
# of direct FTE for contact tracing	65	70	75	80	85
# of indirect FTE for contact tracing	75	75	75	75	75

Reporting Template: Case Management and Capacity Uplift Plan

A. Please complete the table below using projected numbers included in the capacity uplift plan for your PHU. Please also include the actual capacity and number of FTE your PHU had in place to complete case investigation and contact tracing during the week's listed below. Please note this template is not requesting information on the actual number of cases your PHU managed during these weeks, but the capacity that existed within the PHU if required.

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
# of new cases per day (complex/outbreak)	20		20		23	
# of new cases per day (non-complex)	40		40		46	
# of direct FTE to support contact tracing	45		45		51	
# of indirect FTE to support contact tracing	65		65		68	

B. Update on the action plan: Please complete the action plan template below noting progress against the actions included in your capacity plan.

Action	Timeframe When will this work take place	Status	Update – up to 26.5.20
Brief description of action e.g. recruitment of additional staff, training plans, development of training material.	When will this work take place	Planned, underway or complete.	
Recruitment to case management and contact tracing roles, includes appointing staff, pre-boarding, on-boarding	Feb - July	Underway	
Case and contact tracing teams established		Underway	
SOPs developed and team members familiar with using these		Underway	
Ongoing refreshers for regional staff to maintain competence to support surge capacity when required	June	Planned	
Establishment of a Maori and Pacific case management and contact tracing teams	June/July	Planned	

From: [REDACTED]
Sent: Tuesday, 26 May 2020 16:27
To: Liz Read, Robert Holdaway, Robert Weir (MidCentral DHB);
sonya.briggs@nmdhb.govt.nz, Lynette Finnie, Kirsty Peel, Ramon Pink
(C&PH), Nicholas Jones (Hawke's Bay DHB);
Patrick.LeGeyt@hawkesbaydhb.govt.nz;
[REDACTED] Jonathan Jarman (Taranaki DHB);
Jose Ortega Benito (NDHB), Julia Peters (ADHB);
Osman.Mansoor@tdh.org.nz, Phil Shoemack - Toi Te Ora PHS (BOP),
ramon.pink@cdhb.govt.nz, Richard Vipond;
Stephen.Bridgman@nmdhb.govt.nz, Stephen Palmer (Hutt Valley
DHB), susan.jack@southerndhb.govt.nz, William Rainger (ADHB);
[REDACTED]
Subject: Zoom call - PHU Capacity Plans, 10am Thursday 28 May

Kia ora koutou,

Following on from my email yesterday, I have scheduled a zoom call for **10 - 10.30am Thursday 28 May** to discuss the national contact tracing model and in particular the capacity plans.

Unfortunately the time we planned use tomorrow afternoon clashed with pre-arranged training for the National Contact Tracing Solution, which I understand many PHUs were involved with.

This email has been sent to the named lead on the PHU Capacity Plan, Clinical Directors and PHU Managers. We will keep the agenda broad to enable time for questions and discussion, and intend to cover:

1. Overview of the national contact tracing model and process to date.
2. Capacity planning
3. Key issues

Ngā mihi nui,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

----- Forwarded by Chrystal O'Connor/MOH on 26/05/2020 04:09 pm -----

From: Chrystal O'Connor/MOH
To:
Date: 25/05/2020 10:53 am
Subject: Clarification - referral of daily monitoring & symptom checking to the NCCS

Mōrena,

I have received a number of queries following the email sent on Friday regarding capacity planning, and in particular, reference to daily monitoring and symptom checking of cases (and household contacts) work being referred to the National Close Contact Service (NCCS).

It is intended that this work would be referred to the NCCS **if and when** PHUs begin to exhaust local capacity to undertake this work.

A key principle of the national contact tracing model is that contact tracing should be predominantly delivered

by the local PHU and that work will be delegated when local case load is such that timely service delivery is at risk. Delegation of daily monitoring and symptom check of cases (and household contacts) to the NCCS falls into this category.

As PHUs increase capacity to manage a future outbreak of COVID-19 it is expected that this will also include some capacity to undertake daily monitoring and symptom checks of cases (and household contacts), however some PHUs indicated that they would need an extremely high of FTE to support this work and expressed concern about being able to do so. I will follow up with these PHUs on Tuesday to discuss this further.

As we work together to increase capacity across the system there are a number of questions and queries being raised about how the model will work in practice. It would be useful (and timely) to discuss these as a group, therefore I will arrange a zoom call with all 12 PHUs on Wednesday afternoon to discuss this work further.

Ngā mihi,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health



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From: [REDACTED]
Sent: Wednesday, 27 May 2020 16:11
To: annabel.burley@tdhb.org.nz; aporina.chapman@tdh.org.nz;
[REDACTED] Becky.Jenkins@tdhb.org.nz;
Bevan.Clayton-Smith@waikatodhb.health.nz;
evon.currie@cdhb.govt.nz; Itayi.Mapanda@wdhb.org.nz;
Janet.Hanvey@bopdhb.govt.nz; Jane.McEntee (ADHB),
johanna.wilson@hawkesbaydhb.govt.nz; Jonathan.Jarman (Taranaki
DHB); Jose.Ortega.Benito (NDHB); Julia.Peters (ADHB),
Keith.Lewis@huttvalleydhb.org.nz; Kirsty.Peel@cdhb.health.nz;
Liz.Read@hbdhb.govt.nz; Lynette.Finnie@southerndhb.govt.nz;
Nicholas.Jones (Hawke's Bay DHB); Nicola.Ehau@tdh.org.nz;
Osman.Mansoor@tdh.org.nz; Patrick.LeGeyt@hawkesbaydhb.govt.nz;
Peter.Gush@huttvalleydhb.org.nz; Phil.Shoemack - Toi Te Ora PHS
(BOP); Ramon.Pink (C&PH); ramon.pink@cdhb.govt.nz; Richard
Vipond; Robert.Holdaway@midcentraldhb.govt.nz; Robert.Weir
(MidCentral DHB); sonya.briggs@nmdhb.govt.nz;
Stephen.Bridgman@nmdhb.govt.nz; Stephen.Palmer (Hutt Valley
DHB); Susan.Jack@southerndhb.govt.nz; Warreri.Moetara (NDHB);
Wietske.Cloo@hbdhb.govt.nz; William.Rainger (ADHB)
Subject: National Contact Tracing Preparedness plan: attached
Attachments: National Contact Tracing Preparedness Plan.pdf

Good afternoon,

Thanks for your replies regarding the zoom call at 10am tomorrow.

Ahead of our call, I have attached a copy of the National Contact Tracing Preparedness plan which provides an overview of the national contact tracing model. This has previously been circulated but I am re-sending in case not all attendees have a copy of this.

Astrid Koornneef and I will attend the call tomorrow and look forward to speaking with you then.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

[REDACTED]

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From: Jane McEntee (ADHB)
Sent: Wednesday, 27 May 2020 17:47
To: [REDACTED]
Cc: William Rainger (ADHB)
Subject: FW: F/up reporting ARPMS Capacity Plan
Attachments: ARPMS PHU capacity plan_number of cases est by MoH.xlsx; Reporting Template_Capacity Plan_ARPMS.docx

Kia ora Chrystal

As requested the actual volume column is completed below. With the return to Alert Level 2 staff that were deployed to ARPMS have returned to their BAU roles across the DHBs and Auckland Council however they are part of our planning with our surge capacity if the volumes increased again. For this reason the actual FTE staff volumes have reduced however the service is preparing to upscale within 24-48 hours.

Ngā mihi,
 Jane
 Jane McEntee
 General Manager
 Auckland Regional Public Health Service
Auckland Regional Public Health Service
 Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland
 Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861
 Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Wednesday, 27 May 2020 1:40 p.m.
To: Jane McEntee (ADHB)
Subject: F/up reporting: ARPMS: Capacity Plan

Hi Jane,

I'm just following up on the request for reporting against the capacity uplift plan. Have you, or a colleague sent this through? Apologies if I may have missed this.

The key information that is needed today is the actual capacity ARPMS had on the following weeks compared to planned capacity (and FTE). Note, the case capacity was estimated based on the number of FTE you planned to have (see excel document in email from 22/5).

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
# of new cases per day (complex/outbreak)	20	20	20	20	23	20
# of new cases per day (non-complex)	40	40	40	40	46	40
# of direct FTE to support contact tracing	45	45	45	45	51	45
# of indirect FTE to support contact tracing	65	65	65	65	68	65

If you were able to please complete and send through the shaded columns by 4pm that would be very helpful.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

----- Forwarded by Chrystal O'Connor/MOH on 27/05/2020 01:36 pm -----

From: Chrystal O'Connor/MOH
To: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
Date: 22/05/2020 01:16 pm
Subject: ARPHS: Capacity Plan

Kia ora,

Thank you to the team involved in completing the case management and contact tracing capacity uplift plan last week. Information from these plans are critical to understanding what local capacity exists within each PHU and in turn, the health system's preparedness to respond to future outbreaks of COVID-19. The National Contact Tracing Service (NCTS) appreciate the significant challenge we face together to prepare and build capacity across the system and thank you for the time taken to prepare and share your planning assumptions.

This email contains information on three areas; 1) an overview of key issues identified across all plans, 2) clarification on information contained with your PHU plan, 3) request for weekly reporting to track progress against the plan.

Funding to support the plans was raised over the course of discussions last week. The Public Health Capability team have requested information this week on the first tranche of funding provided to PHUs. The Ministry will endeavour to come back to you by Wednesday next week to outline an approach to allocating the additional funding available to support this work.

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An initial review of plans from all 12 PHUs identified the following:

1. Daily follow-up of cases and household contacts for 14 days requires significant resources that may be achievable, or sustainable for PHUs.
2. There are variable operating models in place relying on different workforces, skill mix and FTE.
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Daily monitoring and symptom checking (of cases and household contacts) requires a significant level of resource within each PHU. The National Close Contact Service (NCCS) has the capacity to deliver this function on behalf of all PHUs and this is part of the delegation model outlined in the National Contact Tracing Preparedness plan. **For the purposes of capacity plans, please adjust the FTE required for daily monitoring and symptom checking of cases (and household contacts) as these can be referred to the NCCS (in addition to all non-household close contacts).**

A range of national support was identified by PHUs and in light of the key issues above the National Contact Tracing Service will prioritise the following actions over the next 3 - 4 weeks.

1. Develop a standardised national protocol and operating procedure for;
 - daily monitoring and symptom checking for cases and household contacts,
 - delegation of case investigation and follow-up to another PHU,
 - release from isolation
2. Develop central case investigation model
 - design and confirm model for centralised case investigation
 - complete protocols, procedures, and training approach
 - implement readiness plan for activation

2. Clarification- PHU capacity uplift plan

I have noted the projected increases and assumptions in your plan. The plan indicates that you will have built sufficient capacity to manage 123 new cases per day by the week of the 29th of June. Increases in FTE are planned across each week between now and the end of June. The plan did not contain information on the number of new cases that ARPHS could manage based on these FTE, therefore an incremental increase of 10 new cases a day has been estimated in our modelling (e.g. baseline capacity to manage 60 new cases per day for the w/c 11 and 18 May, 70 new cases per day w/c 25 May, 80 new cases per day w/c 1 June 2020). The attached document contains these numbers by week - please review and update as needed.

Assumption 8 notes that you would expect NZ to return to alert level 4 if new cases per day increased in 124 (or above) in your region and therefore ARPHS would utilise additional staff from across the DHBs and Auckland Council.

a. Can you please confirm if the planned increases in FTE will rely on seconded staff either from within the PHU and/or external agencies before the 29 June 2020?

You note (assumption 10) that the workload of daily follow ups for both cases and close contacts (household and close contacts of complex cases) will be unsustainable. As outlined earlier in this email, the NCCS will be available to manage this work on behalf of PHUs. FTE requirements for this work can be removed from your capacity plan.

3. Weekly reporting

The NCTS is responsible for oversight and coordination of the national contact tracing model. To assist our ability to this, I would like to begin weekly reporting against the plans from next **Tuesday 26 May**. This will help to identify actual capacity over the initial eight week period and any challenges or constraints you are experiencing in implementing the plan to enable support to be provided.

A reporting template will be developed for this and distributed next week.

In the interim, for next week's report please provide complete the attached template and email this to me by close of play, **Tuesday 26 May**. This has been pre-populated with information from your capacity plan.

Please do make contact if you have any questions, or queries on these requests. Happy to discuss further.

Ngā mihi nui,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

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Name of Public Health Unit:

ARPHS (with anticipated numbers populate by MoH)

Key contact:

PHU Projected Capacity May & June 2020

Please complete the table below with the expected number of new cases per week that you expect your PHU to be able to effectively manage, noting the following assumptions:

- a. The PHU will start the investigation of every locally notified case.
- b. The PHU will monitor all cases, household contacts and close contacts of complex cases on a daily basis.
- c. All non-household, non-complex close contacts will be followed up by the NCCS.
- d. One-third of all cases are considered to be complex, and close contacts of complex cases will be followed up by the PHU.
- e. It is estimated that under level 2, there will approximately 20 close contacts for each case (non-complex) and 30 close contacts for each complex case. Within each group of close contacts, it is estimated that 4-5 are household contacts.
- f. Direct FTE will be staff directly assigned to complete contact tracing work; indirect FTE will support contact tracing capacity with management, administration, & clinical advisor roles

Week beginning Monday:

Case and contact tracing Capacity May 2020

	11-May-20	18-May-20	25-May-20
# of new cases per day (complex/ outbreaks)	20	20	23
# of new cases per day (non complex)	40	40	46
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# of indirect FTE for contact tracing	65	65	68

Case and contact tracing Capacity June 2020

	01-Jun-20	08-Jun-20	15-Jun-20	22-Jun-20	29-Jun-20
# of new cases per day (complex/ outbreaks)	26	30	33	36	41
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# of direct FTE for contact tracing	65	70	75	80	85
# of indirect FTE for contact tracing	75	75	75	75	75

Reporting Template: Case Management and Capacity Uplift Plan

A. Please complete the table below using projected numbers included in the capacity uplift plan for your PHU. Please also include the actual capacity and number of FTE your PHU had in place to complete case investigation and contact tracing during the week's listed below. Please note this template is not requesting information on the actual number of cases your PHU managed during these weeks, but the capacity that existed within the PHU if required.

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
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# of direct FTE to support contact tracing	45		45		51	
# of indirect FTE to support contact tracing	65		65		68	

B. Update on the action plan: Please complete the action plan template below noting progress against the actions included in your capacity plan.

Action	Timeframe	Status	Update – up to 26.5.20
Brief description of action e.g. recruitment of additional staff, training plans, development of training material.	When will this work take place	Planned, underway or complete.	
Recruitment to case management and contact tracing roles, includes appointing staff, pre-boarding, on-boarding	Feb - July	Underway	
Case and contact tracing teams established		Underway	
SOPs developed and team members familiar with using these		Underway	
Ongoing refreshers for regional staff to maintain competence to support surge capacity when required	June	Planned	
Establishment of a Maori and Pacific case management and contact tracing teams	June/July	Planned	

From: [REDACTED]
Sent: Friday, 29 May 2020 14:06
To: annabel.burley@tdhb.org.nz, aporina.chapman@tdh.org.nz;
[REDACTED] Becky.Jenkins@tdhb.org.nz;
Bevan.Clayton-Smith@waikatodhb.health.nz;
evon.currie@cdhb.govt.nz, Itayi.Mapanda@wdhb.org.nz,
Janet.Harvey@bopdhb.govt.nz, Jane.McEntee (ADHB),
johanna.wilson@hawkesbaydhb.govt.nz; Jonathan.Jarman (Taranaki
DHB), Jose.Ortega.Benito (NDHB), Julia.Peters (ADHB),
Keith.Lewis@huttvalleydhb.org.nz, Kirsty.Peel@cdhb.health.nz,
Liz.Read@hbdhb.govt.nz; Lynette.Finnie@southerndhb.govt.nz;
Nicholas.Jones (Hawke's Bay DHB), Nicola.Ehau@tdh.org.nz,
Osman.Mansoor@tdh.org.nz, Patrick.LeGeyt@hawkesbaydhb.govt.nz;
Peter.Gush@huttvalleydhb.org.nz; Phil.Shoemack - Toi Te Ora PHS
(BOP), Ramon.Pink (C&PH), ramon.pink@cdhb.govt.nz, Richard
Vipond, Robert.Holdaway@midcentraldhb.govt.nz, Robert.Weir
(MidCentral DHB); sonya.briggs@nmdhb.govt.nz;
Stephen.Bridgman@nmdhb.govt.nz, Stephen.Palmer (Hutt Valley
DHB), Susan.Jack@southerndhb.govt.nz, Warren.Moetara (NDHB);
Wietske.Cloot@hbdhb.govt.nz, William.Rainger (ADHB)
Subject: Follow up from PHU Capacity Planning zoom call (all PHUs)

Kia ora koutou,

Thank you for your time yesterday to discuss the National Contact Tracing Preparedness Plan and capacity planning.

This was a useful forum to discuss the key issues (and challenges) in building capacity across the system. I have noted the key points raised during the meeting below.

Concerns were raised around the time frame for an online training package for case investigation and the impact this would have on PHUs planning to train a wider workforce by the end of June 2020 (the period you have been asked to increase capacity to the phase I target). The online training package is planned to be completed by the end of June 2020. In the interim we suggest that you use what local training materials you have available and we will keep you updated on the development of the online tool and timeframes. I can work with each PHU to make adjustments to the capacity plan if you anticipate that this time frame will have an impact on the FTE you would have available by the end of June.

Summary of key points

- Building capacity is challenging - PHUs need to balance having the right resources available at the right time vs recruiting / engaging a workforce that is not needed if there are no to low numbers of cases.
-
- PHUs are considering how to build capacity that can also respond to wider PHU activities alongside COVID-19.
-
- Acknowledgement that the target number of cases for each PHUs are theoretical (based on the proportion of the population each PHU covers). The national contact tracing model uses a delegation model so that if capacity exists in one area where case numbers are low, this capacity can be used to support case investigation and contact tracing in another region.
-
- Building a "surge workforce" requires extensive training. PHUs and the National Close Contact Service (NCCS) need to consider how knowledge and skills are retained and what ongoing training is required.
-

- Capacity plans contain dependencies on "other workforces" that are returning to "business as usual" operations.
-
- A number of assumptions are being made in local regions including the level that the region (or country) would be in if a high number of new cases was occurring which would determine if other workforces were available to support case management and contact tracing.
-
- PHUs have been asked to prepare to increase capacity to this level of new cases (350 - 500) but were concerned that other parts of the health sector (incl.laboratory, primary and secondary care) were not necessarily doing the same. Update following call: This concern has been passed onto colleagues within the Ministry leading work with these providers.
-
- One-off funding to support this work is a short-term solution and PHUs noted the need for sustainable funding to support a sustainable response and increase in capacity.

I will separately be in touch with each PHU to arrange a time to meet via zoom next week to discuss individual capacity plans.

In the meantime I hope you can all (finally) enjoy a long weekend.

Ngā mihi nui,

Chrystal O'Connor
 National Screening Unit
 Population Health and Prevention
 Ministry of Health



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From: Jane McEntee (ADHB)
Sent: Thursday, 04 June 2020 16:23
To: [REDACTED]
Cc: William Rainger (ADHB)
Subject: RE: F/up reporting: ARPHS: Capacity Plan

Kia ora Chrystal

The case capacity is around 40-60 dependent on complexity and the actual FTE has reduced to approx. 80 with some resource returning to their normal employment with the change in the alert levels.

Ngā mihi,

Jane

Jane McEntee

General Manager

Auckland Regional Public Health Service

Auckland Regional Public Health Service

Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland

Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861

Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Thursday, 04 June 2020 12:46 p.m.
To: Jane McEntee (ADHB)
Cc: William Rainger (ADHB)
Subject: Fw: F/up reporting: ARPHS: Capacity Plan

Hi Jane,

Just following up on the weekly reporting for ARPHS (template attached to email from 28/5).

Could you please confirm what the the actual case capacity and FTE is for ARPHS for this week?

If you were able to please confirm this by 4pm today I can include ARPHS data in my weekly reporting.

The report template also have space for you to note any key issues or commentary, but this is less urgent.

Week starting	Projected case capacity	Projected FTE	Actual case capacity	Actual FTE
11-May	60.0	110.0	60	110
18-May	60.0	110.0	60	110
25-May	60.0	119.0	60	110
1-Jun	69.3	140.0		
8-Jun	79.2	145.0		
15-Jun	89.1	150.0		
22-Jun	99.0	155.0		
29-Jun	123.0	160.0		

Also please let me know if there is a time next week that we could schedule to discuss progress towards the plan and work my colleagues in the Māori Health Directorate are leading.
Thanks so much,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

----- Forwarded by Chrystal O'Connor/MOH on 04/06/2020 12:36 pm -----

From: Chrystal O'Connor/MOH
To: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
Cc: "William Rainger (ADHB)" <WRainger@adhb.govt.nz>
Date: 29/05/2020 03:32 pm
Subject: Re: FW: F/up reporting: ARPHS: Capacity Plan

Hi Jane (cc William),

Thank you for the information provided this week.

I have attached a reporting template based on your capacity plan which you can use each week to record the capacity and FTE available to support case management and contact tracing.

Taking into account the long weekend, could you please provide this information by close of play Wednesday 3/6 next week?

It would be good to connect next week if possible. I would really value the time to talk individually with each PHU about capacity planning in your region now that all the plans have been completed.

I would also like to invite a colleague from the Māori Health directorate who is part of a team working on ways to support and strengthen how the COVID-19 response successfully engages and reaches Māori and Pacific communities.

Could you please let me know your availability for a 30 min zoom call next week (or early the following) where we could discuss this work? I am mindful many people will be taking the opportunity for some annual leave so if next week does not work, early the following work will be fine.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

From: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
To: [REDACTED]
Cc: "William Rainger (ADHB)" <WRainger@adhb.govt.nz>

Date: 27/05/2020 05:46 pm
Subject: FW: F/up reporting: ARPHS: Capacity Plan

Kia ora Chrystal

As requested the actual volume column is completed below. With the return to Alert Level 2 staff that were deployed to ARPHS have returned to their BAU roles across the DHBs and Auckland Council however they are part of our planning with our surge capacity if the volumes increased again. For this reason the actual FTE staff volumes have reduced however the service is preparing to upscale within 24-48 hours.

Ngā mihi,
Jane

Jane McEntee

General Manager

Auckland Regional Public Health Service

Auckland Regional Public Health Service

Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland

Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861

Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]

Sent: Wednesday, 27 May 2020 1:40 p.m.

To: Jane McEntee (ADHB)

Subject: F/up reporting: ARPHS: Capacity Plan

Hi Jane,

I'm just following up on the request for reporting against the capacity uplift plan. Have you, or a colleague sent this through? Apologies if I may have missed this.

The key information that is needed today is the actual capacity ARPHS had on the following weeks compared to planned capacity (and FTE). Note, the case capacity was estimated based on the number of FTE you planned to have (see excel document in email from 22/5).

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
# of new cases per day (complex/outbreak)	20	20	20	20	23	20
# of new cases per day (non-complex)	40	40	40	40	46	40
# of direct FTE to support contact tracing	45	45	45	45	51	45
# of indirect FTE to support contact tracing	65	65	65	65	68	65

If you were able to please complete and send through the shaded columns by 4pm that would be very helpful.

Kind regards,

Chrystal O'Connor

National Screening Unit
Population Health and Prevention
Ministry of Health

— Forwarded by Chrystal O'Connor/MOH on 27/05/2020 01:38 pm —

From: Chrystal O'Connor/MOH
To: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
Date: 22/05/2020 01:16 pm
Subject: ARPHS: Capacity Plan

Kia ora,

Thank you to the team involved in completing the case management and contact tracing capacity uplift plan last week. Information from these plans are critical to understanding what local capacity exists within each PHU and in turn, the health system's preparedness to respond to future outbreaks of COVID-19. The National Contact Tracing Service (NCTS) appreciate the significant challenge we face together to prepare and build capacity across the system and thank you for the time taken to prepare and share your planning assumptions.

This email contains information on three areas; 1) an overview of key issues identified across all plans, 2) clarification on information contained with your PHU plan, 3) request for weekly reporting to track progress against the plan.

Funding to support the plans was raised over the course of discussions last week. The Public Health Capability team have requested information this week on the first tranche of funding provided to PHUs. The Ministry will endeavour to come back to you by Wednesday next week to outline an approach to allocating the additional funding available to support this work.

1. Overview of PHU Capacity Planning

An initial review of plans from all 12 PHUs identified the following:

1. Daily follow-up of cases and household contacts for 14 days requires significant resources that may be achievable, or sustainable for PHUs.
2. There are variable operating models in place relying on different workforces, skill mix and FTE.
3. There is a limited supply of Medical Officer of Health / Public Health Medicine Specialist experience across NZ which impacts on the ability of PHUs to recruit additional resources in this area.

Daily monitoring and symptom checking (of cases and household contacts) requires a significant level of resource within each PHU. The National Close Contact Service (NCCS) has the capacity to deliver this function on behalf of all PHUs and this is part of the delegation model outlined in the National Contact Tracing Preparedness plan. For the purposes of capacity plans, please adjust the FTE required for daily monitoring and symptom checking of cases (and household contacts) as these can be referred to the NCCS (in addition to all non-household close contacts).

A range of national support was identified by PHUs and in light of the key issues above the National Contact Tracing Service will prioritise the following actions over the next 3 - 4 weeks.

1. Develop a standardised national protocol and operating procedure for;
 - daily monitoring and symptom checking for cases and household contacts,
 - delegation of case investigation and follow-up to another PHU,
 - release from isolation
2. Develop central case investigation model
 - design and confirm model for centralised case investigation
 - complete protocols, procedures, and training approach
 - implement readiness plan for activation

2. Clarification- PHU capacity uplift plan

I have noted the projected increases and assumptions in your plan. The plan indicates that you will have built sufficient capacity to manage 123 new cases per day by the week of the 29th of June.

Increases in FTE are planned across each week between now and the end of June. The plan did not contain information on the number of new cases that ARPHS could manage based on these FTE, therefore an incremental increase of 10 new cases a day has been estimated in our modelling (e.g. baseline capacity to manage 60 new cases per day for the w/c 11 and 18 May, 70 new cases per day w/c 25 May, 80 new cases per day w/c 1 June 2020). The attached document contains these numbers by week - please review and update as needed.

Assumption 8 notes that you would expect NZ to return to alert level 4 if new cases per day increased in 124 (or above) in your region and therefore ARPHS would utilise additional staff from across the DHBs and Auckland Council.

a. Can you please confirm if the planned increases in FTE will rely on seconded staff either from within the PHU and/or external agencies before the 29 June 2020?

You note (assumption 10) that the workload of daily follow ups for both cases and close contacts (household and close contacts of complex cases) will be unsustainable. As outlined earlier in this email, the NCCS will be available to manage this work on behalf of PHUs. FTE requirements for this work can be removed from your capacity plan.

3. Weekly reporting

The NCTS is responsible for oversight and coordination of the national contact tracing model. To assist our ability to this, I would like to begin weekly reporting against the plans from next **Tuesday 26 May**. This will help to identify actual capacity over the initial eight week period and any challenges or constraints you are experiencing in implementing the plan to enable support to be provided.

A reporting template will be developed for this and distributed next week.

In the interim, for next week's report please provide complete the attached template and email this to me by close of play, **Tuesday 26 May**. This has been pre-populated with information from your capacity plan.

Please do make contact if you have any questions, or queries on these requests. Happy to discuss further.

Ngā mihi nui,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health



*

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[attachment "Reporting Template_Capacity Plan_ARPHS.docx" deleted by
Chrystal O'Connor/MOH]

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From: Hazel Rook (ADHB)
Sent: Thursday, 11 June 2020 17:09
To: [REDACTED]
Cc: Julia Peters (ADHB), William Rainger (ADHB); Jane McEntee (ADHB)
Subject: Capacity planning (ARPHS) reporting
Attachments: Capacity Reporting Template - Auckland Regional Public Health Service_11Jun20.xlsx

Kia ora Crystal,

It was good to talk to you earlier today, as discussed please find attached our reporting template for this week. Feel free to contact me if you require any further details.

Ngā mihi,

Hazel Rook

**Response Unit Manager (interim) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service**

Mob: 021 353 093

Room 8, Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland

Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

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Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua*

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From: [REDACTED]
Sent: Monday, 08 June 2020 2:18 p.m.
To: Jane McEntee (ADHB)
Cc: Julia Peters (ADHB); Natasha Johannes (ADHB); William Rainger (ADHB); Hazel Rook (ADHB); [REDACTED]
Subject: Zoom mtg Tuesday 9 June - capacity planning (ARPHS)

Kia ora koutou,

Thanks Natasha for setting up this meeting tomorrow. Astrid Koornneef (cc'd) will also join us.

I have attached a copy of the capacity plan and the reporting template with projected case capacity and FTE by week (to the end of June).

I note that the reported numbers last week were less than projected, so I would like to get a good understanding of the plans you have in place to increase capacity. This information is reported on a weekly basis to Ashley so it is important that we understand the context of each PHU, challenges in implementing this plan, and importantly, how we can best support you.

I look forward to the conversation, thanks for making the time tomorrow.

Ngā mihi,

Chrystal O'Connor
National Screening Unit

Population Health and Prevention

[REDACTED]
mailto:[REDACTED]

From: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
To: "Natasha Johannes (ADHB)" <NJohannes@adhb.govt.nz>
Cc: "William Rainger (ADHB)" <WRainger@adhb.govt.nz>, [REDACTED]
[REDACTED] "Julia Peters (ADHB)" <JuliaP@adhb.govt.nz>
Date: 05/06/2020 04:30 pm
Subject: FW: FW: F/up reporting: ARPHS: Capacity Plan - 30 min zoom meeting

Kia ora Natasha

Can you please set up a 30 min zoom meeting with Chrystal, Julia, William, Hazel and I for next week

Ngā mihi,

Jane

Jane McEntee

General Manager

Auckland Regional Public Health Service

Auckland Regional Public Health Service

Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland

Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861

Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Friday, 29 May 2020 3:32 p.m.
To: Jane McEntee (ADHB)
Cc: William Rainger (ADHB)
Subject: Re: FW: F/up reporting: ARPHS: Capacity Plan

Hi Jane (cc William),

Thank you for the information provided this week.

I have attached a reporting template based on your capacity plan which you can use each week to record the capacity and FTE available to support case management and contact tracing.

Taking into account the long weekend, could you please provide this information by close of play Wednesday 3/6 next week?

It would be good to connect next week if possible. I would really value the time to talk individually with each PHU about capacity planning in your region now that all the plans have been completed.

I would also like to invite a colleague from the Māori Health directorate who is part of a team working on ways to support and strengthen how the COVID-19 response successfully engages and reaches Māori and Pacific communities.

Could you please let me know your availability for a 30 min zoom call next week (or early the following) where we could discuss this work? I am mindful many people will be taking the opportunity for some annual leave so if next week does not work, early the following work will be fine.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

From: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
To: [REDACTED]
Cc: William Rainger (ADHB) <WRainger@adhb.govt.nz>
Date: 27/05/2020 05:46 pm
Subject: FW: F/up reporting: ARPHS: Capacity Plan

Kia ora Chrystal

As requested the actual volume column is completed below. With the return to Alert Level 2 staff that were deployed to ARPHS have returned to their BAU roles across the DHBs and Auckland Council however they are part of our planning with our surge capacity if the volumes increased again. For this reason the actual FTE staff volumes have reduced however the service is preparing to upscale within 24-48 hours.

Ngā mihi,
Jane
Jane McEntee
General Manager
Auckland Regional Public Health Service
Auckland Regional Public Health Service
Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland
Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861
Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Wednesday, 27 May 2020 1:40 p.m.
To: Jane McEntee (ADHB)
Subject: F/up reporting: ARPHS: Capacity Plan

Hi Jane,

I'm just following up on the request for reporting against the capacity uplift plan. Have you, or a colleague sent this through? Apologies if I may have missed this.

They key information that is needed today is the actual capacity ARPHS had on the following weeks compared to planned capacity (and FTE). Note, the case capacity was estimated based on the number of FTE you planned to have (see excel document in email from 22/5).

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
# of new cases per day (complex/outbreak)	20	20	20	20	23	20
# of new cases per day (non-complex)	40	40	40	40	46	40
# of direct FTE to support contact tracing	45	45	45	45	51	45
# of indirect FTE to support contact tracing	65	65	65	65	68	55

If you were able to please complete and send through the shaded columns by 4pm that would be very helpful.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

— Forwarded by Chrystal O'Connor/MOH on 27/05/2020 01:36 pm —

From: Chrystal O'Connor/MOH
To: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
Date: 22/05/2020 01:16 pm
Subject: ARPHS: Capacity Plan

Kia ora,

Thank you to the team involved in completing the case management and contact tracing capacity uplift plan last week. Information from these plans are critical to understanding what local capacity exists within each PHU and in turn, the health system's preparedness to respond to future outbreaks of COVID-19. The National Contact Tracing Service (NCTS) appreciate the significant challenge we face together to prepare and build capacity across the system and thank you for the time taken to prepare and share your planning assumptions.

This email contains information on three areas; 1) an overview of key issues identified across all plans, 2) clarification on information contained with your PHU plan, 3) request for weekly reporting to track progress against the plan.

Funding to support the plans was raised over the course of discussions last week. The Public Health Capability team have requested information this week on the first tranche of funding provided to PHUs. The Ministry will endeavour to come back to you by Wednesday next week to outline an approach to allocating the additional funding available to support this work.

1. Overview of PHU Capacity Planning

An initial review of plans from all 12 PHUs identified the following:

1. Daily follow-up of cases and household contacts for 14 days requires significant resources that may be achievable, or sustainable for PHUs.
2. There are variable operating models in place relying on different workforces, skill mix and FTE.
3. There is a limited supply of Medical Officer of Health / Public Health Medicine Specialist experience across NZ which impacts on the ability of PHUs to recruit additional resources in this area.

Daily monitoring and symptom checking (of cases and household contacts) requires a significant level of resource within each PHU. The National Close Contact Service (NCCS) has the capacity to deliver this function on behalf of all PHUs and this is part of the delegation model outlined in the National Contact Tracing Preparedness plan. **For the purposes of capacity plans, please adjust the FTE required for daily monitoring and symptom checking of cases (and household contacts) as these can be referred to the NCCS (in addition to all non-household close contacts).**

A range of national support was identified by PHUs and in light of the key issues above the National Contact Tracing Service will prioritise the following actions over the next 3 - 4 weeks.

1. Develop a standardised national protocol and operating procedure for;
 - daily monitoring and symptom checking for cases and household contacts,
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 - design and confirm model for centralised case investigation
 - complete protocols, procedures, and training approach
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2. Clarification- PHU capacity uplift plan

I have noted the projected increases and assumptions in your plan. The plan indicates that you will have built sufficient capacity to manage 123 new cases per day by the week of the 29th of June. Increases in FTE are planned across each week between now and the end of June. The plan did not contain information on the number of new cases that ARPHS could manage based on these FTE, therefore an incremental increase of 10 new cases a day has been estimated in our modelling (e.g. baseline capacity to manage 60 new cases per day for the w/c 11 and 18 May, 70 new cases per day w/c 25 May, 80 new cases per day w/c 1 June 2020). The attached document contains these numbers by week - please review and update as needed.

Assumption 8 notes that you would expect NZ to return to alert level 4 if new cases per day increased in 124 (or above) in your region and therefore ARPHS would utilise additional staff from across the DHBs and Auckland Council.

a. Can you please confirm if the planned increases in FTE will rely on seconded staff either from within the PHU and/or external agencies **before** the 29 June 2020?

You note (assumption 10) that the workload of daily follow ups for both cases and close contacts (household and close contacts of complex cases) will be unsustainable. As outlined earlier in this email, the NCCS will be available to manage this work on behalf of PHUs. FTE requirements for this work can be removed from your capacity plan.

3. Weekly reporting

The NCTS is responsible for oversight and coordination of the national contact tracing model. To assist our ability to this, I would like to begin weekly reporting against the plans from next **Tuesday 26 May**. This will help to identify actual capacity over the initial eight week period and any challenges or constraints you are experiencing in implementing the plan to enable support to be provided.

A reporting template will be developed for this and distributed next week.

In the interim, for next week's report please provide complete the attached template and email this to me by close of play, **Tuesday 26 May**. This has been pre-populated with information from your capacity plan.

Please do make contact if you have any questions, or queries on these requests. Happy to discuss further.

Ngā mihi nui,

Chrystal O'Connor

National Screening Unit
Population Health and Prevention
Ministry of Health



*

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Case and contact tracing capacity by week (projected and actual)

Week starting	Projected case capacity	Projected FTE	Actual case capacity	Actual FTE
11-May	60.0	110.0	60	110
18-May	60.0	110.0	60	110
25-May	60.0	119.0	60	110
01-Jun	69.3	140.0	60	110
08-Jun	79.2	145.0	61.5	112.75
15-Jun	89.1	150.0		
22-Jun	99.0	155.0		
29-Jun	123.0	160.0		

Key issues

ARPHS is implementing a COVID-19 Response Unit which goes live on Monday 15 June to implement a more long term sustainable approach to dealing with COVID-19 cases and contacts. The intention of this work is to enable a dedicated workforce to maintain focus on COVID while implementing processes and procedures to support the ongoing competency of internal and external staff, which will support the resourcing requirements. The Unit is a team within ARPHS, and the wider organisation will continue to support the COVID response through the Unit.

As part of the work of this Unit there is a rapid turnaround project which is developing an early warning indicator suite which triggers changes between ARPHS response levels (white-black) and can support our requests for surge capacity required from within ARPHS and the region. This is expected to be in place by the end of the month. They are also looking to develop a COVID surge planning framework that sets out CIMS-function specific responses at different response levels. This will be available by the end of June and implemented by the end of July.

The Unit is reviewing current workforce assumptions that were formed during our initial response to COVID-19 and how there may be efficiencies gained through the use of REDCap for all symptom checking, and increased automation of outbreak management. It has been agreed ARPHS will utilise the NCTS in the medium term (by the end of July/early August following the next two significant upgrades) which will also improve operational efficiency.

A COVID response business case has been approved by the three Auckland DHB CEOs which agrees that staff who have returned to their BAU roles will be available to surge to support responding to an increase in cases. Training plans are underway to maintain the competency of these staff. The project team to support the implementation of the Pacific case and contact team has been held and an EOI for these staff will follow in the next week. Work is progressing on the implementation of the Pae Ora model.

From: [REDACTED]
Sent: Thursday, 18 June 2020 11:01
To: Hazel Rook (ADHB)
Subject: Re: Capacity planning (ARPHS) reporting

Kia ora Hazel,

Thanks for your time amongst what I know is a very busy time.

Here is the projected case capacity for this week and projected FTE required. I'm less concerned about the FTE, it's the case capacity that is most important to understand at this stage.

If you are able to get this to me by 4pm that would be great. If not, I will report that data not available due to responsive work taking place and that we will report separately for ARPHS.

8-Jun	79.2	145.0	61.5	112.75
15-Jun	89.1	150.0		

Thanks,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health
[REDACTED]

From: "Hazel Rook (ADHB)" <HazelR@adhb.govt.nz>
To: [REDACTED]
Cc: "Julia Peters (ADHB)" <JuliaP@adhb.govt.nz>, "William Rainger (ADHB)" <WRainger@adhb.govt.nz>, "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
Date: 11/06/2020 05:09 pm
Subject: Capacity planning (ARPHS) reporting

Kia ora Crystal,

It was good to talk to you earlier today, as discussed please find attached our reporting template for this week. Feel free to contact me if you require any further details.

Ngā mihi,

Hazel Rook
Response Unit Manager (Interim) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service
Mob: 021 353 093
Room 8, Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland
Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

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From: [REDACTED]
Sent: Monday, 08 June 2020 2:18 p.m.
To: Jane McEntee (ADHB)
Cc: Julia Peters (ADHB); Natasha Johannes (ADHB); William Rainger (ADHB); Hazel Rook (ADHB); [REDACTED]
Subject: Zoom mtg Tuesday 9 June - capacity planning (ARPHS)

Kia ora koutou,

Thanks Natasha for setting up this meeting tomorrow. Astrid Koornneef (cc'd) will also join us.

I have attached a copy of the capacity plan and the reporting template with projected case capacity and FTE by week (to the end of June).

I note that the reported numbers last week were less than projected, so I would like to get a good understanding of the plans you have in place to increase capacity. This information is reported on a weekly basis to Ashley so it is important that we understand the context of each PHU, challenges in implementing this plan, and importantly, how we can best support you.

I look forward to the conversation, thanks for making the time tomorrow.

Ngā mihi,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

From: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
To: "Natasha Johannes (ADHB)" <NJohannes@adhb.govt.nz>
Cc: "William Rainger (ADHB)" <WRainger@adhb.govt.nz>; [REDACTED]; "Julia Peters (ADHB)" <JuliaP@adhb.govt.nz>
Date: 05/06/2020 04:30 pm
Subject: FW: FW: F/up reporting: ARPHS: Capacity Plan - 30 min zoom meeting

Kia ora Natasha

Can you please set up a 30 min zoom meeting with Chrystal, Julia, William, Hazel and I for next week

Ngā mihi,
Jane
Jane McEntee
General Manager
Auckland Regional Public Health Service
Auckland Regional Public Health Service
Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland
Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861
Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Friday, 29 May 2020 3:32 p.m.
To: Jane McEntee (ADHB)
Cc: William Rainger (ADHB)
Subject: Re: FW: F/up reporting: ARPHS: Capacity Plan

Hi Jane (cc William),

Thank you for the information provided this week.

I have attached a reporting template based on your capacity plan which you can use each week to record the capacity and FTE available to support case management and contact tracing.

Taking into account the long weekend, could you please provide this information by close of play **Wednesday 3/6 next week?**

It would be good to connect next week if possible. I would really value the time to talk individually with each PHU about capacity planning in your region now that all the plans have been completed.

I would also like to invite a colleague from the Māori Health directorate who is part of a team working on ways to support and strengthen how the COVID-19 response successfully engages and reaches Māori and Pacific communities.

Could you please let me know your availability for a 30 min zoom call next week (or early the following) where we could discuss this work? I am mindful many people will be taking the opportunity for some annual leave so if next week does not work, early the following work will be fine.

Kind regards,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

From: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
To: [REDACTED]
Cc: William Rainger (ADHB) <WRainger@adhb.govt.nz>
Date: 27/05/2020 05:46 pm
Subject: FW: F/up reporting: ARPHS: Capacity Plan

Kia ora Chrystal

As requested the actual volume column is completed below. With the return to Alert Level 2 staff that were deployed to ARPHS have returned to their BAU roles across the DHBs and Auckland Council however they are part of our planning with our surge capacity if the volumes increased again. For this reason the actual FTE staff volumes have reduced however the service is preparing to upscale within 24-48 hours.

Ngā mihi,
Jane

Jane McEntee
 General Manager
 Auckland Regional Public Health Service
Auckland Regional Public Health Service
 Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland
 Tel: 09 623 4600 x 27102 | DDI: 6234602 | Fax: 09 623 4633 | Mob: 027 4807861
 Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: [REDACTED]
Sent: Wednesday, 27 May 2020 1:40 p.m.
To: Jane McEntee (ADHB)
Subject: F/up reporting: ARPHS: Capacity Plan

Hi Jane,

I'm just following up on the request for reporting against the capacity uplift plan. Have you, or a colleague sent this through? Apologies if I may have missed this.

The key information that is needed today is the actual capacity ARPHS had on the following weeks compared to planned capacity (and FTE). Note, the case capacity was estimated based on the number of FTE you planned to have (see excel document in email from 22/5).

Case and contact tracing capacity	Projected 11 May	Actual 11 May	Projected 18 May	Actual 18 May	Projected 25 May	Actual 25 May
# of new cases per day (complex/outbreak)	20	20	20	20	23	20
# of new cases per day (non-complex)	40	40	40	40	46	40
# of direct FTE to support contact tracing	45	45	45	45	51	45
# of indirect FTE to support contact tracing	65	65	65	65	68	65

If you were able to please complete and send through the shaded columns by 4pm that would be very helpful.

Kind regards,

Chrystal O'Connor
 National Screening Unit
 Population Health and Prevention
 Ministry of Health

[REDACTED]

— Forwarded by Chrystal O'Connor/MOH on 27/05/2020 01:36 pm —

From: Chrystal O'Connor/MOH
 To: "Jane McEntee (ADHB)" <JMcEntee@adhb.govt.nz>
 Date: 22/05/2020 01:16 pm
 Subject: ARPHS: Capacity Plan

Kia ora,

Thank you to the team involved in completing the case management and contact tracing capacity uplift plan last week. Information from these plans are critical to understanding what local capacity exists within each PHU and in turn, the health system's preparedness to respond to future outbreaks of COVID-19. The National Contact Tracing Service (NCTS) appreciate the significant challenge we face together to prepare and build capacity across the system and thank you for the time taken to prepare and share your planning assumptions.

This email contains information on three areas; 1) an overview of key issues identified across all plans, 2) clarification on information contained with your PHU plan, 3) request for weekly reporting to track progress against the plan.

Funding to support the plans was raised over the course of discussions last week. The Public Health Capability team have requested information this week on the first tranche of funding provided to PHUs. The Ministry will endeavour to come back to you by Wednesday next week to outline an approach to allocating the additional funding available to support this work.

1. Overview of PHU Capacity Planning

An initial review of plans from all 12 PHUs identified the following:

1. Daily follow-up of cases and household contacts for 14 days requires significant resources that may be achievable, or sustainable for PHUs.
2. There are variable operating models in place relying on different workforces, skill mix and FTE.
3. There is a limited supply of Medical Officer of Health / Public Health Medicine Specialist experience across NZ which impacts on the ability of PHUs to recruit additional resources in this area.

Daily monitoring and symptom checking (of cases and household contacts) requires a significant level of resource within each PHU. The National Close Contact Service (NCCS) has the capacity to deliver this function on behalf of all PHUs and this is part of the delegation model outlined in the National Contact Tracing Preparedness plan. **For the purposes of capacity plans, please adjust the FTE required for daily monitoring and symptom checking of cases (and household contacts) as these can be referred to the NCCS (in addition to all non-household close contacts).**

A range of national support was identified by PHUs and in light of the key issues above the National Contact Tracing Service will prioritise the following actions over the next 3 - 4 weeks.

1. Develop a standardised national protocol and operating procedure for;
 - daily monitoring and symptom checking for cases and household contacts,
 - delegation of case investigation and follow-up to another PHU,
 - release from isolation
2. Develop central case investigation model
 - design and confirm model for centralised case investigation
 - complete protocols, procedures, and training approach
 - implement readiness plan for activation

2. Clarification- PHU capacity uplift plan

I have noted the projected increases and assumptions in your plan. The plan indicates that you will have built sufficient capacity to manage 123 new cases per day by the week of the 29th of June. Increases in FTE are planned across each week between now and the end of June. The plan did not contain information on the number of new cases that ARPHS could manage based on these FTE, therefore an incremental increase of 10 new cases a day has been estimated in our modelling (e.g. baseline capacity to manage 60 new cases per day for the w/c 11 and 18 May, 70 new cases per day w/c 25 May, 80 new cases per day w/c 1 June 2020). The attached document contains these numbers by week - please review and update as needed.

Assumption 8 notes that you would expect NZ to return to alert level 4 if new cases per day increased in 124 (or above) in your region and therefore ARPHS would utilise additional staff from across the DHBs and Auckland

Council.

a. Can you please confirm if the planned increases in FTE will rely on seconded staff either from within the PHU and/or external agencies before the 29 June 2020?

You note (assumption 10) that the workload of daily follow ups for both cases and close contacts (household and close contacts of complex cases) will be unsustainable. As outlined earlier in this email, the NCCS will be available to manage this work on behalf of PHUs. FTE requirements for this work can be removed from your capacity plan.

3. Weekly reporting

The NCTS is responsible for oversight and coordination of the national contact tracing model. To assist our ability to this, I would like to begin weekly reporting against the plans from next Tuesday 26 May. This will help to identify actual capacity over the initial eight week period and any challenges or constraints you are experiencing in implementing the plan to enable support to be provided.

A reporting template will be developed for this and distributed next week.

In the interim, for next week's report please provide complete the attached template and email this to me by close of play, Tuesday 26 May. This has been pre-populated with information from your capacity plan.

Please do make contact if you have any questions, or queries on these requests. Happy to discuss further.

Ngā mihi nui,

Chrystal O'Connor
National Screening Unit
Population Health and Prevention
Ministry of Health

*

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[attachment "Reporting Template_Capacity Plan_ARPHS.docx" deleted by Chrystal O'Connor/MOH]

*

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From: Hazel Rook (ADHB)
Sent: Thursday, 25 June 2020 12:58
To: [REDACTED]
Subject: RE: Accepted ARPHS weekly capacity planning mtg
Attachments: Capacity Reporting Template - _ARPHS_25Jun20.xlsx

Hi Crystal,

Sorry for my 'just in time' approach – this will get easier as we continue to progress the work, we should have more clarity by the end of the week but in meantime I hope this is sufficient, I'm at desk if you want to discuss.

I left last week blank as I know you entered something on our behalf.

Ngā mihi,

Hazel Rook
Response Unit Manager (Interim) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service
Mob: 021 353 093

From: [REDACTED]
Sent: Thursday, 25 June 2020 12:03 p.m.
To: Hazel Rook (ADHB)
Subject: Re: Accepted: ARPHS weekly capacity planning mtg

Hi Hazel,

Just checking in on the report and revised capacity projections for ARPHS. I have a meeting to review the report to Ashley at 1.30pm today if it was possible for you to please send these through before then?

Or, feel free to give me a call to discuss.

Thanks,

Chrystal O'Connor
Change Manager
National Screening Unit
Population Health and Prevention
Ministry of Health

[REDACTED]
Accepted: ARPHS weekly capacity planning mtg
Wed 01/07/2020 11:00 am - 12:00 pm

No Location Information

HazelR@adhb.govt.nz"Hazel Rook (ADHB)" has accepted this meeting invitation

Required: HazelR@adhb.govt.nz, Nevena Novakovic/MOH
Optional: Karen Koopu/MOH@MOH, Sharlaine Chee/MOH@MOH

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Case and contact tracing capacity by week (projected and actual)

Week starting	Projected case capacity	Projected FTE	Actual case capacity	Actual FTE
11-May	60.0	110.0	60	110
18-May	60.0	110.0	60	110
25-May	60.0	110.0	60	110
01-Jun	69.3	110.0	60	110
08-Jun	79.2	112.0	61.5	112.75
15-Jun	89.1	112.0		
22-Jun	99.0	112.0	93*	113
29-Jun	123.0	124.0		
06-Jul	147.0	124.0		
13-Jul	171.0	124.0		

Key issues

*This is based on a number of assumptions - that 70% of the cases are simple and are potentially are in the current environment/scenario of being in managed isolation facilities and are appropriately isolated from others outside their travelling / family bubble. There will be limited close contact follow up required by ARPMS, and non-complex and non-household contacts such as flights, air crew and border staff will be managed by NCCS or as otherwise agreed. This allows for a small number of more complex cases which we might consider as being of Maori or Pacific ethnicity, or other vulnerable groups or outbreaks. ARPMS is working through its Pae Ora Maori and Pacific case and contact management team approaches that will utilise internal and external staff and agencies through its COVID response unit. The project team to support the implementation of the Pacific case and contact team has been held and an EOI has been issued across the region. The Pae Ora model is shortly due to be piloted.

These numbers are also reliant on the fact that ARPMS and the COVID response Unit's business case has been approved by the three Auckland DHB CEOs which agrees that staff who have returned to their BAU roles will be available to surge to support responding to an increase in cases. Training plans are underway to maintain the competency of these staff.

From: Hazel Rook (ADHB)
Sent: Thursday, 25 June 2020 13:07
To: [REDACTED]
Subject: RE: Accepted: ARPHS weekly capacity planning mtg

Hi Chrystal,

What I haven't added into this template is the fact many of the assumptions that the MoH set on the initial capacity plan template will have changed, such as level 2, what is simple and complex in current environment etc which is what I have based our current approach on – I am hoping that this agile approach is accepted. As we approach early July our training of additional staff will have started, and a plan for ensuring ongoing competence of previous staff.

Also to note that currently we know that we will be able to source the wider council staff if we do not go into level 4, however we are still expecting DHB regional clinical support despite this. If numbers should rise to those you require us to plan for, this would have a significant clinical impact on DHBs as well – we are going to look at scenarios in more detail going forward as to potential impact. We will be able to share more of our planning work next week.

I would also just like to raise that it would be useful if other PHUs are willing to share their plans and ideas as to how to manage this case load going forward?

Ngā mihi,

Hazel Rook
Response Unit Manager (interlm) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service
Mob: 021 353 093

From: [REDACTED]
Sent: Thursday, 25 June 2020 12:03 p.m.
To: Hazel Rook (ADHB)
Subject: Re: Accepted: ARPHS weekly capacity planning mtg

Hi Hazel,

Just checking in on the report and revised capacity projections for ARPHS. I have a meeting to review the report to Ashley at 1.30pm today if it was possible for you to please send these through before then?

Or, feel free to give me a call to discuss.

Thanks,

Chrystal O'Connor
Change Manager
National Screening Unit
Population Health and Prevention
Ministry of Health

[REDACTED]
Accepted: ARPHS weekly capacity planning mtg
Wed 01/07/2020 11:00 am - 12:00 pm

No Location Information

HazelR@adhb.govt.nz"Hazel Rook (ADHB)" has accepted this meeting invitation

Required: HazelR@adhb.govt.nz, Nevena Novakovic/MOH

Optional: Karen Koopu/MOH@MOH, Sharlaine Chee/MOH@MOH

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From: [REDACTED]
Sent: Tuesday, 30 June 2020 09:16
To: Hazel Rook (ADHB)
Subject: RE: ARPHS weekly capacity planning mtg

Hi Hazel,

No problem at all.

I do have a lot of PHU calls booked into tomorrow but could do 4pm if that worked for you? If you let me know I'll update the invite.

Also just in response to your email from last week (apologies for delayed reply) - yes comfortable with the agile approach and appreciate more work is underway to look at the potential impact on clinical staff who may be relied upon within your plan being required in other parts of a COVID-19 response. This is a sensible approach to mitigate the risk of training a wider DHB workforce.

And finally, yes absolutely happy to share info we have. We are pulling together a short summary of PHU plans this week and hope to circulate by the end of the week as a starting point.

Thanks,
Chrystal.
Hi Chrystal,

What I haven't added into this template is the fact many of the assumptions that the MoH set on the initial capacity plan template will have changed, such as level 2, what is simple and complex in current environment etc which is what I have based our current approach on - I am hoping that this agile approach is accepted. As we approach early July our training of additional staff will have started, and a plan for ensuring ongoing competence of previous staff.

Also to note that currently we know that we will be able to source the wider council staff if we do not go into level 4, however we are still expecting DHB regional clinical support despite this. If numbers should rise to those you require us to plan for, this would have a significant clinical impact on DHBs as well - we are going to look at scenarios in more detail going forward as to potential impact. We will be able to share more of our planning work next week.

I would also just like to raise that it would be useful if other PHUs are willing to share their plans and ideas as to how to manage this case load going forward?

Ngā mihi,

Chrystal O'Connor
Change Manager
National Screening Unit
Population Health and Prevention
Ministry of Health

From: "Hazel Rook (ADHB)" <HazelR@adhb.govt.nz>
To: "Chrystal O'Connor/MOH" [REDACTED]

Date: 29/06/2020 01:56 pm
Subject: RE: ARPHS weekly capacity planning mtg

Hi Crystal,

My apologies but I can't make this time this week, any chance we can push it out until after 1.30pm?

Ngā mihi,

Hazel Rook

**Response Unit Manager (Interim) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service
Mob: 021 353 093**

-----Original Appointment-----

From: Chrystal O'Connor/MOH [REDACTED]
Sent: Thursday, 25 June 2020 11:43 a.m.
To: Chrystal O'Connor/MOH; Chrystal O'Connor; Hazel Rook (ADHB); Nevena Novakovic/MOH;
4S.8/Wellington 133 Molesworth
Cc: Karen Koopu/MOH; Sharlaine Chee/MOH
Subject: ARPHS weekly capacity planning mtg
When: Wednesday, 01 July 2020 11:00-12:00 (UTC+12:00) Auckland, Wellington.
Where: 4S.8/Wellington 133 Molesworth@MOH

Topic: ARPHS capacity planning call
Time: Jul 1, 2020 11:00 AM Auckland, Wellington

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From: Hazel Rook (ADHB)
Sent: Thursday, 02 July 2020 13:44
To: [REDACTED]
Subject: RE: Capacity plan report

Hi Crystal,

Sorry for the delay i have been in zoom meetings all morning and haven't managed to turn this around. Unfortunately we were unable to squeeze training into this week and so our numbers remain the same. We have training dates scheduled which will improve the numbers next week, along with a better understanding of our surge capacity. I will submit next week's template on the Tuesday.

Ngā mihi,

Hazel Rook
Response Unit Manager (Interim) | Intelligence Manager | ARPHS COVID-19 Response Unit
Auckland Regional Public Health Service
Mob: 021 353 093
Room 8, Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland
Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](http://www.aucklandregionalpublichealthservice.govt.nz) | [@aklpublichealth](https://twitter.com/aklpublichealth)

From: [REDACTED]
Sent: Thursday, 2 July 2020 1:13 p.m.
To: Hazel Rook (ADHB)
Subject: Capacity plan report
Hi Hazel,

Could you please confirm the case capacity for this week for ARPHS? I am drafting the report, due for review by 3pm so would be very grateful if you could please confirm this asap.

For the purposes of the report I just need the case capacity figure (93 last week, projected 123 for this week). I am comfortable with the narrative update received at yesterday's meeting so can use that for context.

Thanks so much!

Chrystal O'Connor
Change Manager
National Screening Unit
Population Health and Prevention
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[REDACTED]

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