

NRHCC COVID-19 Request for Decision / Information

Email your completed and approved NRHCC Paper to nrhccadmin@adhb.govt.nz by
1pm Friday or Wednesday

Title:	Covid Testing Email & Text Notifications		
To:	COVID Metro Chief Executives Forum		
Submitted by:	Andrew Gilbert – Data & Digital Lead Lara Hopley – NRHCC Clinician		
Submitting function:	Digital	Submitting programme:	Testing Outbreak
For:	Decision		
Date to be read:	20 th December 2021	Unique identifier	<i>EOC Admin to allocate</i>

Recommendations

It is recommended that the Chief Executive's Forum:

- **Notes** that the Ministry has progressed work nationally to support text messaging of positive COVID-19 results should this be required in the future
- **Endorses** regional development work at a cost of \$27,000 to ensure that the Northern Region DHBs can turn on text messaging for positive COVID-19 results from regional éclair that have not been eCollected via the ESR system, should this be required.
- **Notes** that this is a preparedness initiative and that text messaging of positive results will not be deployed without Ministry/national agreement

Total cost of recommendation as indicated		\$27,000
Capex		\$
Opex		\$27,000
Period of spend	From	December 2021
	To/ on-going	January 2022
Who will be the contracting entity		healthAlliance
Reviewed by finance manager (name/date)		David Searchfield
Interdependencies identified and discussed and with other Functions:		Yes
NRHCC IC or Vaccination Lead approval (name and date, ensure evidence of approval is on file)		Sarah Prentice
Person/s to receive outcomes of CEF		

Executive Summary

As part of preparedness planning for projected increase in testing demand with Covid Surge, particularly in light of the arrival of the Omicron variant in New Zealand, it is proposed that changes are made to our current systems to include the capability to send text messages for positive cases, so that we can use this if and when needed. This capability already exists in many other countries.

The changes will not be activated without a clear policy change from the MoH/NRHCC response teams. Formal approval will be required prior to the activation process being deployed.

Proposed Changes

ESR eclair and regional eclair automatically send out a text to Aucklanders with a negative result and this links to an ARPHS webpage with more information.

The Ministry has developed the national capacity to automate the sending of positive text results from eCollected specimens collected in national ESR eclair, but has not as yet taken a decision to deploy this capability.

Aligned with this national preparedness work, it is recommended that work is undertaken regionally to enable the regional eclair system to also automatically send a text to people with a positive result, telling them they have COVID and need to isolate with their families. The text will only be sent to mobile phones which have been provided on the associated eNotification sent by the ordering facility, and only between 0700 - 2100. Positive results received between 2100 and 0700 will be held and sent from 0700. There is a possibility the phone number is incorrect, as we have this occurring already, and a "not you?" phone number will also be sent to allow us to correct the issue.

The text will be the same as the MOH text and advise the case that someone from public health will be calling them in the next day (within 24 hours) to check their wellness and discuss support and what will happen next. It will include the Healthline number for immediate help and advice for the person, as well as a link to the ARPHS webpage with more information in a culturally appropriate language. This will be sent from a consistent phone number, and will include the patient's First Name and the unique identifier created at the time of eNotification, allowing the recipient to identify who the text is for and for us to track down the actual patient should the text go to the wrong person. This design has already been approved by the regional privacy advisory group.

Different testing sources use different IT platforms to order swabs and then notify patients of their negative or spoiled test results. ESR eOrder is predominantly used for swabs taken at Community Testing Centres (CTCs), but an increasing number of GP testing centres are also using this system (estimate around 70% coverage for metro Auckland test results). The ESR system will independently text for reports that are linked back to their eOrder system. The regional eclair system is able to exclude sending a text here as it will not have an associated eNotification within the last 14 days.

It is recommended that we support positive texts from ESR eclair for now via SMS messages, to ensure patient privacy. This is on the basis:

- The ESR eclair eOrder test entries require a 2-step phone verification, to ensure the person has the phone with them and the number is correct. Providers are verifying ~95% of cellphone numbers at the point of eOrdering.
- The ESR eclair eCollection system texts the phone number associated with the order at the time of collection, thus allowing anyone who has received a wrong person text to immediately inform the ESR prior to any result being sent.

- This means there is a very low likelihood of a positive test result being sent to the wrong phone number based on these steps
- When an individual is tested at a CTC they are also required to designate a preferred contact number for any minors, or others in their household. When household share a phone or has minors, the result will be identifiable with the first name and NHI combination.

It is recommended that the information sent automatically as part of the SMS sent via eOrder. includes:

- First name – so the individual can identify the test was for them or a member of their household
- Test date – so the individual can check which test the message refers to, and that it was a date on which they got tested
- NHI number (only to verified cell phones, omitted if it is a non verified phone number)– so the individual can verify the result is for them, and also pass this information to Healthline or primary care if necessary
- A Unique number– for the ESR this is a PH number, for the regional solution this is an AR or IR number, this is unique to their test swab, and can be used if issues are identified with their test result, or if they ask for it to be verified.
- Sent from a known and identifiable short code or phone number.

Risks to be understood / mitigated

Key risk areas include:

- There will never be 100% coverage of all people with the text message – how we turn it on will cover more but bring with it an increasing risk of a wrong person text order
- There is a risk of a wrong person text being sent from both systems:
 - National ESR eclair can limit down to only verified phone numbers and mitigate this, but with less coverage.
 - ~80% of all cell phones are verified using the ESR system
 - ~5% of all ESR orders do not have any cell phone associated with the eOrder
 - Regional eclair cannot limit this down, no numbers are verified and this is a persistent risk with this solution
 - WDHb continues to manage between 10-30 a day depending on testing volumes (10-12k per day)
- The big risk area is the “paper” or NON ESR eOrder results – the GPs are the predominant workforce who are still using this mechanism. They may have to pick up the mantel of the first phone call / text from their own systems if we do not turn this feature on regionally
- For all ESR eCollections the enrolled GP is receiving a copy of the result
- For the “paper” orders the enrolled GP (unless they are the ordering clinician) is likely not receiving a copy of the result in their inbox, this will be remedied in the new year

Investment proposal

The development work to be prepared to send positive text messages from regional eclair will be led by healthAlliance with resourcing estimates as set out below.

Services - **Rates are linked to the New Rate Card		Days	Hourly Internal Rate	Hourly High Demand Rate	Internal Rate	Market Rate	Total
Project Manager Senior	Shah	2	122	130	\$976	\$1,040	\$2,080
Programme Coordinator		0	71	90	\$568	\$720	\$0
Solution Architect		3	102	135	\$816	\$1,080	\$3,240
On Demand Systems Engineer		0	81	100	\$648	\$800	\$0
Core Network Engineer		0	86	90	\$688	\$720	\$0
Infrastructure Technical Lead		0	86	100	\$688	\$800	\$0
Operations Technical Lead		3	81	100	\$648	\$800	\$2,400
Service Management Lead	Aaron	0.5	107	110	\$856	\$880	\$440
Business Analyst Senior		3	110	120	\$880	\$960	\$2,880
Integration Developer		5	120	120		\$960	\$4,800
Application Support Analyst		3	120	120		\$960	\$2,880
Test Manager		3	120	120	\$960	\$960	\$2,880
							\$21,600
Security Risk Certification and Accreditation Work Package		Units				Per Unit	Total
Certification and Accreditation Minor Solution		1				\$1,300	\$1,300
							\$0
							\$0
							\$0
							\$1,300
Contingency		%	Units				
Contingency for Risk Mitigation		10%					\$2,290
Contingency for C&A							\$1,700
							\$3,990
Total One-Off Cost							\$26,890

MuleSoft interface and system costs will be covered as part of the existing vendor engagements but resourcing costs of around \$27,000 are estimated as required to complete the development work.

A realistic time frame from development to go live is 5 working days, work is very unlikely to be able to start before the end of the 2021/2022 change freeze

Finance breakdown:

REF notes the following costs and contracting arrangements for this decisions are follows:

Total cost indicated	\$27,000	Opex	\$27,000
Select one	Estimated / actual	Capex	
Select one	New budget / spend approval relating to existing budget		
Term of spend	<i>From December 2021 to January 2022</i>		
Delegation to CE to contract			
Contracting entity	healthAlliance		
Funding stream	Testing Outbreak		
MoH team involved and endorsed	YES / NO / NA		
Note other relevant endorsements for previous REF or other groups			

To be completed by NRHCC Admin/Business Manager post meeting and communicated to Report submitters.

Decision by CEF: (Approved / Declined / Comment)	
Date of Decision:	
Decision communicated to:	

Post each CEF actions, endorsements, feedback will be emailed to the author and programme lead, by midday of the next business day. These will be considered draft until the minutes are formally adopted at the next CEF meeting.



NRHCC COVID-19 Request for Decision / Information

Email your completed and approved NRHCC Paper to nrhccadmin@adhb.govt.nz by
1pm Friday or Wednesday

Title:	Public Health Outbreak Management in response to Omicron variant		
To:	COVID Metro Chief Executives Forum		
Submitted by:	William Rainger – Director, ARPHS Maria Poynter – Clinical Director, ARPHS Jane McEntee – General Manager, ARPHS		
Submitting function:	Public Health	Submitting programme:	Outbreak
For:	Discussion		
Date to be read:	20 th December 2021	Unique identifier	NRHCC-2021-202

Recommendations

It is recommended that the Chief Executive's Forum:

- **Notes** that the Omicron variant is rapidly becoming the dominant strain internationally. It is expected that within weeks all new border cases in New Zealand will be Omicron.
- **Considers** the public health implications and management of an Omicron outbreak.

Executive summary

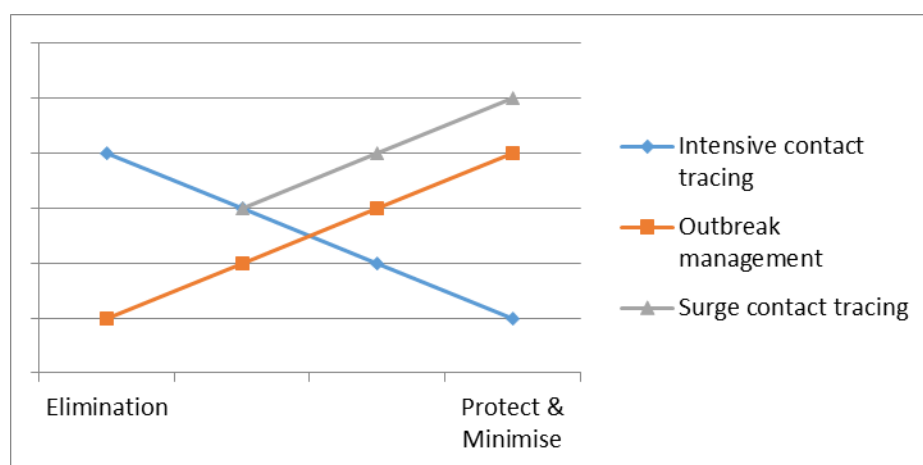
The Omicron variant is rapidly becoming the dominant strain internationally. It is expected that within weeks all new border cases in New Zealand will be Omicron. At some stage escape to the community, with further spread, is likely. If there is an expectation that an elimination approach is required when community cases of Omicron first occur, alongside a protect and minimise approach for Delta, there is a risk that ARPHS and the NRHCC will not be able to deliver.

From a public health perspective pattern recognition, rigorous case finding, contact identification, exposure event management and source investigation in order to identify as yet unknown chains of transmission, are essential for arresting an outbreak before it is well established and require are highly skilled public health outbreak management expertise.

Background

The Omicron variant is rapidly becoming the dominant strain internationally. It is expected that within weeks all new border cases in New Zealand will be Omicron. At some stage escape to the community, with further spread, is likely. Information about Omicron is still being gathered but it appears that it spreads more easily than Delta and that immunity from vaccination or past infection does not provide full protection from (re)infection. There are conflicting reports on the virulence of Omicron compared with Delta.

Meanwhile the Delta outbreak in Auckland is waning and the health strategy has shifted from elimination to protect and minimise (or from 'stamp it out' to 'manage it' in the parlance of the National Pandemic Action Plan). Protect and minimise places the emphasis on clinical risk assessment in order to identify individuals and whānau at most risk of serious disease with a concomitant reduction in emphasis on outbreak control, in particular case finding, case management and source investigation (see diagram below). Establishing the CBG national allocator role and CBG – NITC Case and Contact Management services, Whānau HQ, MRCH and PaRCH is part of the protect and minimise approach which reflects a more individualised and household focus but which necessarily involves fragmentation of the public health approach and distribution of public health expertise. However, it has been able to afford an expanded workforce to increase 'supply' and enable continued individual contact tracing for a longer outbreak duration (the grey line below).



Implications

If there is an expectation that an elimination approach is required when community cases of Omicron first occur, there is a risk that ARPHS and the NRHCC will not be able to deliver. This is due to issues of limited public health expertise and supply constraints:

- Simultaneous strategies essentially double down on the effort required in both orange and blue lines, and there is not sufficient expert public health workforce to maintain both orange and blue lines at intensive effort.
- Pattern recognition, rigorous case finding, contact identification, exposure event management and source investigation in order to identify as yet unknown chains of transmission, are essential for arresting an outbreak before it is well established and require are highly skilled public health outbreak management expertise. These 'blue line' activities are currently decreased whilst more effort is focused on protect and minimise outbreak actions.
- With the surge contact tracing process (and associated workforce) distributed across several entities, it is more important than ever that there is an effective controlling mind with a tactical overview across all cases, whānau, events and settings. This is already compromised due to a limited specialist public health workforce and will be extremely compromised if simultaneous strategies need to be pursued.

In addition, there are practical considerations that would be challenging. For example:

- WGS is now not completed on all community cases and there are delays in WGS results being provided. When a positive omicron result is returned in a community case there may have already been significant spread.



- The ARPHS (and NRHCC) workforce is very fatigued. Continued surge staff turnover means ARPHS case and contact management teams at present are trained in the minimise and protect response rather than full elimination response.
- There is an increasing need to re-commence BAU activities with ARPHS permanent workforce in order to prevent further population health harm, and this cannot be done alongside an elimination approach. Some of ARPHS BAU staff have resigned with the ongoing redeployment to COVID outbreak response.

In ARPHS' view, attempting to deliver an elimination strategy (for Omicron) while maintaining protect and minimise (for Delta) will be unworkable, although it is as yet unclear whether this might be the Government's expectation.

For consideration

The NRHCC will have a discussion about implications of Omicron later this week. From a public health outbreak management perspective we recommend CEs consider these issues.

- The pandemic response continues to need to be dynamic and adaptive. Increasingly, the best use of public health expertise is in the planning and specialist response role (for example for outbreak identification and management, in depth surveillance and specialist advice). This requires that remaining ARPHS resourcing is retained at ARPHS as it is the most experienced in the country.
- Any further fragmentation of public health processes and workforce should be avoided until there is certainty about regional and national strategies for outbreak control in light of the Omicron variant.
- Regardless of any national strategy that might emerge, there is a need for a regional strategy with clear objectives and agreement with the Ministry.

To be completed by NRHCC Admin/Business Manager post meeting and communicated to Report submitters.

Decision by CEF: (Approved / Declined / Comment)	
Date of Decision:	
Decision communicated to:	

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NRHCC COVID-19 Request for Decision / Information

Email your completed and approved NRHCC Paper to nrhccadmin@adhb.govt.nz by
 1pm Friday or Wednesday

Title:	Omicron contingency planning – Vaccination Booster Surge Capacity 10 January 2021 to 28 February 2022		
To:	COVID Metro Chief Executives Forum		
Submitted by:	Matt Hannant, Programme Director, Evette Gourdie, Deputy Programme Director, David Searchfield, Finance Lead		
Submitting function:	Vaccination	Submitting programme:	Vaccinations
For:	Draft for discussion by SLT		
Date to be read:	17 December 2021	Unique identifier	NRHCC-2021-204

Recommendations and Request

It is recommended that the Chief Executive's Forum:

- **Note** with the emergence of the Omicron variant overseas and early indications a third dose of the Pfizer vaccine may be required for enhanced protection, the programme has undertaken early contingency planning in the event the gap between the primary second dose and the third booster dose is reduced to three months
- **Note** REF endorsed a transition pathway to 2022 on 28 October that established capacities and settings for next year, and the implementation to this configuration is well progressed.
- **Note** analysis presented to REF on Monday 13 December indicated that if the booster interval is reduced to three months the number of people eligible for boosters rises significantly which could result in sharp surge in demand for vaccination and place the vaccination system under considerable pressure
- **Note** REF endorsed the establishment of Omicron vaccination surge on Monday 13 December which includes:
 - two Drive Through sites -Auckland Park N Ride and an equivalent site on the North Shore - both sites having the capacity for 4-5,000 vaccinations a day
 - one CBD pop up site with capacity of 1,200 vaccinations a day
- **Note** planning is well underway, with a proposed start date for the surge capacity of no earlier than 10 January, although at this stage it is challenging to predict if and when Government may make changes to the interval, for a seven-week period. If the

capacity is required for longer than this it is anticipated the baseline settings for next year can cope with expected demand.

- **Note** the following two surge options have been considered 10 January 2022 and will be deployed as required by demand:
 1. Two drive through sites and one CBD pop up site would be in operation from the 10 January 2022 to 28 February 2022 (7-week period). **The estimated overall cost of this option is \$7.23 million.**
 2. Two drive through sites will be in operation from the 10 January 2022 to 28 February 2022 (7-week period). **The estimated overall cost is \$6.15 million.**
- **Note** the approach to establishing the surge capacity is to establish capacity as required, but secure key people and/or equipment this year where there is a risk to supply next year. We will utilise surge workforce, whilst securing critical roles such as sites leads this year.
- **Note** the Auckland Airport Park N Ride site was in the process of being decommissioned by the 23rd December with the majority of infrastructure equipment being returned to suppliers to ensure costs are kept to a minimum. In anticipation that this site will be stood up on the 10th January 2022 to cope with surge capacity, marquees (free of charge) and portacabins (\$2,600 rental over the period) are being retained on site.
- **Note** Auckland Airport have confirmed that they require 24/7 security during the close down period for the site. The cost for this security is estimated at \$39,000 overall.
- **Note** for the CBD pop up option the majority of the workforce will be from the causal pool. However, the clinical lead (2 FTE) and site lead (1 FTE) positions will need to be secured to ensure availability of staff for these roles. It is recommended that these staff are offered a fixed term extension from 10th January to 31 March at an estimate cost of \$71,000 overall.
- **Note** a gateway decision date of 6th of January 2022 has been set to confirm whether a go-live date of 10th January 2022 is required.
- **Note** if the decision on the 6th January is “hold” then it will be reviewed weekly.
- **Endorse** the following 2021 expenditure related requirements to the Booster surge:
 - Auckland Airport Park N ride security and portacabin rental over the Christmas shut down period - estimated cost \$41.6k.
 - Endorse extending contracts for the period 10 January 2022 to 31 March 2022 for Clinical Leads (2 FTE) and a site lead (1 FTE) positions for a CBD pop up operation at an estimated cost of \$71k.
- **Endorse** a budget provision of \$7.23 million for surge capacity, noting this has been endorsed by SLT.

Total cost of recommendation as indicated		\$7.34 million
Capex		\$0
Opex		(1) Airport Christmas Shut Down \$41.6k (2) Fixed term staff extension \$71k (3) Either option 1 \$7.23 million
Period of spend	From	23 December 2021
	To/ on-going	31 March 2022
Who will be the contracting entity		ADHB
Reviewed by finance manager		
Interdependencies identified and discussed and with other Functions: <i>e.g. Welfare; Maori Health, Workforce, MIQF, Primary Care/Testing, Air Border, Pacific Health, data & Digital, Planning & Intel, Quality & Risk</i>		
NRHCC IC or Vaccination Lead approval <i>(name and date, ensure evidence of approval is on file)</i>		
Person/s to receive outcomes of CEF		Matt Hannant, Evette Gourdie, David Searchfield

Financial Overview

In terms of considering the cost of surge capacity, two Drive Through sites and a CBD pop up site have been considered. Both Drive Through sites are assumed to have similar capacities i.e. 4,000 to 5,000 vaccinations per day. The CBD pop up option has been modelled on a capacity of 1,200 vaccinations a day (refer appendix 2 for cost profile).

The location of the second Drive Through site is likely to be the North Shore and the implementation team are currently scouting for suitable locations.

Note the Airport Park N Ride site/cost profile has been used for the purposes of estimating the costings for the two Drive Through sites in this paper. Note that the Auckland Airport site rental cost is nil. For a North Shore site initial indications are that the rental cost will be approximately \$1,500/day. Refer appendix 1 for the Drive Through cost profile.

The Auckland Park N Ride site has been confirmed as being available for use if required, noting that as part of the transition pathway 2022 planning this site is being decommissioned on the 23rd December.

In anticipation that the Auckland Park N Ride site will be stood up on the 10th January 2022 to cope with surge capacity, the portacabins (used for cold chain) are being retained during the period 23rd December to 10th December. This is due to supply availability issues for

portacabins in the New Year. In addition, marquees are being retained free of charge on site.

Surge Capacity Option 1 - High

Option 1 assumes that two drive through sites and one CBD pop up site would be in operation from the 10 January 2022 to 28 February 2022 (7-week period). The estimated overall cost is \$7.23 million as shown in the below table.

Table 1 - 2 Drive through sites + 1 CBD pop up

Site	Maximum Weekly Volume	Weekly Cost Estimate	Weeks	Total Estimated Cost
Auckland Airport Park N Ride	4,000	434,200	7	3,039,400
North Shore Drive Through	4,000	434,200	7	3,039,400
North Shore Drive Through rent		10,500	7	73,500
CBD site	1,200	154,100	7	1,078,700
Total estimated cost	9,200	1,033,000		7,231,000

As mentioned above the Auckland Airport site rental cost is nil. For a North Shore site initial indications are that the rental cost will be approximately \$1,500/day.

Surge Capacity Option 2 - Medium

Option 2 assumes that two drive through sites will be in operation from the 10 January 2022 to 28 February 2022 (7-week period). The estimated overall cost is \$6.15 million as shown in the below table.

Table 2 - 2 Drive through sites only

Site	Maximum Weekly Volume	Weekly Cost Estimate	Weeks	Total Estimated Cost
Auckland Airport Park N Ride	4,000	434,200	7	3,039,400
North Shore Drive Through	4,000	434,200	7	3,039,400
North Shore Drive Through rent		10,500	7	73,500
CBD site				
Total estimated cost	8,000	878,900		6,152,300

CBD fixed term contract resource

For the CBD pop up option the majority of the workforce will be from the causal pool. However, the clinical lead (2 FTE) and site lead (1 FTE) positions will need to be secured to ensure availability of staff for these roles.

Current employees who are candidates for these roles have their contracts expiring on 10th January 2022.

It is recommended that these staff are offered a fixed term contract extension from 10th January to 31 March to ensure availability of these roles. The estimated cost of extending contracts to 31 March 2022 for 3 FTE is estimated at \$71,000.

In the event that the CBD pop up option is not required these positions can be utilised within the Vaccination programme in other areas (e.g. site audits relating to readiness for childhood vaccinations or outreach support).

Auckland Airport Park N Ride Christmas Shutdown



The Auckland Airport Park N Ride site is being decommissioned on the 23rd December with the majority of infrastructure equipment being returned to suppliers to ensure costs are kept to a minimum.

In anticipation that we will need to stand up this site on the 10th January to cope with surge capacity the portacabins are being retained during the period 23rd December 2021 to 10th January 2022 due to supply availability issues for portacabins in the New Year, the estimated rental cost over this period is \$2,600. In addition, the suppliers of marquees have agreed to leave their equipment on site during the close down period free of charge.

Auckland Airport require 24/7 security during the close down period for the site. The estimated cost of security over the close down period is \$39,000.

Table 3 - Auckland Airport Park N Ride Christmas Shutdown Costs

	Total Estimated Cost
Auckland Airport Park N Ride	
Security during Christmas shut down at Auckland Airport	39,000
Portacabin rental	2,600
Total Estimated Cost Christmas Shut Down	41,600

Appendices

Appendix 1 - Cost Profile of Drive Through Sites

Appendix 2 - CBD Pop Up Cost Profile

To be completed by NRHCC Admin/Business Manager post meeting and communicated to Report submitters.

Decision by CEF: (Approved / Declined / Comment)	
Date of Decision:	
Decision communicated to:	

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Appendix 1 - Cost Profile of Drive Through Sites

Park N Ride	Weekly Cost Estimate	Weeks	Total Estimated Cost
DHB Labour	217,567	7	1,522,972
Other Labour Maori wardens, Secure Parking, St Johns	64,026	7	448,182
	281,593		1,971,154
Overheads :			
Set Up	6,429	7	45,000
Traffic Management - Absolute & Fulton Hogan	47,000	7	329,000
Marquees	27,655	7	193,585
Security	29,000	7	203,000
All Other	42,500	7	297,500
Total Overhead	152,584		1,068,085
Total Cost	434,177		3,039,239
Rounded	434,200	7	3,039,400

	<u>FTE per week</u>
Roster specialists	2.2
Clinical lead (senior nurse)	2.4
Site Leads	2.8
Registration and other admin	48
Authorised vaccinators	20.2
Cold chain and vaccine preparation	19.6
Post vaccination observer (RN)	8.4
Total DHB	103.6
Whanau Ora (traffic management)	0.0
Maori wardens (security).	19.6
Runners AIAL (Auckland Airport) free	4.6
Secure Parking	11.0
St Johns	10.0
Total Other	45.2
Total Labour	148.8
Labour costs / week	\$ 281,593

Ongoing costs / week	
Fulton Hogan (based on previous invoice)	35,000
Red Badge security	29,000
Marquee hire (Exhibition Hire services)	17,655
Operating costs from Auckland Airport (\$15k / month)	15,000
Absolute traffic (estimate based on increased volume)	12,000
2 x marquees (Silver fern)	10,000
Catering (based on Oct New World)	5,000
Portaloos (Eventmakers)	4,500
Generator rental (Eventmakers)	4,000
Waste removal	4,000
Eventmakers hire of whiteboards, chairs etc	3,000
Fuji forms	2,000
Stationary, freight, other	2,000
Portacabins (Eventmakers)	1,000
City Cleaners (\$4k / month)	1,000
Radio hire (Wireless rentals)	1,000
Ongoing costs / week	\$ 146,155

Note that the Auckland Airport site rental cost is nil. For a North Shore site initial indications are that the rental cost will be approximately \$1,500/day.

Appendix 2 - CBD Pop Up Cost Profile

CBD	Weekly Cost Estimate	Weeks	Total Estimated Cost
Labour	106,888	7	748,214
	106,888		748,214
Set Up	1,429	7	10,000
Rent	10,000	7	70,000
Security	22,000	7	154,000
All Other	13,800	7	96,600
Total Overhead	47,229		330,600
Total Cost	154,116		1,078,814
Rounded	154,100	7	1,078,700

	FTE per week (7 days)
Roster specialists	1.4
Clinical lead (senior nurse)	2.8
Site lead	1.4
Registration, admin, runners	10.3
Authorised vaccinators	12.6
Cold chain and vaccine preparation	12.6
Post vaccination observer (RN)	3.1
Total DHB	44.2
Labour costs / week	\$ 106,888

Ongoing costs / week (based on Mt Wellington)	
Red Badge security	22,000
Rent	10,000
Portaloos	4,500
Stationary, freight, other	3,000
Fuji forms	2,000
Electricity	1,500
City Cleaners (\$4k / month)	1,000
Radio hire Cogent	1,000
Waste removal	800
Absolute traffic	-
Marquee hire (Exhibition Hire servi	-
Second marquee hire (Silver fern)	-
Ongoing costs / week	\$ 45,800

	Agenda Item
	[REDACTED]
3	<p>COVID Testing Email & Text Notifications</p> <p>Lara Hopley and Andrew Gilbert joined the meeting. The paper was taken as read. The Chief Executive's Forum:</p> <ul style="list-style-type: none">• Noted that the Ministry has progressed work nationally to support text messaging of positive COVID-19 results should this be required in the future• Endorsed regional development work at a cost of \$27,000 to ensure that the Northern Region DHBs can turn on text messaging for positive COVID-19 results that have not been eCollected should this be required.• Noted that this is a preparedness initiative and that text messaging of positive results will not be deployed without Ministry/national agreement.• Discussed that if agreed, this will be operational by 17 Jan 2022, if there is an issue we can arrange for it to go-live earlier.• Discussed that the national ESR has a text notification option however, a lot of hospitals and GPs do not use ESR and the national system does not have the capability of phone number verification. The regional system will help reduce the risk around this. <p>Lara Hopley and Andrew Gilbert left the meeting.</p>
4	[REDACTED]
5	[REDACTED]

	Agenda Item
	<p>[REDACTED]</p>
8	<p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p>
9	<p>Omicron contingency planning – Vaccination Booster Surge Capacity 10 January 2021 to 28 February 2022</p> <p>The paper was taken as read. The Chief Executive's Forum:</p> <ul style="list-style-type: none"> • Noted with the emergence of the Omicron variant overseas and early indications a third dose of the Pfizer vaccine may be required for enhanced protection, the programme has undertaken early contingency planning in the event the gap between the primary second dose and the third booster dose is reduced to three months • Noted REF endorsed a transition pathway to 2022 on 28 October that established capacities and settings for next year, and the implementation to this configuration is well progressed. • Noted analysis presented to REF on Monday 13 December indicated that if the booster interval is reduced to three months the number of people eligible for boosters rises significantly which could result in sharp surge in demand for vaccination and place the vaccination system under considerable pressure • Noted REF endorsed the establishment of Omicron vaccination surge on Monday 13 December which includes: <ul style="list-style-type: none"> ▪ two Drive Through sites -Auckland Park N Ride and an equivalent site on the North Shore - both sites having the capacity for 4-5,000 vaccinations a day ▪ one CBD pop up site with capacity of 1,200 vaccinations a day • Noted planning is well underway, with a proposed start date for the surge capacity of no earlier than 10 January, although at this stage it is challenging to predict if and when Government may make changes to the interval, for a seven-week period. If the capacity is required for longer than this it is anticipated the baseline settings for next year can cope with expected demand. • Noted the following two surge options have been considered 10 January 2022 and will be deployed as required by demand: <ol style="list-style-type: none"> 1. Two drive through sites and one CBD pop up site would be in operation from the 10 January 2022 to 28 February 2022 (7-week period). The estimated overall cost of this option is \$7.23 million. 2. Two drive through sites will be in operation from the 10 January 2022 to 28 February 2022 (7-week period). The estimated overall cost is \$6.15 million. • Noted the approach to establishing the surge capacity is to establish capacity as required, but secure key people and/or equipment this year where there is a risk to supply next year. We will utilise surge workforce, whilst securing critical roles such as sites leads this year. • Noted the Auckland Airport Park N Ride site was in the process of being decommissioned by the 23rd December with the majority of infrastructure equipment being returned to suppliers to ensure costs are kept to a minimum. In anticipation that this site will be stood up on the 10th January 2022 to cope with surge capacity, marquees (free of charge) and portacabins (\$2,600 rental over the period) are being retained on site. • Noted Auckland Airport have confirmed that they require 24/7 security during the close down period for the site. The cost for this security is estimated at \$39,000 overall. • Noted for the CBD pop up option the majority of the workforce will be from the causal pool. However, the clinical lead (2 FTE) and site lead (1 FTE) positions will need to be secured to ensure availability of staff for these roles. It is recommended that these staff are offered a fixed term extension from 10th January to 31 March at an estimate cost of \$71,000 overall.

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	<ul style="list-style-type: none"> • Noted a gateway decision date of 6th of January 2022 has been set to confirm whether a go-live date of 10th January 2022 is required. • Noted if the decision on the 6th January is “hold” then it will be reviewed weekly. • Endorsed the following 2021 expenditure related requirements to the Booster surge: <ul style="list-style-type: none"> ○ Auckland Airport Park N ride security and portacabin rental over the Christmas shut down period - estimated cost \$41.6k. ○ Endorse extending contracts for the period 10 January 2022 to 31 March 2022 for Clinical Leads (2 FTE) and a site lead (1 FTE) positions for a CBD pop up operation at an estimated cost of \$71k. • Endorsed a budget provision of \$7.23 million for surge capacity, noting this has been endorsed by SLT. • Agreed the fixed costs are to be endorsed but to be flexible if necessary and have the ability to decommission if something isn't working. We should maximise all the current capacity we have.
General Business	
6	Next meeting: Date TBC – 2022

The meeting closed at 5:12pm.