# Te Whatu Ora
## Health New Zealand

# Memo to the Te Whatu Ora Executive Leadership

## Cyclone Gabrielle Post Incident Report Recommendations

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| **Date:** | 18 September 2023 |
| **From:** | Andrew Slater, Chief People Officer, People & Communications |
| **To:** | Executive Leadership Team |

## Te Pūtake | Purpose

1. This paper provides the Executive Leadership Team with information on the Emergency Management Team (EMT) response to, and actions underway informed by the review into the Te Whatu Ora Cyclone Gabrielle response.

2. The paper is for noting.

## Papamuri | Background

3. When Te Whatu Ora activated and coordinated a national response early to both Auckland Anniversary and Cyclone Gabrielle response, the health system had moved to the new structural arrangements under the Pae Ora reforms, and this was the first Te Whatu Ora response to a large-scale emergency.

4. As with any significant event, there are many learning opportunities and system improvements. A review into the cyclone response by Te Whatu Ora was commissioned. The result is the **Post Incident Review (PIR) attached as Appendix One**.

5. The PIR states that the response overall to the cyclone affected areas was effective, and it is important to note that we met our obligations under the CDEM Act 2002, CDEM Plan Order 2015, and National Health Emergency Plan 2015 during the response.

6. The review did canvas a range of areas where process improvements can be made. Before presenting these findings, the Emergency Management team took time to review all findings and ensure these were taken into in our overall work programme priorities.

7. I am sharing this review and the associated national work programme as emergency management is a whole of organisation responsibility and I want colleagues to be aware of the learnings and how we have responded to them. There will be times in response where we call on the different parts of our organisation and system to work together.

8. The timing of this review has also helped inform the People and Culture change process. Albeit that we have yet to finalise the structures and total resources in the Emergency Management function I have been conscious of the systems capacity to prepare for and manage incidents. The review is a useful insight into how we need to organise ourselves and work together to prepare for, and manage, future events.

## Te Matapaki Me Ngā Kōwhiringa | Discussion and Options

9.  The PIR was conducted in a rigorous, impartial manner and incorporated a mix of wide audience anonymous survey, targeted leadership and function interviews, and forum session.

10. The PIR has identified many recommendations broadly grouped into the following themes:

    a)  Clarifying roles and responsibilities within the response;

    b)  Communication systems and processes;

    c)  Connections, links, and relationships; and

    d)  Resources and infrastructure.

11. The PIR provided a list of actions corresponding to the lessons identified within the response. EMT have reviewed the PIR list of actions in order to prioritise efforts to embed the lessons identified within the report. **Appendix Two** provides a list of all the actions identified within the report and their progress towards being completed.

12. All the recommendations from the PIR were in our work programme. However, the PIR has given us a new lens to prioritise activities against and as such we have brought forward, and adapted, resourcing for several projects and deliverables. A summarised Work Programme **is attached in Appendix Three**.

13. I am happy to receive any feedback on this review and the emergency management function more generally.

14. Finally note the review and our response will be shared with the government's commission of inquiry to the weather event. We have recently been asked to respond to questions about how the health system in each region managed during the response. This response will be supplied mid-October. Overall, there is stakeholder interest in this review, and I propose proactively releasing this review and our response once we have contributed to the inquiry.

## Ngā Āpitihanga | Attachments

Appendix One: Post Incident Review Report
Appendix Two: Post Incident Review Recommendations and Responses
Appendix Three: Summarised Emergency Management Work Programme

## Appendix Two: PIR Recommendations and Responses

| Roles & Responsibilities | | |
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| **Action** | **Response** | **Comments** |
| Further definition for roles and responsibilities is needed within the Health sector response including, but not limited to EMT, NPHS, and regional Way Finder**s** (refer Section 10: 1.1). | Under Action | The emergency response structures are being defined within the change consultation process. This will see a consistent response model across the services of national, regional, and district capabilities that will coordinate at each level. |
| **For supporting deployed staff (refer Section 10: 1.3):**<br>**1. Pre-deployment briefing,**<br>**2. Induction briefing and orientation on arrival**<br>**3. Pastoral and administrative care during and post deployment.** | Complete | The staff deployment process was refined throughout the response and was continued during the recovery period. These processes include all points and have been consolidated as a resource for future responses. |
| **Earlier deployment of support staff into affected areas to relieve and rotate affected staff (refer Section 10: 1.3).** | Noted | This recommendation is noted. Deployment timings will be considered based on the situation and operational need to affect a response. |
| **Training (refer Section 10: 4.2):**<br>**1. Emergency management responsibilities**<br>**2. CIMS training and refreshers**<br>**3. Ensuring staff participate in exercises and simulations**<br>**4. Targeted training and briefings for key staff (i.e. liaison officers, controllers)** | Work Plan | This is under action for all points at national, regional, and local levels. Training that includes these recommendations will remain as an enduring output. |
| **Emergency management personnel should continue to work to build trust and stronger relationships with CDEM and other organisations involved in emergency management (refer Section 10:3.1 and 10:1.7).** | Work Plan | This is an enduring priority output. Te Whatu Ora Emergency Management acknowledges that strong relationships are critical to ensuring effective responses to emergencies. The relationships with CDEM at local, regional, and national are trusting and productive. |
| **Review and establish a task tracking management system (refer Section 10: 1.5).** | Complete | This has been established and built into the Incident Response Information System. |
| **Establish cost codes to manage the procurement of essential resources, to ensure decisions can be made quickly to procure necessary resources (refer Section 10: 4.5).** | Complete | Cost codes are a simple activity and will be generated as needed. |
| **Review and set reporting and informing requirements for key audiences:**<br>**1. Strategic communications**<br>**2. ELT updates**<br>**3. SITREPS (refer Section 10: 2.3, 10.2.4., 10.2.5)** | Work Plan | The timings and dissemination of information will be assessed at the start of a response and then set. This is heavily dependent on the operational, and the lead agency routine. |

| Communications | | |
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| **Action** | **Response** | **Comments** |
| **Revise timings of local / regional / national meetings (refer Section 10: 2.4).** | Work Plan | The timing of meetings will be assessed at the commencement of a response and then periodically reviewed. This is heavily dependent on the operational tempo, and the lead agency routine. |
| **Establish a pre-event understanding of meetings and communications expectations. This should include Te Aka Whai Ora, Whaikaha, and Ambulance (refer Section 10: 2.4 and 2.5).** | Noted | This is situation dependent. Expectations will be set by the controller based on the operational need. |
| **Research and scope alternative telecommunications tools that will work without power and cell reception, e.g. Star Link, IRIS sat phones, new digital RT system (refer Section 10: 4.2.).** | Under Action | A full review of primary, alternative, contingency and emergency communications for data and voice is under action with a view to build a resilient whole-of-system emergency management communications suite. |
| **Standardise SITREPs, updates and meeting times (refer Section 10: 2.4 and 10 .2.5).** | Work Plan | The timing of meetings will be assessed at the commencement of a response and then periodically reviewed. This is heavily dependent on the operational tempo and the lead agency routine.<br>SITREP templates have been reviewed and set in accordance with CIMS Ed.3; allowing for Health-system specific information. |
| **Ensure Minister's Press Secretaries know who to go to for information, and when (Section 10: 2.3).** | Complete | There is an established and effective relationship through the Minister's Office to the Chief Executive's Office. |
| **For staff deployed in the field, have a formal operational debrief on their return to capture their observations and learnings (refer Section 10: 1.3).** | Complete | The staff deployment process was refined throughout the response and was continued during the recovery period. These processes include operational debriefs. |
| **Do a stocktake of the access points into the Microsoft Teams system and create simple login protocols for key roles, not individuals (refer Section 10: 2.2).** | Under Action | This issue has a suitable mitigation in place. The migration of all staff to a single Te Whatu Ora IT domain will resolve this issue. |
| **Have one person responsible for sitting in on meetings and ensuring all agencies are providing information consistently and effectively and addressing any communication issues in a timely manner (refer Section 10: 1.5).** | Noted | Te Whatu Ora EMT will be required to contract administrative support during large responses to support administration, process, and knowledge and information management. |

| Connection, links, and relationships | | |
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| **Action** | **Response** | **Comments** |
| **Continue to establish and maintain emergency management relationships at a local, regional, and national level, both internally and externally (refer Section 10: 3.1, and 10. 3.3 ).** | Work Plan | This is an enduring priority output. Te Whatu Ora Emergency Management acknowledges that strong relationships are critical to ensuring effective responses to emergencies. The relationships with CDEM at local, regional, and national are trusting and productive. |
| **Complete and gain access to IRIS (Incident Response and Intelligence System) for use as a Te Whatu Ora enterprise system (refer Section 10: 1.6).** | Under Action | This is still hosted on a Manatū Hauora IT Domain. This system will transfer to the Te Whatu Ora domain on migration.<br>Te Whatu Ora EMT has access should this be required in the meantime. |
| **Access to CDEM GIS layers for situational awareness, at least read-only (refer Section 10: 1.7).** | Complete | Te Whatu Ora EMT Intelligence is linked with NEMA Intelligence. |
| **Engage better with CDEM so they understand Health and our new structure, focussing on sharing information and answering questions (refer Section 10: 1.7).** | Work Plan | This is an enduring priority output. |
| **Increase engagement with health partners Te Aka Whai Ora, Whaikaha, Ambulance and primary care, and ensure they are bought into a response early, at every level (district, regional, national) (refer Section 10 3.1, 10. 3.2).** | Under Action | This recommendation resulted from the effects of reform. Health system relationships are continuously improving and expanding to create a more resilient and prepared network. |
| **Ensure all delivery and enabling functions are engaged and incorporated into a response early, at every level (district, regional, national) (refer Section 10: 1.5, 10.4.3 and 10. 4 .5).** | Noted | This recommendation is specific to the Cyclone Gabrielle response where a forecast was available; however, the impact will always be assessed, and the appropriate functions will be incorporated as the situation requires. |
| **Continue to conduct training and exercises as this helps to build relationships, spread more widely within Health, so more people can participate, e.g., procurement teams need CIMS training so they can take up a logistics position during a response (refer Section 10 3.1, 10. 4.1 and 10. 4.3).** | Work Plan | This was occurring prior to the cyclone and remains an output post the cyclone. |
| **Consider contractual arrangements that allow the Ambulance sector to proactively respond with the assurance of financial and contractual support during the early stages of a declared emergency (refer Section 10: 3.3).** | Under Action | Under review with National Ambulance Office. |
| **Investigate and incorporate emergency provisions in the commissioning process, such as co-payment waivers, to enable primary healthcare providers to function during declared emergencies (refer Section 10: 4.5).** | Under Action | This work is under review with the National Commissioning Team |

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| Connection, links, and relationships | | |
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| **Action** | **Response** | **Comments** |
| **Clarify chains of command - improve the understanding of vertical structures (district to regional to national), from an IMC perspective by using a template going forward to improve coordination and response efforts, i.e., EOC to ECC to NHCC (refer Section 10: 1.5).** | Complete | The chain of command or decision-making authorities are clear. |
| **Consider decision points or criteria to improve preparedness e.g., by moving people and/or resources before forecast/emerging events to ensure a better response in isolated and cut-off areas (refer Section 10: 1.1).** | Complete | This recommendation is acknowledged and was employed successfully during the response to the July 2023 severe rainfall in Te Tairāwhiti. |
| **Identify how and where communications or PIM trained staff fit into the national, regional, local structure (refer Section 10: 2.3).** | Complete | The comms/PIM structure is clear as the restructure process continues. |
| **Review the NHCC to ensure it is fit for purpose and incorporates the delivery and enabling functions of Te Whatu Ora (refer Section 10 1.2,10 .1.5).** | Under Action | Te Whatu Ora EMT have conducted a review and refinement of the function and roles of the NHCC. A review and plan for a fit-for-purpose facility is still under action. |
| **Review the daily meeting demands and rationalise who needs to attend each meeting (refer Section 10: 1.1, 10.2.4).** | Work Plan | The timings meetings will be assessed at the commencement of a response and then periodically reviewed. This is heavily dependent on the operational tempo and the lead agency routine. |
| **Work out how we enable and facilitate Whaikaha response priorities, along with medically dependent on electricity etc (refer Section 10 3.1).** | Work Plan | This work is enduring through the relationship with Whaikaha and is incorporated in the vulnerable persons GIS and dashboard projects |
| **Support and enable districts to engage at their level (refer Section 10: 1.3).** | Work Plan | We assess this recommendation relates to ensuring local health Emergency Managers are empowered to engage across the CDEM sector. The maintenance of relationships at all levels (local, regional, and national) is a part of the enduring work plan. |
| **Establish better relationships with key community providers including marae, so resourcing needs from a health perspective can be identified (refer Section 10: 3.1).** | Work Plan | This is a continual effort. For relationships with marae specifically, Te Whatu Ora will be, and Te Aka Whai Ora are also, working with Manatū Hauora emergency management who are leading the Ahura Marae Roa project to improve marae resilience and preparedness for disasters. |
| **Primary care needs to be better engaged into emergency responses with a process established to build on existing relationships and any existing Technical Advisory Groups, so they can link into responses quickly and effectively (refer Section 10 3.1 and 3.2).** | Work Plan | Primary care and public health were the priorities in this response. Work is continuing to develop the primary care resilience tool to aid in enabling stronger responses for and by the primary care sector. |
| **Establish a technical advisory group that includes clinical, nursing, midwifery, and commissioning representatives to support future planning (refer Section 10 3.1 and 3.2).** | Complete | A technical advisory group appropriate to the event will be convened in the next response. |

| Resources and infrastructure | | |
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| **Action** | **Response** | **Comments** |
| **Build and maintain effective business continuity programmes across the whole of the health sector. In non- Te Whatu Ora organisations, the commissioning team will need to support and influence this process (refer section 10.4.1).** | Work Plan | This output is enduring at the local level. The national office-level business continuity planning is underway. This work will occur in conjunction with the restructure. |
| **Te Whatu Ora needs to consider all aspects of resilience across the motu through a risk-based approach. This should include appropriate staffing of EMT teams, infrastructure, and planning (refer section 10.4.2).** | Work Plan | This is reduction under the CIMS four Rs and occurs continually. The only change being there is now a greater focus on the national impacts for Te Whatu Ora as a national organisation. |
| **Any Te Whatu Ora team, such as commissioning, procurement and People and Culture, should have designated, trained team members who can support the NHCC during a response. This is also true for organisations such as Te Aka Whai Ora and Whaikaha (refer section 10.4.3).** | Under Action | Identification of national office-level staff, their skillsets appropriate to response, and their training is under action. |
| **Carry forward the workforce management learnings from this response, so they can be instigated immediately in the next response. Through this early stand up and definitive instructions on deployment, the process can be clearer, and deployment can be carefully managed and monitored (refer section 10.4.4).** | Complete | The workforce function is held by the People and Culture team in readiness for future events. |
| **A clear procurement and request process needs to be drawn up, so that it is in place for the next response. During a response this needs to be adhered to, to ensure clarity of what is being requested, and to eliminate duplication. Additionally, local Way Finders and emergency staff need to have clear emergency delegations for procurement (refer section 10.4.5.)** | Complete | The finance and procurement team now have a logistics role in the NHCC response structure. This leverages their standard procedures to enable simple and easy response procurement. |
| **Review decision-making delegations at local levels (refer Section 10: 1.1 and 4.4).** | Complete | BAU delegations remain in response. Where the situation dictates a different or increased scope for decision-making, the Senior Responsible Officer will consider this and provide direction. |
| **Invest in a consolidated GIS common operating picture for Te Whatu Ora (refer section 10 .2.1).** | Under Action | Community of Interest within Health GIS established. This group is working to ensure shared knowledge of the systems and information available and aligning work to build efficiency. |
| **Invest in the Primary and Community Care Resilience Tool (refer Section 10: 2.6).** | Under Action | Funding and support secured through Commissioning |
| **Ensure District Emergency Managers have a budget they can use (refer Section 10: 4.5).** | Under Action | This will be the case under the restructure for BAU. Responses, however, will have a specific cost recovery code generated to enable cost capture and reconciliation. |

| Resources and infrastructure | | |
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| **Action** | **Response** | **Comments** |
| **Create a national telecommunications plan, with insights on who needs what (refer Section 10: 2.6).** | Under Action | This includes: PABX, UHF/VHF radio, mobile voice and data, sat voice and data - all for fixed installations and mobile. |
| **Use telecommunications technology in regular training exercises (refer Section 10: 2.6).** | Work Plan | This is conducted when the training dictates a need for telecommunications use. |
| **Organise equipment at a national level - align systems for compatibility across the organisation at a national level. Conduct checks and maintenance at all levels of holding (refer Section 10: 2.6).** | Work Plan | This recommendation does not align with observation 10.2.6. Te Whatu Ora is developing situational awareness tools and a suite of communications equipment to enable a clear understanding of both equipment holdings and of our health system and vulnerable communities as observation 10:2.6 states. |
| **Investigate the policy of making prescriptions free for some time to ensure that patients affected by emergencies can access medication without financial burden. As a local or national emergency is declared, this gives us a trigger that is identifiable. If this is our state policy it doesn't need to be a decision, it is just an action that we can take (refer Section 10: 4.5).** | Complete | Standard prescriptions are now free. There are established processes available to ensure people have secure access to prescription medication through emergencies. |
| **Have cost codes ready to go for the next event (refer Section 10: 4.5).** | Noted | This is not required. The procurement team and system are responsive enough to enable this at the time. |
| **Review how planning could assist with addressing the impact of infrastructure being compromised i.e., transporting, and accommodating staff who are restricted in travelling either to or from their place of work (Refer Section 10: 4.3).** | Work Plan | Infrastructure and investment have a comprehensive view of the critical infrastructure elements of the largest 34 hospital campuses. This information is expanding under an enduring workflow to smaller locations and will inform future responses. |
| **Engage further with the Royal New Zealand Air Force or commercial providers in readiness to establish requirements to transport critical supplies such as oxygen, medicines, blood products, and medical equipment (refer Section 10: 3.1).** | Work Plan | This recommendation is repeated below and does not align with 10.3.1 (building relationships). Te Whatu Ora emergency management is committed to maintaining strong relationships across all agencies and response partners. This includes maintaining relationships with NZDF and logistics partners. |
| **Email formats should be standardised, and generic email addresses established for the NHCC, Regional ECC's, and District EOC's (and functions) (refer Section 10: 2.2).** | Under Action | This is under action for implementation as Te Whatu Ora migrates to one information technology domain. |
| **Consider more full time Emergency Manager positions (refer Section 10: 1.1).** | Under Action | The Te Whatu Ora Emergency Management team is currently under restructure proposals. This proposes a significant reduction in local response staff. |
| **Improve engagement with the Royal New Zealand Air Force or commercial providers for oxygen delivery - this was identified as a key learning (for example, Ryman healthcare used helicopters to help transport satellite phones) (refer Section 10: 1.4).** | Work Plan | Te Whatu Ora maintains relationships through their ongoing planning engagements. This includes the NDZF through their strategic commitments and engagement team. |

# Appendix Three: Summarised Emergency Management Work Programme

**Purpose**

This document provides a summarised view of the Emergency Management Team (EMT) work programme illustrating activities that relate to recommendations in the Post Incident Review (PIR) for the North Island Severe Weather event.

**Overview**

The EMT work programme is focused on ensuring Te Whatu Ora is meeting its legislative responsibilities and is able to enhance our emergency management system capability. There are resourcing challenges associated to the work programme as Te Whatu Ora Emergency Management work through the change process to fully embed a new structure. In the interim, the EMT work programme is being delivered by the national team resource, as well as the Northern Region and some District Emergency Management capability.

The EMT work programme covers the following:
1. **System Design and Implementation** – supporting the establishment of the emergency management system within Te Whatu Ora.
2. **The 4 R's of emergency management** – enhance our emergency management capability across the 4R's (Reduction, Readiness, Response and Recovery).
3. **Business Continuity** – business continuity to prepare all services and directorates from disruption of services.
4. **Regional and District activity** – to understand the delivery and priorities for our districts and regional emergency management programmes.

As this document is only providing a summarised view of the full work programme, not all activities being conducted by Te Whatu Ora EMT are stipulated within this document.

**Summary of EMT work programme priorities**

Te Whatu Ora EMT undertook a prioritisation process to focus EMT activities for the next 6 months. Alongside the EMT work programme priorities we have stipulated the relevance to the recommendations within the PIR for the North Island Severe Weather event.

| Summary of EMT Work Programme | | |
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| **Work Programme Priorities** | | **PIR recommendation** |
| **System Design and Implementation** | 1. Clarify the Te Whatu Ora EM Governance Structure and Operating Framework as we work through the change process.<br>2. Develop and implement a Te Whatu Ora activation and escalation framework for emergencies.<br>3. Develop and maintain a business reporting function that articulates priorities, risks, outcomes and issues.<br>4. Build internal approval processes for BaU sign off for EM related activities. | Continue to clarify **roles and responsibilities** within the emergency management system for Te Whatu Ora. This includes how Te Whatu Ora plan for and respond to emergencies across all national functional areas. |

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| Summary of EMT Work Programme | | |
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| **Work Programme Priorities** | | **PIR recommendation** |
| **Reduction** | 5. Focus our intelligence efforts on situation reporting for the next response, including making key partnerships with data/intelligence leaders that collect information within the system and how it could be utilised within emergency responses to inform all key stakeholders in a timely and consistent manner. | Develop our **situational awareness** capability, with specific focus towards coordinating our sources of health intelligence across various directorates within an emergency. |
| **Readiness** | 6. Continue the development of the Te Whatu Ora EM on-call arrangements, including the interaction of exec on-call arrangements.<br>7. Provide Executive leadership a briefing on their EM roles and responsibilities including the on-call processes.<br>8. Development and implementation of National EM Training Framework and Programme<br>9. Development and implementation of the National EM Exercise Programme. | Build Te Whatu Ora **Emergency Management capability** at all levels. This includes through the delivery of training and exercises. |
| **Response** | 10. Review the Ministry of Health National Health Emergency Plan (2015) and develop a Te Whatu Ora Health Emergency Plan.<br>11. Under the national portfolio of plans, review and develop national plans i.e. Mass Casualty and other critical events | Clarify **roles and responsibilities** and to **build relationships** within the emergency management system. |
| **Recovery** | 12. Development and implementation of a National Learnings and continuous improvement framework | Carry forward **the workforce management learnings from this response**, so they can be instigated immediately in the next response. |
| **Business Continuity** | 13. Development and implementation of National Business Continuity Framework and Programme | **Build and maintain effective business continuity programmes** across the whole of the health sector. |
| **Regional and District Activity** | 14. Clearly articulate District and Regional workplan activities and specific focus areas. Support our current teams through the organisational change process. | Clarify **roles and responsibilities** and Build Te Whatu Ora **Emergency Management capability** by bringing alignment to national, regional and local work programmes. |