Te Whatu Ora
Health New Zealand

Te Ika-a-Māui Weather Events 2023
Post Incident Review Report

Prepared by Vincent Sherry for Te Whatu Ora

To	Sue Gordon	For Info	ELT Emergency Management Team
From	Vincent Sherry	Date	30 May 2023

Contents

1. Introduction
2. Purpose
3. Northland / Tamaki Makaurau flooding
4. Cyclone Gabrielle
5. Health system status in the immediate aftermath
6. Context
7. Methodologies and approach
8. Limitations
9. Key themes - high level
10. Key learnings and recommended actions
11. Conclusions
12. Recommendations
13. Next steps
14. Report Recommendations

Appendices

1. Survey participants
2. Interview participants
3. Forum participants
4. Key themes and prompts used in the forum on 28 April
5. Glossary of key terms and abbreviations
6. Timeline (separate PDF)

Released under the Official Information Act 1982

1. Introduction

On Friday, 27 January 2023, regions across the upper North Island of Aotearoa experienced widespread catastrophic floods caused by heavy rainfall. Auckland was the most significantly affected as the Auckland Anniversary holiday weekend began.

Fifteen days later, Tropical Cyclone Gabrielle began impacting the North Island, causing widespread damage to the North Island. The most significant impacts were felt in the Coromandel, Tairawhiti and Hawke's Bay areas, on Monday 13 and Tuesday 14 February.

A National Emergency was declared by the Minister for Emergency Management, Hon Kieran McAnulty on Tuesday 14 February.

In April 2023, Vincent Sherry was contracted by the Te Whatu Ora Emergency Management Team (EMT) and was asked to oversee the delivery of this Post Incident Review Report on the EMT response to these national emergencies. As background, Sherry is currently contracted to Te Whatu Ora as a Regional Health Liaison within the COVID19 response team. He has an extensive background in communications and supported this work as an independent adviser alongside his team of communications specialists.

The review process followed a three-step structure to gather information:

- surveys of emergency managers and the primary and community sectors
- one on one interviews with a core group of people involved in leading the response from across sectors
- A forum of people invited to provide their perspectives of the response and recommendations for future events. The forum will support the development of the action plan stemming from this report.

The intent was for the interviews, forum, and subsequent report to be carried out by an independent entity, to mitigate the risk of interviewees and forum participants being reluctant to share information as fully as they would otherwise. Confidentiality was a key component.

The primary focus of this report is to document the EMT response to Cyclone Gabrielle, understanding what worked well, what didn't work well and to build key learnings from the response into an action plan to build capability and resilience for future emergencies.

Information and themes that came from the surveys, interviews and a forum have formed the basis for this report. Four key themes were identified, around which actions can be built:

1. Connection, links, and relationships
2. Communication
3. Roles and responsibilities
4. Resources and infrastructure.

Released under the Official Information Act 1982

2. Purpose

This report outlines the experiences of a range of personnel who held various roles across the Te Whatu Ora emergency response at national, regional, and local levels.

Participants have provided suggestions for improvements that will better position the organisation to respond to future events where a regional or national response is required.

The report identifies key themes and lessons from the response to the weather event. Ultimately it is intended that actions addressing the key themes will be prioritised and resourced as appropriate by Te Whatu Ora.

3. Northland / Tamaki Makaurau flooding

On Friday, 27 January 2023, the beginning of Auckland Anniversary weekend, regions across the upper North Island of New Zealand experienced heavy rainfall. This resulted in widespread flooding. Tamaki Makaurau was the most significantly affected region.

Flooding was widespread across the city, with West Auckland and the North Shore being the worst affected areas. The event is considered to be the worst flood in Auckland's modern history.

The Northern Region Health Coordination Centre (NRHCC) stood up its Emergency Coordination Centre (ECC), with a connection into the National Health Coordination Centre (NHCC). It took a Level 1: monitoring role for two days to manage the immediate response. While the impact of the floods had a significant impact on roading and housing, damage to health infrastructure was minimal. Residents in one aged residential care facility (ARC) were evacuated without incident and there was minor flooding at one of the city's four major public hospitals, but neither of these had any effect on the delivery of emergency healthcare.

An independent review by Bush International Consulting into the Auckland Council's emergency management system during the floods (the Bush report) found that the council's emergency management system was unprepared. It made 17 recommendations to the council for future extreme weather events, all of which were accepted by Auckland's Mayor Wayne Brown.

In this context, and with several experienced personnel in the IMT operating as part of the NRHCC, this review does not outline any significant issues specifically related to the Te Whatu Ora response to the Auckland Anniversary weekend floods. However, it is noted that the final recommendation in the Bush report states the following:

> *Establish and actively manage strong connectivity with critical external stakeholders, as required under the CIMS framework, including mana whenua, Pasifika, community groups, infrastructure providers, and lifeline utilities.*

Released under the Official Information Act 1982

Te Whatu Ora should be considered one of these critical external stakeholders and should actively ensure it continues to build and develop its relationships with Auckland Emergency Management (AEM) and other emergency management leads in the region.

4. Cyclone Gabrielle

In response to news of the cyclone's formation and projected path, the NHCC was stood up over 3 and 4 February, to monitor the evolving situation and support the preparation of the response at this early stage. The NHCC was then ready to move into response mode if necessary.

On Sunday 5 February, the weather threat formed in the Pacific and from Monday 6 February, Cyclone Gabrielle was monitored as it moved toward Aotearoa. As the cyclone approached New Zealand, red heavy rain warnings were issued for Northland, Auckland, Coromandel, Gisborne, and Hawkes Bay, with red wind warnings in Northland, Auckland, Coromandel Peninsula, and Taranaki.

On Thursday 9 February, existing states of emergency in place for Auckland and the Coromandel Peninsula were extended in anticipation of Cyclone Gabrielle's arrival, while a precautionary state of emergency was declared in Northland on Sunday 12 February. Many residents across the upper North Island who had been affected by earlier flooding prepared themselves for the cyclone, while emergency services were on high alert. Residents were warned that power cuts were likely. A regional state of emergency was declared in Hawke's Bay on Tuesday 14 February. Later that day, local states of emergency were declared in the Napier, Hastings, and Tararua districts and a national state of emergency was declared, for only the third time in New Zealand's history.

These events and the Te Whatu Ora response to them, form the basis of this report.

5. Health system status in the immediate aftermath

- **Te Tai Tokerau**: Telecommunications remained intact. Roading infrastructure was significantly affected, with main arterial routes cut off for some time. While heath providers were largely unaffected, supply chains were significantly affected, along with people's ability to travel to access healthcare.
- **Tamaki Makaurau**: There was little impact on health systems. During the Auckland Anniversary flooding event, one ARC facility was forced to evacuate, due to flooding, and one of the major hospitals suffered minor flooding.
- **Coromandel District**: Telecommunications remained intact. Roading infrastructure was significantly affected, with main arterial routes cut off for some time and supply chains to the area significantly affected, along with people's ability to travel to access healthcare.
- **Tairāwhiti - Gisborne:** Telecommunications were cut off in this area in the initial days following the Cyclone. Gisborne Hospital was communicating via one satellite phone and had limited access to a StarLink at the local CDC. These external communication links

Released under the Official Information Act 1982

were improved with the delivery of further satellite phones and StarLink units. Hato Hone St Johns was cut off from its national communications system and with no telecommunications available, its ability to coordinate operational services directly with the health system was significantly affected.

- **Tairāwhiti - north of Gisborne**: The region had no access to telecommunication systems. Roading infrastructure was significantly damaged, and the area was effectively cut off. At Te Puia Hospital / Ngati Porou Hauora, external communications were limited to one satellite phone and a road connection north to Ruatoria, until a StarLink and more satellite phones were delivered. With all roading infrastructure significantly damaged, supplies and staff had to be flown into isolated areas. Key issues included the inability of the health workforce to travel to their place of work, while some were trapped at their place of work with no ability to return home.
- **Hawke's Bay - Wairoa District:** Telecommunications were cut off in this area in the initial days following the cyclone, with access via satellite phones. This was improved with the delivery of a StarLink and more satellite phones. Roading infrastructure was significantly damaged, and the area was effectively cut off. Supplies and staff had to be flown into Wairoa. Key issues included the inability of the health workforce to travel to their place of work, and some getting stuck at their place of work with no ability to leave.
- **Hawke's Bay - Napier and Hastings and surrounds:** Telecommunications were significantly affected, with little or no cellular services available to most of the region. Hastings Hospital maintained a landline phone connection. Many primary care providers suffered significant flooding damage to their facilities and were unable to provide any services. An emergency health centre was set up in Napier at an unaffected primary care provider facility. Roading infrastructure was significantly damaged, and the area was effectively cut off, with one route between Napier and Hastings intermittently available only to emergency workers.

6. Context

The establishment of Te Whatu Ora

The extreme weather events of the Auckland Floods and Cyclone Gabrielle impacted Aotearoa during a significant transitional phase for Te Whatu Ora.

The organisation was officially formed on 1 July 2022; subsequently, emergency responders were operating in a relatively new organisational setting. Participants were in new roles with new responsibilities, and it can be assumed that some internal and external relationships between individuals and departments were not as strong or as organised as they would have been otherwise. In some cases, relationships were formed during the emergency response itself.

Because these severe weather incidents happened at a time when key national and regional roles are still being established, lines of communications between districts, regions and national teams were also affected.

Released under the Official Information Act 1982

While it was unavoidable that these events hit Aotearoa during a time of significant change and restructure for Te Whatu Ora, this context is important as many of the learnings are as a direct result of this timing.

Te Whatu Ora structural reform

These severe weather events happened at a time of reform within Te Whatu Ora, with key National and Regional roles still being established, ahead of a significant consultation process to restructure the entire organisation. This affected lines of communications between districts, regions and up to national teams.

At the time of the weather events, the NHCC was technically still under the ownership of Manatū Hauora Ministry of Health (MoH). This meant that the NHCC processes were designed for a time when MoH worked with DHBs, under a very different working model. Additionally, the Te Whatu Ora Emergency Management Team did not have adequate, experienced resources to resource the NHCC. Several MoH emergency management staff were seconded to the Te Whatu Ora team to assist.

This report is focussed on the Te Whatu Ora emergency response to the weather events. While the feedback provided considers a timeframe that straddles the strategic shift from response to recovery, the majority of the feedback focussed on the initial response stage. It is noted that the recovery phase in affected areas is ongoing but is not being led by the EMT.

Internal relationships include (but are not limited to) the links between the EMT, National Public Health Service (NPHS), Te Aka Whai Ora, Whaikaha, Primary Care, Aged Residential Care, Māori and Pacific Workforce teams, HR and IT. Each of these groups needed to be represented and support the response accordingly, with a focus on their area of expertise.

National Health Emergency Plan (NHEP)

The MoH National Health Emergency Plan (NHEP) has provided a framework for the health and disability sector to respond to disasters and emergencies. It outlines a consistent approach that enables the health and disability sector to coordinate and collaborate when larger emergency events occur, describing the strategic relationships across the health sector as the 4 Rs (Reduction, Readiness, Response, and Recovery).

Although this response was led by Te Whatu Ora (not MoH) the existing NHEP construct was used as a guide to the response. In that, districts (except for the Northern Region) were coordinated directly by the national level. This reflects the early stage of implementing emergency response teams into the new regional and district level Te Whatu Ora structures, with no regional teams formally in place, except for the Northern Region.

Released under the Official Information Act 1982

The NHEP was last updated in 2015 and it has been raised by multiple respondents to this report that the plan needs updating to bring it in line with the current health system structures, and to incorporate the learnings taken from significant emergencies over subsequent years.

7. Methodologies and approach

Interviewees and forum participants were open and forthcoming in their responses and insights. Their recollections about the management of the events were free of blame. The information they provided was frank and honest, and overall, the interviews were positive and constructive. They welcomed the opportunity to share their perspectives of what worked and what could be improved on. We thank them for their availability and the information they provided.

This post incident report has been informed by three stages of robust information gathering.

Surveys

Two surveys were conducted by the Te Whatu Ora Emergency Management Team. Forty responses were gathered from respondents who worked for the following organisations:

- Te Whatu Ora
- Manatū Hauora
- Te Aka Whai Ora
- Whaikaha
- National Ambulance Sector Office (NASO)

Survey respondents participated the emergency response in the following roles:

- Operations
- Liaison
- PIM / Communications
- ARC / HCSS
- Intelligence
- Response Manager
- Welfare, including Psychosocial
- Emergency Management Planning Coordinator
- Incident Controller / National Coordinator
- Ambulance Sector liaison
- Advisor
- Planning
- Recovery
- Workforce
- Logistics
- Te Aka Whai Ora
- Observer

Released under the Official Information Act 1982

- Stand-by

Questions including the following topics:

- Role
- Prior training, type of training and whether it helped in the response
- Biggest challenges faced
- Successes in the responses
- Lessons learned / improvements that should inform future planning and responses

Released under the Official Information Act 1982

One-on-one interviews

Interviews were conducted as a feedback mechanism for key participants in both events. They took place over video conference calls, which were recorded and transcribed to ensure that interviewees' perspectives were reflected accurately.

Participants were advised that individual responses would not be attributed as part of the report; responses would be private and confidential and used only to identify key themes and learnings.

Interviewees were advised that the interview was an opportunity for them to provide feedback on the Te Whatu Ora response to the North Island weather events; what worked, what didn't, and what learnings can be taken forward.

Participants were advised these interviews were a 'no blame', free and frank discussion, from which information would be distilled to take forward into the Post Incident Review Report. There were no set questions; interviews were conducted as free flowing conversations, focussing on the key issues and actions that could be taken to address these.

Forum

The forum took place on Friday 28 April 2023, using the Microsoft Teams platform. There were 52 invitees and 35 participants. It was led by Vinny Sherry. Andy Wisheart issued the event invitation and collated responses. Prior to the forum, participants were divided into four groups and assigned topics to focus on while in their breakout sessions.

The group was given a brief overview of the themes that had emerged from the survey and interview stages. Each of the four groups were then put into their breakout rooms to focus on and discuss one aspect of the key themes.

The objective of the forum was to support the development of constructive learnings and outcomes to take into the action plan that flows from the report.

The objective of each group and breakout room was to discuss what key learnings could be identified and what recommendations could be made as a result. Breakout group facilitators were briefed to keep the conversations focussed, constructive, and positive.

Feedback from facilitators following the forum was that information was shared freely and without blame. The focus was on identifying what the issues and challenges were and suggesting ways to address them.

Executive management staff joined the forum for the final session, to provide their perspectives and discuss how the information will be used in the broader framework of emergency planning at Te Whatu Ora. It was noted that the timing of this report is pertinent during the consultation of organisational structures.

The importance of technology investments was also referred to, along with the development of key working relationships. The issue of community perceptions about the response, specifically iwi, was also raised. The forum concluded with an acknowledgement of people's constructive contributions to the process.

8. Limitations

- The interviews were intended as a data gathering exercise to get a ‘snapshot’ of feedback and insights from the way the organisation responded to the event.
- There was no external input into this process, so as a result there was no ability to include iwi Māori perspective input into the process.
- Interviewee selection - not everyone who was involved in the Te Whatu Ora Emergency response was interviewed.
- Interviews took place in late early April, some time after the Auckland flood and Cyclone Gabrielle events took place, so personal accounts needed to be weighed against evidence.
- Forum - despite being sent invites, neither Te Aka Whai Ora nor Whaikaha were able to attend; however, both provided feedback in an interview.
- This report focuses on the perspectives of staff operating within Health. The information gathering did not go further than internal stakeholders and external partners, i.e. community stakeholders such as iwi groups were not canvased as part of this report.
- This report is not intended to address the challenge of staff being affected by infrastructure compromised during the events (i.e. roading). During the response ‘work arounds’ were made, and solutions found to move staff around different locations based on needs.
- The report is intended as a summary of key themes so learnings and recommendations can be identified and shared; it is not a complete record of what happened, when, or by whom.

Released under the Official Information Act 1982

9. Key themes - high level

We note, in summary, four themes that emerged in both the survey results and the one-on-one interviews. These themes were subsequently confirmed in the forum. There was broad alignment throughout the content gathered from all the information sources.

These issues impacted, to varying degrees, the way key players in the emergency response teams could carry out their roles. Many respondents said they had 'work arounds' to address these issues during the response, and that some problems could easily be solved with improvements which would help prepare the organisation for the next event.

The following were the key themes identified;

1. Clarifying roles and responsibilities within the response
2. Communication - systems and processes
3. Connections, links, and relationships
4. Resources and infrastructure

10. Key learnings and recommended actions

The following section outlines the key learnings and recommended actions that came from the survey, one-on-one interviews, and the forum. They are presented here in line with the four key themes that emerged.

10.1 Roles and responsibilities

10.1.1 Role clarity and responsibility

Observation: Regional emergency response structures around the motu were inconsistent. The northern region operates the Northern Regional Health Coordination Centre, which is a regional Emergency Control Centre (ECC) that is resourced to respond to regional emergencies. Other regions had emergency leadership in place, but no mature regional ECC or coordination function.

Recommendation: Each region needs to consider their ability to respond appropriately and incorporate capability and capacity for this as the health system reform progresses.

Observation: Respondents consistently stated they had to maintain their substantive role during the response, splitting their time across both workstreams. This caused frustration, exhaustion, and did not enable adequate performance in either role.

Released under the Official Information Act 1982

This occurred at district, regional and national levels, and included staff surged into the affected areas from unaffected districts.

Recommendation: Responses to a state of emergency must take precedence over business-as-usual outputs. Staff placed in response roles should have the freedom to commit to the response.

Observation: In the initial stages NPHS (through NCR) delivered a range of supporting functions (such as psychosocial coordination), outside the scope of the Public Health workstream that required realignment within the whole of health coordination.

Recommendation: The NHCC sets the response priorities and tasks the relevant function accordingly. This needs to include a clear articulation of what is, and is not, in scope for supporting functions.

10.1.2 NHCC resourcing

Observation: In the initial phase of the response, the NHCC was under-staffed. These concerns were raised with ELT by NHCC leadership, with a request to mobilise support.

S9(2)(g)(i)

Recommendation: NHCC leadership must brief ELT earlier, and more frequently, to ensure a high degree of situational awareness and alignment of response activities.

Recommendation: The Te Whatu Ora ELT are briefed and understand that all national functions have a role in a national response, achieved by staffing in support of, and coordination through, the NHCC.

Recommendation: There is a need for Te Whatu Ora to operate a duty roster for emergency notification, the initial assessment of events, and an escalation process for providing information to ELT as well as standing up the NHCC. This needs to be duplicated at a regional and district level.

10.1.3 Supporting staff in affected areas

Observation: Local knowledge, training, and effective collaboration were identified as crucial for a successful response. However, it has been raised that staff rotation in the affected areas was needed earlier, including those in critical emergency management roles.

Recommendation: Clear protocols must be established to create an appropriate rotation of key staff earlier, and from unaffected areas, in this level of response.

Released under the Official Information Act 1982

Further, appropriate pre-deployment briefing, deployment support, and post-deployment debrief and pastoral care need to be in place.

10.1.4 External relationships

Observation: In the initial stages of establishing the NHCC response, relationships between key stakeholders and emergency leads from across agencies and organisations were either still in their infancy or not as strong as they could have been.

Recommendation: Te Whatu Ora EMT staff responsible for the NHCC need to enhance or further develop strong inter-agency relationships.

10.1.5 National Health Coordination Centre (NHCC) processes

Observation: In the initial stage of the response, NHCC staff were stretched too thin, and this affected the implementation of key processes. It has been raised that it took too long for some key functions to gain a regular and effective rhythm, including:

- Communications to Te Whatu Ora ELT and subsequently to Ministers
- The daily operational sync meeting
- The development of the SITREP
- The consolidated logging of decisions, actions, requests, and finances.

It has also been raised that NHCC protocols took too long to be established, and communication between the NHCC and other agency liaison officers was potentially affected.

Recommendation: More targeted training for the liaison officer role.

Recommendation: The NHCC processes need to be redefined, including national function responsibilities, within the context of Te Whatu Ora ownership. Training according to these processes then needs to take place.

10.1.6 Telehealth

Observation: Telehealth was considered beneficial in supporting the emergency response efforts.

Recommendation: Telehealth needs to be centrally coordinated and supported with plans enabling re-focus and scale-up support in emergencies.

Observation: PIM play a critical role, providing valuable information and communicating the availability of telehealth and how it can be accessed.

Released under the Official Information Act 1982

Recommendation: Messaging and collateral around Telehealth should be prepared during BAU and made available to the public, with emergency specific communications developed and made ready ahead of any future events.

10.1.7 Relationship with CDEM

Observation: S9(2)(g)(i) [redacted] This led to decreased situational awareness and impacted response activities.

These issues were raised by:

- The NHCC National Coordinator to the NCC National Controller
- The Te Whatu Ora CE to the local authority CE.

Eventually these issues were resolved, but this process took many days and was avoidable.

Recommendation: Te Whatu Ora emergency management personnel continue to work to build stronger relationships with CDEM

10.2 Situational awareness

10.2.1 Situational awareness

Observation: All levels of the health response lacked good situational awareness and therefore, the ability to appropriately prioritise response activities.

Recommendation: A review of Te Whatu Ora mapping, data and status information be conducted and consolidated to provide the ability to know, see and interpret the state of the health system, at various levels, in conjunction with the external agency inputs (such as power, telecommunications, roading, etc) to allow effective prioritisation and decision-making.

10.2.2 Information systems

Observation: Due to the various originating locations of support staff at all levels, accessing common Emergency Management Microsoft Teams environments was slow and frustrating.

Recommendation: Given the reliance on this system, an interim or emergency process needs to be developed to ensure all individuals have easy access when required.

10.2.3 Sharing of information between Strategic Comms and PIM

Observation: Duplication of effort and information was identified as a key issue early in the response, e.g., where the Strategic Communications role was filled by ministerial and Government relations team members, it focused on the ministerial communications. This created confusion among the team members, with updates going to ministers that hadn't been

Released under the Official Information Act 1982

seen by the communications team and which could have formed the basis of other communications to a broader stakeholder base.

Recommendation: The team could have replicated information they were creating for the ministers and issued that to other stakeholders. This example shows how better role definition was needed to avoid such duplication.

10.2.4 Timing of meetings and updates

Observation: There was an absence of well publicised and consistent daily routine, including key operations meetings in the early phase of the response. The establishment of daily leadership syncs, and main operations meetings generated better direction, coordination, and situational awareness.

Recommendation:
Immediate establishment and wide dissemination of an operational rhythm.

Observation: There was confusion regarding who was required at meetings, and what their input into the meeting was.

Recommendation: Establish a clear agenda, with clear expectations on the reporting/information requirements by function.

10.2.5 SITREPs

Observation: The initial process to set up the SITREPs was inconsistent. There are two issues that have been raised within this.

1. Defining the information channels that went into the SITREP.
2. The communication channels in which this information was published.

Recommendation: Establish what and who the health intelligence product needs to inform, and thus look like.

Recommendation: Establishing clear leadership around collection, analysis, release, and dissemination of products.

10.2.6 Communication tools

Observation: The health sector comprises both community and hospital delivery of care. There is a gap currently around a central repository for the presentation of data, including the location and status of all health facilities. This leads to a lack of situational awareness at a national and regional level.

Released under the Official Information Act 1982

Recommendation: The Te Whatu Ora EMT need to establish a national tool to generate situational awareness and preparedness understanding across the whole of the health sector, and wider, to include community resources as well as data on vulnerable members of the community.

10.3 Connection, links, and relationships

10.3.1 Building relationships

Observation:
Within the health sector the reform and restructure provide ongoing relationship issues, internally and externally.

Recommendation: Within Health, there needs to be a focus on ensuring people in key strategic roles are aware of their role during a response and receive appropriate training. These include but are not limited to:

- The Primary and Community Care sector including the commissioning team and Regional Wayfinders
- Te Aka Whai Ora
- Whaikaha
- Pacific Health

Externally, both delivery and enabling teams need to ensure strong, ongoing relationships with other agencies, and an understanding of each other's roles and responsibilities. These agencies include:

- ODESC agencies and crown entities
- critical infrastructure and lifelines
- Hato Hone St Johns
- NGOs
- Iwi Māori Partnership Boards
- Iwi networks including marae

10.3.2 Primary care and pharmacy sectors

Observation: The primary sector delivers large volumes of care in the community setting. A lack of resilience during a response can increase acute presentations at hospital, at a time when the hospital can least afford it. Often, in isolated communities, these primary providers will be the only health facilities able to provide care during the initial phase of an event.

Recommendation: Continue to build a resilient primary and community sector through ongoing EMT and commissioning team engagement.

Released under the Official Information Act 1982

During an event, having Liaison Officers in the NHCC from a range of primary and community sectors will improve situational awareness as well as responsiveness to issues as they arise.

10.3.3 Connection between health and the ambulance sector

Observation: There is no clear approval for tasking of air resources, and the subsequent payment to the provider.

Recommendation: The tasking authority for air ambulance resources between air ambulance providers, ambulance sector, and Te Whatu Ora EMT during a response needs further investigation and clear processes developed.

10.4 Resources and infrastructure

10.4.1 Readiness planning

Observation: There is a lack of business continuity planning and resilience across the health system. This includes contracted and non-contracted primary, community and residential care providers.

Recommendation: 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.

10.4.2 Building emergency response capabilities

Observation: The increasing frequency and consequence of climate change will put pressure on the health system. This needs to be countered through increasing efforts to boost resilience across the whole of the health sector.

Recommendation: 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.

10.4.3 Non EMT NHCC support

Observation: Non EMT teams did not have designated staff to support the NHCC response.

Recommendation: 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.

10.4.4 National workforce management during a response

Released under the Official Information Act 1982

Observation: Workforce management is rightly seen as a key success of the response. It took some time to set up processes and systems, which did cause some delay in deploying staff to affected areas. There were, however, examples of teams deploying staff outside of this process, which led to confusion and some staff being deployed without the correct resourcing and preparation.

Recommendation: 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.

10.4.5 National, regional and district procurement delegations

Observation: There were not clear processes, channels, or emergency delegations for procurement due to the recent reform and ongoing restructure. This led to different channels being used to expedite requests. Additionally, some requests were made to the NHCC that could have been acted on locally.

Recommendation: 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, response staff need to have clear emergency delegations for procurement.

Observation: During the response there was a delay in the provision of free general practice visits and prescription provision.

Recommendation: A set of pre agreed emergency protocols for general practice and pharmacy need to be put in place so that there is no delay in their enaction during a response.

11. Conclusions

Successes

While this report focuses on key learnings and improvements that can be made in preparation for future emergencies, the following aspects were referred to as successful elements of the response:

- There were examples of teams working together to remove ‘red tape’ or barriers to help achieve actions quicker and more effectively.
- The establishment of the NHCC early on.
- The NHCC team played a crucial role in coordinating the daily stand-ups to address challenges and ensure progress.
- Supporting aged residential care.
- The NHCC did have liaison officers from Te Aka Whai Ora, Whaikaha and NPHS present throughout the response to ensure an equitable focus was placed on the response.

Released under the Official Information Act 1982

- NHCC effectively facilitated the deployment of experienced EM staff from across the motu into affected areas.
- The commitment of the people involved and the ability to utilise national resources to support the regions were key factors in the response's success and the recognition of it being a huge logistics effort.
- The workforce redeployment process was crucial and with ongoing refinement can serve as an effective sustainable national workforce redeployment process.
- Te Whatu Ora internal relationships between previously separate DHBs were strengthened.
- The ability to adapt and embed EMT staff in the EOCs was invaluable.
- Communication, collaboration, and agility were critical in the response.
- Despite the challenges, people got the job done, building networks that will position the organisation better for the next emergency, highlighting the level of expertise, training, and adaptability of the EM staff at every level.

Challenges

As reflected in the key themes identified, the main challenges faced by staff responding to the emergency included:

- At the start of the response, a lack of baseline information at a local and regional level.
- Challenges (across the system) relating to a refocus or prioritisation of response over existing BAU.
- An initial lack of clarity on roles and responsibilities for various agencies.
- Processes not having been established or followed.
- S9(2)(g)(i) It should also be noted that this is consistently the case in early phases of a major response as there is a lack of knowledge, with some information being inaccurate and contradictory.
- Getting the right representation on the NHCC, and once connected with the IMT getting groups to provide effective information at the right time.
- An ongoing fragmentation of response between NHCC and NPHS.
- IT / telecommunications issues.
- Issues with task and resource tracking, and record keeping.
- Lack of delegations resulting in approval in arrears.

Overall conclusions

There needs to be recognition of what was overall a successful health response to these devastating weather events, at a time when Te Whatu Ora as an organisation was in a state of significant transformation.

Released under the Official Information Act 1982

In any future response, the process should flow from the lead agency being established, to clear rules of engagement socialised, to effective systems and processes provided for critical teams.

By taking as many of the learnings identified in this report and implementing them, Te Whatu Ora as an organisation can ensure teams are enabled to respond to future emergencies as effectively as possible, noting that no response will ever be perfect.

While devastating for the communities and whānau affected by Cyclone Gabrielle, the response and subsequent learnings will place Te Whatu Ora in a stronger position to prepare for future emergencies.

12. Recommendations

The following key actions are listed in response to the review process. A prioritisation of the high impact, low complexity to low impact, high complexity tasks will occur as a result of this review to determine an effective timeline to implement the learnings.

1. Roles and responsibilities

Action
Further definition for roles and responsibilities is needed within the Health sector response, including but not limited to EMT, NPHS, and regional wayfinders (refer Section 10: 1.1)
For supporting deployed staff (refer Section 10: 1.3): ● Pre-deployment briefing, ● Induction briefing and orientation on arrival ● Pastoral and administrative care during and post deployment.
Earlier deployment of support staff into affected areas to relieve and rotate affected staff (refer Section 10: 1.3):
Training (refer Section 10: 4.2): ● Emergency management responsibilities ● CIMS training and refreshers ● Ensuring staff participate in exercises and simulations ● Targeted training and briefings for key staff (i.e. liaison officers, controllers)
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).
Review and establish a task tracking management system (refer Section 10: 1.5).
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).

Released under the Official Information Act 1982

Review and set reporting and informing requirements for key audiences: Strategic communications ELT updates SITREPS (refer Section 10: 2.3, 10.2.4., 10.2.5).

2. Communication

Action
Revise timings of local / regional / national meetings (refer Section 10: 2.4).
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).
Research and scope alternative telecommunications tools that will work without power and cell reception - e.g., StarLink, IRIS sat phones, new digital RT system (refer Section 10: 4.2.)
Standardise SITREPs, updates and meeting times (refer Section 10: 2.4 and 10 .2.5)
Ensure Ministers' Press Secretaries know who to go to for information, and when (Section 10: 2.3)
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):
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)
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).

3. Connection, links, and relationships

Action
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).
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).
Access to CDEM GIS layers for situational awareness, at least read-only (refer Section 10: 1.7).
Engage better with CDEM so they understand Health and our new structure, focussing on sharing information and answering questions (refer Section 10: 1.7).

Released under the Official Information Act 1982

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).
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).
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).
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).
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).
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).
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).
Identify how and where communications or PIM trained staff fit into the national, regional, local structure (refer Section 10: 2.3).
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).
Review the daily meeting demands and rationalise who needs to attend each meeting (refer Section 10: 1.1, 10.2.4).
Work out how we enable and facilitate Whaikaha response priorities, along with medically dependent on electricity etc (refer Section 10 3.1).
Support and enable districts to engage at their level (refer Section 10: 1.3).
Establish better relationships with key community providers including marae, so resourcing needs from a health perspective can be identified (refer Section 10: 3.1).
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).

Released under the Official Information Act 1982

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).

4. Resources and infrastructure

Action
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).
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).
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).
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).
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 wayfinders and emergency staff need to have clear emergency delegations for procurement (refer section 10.4.5.
Review decision-making delegations at local levels (refer Section 10: 1.1 and 4.4).
Invest in a consolidated GIS common operating picture for Te Whatu Ora (refer section 10 .2.1).
Invest in the Primary and Community Care Resilience Tool (refer Section 10: 2.6)
Ensure District Emergency Managers have a budget they can use (refer Section 10: 4.5).
Create a national telecommunications plan, with insights on who needs what (refer Section 10: 2.6).
Use telecommunications technology in regular training exercises (refer Section 10: 2.6).
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).
Investigate the policy of making prescriptions free for some time to ensure that patients affected by

Released under the Official Information Act 1982

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).
Have cost codes ready to go for the next event (refer Section 10: 4.5).
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).
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).
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).
Consider more full time Emergency Manager positions (refer Section 10: 1.1).
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).

Released under the Official Information Act 1982

13. Next Steps

The following actions are recommended:

1. Assign priorities to each of the key actions and learnings.
2. Assign timelines.
3. Assign roles and responsibilities accordingly.
4. Instigate an internal communications program to gain broader buy-in from key staff, with the aim of reassuring them that key learnings are being addressed in the interests of preparing for the next major weather event.

14. Report Recommendations

It is recommended that you:

a)	**Endorse the findings of the report**	☐ **Endorsed**
b)	**Review and scope the work required to implement the key learnings and recommendations**	☐ **Endorsed**
c)	**Endorse the proposal to be presented to Te Whatu Ora ELT**	☐ **Endorsed**

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Appendix 1

Survey participants

S9(2)(ba)(i)	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
Anonymous	Te Whatu Ora
S9(2)(ba)(i)	Te Whatu Ora
	Manatū Hauora
	Manatū Hauora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Whaikaha
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
Anonymous	Te Whatu Ora
S9(2)(ba)(i)	Te Whatu Ora
	National Ambulance Sector Office (NASO)
	Te Aka Whai Ora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
Anonymous	Te Whatu Ora
S9(2)(ba)(i)	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Manatū Hauora

Released under the Official Information Act 1982

Anonymous	Te Whatu Ora
S9(2)(ba)(i)	Whaikaha
	Te Aka Whai Ora
	Whaikaha
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
	Te Whatu Ora
Anonymous	Te Whatu Ora
Anonymous	Te Whatu Ora
Anonymous	Te Whatu Ora

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Appendix 2

One-on-One Interviewee Participants

Interviewee	Role/Organisation
S9(2)(ba)(i)	Northland District
	Auckland District
	Nelson Marlborough District
	Seconded to Te Aka Whai Ora
	Hawkes Bay District
	National Incident Coordinator for the Te Whatu Ora
	Northern Region Emergency Management Team
	Manager, Readiness and Response Manatū Hauora
	Whaikaha
	Group Manager Primary Health Care System Improvement
	Clinical Care Manager - Tairawhiti District
	Te Manawa Taki Region
	Te Whatu Ora

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Appendix 3

Forum Invitees and Attendance

Name	Response	Org	Area	Team
S9(2)(ba)(i)	Accepted	Facilitation		
	Accepted	Facilitation		
	Accepted	Te Whatu Ora	National	
	Accepted	Te Whatu Ora	National	
	Accepted	Te Whatu Ora	National/Northern	EM
	Accepted	Te Whatu Ora	National	EM
	Accepted	Te Whatu Ora	Waitemata	HO Secretariat PHARMAC review
	Accepted	Te Whatu Ora	National	EM
	Accepted	Te Whatu Ora	Southern	REMA
	Tentative	Te Whatu Ora	Midlands	REMA
	Accepted	Te Whatu Ora	Nelson	EM
	Tentative	Te Whatu Ora	Southern	EM
	Accepted	Te Whatu Ora	Counties	EM
	Accepted	Te Whatu Ora	Southern	EM
	Tentative	Te Whatu Ora	Canterbury	EM
	Accepted	Te Whatu Ora	Hawkes Bay	EM
	Accepted	Te Whatu Ora	Tairawhiti	EM
	Accepted	Te Whatu Ora	Northern	EM
	Accepted	Te Whatu Ora	Northern	EM
	Accepted	Te Whatu Ora	National	EM
	Accepted	Te Whatu Ora	National	EM
	Accepted	Te Whatu Ora	Taranaki	EM
	Accepted	Te Whatu Ora	Lakes	EM
	Accepted	Te Whatu Ora	Counties	EM
	Accepted	Te Whatu Ora	Taranaki	EM
	Accepted	Te Whatu Ora	Tairawhiti	Ops
	Tentative	Te Whatu Ora	Hawkes Bay	Ops

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

S9(2)(ba)(i)

	Tentative	Te Whatu Ora	Midlands	Ops
	Partial 1130 - 1300	Te Whatu Ora	Bay of Plenty	Ops
	None	Te Whatu Ora	Waitemata	EM
	Accepted	MoH	National	Dir PH
	Accepted	Te Whatu Ora	National	COVID team
	Accepted	Te Whatu Ora	National	NCR
	Accepted	Te Whatu Ora	Tairawhiti	Recovery Manager
	Tentative	Te Whatu Ora	National	P&C
	None	Te Whatu Ora	National	NPHS
	Accepted	Te Whatu Ora	National	Commissioning
	Partial 1130 - 1300	Te Whatu Ora	National	Commissioning
	None	Te Aka Whai Ora	National	Equity
	Accepted	Te Whatu Ora	National	Communications
	Tentative	Te Whatu Ora	Pacific	Ops
	Accepted	CCN Health	South Island	Primary Care
	Tentative	St John		
	Tentative	St John	National	Ops
	Accepted	St John		
	Accepted	Whakarongorau	National	Ops
	Accepted	MoH	National	EM
	Accepted	MoH	National	EM
	Accepted	MoH	National	EM
	Accepted	Te Whatu Ora	National	COVID-19 Health System Response
	Accepted	Te Whatu Ora	National	Chief Advisor regulatory
	Accepted	Te Whatu Ora	National	Senior Intelligence Analyst

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Appendix 4

Key themes and prompts used in the forum on 28 April

Theme	Aspect	Focus	Breakout Room Focus - Use these Questions as prompts
CONNECTION / LINKS / RELATIONSHIPS	National IMT PROCESS	Feedback around NHCC was mostly positive Discuss improvements to the NHCC setup, who should be there, how it should run	**Key questions -** Were the right people in the room? Was the NHCC set up quickly enough? Was the structure and process correct Was the timing of the meetings correct? What could be improved How do we take these learnings forward?
CONNECTION / LINKS / RELATIONSHIPS	IMT PROCESS	Discuss the connection between NHCC to Regional ECC and District EOC, and how to improve this process	**Key questions -** Is the system for making these connections clear Was the timing of any meetings correct? Would we follow the same system next time? What improvements can be made? Was the level of detail of information flowing up, and down, appropriate? How do we take these learnings forward?
CONNECTION / LINKS / RELATIONSHIP	IMT PROCESS	Locally - How to improve the sharing of information between local leadership to ensure a system-wide view of an affected area can be built at pace	**Key questions -** Are Districts enabled with the tools and systems to connect in with their local Emergency Management teams? Who needs to be part of this process?
CONNECTION / LINKS / RELATIONSHIPS	Connection between Health and other Govt Departments - Including CDEM	Discuss how this process can be improved - who needs to be involved and when. How to build the interagency connections early, in down times and how to ensure their voices are heard	**Key questions -** Does each Department understand the role of the others How could this understanding be improved What resources can be shared How do we build better relationships for the future

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Theme	Aspect	Focus	Breakout Room Focus - Use these Questions as prompts
COMMUNICATION	COMMUNICATION PROCESS	Discuss how to improve the physical communication process, including appropriate channels, access issues and the time taken for the system to get up and running	**Key questions -** What tools would be required for improvements? How could technology help us next time? What can be prepared for ahead of the next event?
COMMUNICATION	COMMUNICATION PROCESS	Discuss the format, timing and content of communications designed for ELT and ministers - and the process for these	**Key questions -** Are the lanes clear - ie which department is in which lane and when requests for info are made? What can be done to improve this process on an ongoing basis - ie future planning ahead of an emergency? How could internal processes be improved to accommodate these questions / communications?
COMMUNICATION	COMMUNICATIONS TO "SECTORS" ON THE GROUND	Discuss how to improve communications for important sectors i.e. primary / pharmacy / hospital / marae / mental health / aged care	**Key questions -** Are the physical telecommunications tools appropriate and useful? What new relationships need to be established? What existing relationships could be strengthened and how?
COMMUNICATION	TELECOMMUNICATIONS FROM AFFECTED AREAS	Discuss how to improve the process for affected areas to communicate effectively with local / regional / national teams	**Key questions -** What telecommunications channels are required for this? What framework would improve communications?

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Theme	Aspect	Focus	Breakout Room Focus - Use these Questions as prompts
ROLES AND RESPONSIBILITIES	EQUITABLE RESPONSE	Ensuring the right people are at the table and that the distribution of staff and resources is carried out equitably (age, ethnicity, disability considerations)	**Key questions -** What is TWO's role in welfare / wellbeing / public health? Where does the remit start and stop? How do we ensure the voice of all affected minority groups are heard and supported?
ROLES AND RESPONSIBILITIES	SUPPORTING EMERGENCY MANAGERS	How best to support emergency managers on the ground in the affected regions through the initial RESPONSE phase and into RECOVERY	**Key questions -** Consider rostering, regular welfare checks and how to ensure they have the resources they require Do they have the information they require when they need it so they can carry out their role effectively?
ROLES AND RESPONSIBILITIES	STAFFING	Discuss the process around procuring appropriate staff, how to best support them, transport them, and rostering people appropriately	**Key questions -** Do we have contact lists that are regularly updated? What do we know about what they need? Do we give them opportunities to relay what is happening on the ground?
ROLES AND RESPONSIBILITIES	ONGOING TRAINING OF STAFF	How to ensure the right people are upskilled for the future - consider cross agency connections and building relationships	**Key questions -** What ongoing training is required? Who needs training / what roles need the most urgent focus? What relationships need to be established or reinforced?

Released under the Official Information Act 1982

Theme	Aspect	Focus	Breakout Room Focus - Use these Questions as prompts
RESOURCES / INFRASTRUCTURE	PHYSICAL COMMUNICATI ON	Addressing the connection issues on the ground - i.e. phone / internet / power outages and how resilience can be improved	**Key questions -** What can we do now in terms of procurement to set us up in a better position? What new technology is coming that we need to investigate as possible solutions?
RESOURCES / INFRASTRUCTURE	SUPPLY ISSUES	Physical access to important supplies and having the right supplies in the locations where they are needed	**Key questions -** Do we know what is likely to be needed, when and where?
RESOURCES / INFRASTRUCTURE	PROCUREMENT OF NECESSARY SUPPLIES	Appropriate conversations around specific needs of affected areas – giving teams autonomy and authority to make decisions at the right level	**Key questions -** How do we ensure resources are used effectively and duplication is minimised?
RESOURCES / INFRASTRUCTURE	FOLLOWING PROCESSES	Ensuring the system is set up so there isn't duplication of efforts and people are using the resources available to them, not creating their own systems	**Key questions -** What information should be centralised and how do we share information? How do we get buy-in for the processes and systems?

Released under the Official Information Act 1982

Te Whatu Ora
Health New Zealand

Appendix 5

Glossary of key terms and abbreviations

4R's	Reduction, Readiness, Response and Recovery	The New Zealand integrated approach to civil defence emergency management can be described by the four areas of activity, known as the '4 Rs'; Reduction, readiness, response, and recovery.
AEM	Auckland Emergency Management	AEM is responsible for effective delivery of civil defence emergency management in the Auckland Region. Auckland Emergency Management: coordinates and plans activities related to hazard and emergency management.
ARC	Aged Residential Care	This is the term used to describe the sector which provides holistic care model where residents with different clinical needs live together under appropriate support and supervision in a residential facility.
CIMS	Coordinated Incident Management System	CIMS establishes a framework of consistent principles, structures, functions, processes and terminology for response and the transition to recovery.
ECC	Emergency Coordination Centre	An ECC is a regional structure or place which is set up to manage any situation when an emergency requires it to be activated.
ELT	Executive Leadership Team	This is the team within Te Whatu Ora which is responsible for providing strategic and operational leadership. This team operates as an interdependent, collaborative decision-making body – strategically executing Te Whatu Ora's mission and vision.
EMT	Emergency Management Team	The team within Te Whatu Ora which assess hazards and prepare plans to respond to critical events to minimise risk to the delivery of healthcare across New Zealand.
EOC	Emergency Operations Centre	The EOC is the d*istrict centre* of emergency response and recovery support operations during incidents.
CDEM	Civil Defence Emergency Management	CDEM Groups are a core component of the CDEM Act 2002 they deliver CDEM through its executives, planners and operational staff of the many agencies involved in CDEM.
CEG	Coordination Executive Group	CDEM Groups are managed by the CEG which comprises the Chief Executives of the membership, such as Police, Ambulance, Fire Emergency New Zealand, Te Whatu Ora Districts, amongst others.

Released under the Official Information Act 1982

GIS	Geographical Information System	GIS is a system that creates, manages, analyses, and maps all types of data. GIS connects data to a map, integrating location data (where things are) with all types of descriptive information (what things are like there).
HSS	Hospital and Specialist Services	Hospitals provide quality care for serious health problems and illnesses. Specialist services cater for people who have conditions that need more focused medical attention, such as cancer and some types of surgery.
IMT	Incident Management Team	An IMT is a group of individuals within an organisation who are responsible for managing and responding to any incidents or emergencies that may occur.
IRIS	Incident Response and Intelligence System	A GIS system still in development for Te Whatu Ora which will bring together large amounts of data in one place to facilitate situational awareness from across the Motu and all sectors of the health system.
NASO	National Ambulance Sector Office	NASO provides strategic leadership for the emergency ambulance sector and commissions emergency ambulance services on behalf of the funders Te Whatu Ora - Health New Zealand and ACC.
NEMA	National Emergency Management Agency	NEMA is the public service department responsible for providing leadership and support around national, local and regional emergencies.
NHCC	National Health Coordination Centre	NHCC is a structure through Te Whatu Ora can nationally coordinate and manage the health responses to and recovery from emergencies.
NHEP	National Health Emergency Plan	The NHEP provides the health sector with an emergency management strategic framework and describes the roles and responsibilities, at all levels, across risk reduction, readiness, response, and recovery.
NPHS	National Public Health Service	The NPHS and its partners work alongside whānau, communities and other sectors to consider all the factors that impact on health and wellbeing, and deliver national, regional, and local programmes to achieve pae ora.
NRHCC	Northern Regional Health Coordination Centre	Is the Regional Emergency Coordination Centre for the Northern Health Region of NZ
NSS	National Security System	The National Security Systems Directorate (NSSD). Provides stewardship to New Zealand's national security architecture,
Operational Sync		A daily meeting with all involved parties. The meeting facilitated two-way information flow into the NHCC, and from the NHCC to the regions and districts.
PIM	Public Information Management	PIM enables people affected by an emergency to understand what is happening and take the appropriate actions to protect themselves.

Released under the Official Information Act 1982

POC	Point Of Contact	The POC is the point of contact within and agency, who is the first person or position, who should be contacted to pass or receive information.
Primary Care		The primary and community sector comprises all services delivered in the community. Primarily, but not limited to, General Practice, Pharmacy and Aged Residential Care
SITREP	Situation Report	A report developed which provides situational awareness of an event to those to whom it is circulated. The SITREP should include up-to-date, accurate and specific data about the current situation. It is a tool designed to share information with and organisation and to external parties.
Te Aka Whai Ora / Māori Health Authority		The role of Te Aka Whai Ora / The Māori Health Authority is to lead and monitor change in the way the entire health system understands and responds to the health and wellbeing needs of whānau Māori. People and whānau are at the heart of health.
Whaikaha	Ministry of Disabled People	Whaikaha - Ministry of Disabled People is a government ministry within the Ministry of Social Development. Its mission is to improve outcomes for disabled people, reform the wider disability system and coordinate the Government's disability policies.

Released under the Official Information Act 1982