

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 4 May 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members:	Sue Gordon, John Whaanga, Dr Dale Bramley, Chris Fleming, Wendy Illingworth; Michael Dreyer; Jo Gibbs, Colin MacDonald, Stephen Crombie.
Attendees:	Dr Ian Town, Mat Parr, Andrew Bailey, David Nalder, Tim Hanlon, Astrid Koorneef, Sonia McFetridge, Andi Shirtcliffe, Donna Kielar, Ian Costello, Jason Moses, John Walsh, Megan McCoy, Alison Bennett, Chris James, Jane Hubbard.
Apologies:	Fiona Michel, Shayne Hunter, Maree Roberts, Grant Pollard, Deborah Woodley
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>The minutes from the previous meeting on 27th April 2021 were approved, noting one change:</p> <ul style="list-style-type: none"> Update Action 4 from Agenda Item 6 to say MPP not TPK <p>Outstanding actions from last week noted as picked up in Agenda. Ashley sought update on outstanding actions from Previous meeting</p> <p>30 March</p> <ul style="list-style-type: none"> Action 3 re: Local clinical governance arrangements. It was noted that ensuring this is in place was part of the role of the Clinical oversight group being stood up. Ashley asked for an update for next week's meeting on the clinical oversight and safety processes in place at each DHB. Action 8 re: Publishing science. Sue noted that Science Chat and work on variants of concern will be posted on website, and that they are working with Science and Technical Advisory (STA) to circulate Science Updates more broadly within Sector. Ashley expressed support for this work being circulated more widely. <p>13 April</p> <ul style="list-style-type: none"> Action 2 re: Equity approaches within DHBs. In addition to paper provided to Group on 20 April, Jason noted that work is ongoing with DHB SROs around equity feedback on their current plans and how that is integrated into plans for July onwards. Ashley signalled a follow-up on this discussion would be useful, and asked for ethnic breakdown by workforce within sequencing framework if possible, in order to have better measure of how Programme is tracking in this area.

	<ul style="list-style-type: none"> • Mat proposed to bring forecasts for the number of Māori, Pasifika and people with disabilities vaccinated until 30 June to Steering Group next week <p>Action 1: Provide update at next Steering Group meeting regarding the clinical oversight and safety processes in place within each DHB.</p> <p>Action 2: Provide forecast on demographic breakdown of vaccines administered up to 30 June.</p>
2	<p>Operational update – progress last week (Jo Gibbs)</p> <p><i>Paper considered: COVID-19 A3 Vaccinations Dashboard 2 May 2021 - Final</i></p> <p>Ashley asked for specific updates on Northland opening vaccination for 50+ age group, and about progress for DHB plans for July onwards:</p> <p>Jo provided an update on recent events within the Programme</p> <ul style="list-style-type: none"> • The A3 provided is prepared each week for Ministers meetings and will be added as a standard paper for Steering Group moving forward • In her communication with Northland about vaccinating over 50s she was clear that this was about addressing risk of wastage and in response to rural and remote communities and was not discussed as being a permanent move • Regarding DHB plans, tomorrow a pack will be sent to all SRO and CEs to help them prepare their plans. First drafts are expected to be sent back by late-May in order to have finalised plans by the end of May and ready for publication in mid-June. <p>Group Discussion</p> <ul style="list-style-type: none"> • Chris Fleming stressed the need to communicate with DHBs about flexibility with the Sequencing Framework • Ashley noted Cabinet made a decision on Sequencing Framework and that individual DHBs cannot take decisions that are contrary to that, and suggested a further discussion on the subject after the meeting. <p>Action 3: Offline discussion regarding DHB conformity with Sequencing Framework</p>
3	<p>Programme progress against milestones</p> <p><i>Paper considered: CVIP Plan on a Page v0.2 3 May</i></p> <p>Andrew advised that the paper provided is a guide for the walk-through with Governance Group on Friday, and explained this part of agenda is structured by workstream so GMs can give more detail on how they are progressing and key decisions needed from Steering Group</p> <p>a) Service Design (Mat Parr)</p> <p><i>Paper considered: Assumptions to reach scale</i></p> <p>Mat explained that the aim of this paper is to have a discussion around assumptions of proportion of vaccines administered by delivery setting. Agreement on these estimates then will help determine what needs to be put in place to deliver on the model.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> • Stephen noted that this model appears to have higher reliance on primary care than previous plans, which would have implication for the design and technology space. • Ashley asked for clarity on whether the ratio of vaccines administered by GPs versus those administered by pharmacies was consistent with what is seen in the flu vaccination campaign • Ashley noted that we'll need to bring most GPs and accredited pharmacies into the programme by the end of the year in order to position the programme for future requirements, including mop up and newly eligible people

- John Whaanga noted that this model assumes 40% of delivery via primary care, and asked whether this was matched by our level of engagement to date.
- Mat said that this was increasingly becoming the case as considerable effort is now being pivoted towards primary care
- There was discussion around the need to ensure service delivery models enable adequate access for rural communities
- Michael noted that new delivery models needed to be carefully thought through to ensure they didn't put additional pressure on the technology team
- Ashley pointed out that delivery models could be introduced in a staggered fashion to reduce pressure if necessary
- There was a discussion around whether use of systems could be mandated for GPs or pharmacies in order to simplify the process
- There was agreement that in the initial phases of the rollout it could be necessary for providers to utilise systems already in place, while more flexibility could be introduced as time progresses
- Astrid noted that there was work ongoing to stand-up a team as soon as possible who will respond to queries relating to systems put in place to manage the vaccine rollout
- Ashley agreed that this is a priority area and offered any support needed

Action 4: Confirm the proportion of vaccines administered in Pharmacies vs GPs during regular flu vaccination programme

b) Operations (Astrid Koornneef)

Paper considered: Late paper People under 16 years vaccinated report 4 May 2021

Astrid gave a brief overview on situation of the vaccination of children under 16.

- The memo provided is an interim update, with a full report (which will be presented to Steering Group) still being worked on
- DHBs have been contacted to provide clarity on next steps for the cases identified, an enhancement has been added to CIR to flag when someone less than 16 presents for a vaccine, and programme fail safe reporting is being implemented to ensure issue is monitored in future.
- A team from Ministry have gone to Wairarapa today to assist with root cause analysis

Group Discussion

- Jo noted the clinical advice has been provided not to give a second dose until children involved reach 16 years old
- Chris James noted that Medsafe is expecting additional data from Medsafe by the end of May to analyse whether to expand the age eligibility for vaccine

c) Comms and Engagement (John Walsh)

Paper considered: Comms update 3 May

John Walsh provided update on Comms campaign

- Phase 2 of the campaign is ongoing, and his team's focus is now on supporting DHBs to engage with people in Group 2 and starting planning for group 3, with planning sessions with DHBs expected over the next few weeks
- This week the Comms team will get the first set of weekly data on people's intentions to get vaccinated which will provide a good insight into effect of comms campaign moving forward.
- There are weekly Comms meetings to monitor what type of material is being circulated around vaccine hesitancy and see how to respond accordingly

d) Workforce (Sonia McFetridge, Andi Shirtcliffe, Donna Kielar, Jane Hubbard)

Paper considered: Vaccination Assistants SG update - 3 May 21

Paper considered: Workforce Vaccinator Assistant Plan 30 April 21 v4

Donna gave brief overview of initial paper and noted that pilot of Vaccinator Assistant training is planned for 13/14 May with a Māori health provider, Pacific health provider and Lakes DHB.

Group Discussion

- There was a discussion on how to ensure the investment in this training could contribute to a legacy of not only additional trained vaccinators, but also by creating pathways to wider opportunities within the health sector.
- Ashley suggested regular communication with DHBs on this point would be crucial
- In response to a question from Colin, workforce team said it would report back on the estimates for the number of vaccinator assistants expected to complete the training
- It was noted that the training programme was built so it could be easily scaled and that it would feature online, face-to-face, and supervised training.
- Jo noted one risk inherent in the plan was the need for nursing workforce to supervise the Vaccinator Assistants, although there is work in progress in this area.

Group Discussion moved to the second paper regarding the role of Vaccinator Assistants within the vaccination sites.

- Following group discussion, the decision was taken to proceed with regulatory changes that will enable Vaccinator Assistants to draw up vaccines, while the decision on whether or not to implement this policy would be subject to further analysis and discussion.
- Jo said that the tight timeframes would be highlighted in Vaccine Ministers report this week to ensure the Ministers are aware of constraints and can support

Action 5: Provide estimate for the number of Vaccinator Assistants expected to complete training programme

Action 6: Timeframes for regulatory changes around Vaccinator Assistant workforce to be flagged in Vaccine Ministers report

e) Logistics (Ian Costello)

Paper considered: Distribution Netstock-Colosys decision

Paper considered: D&IM model review

- After discussion, approval was given to pause the development of two Distribution and Inventory Management systems (Netstock and Colosys) in order to prioritise development of other systems
- Ian provided an overview of the recommendations in the second paper including centring inventory management on two hubs, process for setting up the second hub in Christchurch, rolling over the NZ Post contract and standing up additional -20°C storage in case of Medsafe approval of Janssen vaccine
- Approval was given for all recommendations in the report, with the exception of the recommendation regarding a competitive procurement process in September. For this recommendation it was agreed that Ian and Colin would have a follow-up discussion around possible alternatives.
- Ian also noted that a paper would be presented to Steering Group within next 1-2 weeks on progress for local storage, as the co-design of these systems was being finalised

Action 7: Offline discussion around competitive procurement process

f) Post Event (Tim Hanlon)

Paper considered: Steering Group update on Active Monitoring - 04 May 2021

Tim gave an overview of the paper provided around options for active monitoring

- Active monitoring is the gold standard for pharmacovigilance surveillance and could give increased confidence around vaccine safety
- If decision is taken to go ahead with active monitoring, the consensus of discussions with Ian Town as well as colleagues from Medsafe, CARM and IMAC is that using the Smart Vax tool used in Australia would be the pragmatic approach

Group Discussion

- There was a broad discussion around back the trade-offs within Programme that would be necessary to implement this as well as the change management with wider sector that might be needed
- Ian Town noted that rolling out Smart Vax as part of COVID-19 activity could have legacy impact as well as equity advantages given the lower rates with which adverse events are reported by some groups
- Michael suggested that the additional workload on the technology side would not be particularly large
- Decision was taken to agree in principle to move ahead with active monitoring via SmartVax system, with decision delegated to National Director in regards to timing of implementation and ensuring adequate resourcing

g) Equity (Jason Moses)

Jason provided an update on Equity workstream:

- The key thing his team is focusing on is accountability for equity and how that is built into overall Programme
- Work is ongoing with DHBs to ensure they are taking responsibility for people with disabilities within their plans, particularly high needs groups requiring specialist help
- Other major areas of work include engagements and comms to address hesitancy, and ensuring Māori and Pacific providers are well supported by DHBs.
- He will also be bringing to Steering Group a paper on how equity can be prioritised within Group 4 rollout

Group Discussion

- There was agreement among the Group that DHB SROs would be the appropriate level of communication to get clarity on exactly what DHBs could deliver
- It was noted that in addition to setting clear expectations to DHBs around equity performance, being able to monitor this and provide real-time feedback was essential

h) Polynesian Rollout (Megan McCoy)

Paper considered: SG Timeframes for dose donation to Polynesia V2

Megan offered an update on the Polynesian vaccine rollout

- the key thing required from Steering Group was endorsement for the plan to donate up to 36,000 doses to the Cook Islands to cover their eligible population
- This would then be put to Vaccine Ministers for final approval
- There is still some work to do around negotiations with pharma companies and some detailed work on the operational rollout
- The aim is for campaign to start later this month; this was noted in the announcement regarding quarantine free travel with Cook Islands

	<p>Group Discussion</p> <ul style="list-style-type: none"> • Proposal to donate was endorsed by Steering Group • It was noted that Ministers would be made aware that this decision would involve ring-fencing supply during the period of constrained supply • The exact number of donations would be clarified according to the under-16 population of Cook Islands • Chris James raised the importance that support for pharmacovigilance work in Polynesian countries and noting the potential impact on New Zealand's system. <p>Action 9: Offline conversation around pharmacovigilance strategy for Polynesian rollout</p>
4	<p>Programme risk update <i>Paper considered: CVIP Programme Risk Update - Steering Group 3 May 2021</i></p> <p>David explained that risk document had been simplified and shortened, with an emphasis on the top five risks as identified with Programme Leadership Group.</p> <ul style="list-style-type: none"> • The aim is to move discussion away from risk towards the actions being taken • The intention is to tie that into a readiness check to assess how Programme can determine risk is at acceptable level as we go up to different levels <p>a) Workforce (Fiona Michel)</p> <p>No further comments were made beyond content of document and noting discussion in previous agenda item.</p> <p>b) Embedding equity (Jason Moses)</p> <p>No further comments were made beyond content of document and noting discussion in previous agenda item.</p> <p>c) Achieving necessary scale (Mat Parr)</p> <p>Stephen suggested more analysis should be done on this area given high complexity of the Programme and relatively short time left for moving to scale.</p> <p>d) External accountabilities and control expectations (Mat Parr)</p> <p><i>Paper considered: Planning and accountability framework _03052021</i></p> <p>Mat noted that the paper provides an overview of the documents going out to DHBs, including the draft Accountability Framework as well as Planning and Workforce templates.</p> <p>It was noted that these documents are critical in identifying key roles, responsibilities, and control points as the Programme moves into a more distributed and scaled system.</p> <p>Stephen offered support for the paper and stressed the importance of it due to it capturing almost the entire Programme scope</p> <p>e) Certainty of supply (Astrid Koornneef)</p> <p>Astrid said focus in this area was on making sure each DHB has plans in place in case of large outbreak and need to significantly accelerate rollout (assuming supply was available)</p> <ul style="list-style-type: none"> • In discussions with DHB SROs it has been stressed to ensure plans are linked to lessons learned in responding to previous outbreaks • There will be further conversations to ensure the plans are finalised and so that DHBs know support is available if needed to help with planning

	<p>Allison noted that the risk cannot be removed but continues to be addressed by tightly managing the relationship with Pfizer, including advocating for clear communications as soon as Pfizer have any updates, and by pushing for backup vaccine options in case of delivery issues.</p> <p>Jo added that PLG are monitoring issues around supply on a weekly basis.</p>
5	<p>OAG draft report update and communications response (David Nalder, John Walsh)</p> <p>David provided an update on Programme's response to the draft OAG Report</p> <ul style="list-style-type: none"> • The response is prepared and will be sent today • Response agreed with the majority of OAG's points, although for a small number we have stated that we disagree and provided additional information to counter • He will now be working with Comms team to prepare for Ministry's response when report is published
6.	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>Nothing raised this week</p>
7	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <ul style="list-style-type: none"> • Colin noted a concern regarding the increasing workload on the Data workstream, but noted there was improved connection between the overall work programme and the technology side • Stephen noted there was work ongoing to bring together the milestone view of the Programme and the production view, and that there may be something ready for presentation at next Steering Group meeting . He also stressed the importance of the walk through planned Governance Group for this Friday.
8.	<p>Any other business</p> <ul style="list-style-type: none"> • Dale asked for an update on who within the Programme was leading the longer-term planning for any future booster requirements or other ongoing needs • It was noted that both CV-TAG and Medsafe are monitoring this area • Ashley reiterated that as time goes on it is anticipated that primary care and pharmacies will administer a higher proportion of vaccines • Jo mentioned there will be a paper brought to the Group shortly about the purchase of consumables as this has a 3-6 month lead-in time

Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 11 May 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Sue Gordon, Deborah Woodley, Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Wendy Illingworth, Dr Caroline McElroy
Other Attendees:	Andrew Bailey, Joe Bourne, Ian Costello, Colin MacDonald, Stephen Crombie, Dr Ian Town, David Nalder, Tim Hanlon, Astrid Koornneef, Fiona Michel, Jason Moses, Megan McCoy, Mat Parr, Dr Juliet Rumball-Smith, Vince Barry, Rachel Haggerty, John Walsh Dr John Tait (Chair – Independent Safety Monitoring Board)
Apologies:	Chris Fleming, Shayne Hunter, Megan McCoy, Grant Pollard, Maree Roberts, John Whaanga
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>The minutes from the previous meeting on 4 May 2021 were approved, noting one correction to be made under Agenda Item 5 re timing of the second vaccination.</p> <p>Dr Ashley Bloomfield sought an update on outstanding actions from previous meetings:</p> <p>13 April</p> <ul style="list-style-type: none"> Action 8 re: National call centre. Team is working through final stages with wider Ministry team. Needs to be landed as soon as possible <p>27 April</p> <ul style="list-style-type: none"> Action 5 re: Measuring success. The narrative around this will be included in next week's Cabinet paper. Action 6 re: Privacy Impact Assessment. Should be ready for next meeting 18 May [NB: subsequently confirmed for 25 May meeting]. <p>4 May</p> <ul style="list-style-type: none"> Action 5 re: Number of Vaccinator Assistants. Difficult to forecast but total vaccinator workforce needed is known (4,000 assuming 1 FTE = 4 part-timers) and have seen a big uptake in registrations of interest from regulated workforce. The team is confident it can reach the necessary numbers. <p>Remaining actions from last week either on Agenda or completed.</p>

	Agenda item 6 to be brought forward to start of meeting.
6	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>Dr Ian Town provided an update on the work of CV-TAG:</p> <ul style="list-style-type: none"> • Update provided on Adverse Event Reporting (CIR System). Events are being triaged for seriousness and events of special interest. A system for improving the speed and efficiency of reporting is in development. • There was strong support from the CV-TAG for the active SMS based reporting system to be implemented immediately. • CV-TAG has been discussing 'ring vaccination' strategy, although their preference is for this to be referred to as 'targeted vaccination'. • This strategy has a place as part of our suite of public health interventions but is not appropriate as a replacement. • There was some discussion at CV-TAG on the potential value of a protocol (i.e. how it would be implemented and exactly who would be targeted) to provide more specifics to DHBs, noting that specific details could be quite challenging to develop. • Further advice on the matter will be prepared for Policy team. • Ashley noted that documents prepared on this subject should be presented to COVID-19 Response Directorate at same time as provided to Policy.
2	<p>Update from Chair – Independent Safety Monitoring Board (Dr John Tait)</p> <p><i>Paper considered: CV-ISMB update to CVIP Steering Group_final</i></p> <p>Dr John Tait provided update on the work of the ISMB.</p> <ul style="list-style-type: none"> • There have been three general meetings of the ISMB thus far, plus one ad-hoc meeting to discuss thrombosis with thrombocytopenia syndrome (TTS) • ISMB did not consider a similar risk of TTS to have been identified in New Zealand, but Medsafe agreed to put out a Monitoring Communication on the issue • Rates of reported anaphylaxis in New Zealand are considerably higher than expected, and ISMB would like to see potential anaphylaxis reports assessed against the Brighton Collaboration Criteria which are used internationally • Recommendation is made in the paper for an anaphylaxis tabular checklist to be made available at vaccination sites to allow capture of more detailed information • Other themes currently being considered by ISMB include myocarditis, appendicitis and herpes zoster. <p>Group discussion:</p> <ul style="list-style-type: none"> • Ashley Bloomfield thanked Dr Tait for his attendance and update, reiterating the importance of the work of the Board. • Ian Town provided support for the proposal, while it was noted that a new workforce might need additional support to complete these assessments. • Steering Group endorsed the recommendation from ISMB, with Post-Events team to determine how this change is implemented. <p>Action 1: Determine how to implement the recommended change around anaphylaxis tabular checklists being available at vaccination sites.</p> <ul style="list-style-type: none"> • There was additional group discussion around the processes used to follow-up on cases of any serious adverse events or deaths in the days following vaccination. • It was noted that even if there was no clear link to vaccination this could be used to reduce confidence in vaccine rollout. • An initial drop of data on background rates of certain adverse events is expected by the end of May, which will help respond to any events that do occur. • Ashley noted the importance of having a streamlined process for responding to any notifications of serious adverse events.

	<p>Action 2: Ensure there is a process and focal point in place for analysing background rates of specific conditions and liaising with Comms team in the event of severe adverse reactions.</p>
3	<p>Operational update – progress last week (Jo Gibbs)</p> <p><i>Paper considered: Management of vaccination events in line with supply 10 May V0.2</i></p> <p><i>Paper considered: COVID-19 Immunisation Programme Update 9 May</i></p> <p>Jo Gibbs noted that Programme is tracking at 107% up to 9 May and conversations have been started with DHBs to cap their performance. She asked Mat Parr to speak to this.</p> <p>Mat provided an overview of the paper provided to Steering Group, noting the three key messages to be delivered to DHBs were around limits to exceeding targets, committed push to get ahead of equity plans and using this period to be set up for scale.</p> <p>Group discussion:</p> <ul style="list-style-type: none"> • The importance of getting as much convergence as possible on where DHBs within the sequencing framework. • Jo noted the discussion at previous week's Governance Group around the fact that we are not currently holding back second doses for people. Thus if there is a delayed supply in July some people may need to wait longer for their second dose. • The assumptions around current usage were discussed including wastage levels, dose per vials, COVAX supply, mass event pilot and Polynesian corridor. • Implications on workforce and vaccine demand due to school holidays in July was discussed. • Sue Gordon noted the importance of being able to get assurance from DHB SROs around adherence to sequencing framework that honours requests made. • Rachel Haggerty said there had been a good discussion with SROs earlier in the day and they all understand the importance of a steady rollout with equity at forefront. Support to ensure these same messages were reiterated to DHB Chairs/CEs was requested. <p>Action 3: Reiterate with DHB Chairs/CEs the messages already delivered to DHB SROs around the need to for steady rollout until end of June adhering to planned targets and with equity at forefront.</p>
4	<p>Programme progress against milestones</p> <p><i>Paper considered: CVIP POAP 10 May 2021</i></p> <p>It was noted that detailed update on plan was well received by Governance Group last week, with specific comments on the need to ensure an integrated plan right across the Programme and importance of delivering on readiness work.</p> <p>a) Service Design (Mat Parr)</p> <p>Vince Barry gave an update on planning for large scale events with Auckland Unlimited, noting the different phases from developing playbook through to assistance on the day and follow-up analysis:</p> <ul style="list-style-type: none"> • Aiming for a first event in South Auckland in June/July that would target around 5,000 people. This event would be a booked event to iron out any wrinkles. • They are already looking at pencilling in other locations, and there is a planned call with DHB SROs on Thursday to update and receive feedback. An MoU with DHBs is under development. <p>Group discussion:</p> <ul style="list-style-type: none"> • There was discussion around whether it would be worthwhile to delay the first event until after large supply drop, however, the advantages of testing all the systems before moving into Group 4 appear to outweigh the risks.

- Noted that GPs seem to be increasingly comfortable with rollout plan, although the importance of continuing to manage expectations around when additional services would be added was stressed.
- Noted that, by definition, a single large event was likely to require a follow-up event to administer second-dose vaccines.
- Attention was drawn to the three red deliverables within service design, with Michael Dreyer noting that his team is currently working through detailed plans on exactly what needed to be built.

b) Equity (Jason Moses)

Jason Moses said that main focus for his team was on service design, evidence-based funding, working with DHBs re planning and influencing their accountability arrangements.

Jo noted that a positive conversation had taken place with the IAG to continue in their role but with a heavier focus on equity point of view. There will be an update to ToR to reflect this, and IAG accountability lines will also now be directly to the Steering Group.

c) Operations (Astrid Koornneef)

Paper considered: Steering Group Quality Assurance Framework 10052021

Astrid gave an overview of Operations workstream activity:

- All DHBs are working on July-October planning with first drafts expected back 24 May.
- A major current focus is on implementation and rollout of National Booking System, with two sites now live in Auckland and feedback awaited for analysis.
- There are very tight deadlines to have all DHBs onboarded by end of May and sites live by end of June.
- Work around how invitations will work for group 4 and how to manage that at local and national level is advancing well. A PLG decision is expected this week so that next phase of that work can commence.

Dr Juliet Rumball-Smith spoke to the paper provided on Quality Assurance and highlighted three priorities for her team for next month:

- Providing information to DHBs on developing minimum expectations documents that follow through to readiness assessments and Accountability Framework.
- Getting an understanding of what quality tools/processes/people are in place at DHB level, and help fill those gaps by making toolkits available.
- Establishing the CVIP Clinical Quality & Safety Forum at a national level.

Group discussion:

- Ashley asked for an update in two weeks regarding the clinical oversight and safety processes in place within each DHB.
- Sue mentioned that it would be important for quality and safety work to have a feedback loop into CV-TAG to address systemic issues.

Action 4: Provide update to Steering Group in 2 weeks' time (1 June meeting) regarding the clinical oversight and safety processes in place within each DHB.

d) Comms and Engagement (John Walsh)

Paper considered: Comms update 3 May

John Walsh noted three primary focuses for Comms at the moment: preparing public response to OAG Report, working on getting the narrative around the 'limited supply' story, and planning for Group 3 comms and engagement with DHBs.

e) Workforce (Fiona Michel)

Fiona offered updates on Workforce stream:

- Trained vaccinator numbers are improving well and goal is now to have 6,000 trained vaccinators in order to achieve anticipated need of 1,500 to 1,600 FTE vaccinators.
- There is considerable work needed to increase Māori/Pasifika workforce.
- Health report with changes for Vaccinator Assistants has gone to Minister yesterday, with pilot planned on 13 May with a Māori health provider in Auckland.
- There will be an assessment of pilot product and then feedback given to Ashley and Caroline McElnay.
- Currently there is nothing to indicate that DHBs are struggling with administrative support, although there are options to assist later in rollout if needed.
- Ashley congratulated Fiona and the team for the significant progress made.

Action 5: Provide Ashley/Caroline with updated Vaccinator Assistant training product following assessment of initial pilot

f) Logistics (Ian Costello)

Ian noted there was good progress on actions agreed at previous Steering Group and said that more information around Pfizer delivery schedule for July should be available within next two weeks.

g) Post Event (Tim Hanlon)

Tim provided two updates from Post-Event workstream

- The AEFI repository auto-triage scheduled to go live on 13 May has been delayed to 24 May, which will still be in good time for ramp up.
- There has been a lack of engagement from SmartVax regarding active monitoring system discussed last week, so discussions started with an alternative supplier.

h) Polynesian Rollout (Ashley Bloomfield for Megan McCoy)

Ashley said there may be an announcement the next day (12 May) about supply of vaccines to three realm countries. Programmes are expected to happen in Cook Islands from next week, Niue from June and Tokelau from July.

Jo noted there was dry run of vaccine happening this week in Cook Islands and there is an IMAC team there inspecting the fridges to be used.

5

Programme risk update (David Nalder and risk owners)

Paper considered: CVIP Programme Status and Risk Summary - Steering Group 10 May

David gave update on work relating to risk that has been undertaken this week

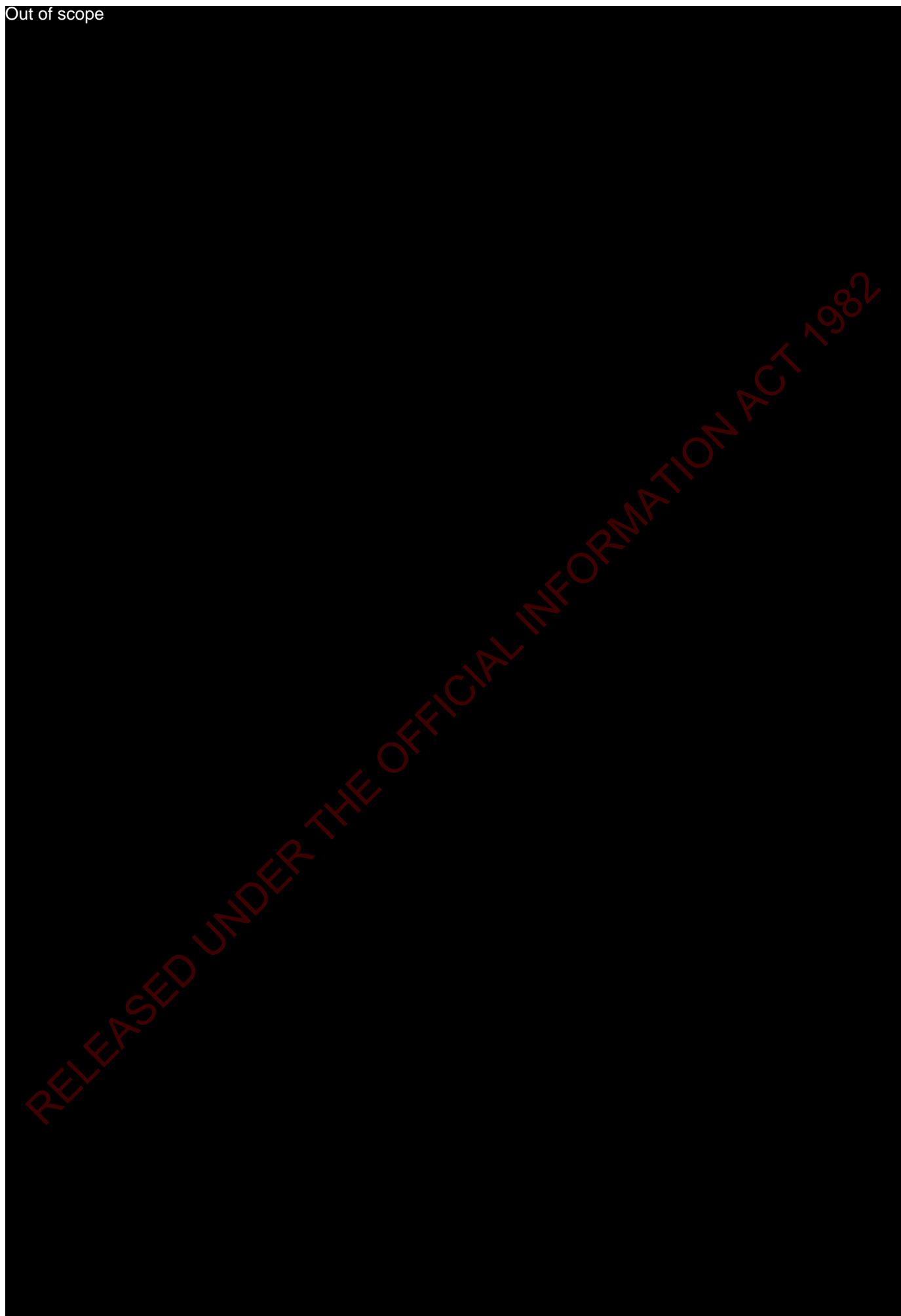
- An exercise has been done with PLG members to rank risk across end-to-end process, with intent to have updated view of PLG sentiment on risk every week to be able to monitor trends
- There are four risks that have been flagged and additional six that are key to get right
- This work has flowed into work on Programme Readiness and Accountability Framework
- Overall David does see more clarity around major risks being monitored two months ago, although there are a small number that remain consistent focus areas, notably comms and equity

Group Discussion

- Stephen flagged integration of design and the testing of this as a key area to get right
- There was a request from Ashley to emphasise equity as an underpinning risk
- There was a discussion around how to capture the shifts in risk profile over time.

	<ul style="list-style-type: none"> Ashley congratulated David for the actions take to provide a clear view of risk mitigation and management. <p>Action 6: Equity to be highlighted as an underpinning risk within Programme risk document</p> <p>a) Misinformation (John Walsh)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>b) Post event (Dr Tim Hanlon)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>c) Clinical safety (Dr Juliet Rumball-Smith)</p> <p><i>Paper considered: Steering Group Quality Assurance Framework 10052021</i></p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>d) Embedding equity (Jason Moses)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>e) Integration of design to achieve scale (Andrew Bailey)</p> <p>Andrew noted that next Tuesday 18 May there will be a desktop exercise of an end-to-end walk through of different design aspects.</p> <ul style="list-style-type: none"> Working now on figuring out exactly how to test system for scale and then see how to build off the results (as was done in February) of the previous desktop exercise. <p>Group discussion:</p> <ul style="list-style-type: none"> It was noted that work was ongoing to develop targets for vaccination rates of Māori, Pasifika and disabled people by DHB
7	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <ul style="list-style-type: none"> Colin highlighted the importance of the planned desktop exercise, and that this type of exercise should be repeated to look at things like data integration and contingency planning.
8.	<p>Any other business</p> <ul style="list-style-type: none"> Sue Gordon mentioned the importance of starting to see design around legacy impacts of Programme and starting to see that thinking come through in upcoming papers

Out of scope



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 18 May 2021
Time:	4.30pm – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Sue Gordon, Wendy Illingworth, Dr Caroline McElnay, Deborah Woodley
Other Attendees:	Andrew Bailey, Ian Costello, Maria Cotter (paper 9), Stephen Crombie, Rachel Haggerty, Tim Hanlon, Chris James, Astrid Koornneef, Dr Ian Town, David Nalder, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, Megan McCoy (papers 7a-d), David Nalder, Mat Parr, Grant Pollard, Maree Roberts, Dr Juliet Rumball-Smith, Dr Ian Town, John Walsh
Apologies:	Chris Fleming, Shayne Hunter, John Whaanga, Joe Bourne
Secretariat Support:	Carol Hinton

#	Agenda Item
1.	<p>Introduction and minutes</p> <p>The minutes from the previous meeting on 11 May 2021 were approved, with one correction to replace the word 'cost' with the word 'risks' at end of the first bullet, top of page 4.</p>
2	<p>Operational update – progress last week (Jo Gibbs)</p> <p><i>Paper considered: COVID-19 Immunisation Programme Update 16 May (Paper 2)</i></p> <p>Jo Gibbs noted that by 22 May 2021, CVIP will have delivered half a million vaccines. DHBs are tracking at 108% of plan.</p> <ul style="list-style-type: none"> • There is ongoing interest in the different DHB 'go live' dates for Group 3. Will discuss this with the Minister on 19 May. MoH is comfortable that each DHB has taken a well-reasoned decision about its 'go live' date. Those starting later tend to have significant border operations which need careful planning (e.g. Canterbury). • Pilots of the booking system and vaccinator workforce are going well and providing useful information to inform wider rollout. • The EMEA has approved the storage of Pfizer vaccine at 2-8°C for 31 days. It is understood that Pfizer will be submitting application/data to Medsafe in the next 7 to 10 days for assessment. <i>[NB: Medsafe subsequently advised it received the application from Pfizer on Thursday evening 20 May.]</i> <p>Group discussion</p>

	<ul style="list-style-type: none"> • SG members noted anecdotal evidence of the differing approaches in some regions to avoid vaccine wastage. Dr Bloomfield noted the importance of ensuring that DHBs place a strong focus on priority populations when making decisions about use of their vaccine reserves. • Dr Dale Bramley suggested issuing formal guidance on this to give more certainty. <i>[Note: this will be considered within the paper at Action 1 of these minutes.]</i> • Members noted the potentially significant impacts on our vaccine strategy and rollout, both benefits (opportunities to extend in primary care, reduced wastage) and areas of caution (ensuring Quality and Safety is not compromised, particularly in smaller practices). • s 9(2)(h) • The importance of not creating unintended consequences for other legislation or medicines was noted by both Dr Bloomfield and Chris James. <p>Action 1: Prepare messaging for DHBs to ensure their vaccine reserve lists have a strong focus on their priority populations.</p> <p>Action 2: Prepare an SG paper on impact of the changes to Pfizer vaccine storage in relation to our vaccine strategy (including opportunities for primary care).</p> <p>Action 3: Agreed (having regard to Action 2 above) to temporarily defer consideration of the paper “COVID-19 Vaccines – Options for distribution of Pfizer Vaccine to minimise wastage and manage non-planned demand” subject to provision of advice on the impact of the announcements re extension of allowable storage timeframes for the Pfizer vaccine.</p>
3	<p>Standing item on science and technical advice through CV-TAG (Dr Ian Town)</p> <p>Dr Ian Town advised that CV-TAG had not met during the past week, however, had the following areas in focus:</p> <ul style="list-style-type: none"> • Benefits and risks of the Johnson & Johnson Janssen vaccine – including potential for thrombosis, • The decision to use any of the other three vaccines in the portfolio. <p>Group discussion</p> <ul style="list-style-type: none"> • Dr Bloomfield asked about timing of the Janssen application for use in New Zealand. Chris James advised that this had been deferred from 18 May because of a legal challenge and emerging safety concerns. Consideration now likely in June. • Janssen is a single-dose vaccine. Clinical trials for a two-dose regime have started. To implement this in NZ would require a change to the current strategy. • The Medical Advisory Committee is currently also considering an application by AstraZeneca. (Noted that this vaccine is based on the same technology as the Janssen vaccine.) • Noted that emerging evidence suggests that a longer period between doses can strengthen the antibody response.
4	<p>Programme progress against milestones</p> <p><i>Paper considered: 3 - CVIP POAP 17 May 2021</i> <i>Paper considered: 3a – Readiness Assessment Timeline</i> <i>Additional paper circulated at meeting: 3b – Plan on a Page (POAP) Changes/Updates (17/5/21)</i> <i>Paper 4 – Workplace vaccinations for Group 4</i></p> <ul style="list-style-type: none"> • Service Design (Mat Parr/Andrew Bailey) <p>Current strong focus on testing settings in small scale provision environment:</p>

- Working with external assurers to ensure that capability in the workstreams supports the 'end to end' process for rollout in primary care settings. They circulated Paper 3b setting out some adjustments to the POAP to reflect these discussions.
- Payment systems will come online end of June, initially in a 'workaround'. Working with DHBs re surrounding standards and processes.

Workplace vaccination:

- Workplace vaccination has started with some prisons and Corrections workforce, and frontline police. FENZ will roll out from 24 May for 2,500 staff. May contract directly with some large NZ workplaces.
- DHBs supported the mixed model for rollout (this is the model recommended for SG agreement).
- A sector working group will be established to identify a minimum viable product for delivery of workplace vaccinations.

Group discussion

- SG noted it was important, from a 'health and safety at work' perspective, to distinguish between the service provider and the location (i.e. workplace) of service delivery.

Decision: SG considered Paper 4 and agreed to the recommendation that: “Workplace vaccinations will be a combination of nationally contracted and locally commissioned using an ‘open book’ process.”

- **Equity (Jason Moses)**

Jason Moses emphasised the importance of equity at the programme level.

- Current strong focus on service design, and working with comms leads to ensure that engagement Māori, Pasifika and disability communities is part of DHB planning.
- Applications for funding for COVID-19 comms for Māori closed on 17 May. Funding was over-subscribed - received 57 applications for \$3.7 million. Will allocate \$1.5 million. Following discussions with Minister Henare, MoH will review to see if there are well-considered applications worthy of receiving funding over this budget.
- Funding for Pasifika engagement (champions, co-ordinators and navigators) is still to be allocated.

Group discussion

- Dr Dale Bramley noted some concerns relating to the numbers of Māori who stated they were unlikely to get the vaccine. He asked about evidence-based engagement to influence this.
- John Walsh agreed that research shows that Māori are less likely than other groups to be vaccinated. However, this research is ongoing and the trend is showing a quite significant change in attitudes, meaning this gap is starting to get smaller.
- Range of opportunities to influence – workforce, vaccination location, informed and motivated communities (supported by MoH funding above), national communications campaigns.
- Dr Bloomfield noted the importance of all DHBs knowing their communities and having a plan to reach them.

Action 4: MoH to consider making available funding to organisations more widely than initially intended budget.

Action 5: Prepare paper on initiatives to inform and encourage participation by Māori in the vaccination programme, for consideration by SG on 1 June 2021.

- **Operations (Astrid Koornneef, Dr Juliet Rumball-Smith, Michael Dreyer)**
- Dr Bloomfield asked for an interim update MoH work to ensure all DHBs have a safety and quality framework in place (action 4 from meeting held 11 May refers). Juliet

advised that she had met regional clinical leads and quality managers and is expecting their written input shortly. She is on track to report back on 25 May.

- Preparations for next phase of rollout include:
 - **Invitation strategy** - trialling taking place in Auckland, Kaikoura and Canterbury.
 - **Booking system** – Pilot on track.
 - Call centre – working with new provider and setting up regional support teams.
 - Moving to a **supply chain model** that gives us great visibility of where stock sits.
 - **Payment system** is now coming back on track.
- Noted the interdependencies between data and reporting from both booking and inventory systems to effectively manage nationwide supply and demand. MoH is preparing common processes to support DHBs with all process changes.
- DHB accountability framework has been with DHBs for a fortnight for comment. Some lack of engagement evident, however, framework still planned for signoff as scheduled.

Action 6: Provide decision paper to 25 May SG meeting seeking formal agreement to a phased 'go live' rollout of the national booking system.

- **Comms and Engagement (John Walsh)**

Papers 5a – 5d considered: Comms and Engagement update 17 May and IPSOS research

John Walsh updated on Comms and engagement activity:

- Key focus is Group 3 launch – will be in South Auckland on 25 May. Rollout is staged according to each DHB's situation. A senior account manager from MoH is working closely with all DHBs individually to support them. *(Also discussed at item 2.)*
- Sue Gordon noted that as rollout progresses, MoH reporting will transition to Minister Little from Minister Hipkins.

- **Workforce (Fiona Michel)**

Fiona updated on the Workforce stream:

- 5,358 trained vaccinators at 18 May. About 2,000 active/have been active.
- Workforce plans received from most DHBs – using these to identify maximum throughput.
- Cabinet paper prepared re changes to regulations for the new COVID-19 Vaccinator role. Significant support from some communities but discomfort from others. Piloting training programmes for this role. Those in the new role will require supervision.
- Workforce surge tool being refreshed to make it easier for DHBs to search. Will be relaunched also in English, Māori, Tongan and Samoan.
- The challenge is to grow the vaccinator workforce for COVID-19 without 'poaching' from current provision. MoH is actively engaged with some recruitment agencies to reinforce the disbenefits of artificially inflating remuneration.
- Sue Gordon noted government was one of the largest private providers and this gave CVIP some levers.

- **Logistics (Ian Costello)**

Ian outlined preparations for Group 3 rollout including:

- Additional freezers in port 21 May.
- Second hub in Christchurch is on track – inspection in next fortnight.
- NZ Post is gearing up for scale delivery.

Colin MacDonald cautioned re the importance of continuing to plan for rollout based on current approvals re storage of the Pfizer vaccine, pending application and decisions relating to the recently announcements from Europe.

- **Post Event (Tim Hanlon)**

Working with Global Health and Medsafe to ensure adequacy of our pharmacovigilance processes re New Zealand's support to the Pacific. Assessors to focus on the adverse events.

Chris James noted some concerns held by MedSafe as the regulator that the pharmacovigilance process was not yet agreed with partner agencies. Michael Dreyer indicated his team would work with Legal to progress this offline.

- **Polynesian Rollout (Megan McCoy)**

Megan updated on progress with Polynesian rollout:

- Joint press release last week from Ministers Mahuta and Sio – this has provided nations with assurance as it puts New Zealand confirmation of vaccine donation in the public domain.
- Cook Islands 'wet run' has now started.
- Will seek formal confirmation from Cabinet for the donation of 2,760 to Niue.
- Megan noted that pharmacovigilance matters re vaccine donation to Tokelau are still under discussion – (e.g travel time of vaccine).

Action 7: Send copy of the document signed the previous Friday by the Acting Director-General to Dr Bloomfield.

Decision: SG agreed to provide a donation of 2,760 vaccines to Niue.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

5	<p>Programme risk update (David Nalder and risk owners) <i>Paper considered: CVIP Programme Status and Risk Summary - Steering Group 18 May</i></p> <p>David updated on risk management activity:</p> <ul style="list-style-type: none"> • Half of the risks have gone down in prominence, and about a third have a slight increase. • Five risks updated – sequencing, initial bookings, supply and demand, proof of vaccination (see agenda item 8), determining success. <p>Group discussion</p> <ul style="list-style-type: none"> • Noted there is a PLG workshop planned later in the week to discuss equity issues. • Stephen Crombie noted the good work being done to mitigate risks. He also suggested care is taken to differentiate clearly between the ‘top of mind’ risks identified by PLG members vs wider programme risks. <p>a) Post event (Dr Tim Hanlon)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>b) Clinical safety (Dr Juliet Rumball-Smith)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>c) Embedding equity (Jason Moses)</p> <p>Nothing additional raised beyond discussions in Agenda Item 4.</p> <p>d) Misinformation (John Walsh)</p> <p>Dr Bloomfield asked about actions to address misinformation.</p> <p>Action 8: Prepare a paper for consideration by Steering Group on 25 May on possible actions and discussion points to help mitigate misinformation relating to COVID-19 vaccination.</p>
7	<p>Real time assurance update (Colin MacDonald and Stephen Crombie)</p> <ul style="list-style-type: none"> • No issues to report. Will be participating in a desk-top exercise on 19 May.
8.	<p>Any other business</p> <ul style="list-style-type: none"> • Vaccination certificates (Maria Cotter) <p>Maria advised of growing momentum in NZ and internationally for proof of vaccination. This interest applies across multiple sectors.</p> <ul style="list-style-type: none"> • Policy work under way to underpin this – key focii include equity, ensuring privacy and security of information. • COVID card not sufficient evidence for some countries. • Some pressure on MoH to lead the work for wider government interest. <p>Group discussion</p> <ul style="list-style-type: none"> • SG noted that ‘proof of vaccination’ work is not focussed solely on MoH but has ‘cross government’ implications. • Dr Bloomfield noted that the immediate priority for MoH is to meet the needs of NZers wishing to travel overseas. • Michael Dreyer noted that “proof of vaccination” is factored into IT development but not yet activated.

Decision: *Agreed that it is not the role of MoH to lead on wider 'proof of vaccination' work.*

Action 9: *Provide further advice to SG for 8 June meeting.*

Action 10: *Ensure that the Minister's office is kept informed of progress.*

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982