

28 April 2021



**Re: Official Information Act request – Covid planning documents**

I refer to your Official Information Act request dated 6 April 2021, requesting the following information:

**I request any reports or planning documents held by the Auckland Regional Public Health Unit which relates to contact tracing capacity, stress testing, staff numbers, resources and or issues with contact tracing in the Auckland region. The period I am requesting this information is from 14 February, 2021 through to March 15, 2021. This should include but not be limited to information relating to contact tracing of students and staff at Papatoetoe High School.**

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

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

Please find attached the following reports and planning documents in response to your request:

- COVID-19: Weekly staffing Reports (annexure A)
- Capacity and demand daily planning email updates (annexure B)
- Action Plan (AP) 2019-nCoV, #024, #025, #026 and #027 (annexure C)

Mobile numbers and identifiable data has been redacted under s9(2)(a) Official Information Act to protect the privacy of natural persons.

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

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

Yours faithfully



Ailsa Claire, OBE  
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Annexure A

Code ▾

COVID-19: Weekly Staffing Report

Auckland Regional Public Health Service

Systems, Intelligence, and Planning Team

19 February 2021

Week 07: February 15 - 21

Important

- All COVID-19 roles can be categories into one of three categories: i) Operations, ii) Intel/Logistics, and iii) Other Support
- See the Definitions page for the full list of functions and roles Included in each category

Overview    Operations (FTE)    Operations (Staff)    Ops Teams    Functions    Definitions

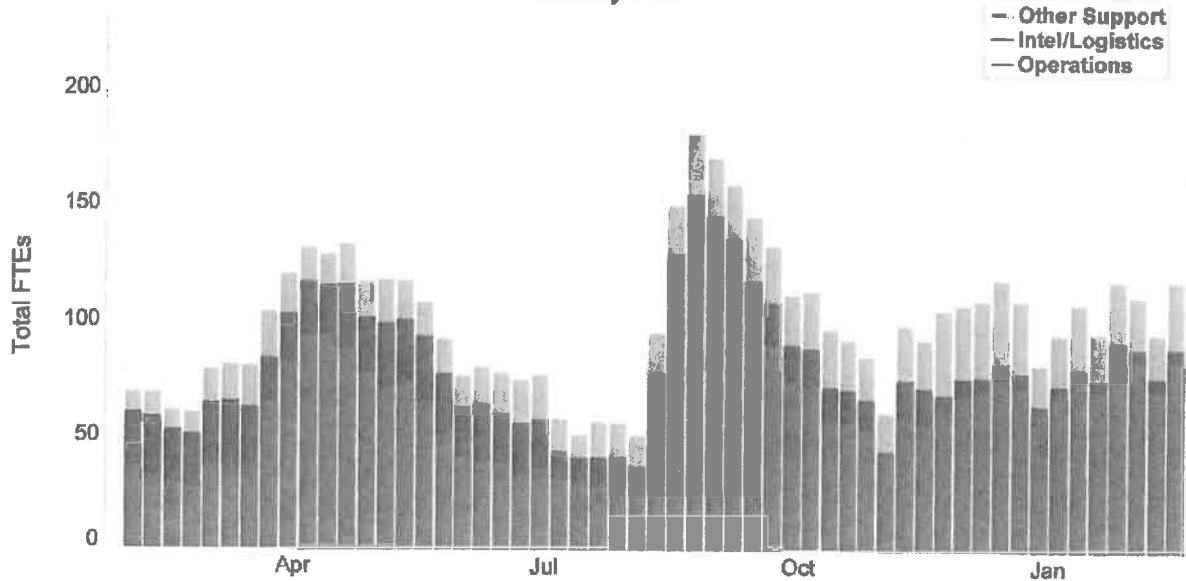
Jump to section: [By Category](#) | [By Organisation](#) | [Secondment Breakdown](#) | [By Function](#) | [By Ops-Team](#)

By Category

February 15 - 21

| Category        | Number of Staff | Total Hours | Total FTE    |
|-----------------|-----------------|-------------|--------------|
| Other Support   | 45              | 1163        | 29.1         |
| Operations      | 104             | 3253        | 81.1         |
| Intel/Logistics | 7               | 220         | 5.5          |
| <b>Total</b>    | <b>156</b>      | <b>4636</b> | <b>115.7</b> |

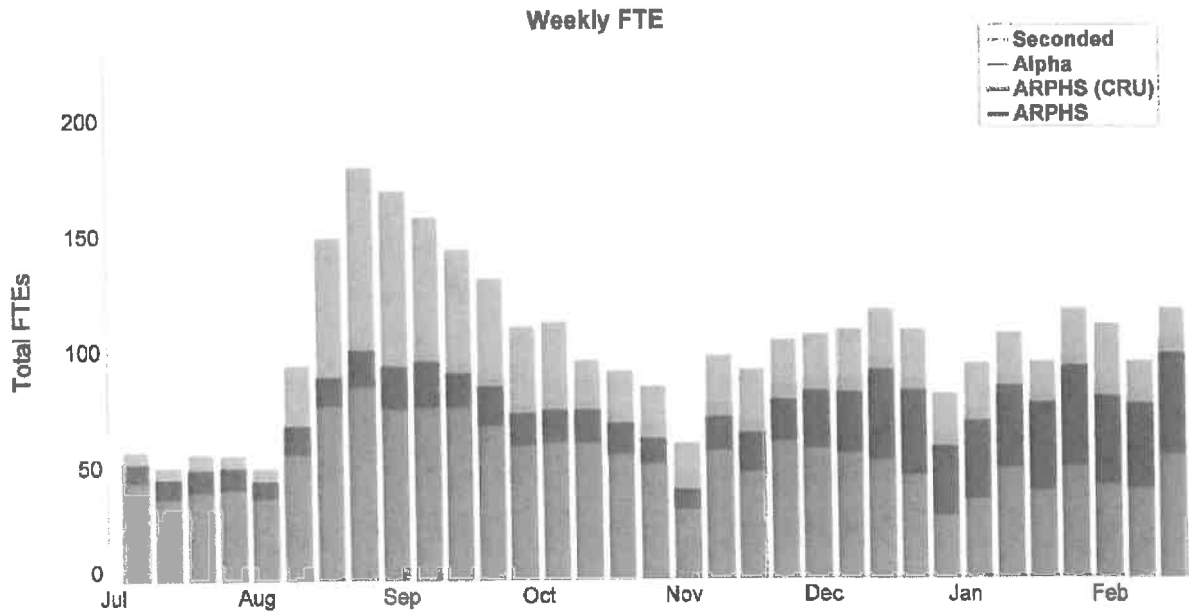
Weekly FTE



By Organisation

February 15 - 21

| Organisation | Number of Staff | Total Hours | Total FTE    |
|--------------|-----------------|-------------|--------------|
| ARPHS        | 64              | 2096        | 52.3         |
| ARPHS (CRU)  | 47              | 1762        | 44.0         |
| Alpha        | 8               | 224         | 5.6          |
| Seconded     | 20              | 554         | 13.8         |
| <b>Total</b> | <b>139</b>      | <b>4636</b> | <b>115.7</b> |

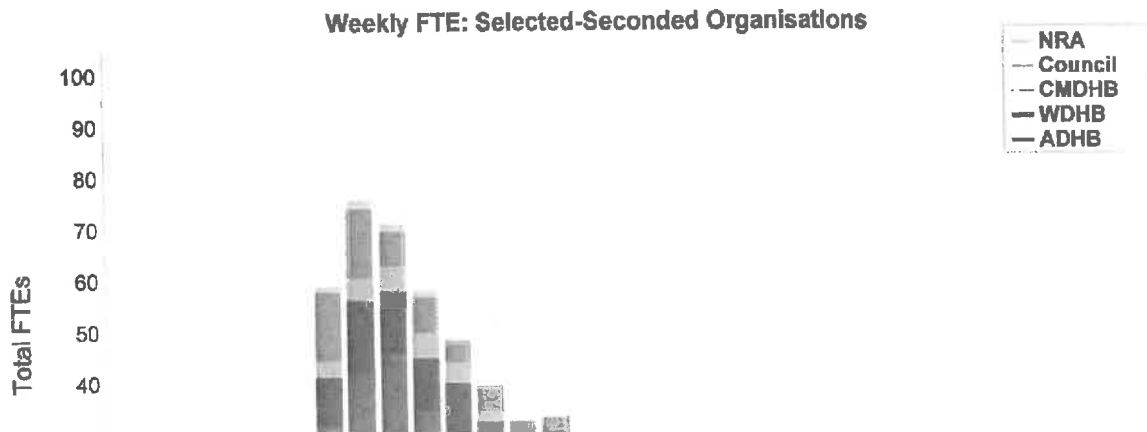


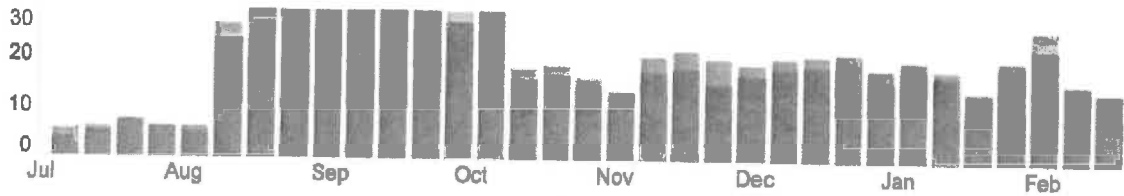
Seconded include DHBs, Auckland Council, Ministry of Health, University of Auckland, NRA, and Not Elsewhere Identified.

**Secondment Breakdown**

February 15 - 21

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| WDHB         | 6               | 176         | 4.4         |
| ADHB         | 12              | 352         | 8.8         |
| <b>Total</b> | <b>18</b>       | <b>528</b>  | <b>13.2</b> |





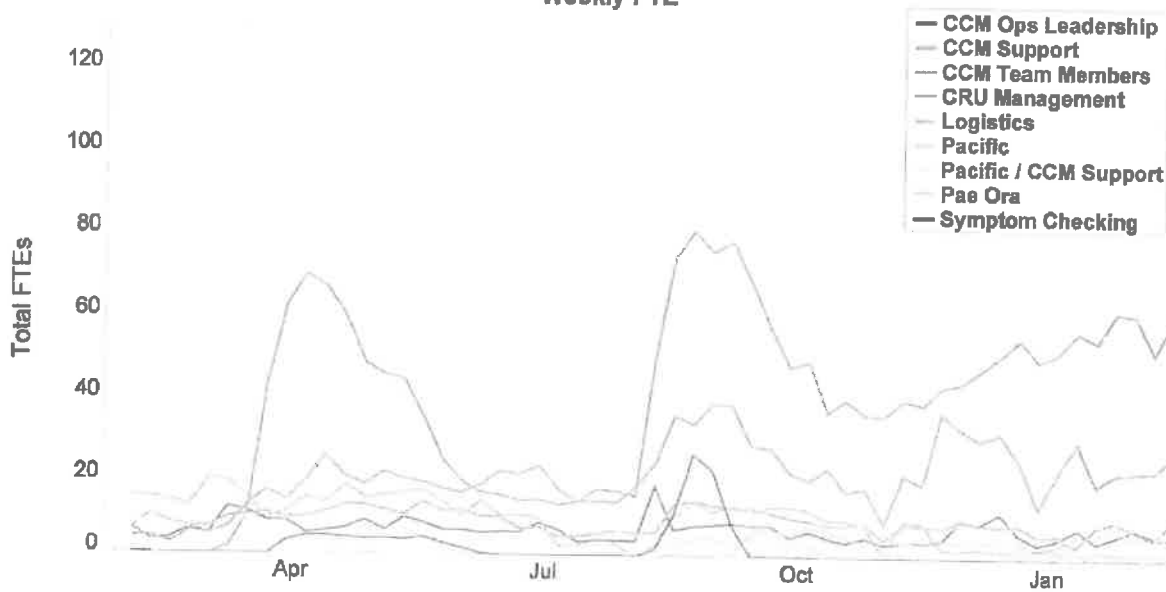
Other seconded organisations such as Out-of-Region DHBs, Ministry of Health, University of Auckland, and Not Elsewhere Identified, are not included in this plot as they represent relatively small numbers.

### By Function

February 15 - 21

| Function              | Number of Staff | Total Hours | Total FTE    |
|-----------------------|-----------------|-------------|--------------|
| CCM Team Members      | 74              | 2378        | 59.4         |
| CCM Support           | 30              | 997         | 24.9         |
| CRU Management        | 15              | 376         | 9.4          |
| CCM Ops Leadership    | 12              | 205         | 5.1          |
| Pae Ora               | 8               | 261         | 6.5          |
| Comms                 | 7               | 217         | 5.4          |
| Intelligence          | 4               | 100         | 2.5          |
| Pacific / CCM Support | 3               | 39          | 1.0          |
| Logistics             | 2               | 73          | 1.8          |
| Planning              | 2               | 30          | 0.7          |
| <b>Total</b>          | <b>157</b>      | <b>4676</b> | <b>116.7</b> |

### Weekly FTE



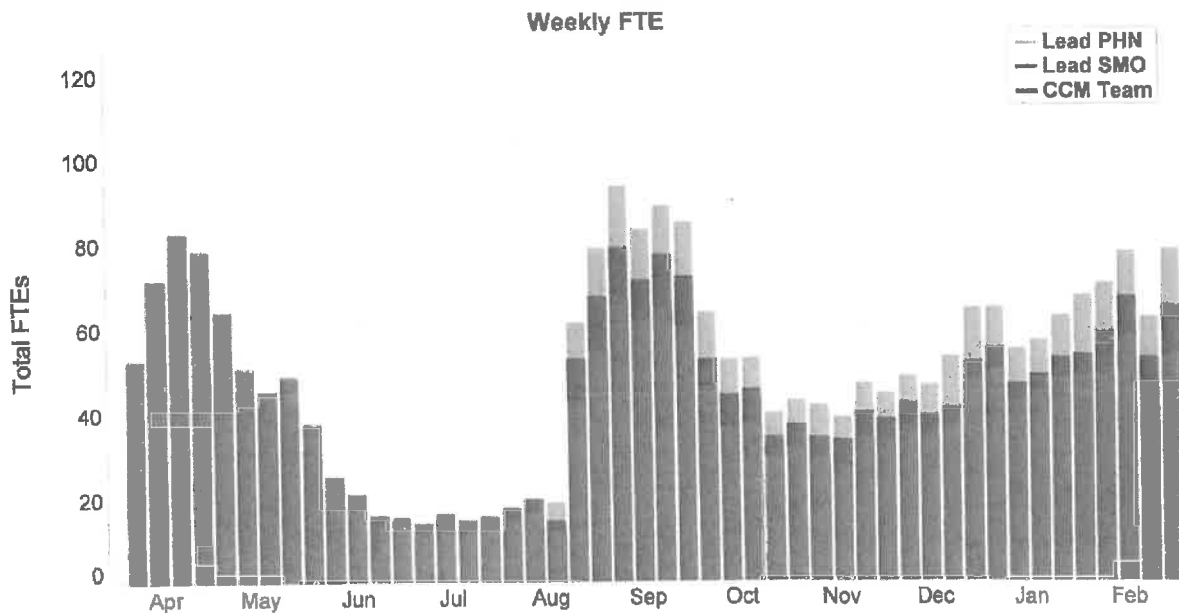
Selected functions only. Excludes: Border, Comms, HR and Wellbeing, Planning, SHED, and Intelligence

### By Ops-Team

- An Ops-Team is defined by Team Lead SMO, Team Lead PHN, and CCM Team Member
- Excludes CCM Ops-Leadership, CCM Support, Border, or Symptom Checking roles

February 15 - 21

| Team Role    | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| Lead SMO     | 11              | 470         | 11.7        |
| CCM Team     | 57              | 2096        | 52.4        |
| Lead PHN     | 17              | 548         | 13.6        |
| <b>Total</b> | <b>85</b>       | <b>3114</b> | <b>77.7</b> |



The Covid ops response CCM team roles began on the week start 23 March, 2020

# COVID-19: Weekly Staffing Report

Code ▾

Auckland Regional Public Health Service

Systems, Intelligence, and Planning Team

26 February 2021

## Week 08: February 22 - 28

### Important

- All COVID-19 roles can be categories into one of three categories: i) Operations, ii) Intel/Logistics, and iii) Other Support
- See the Definitions page for the full list of functions and roles included in each category

Overview   Operations (FTE)   Operations (Staff)   Ops Teams   Functions   Definitions

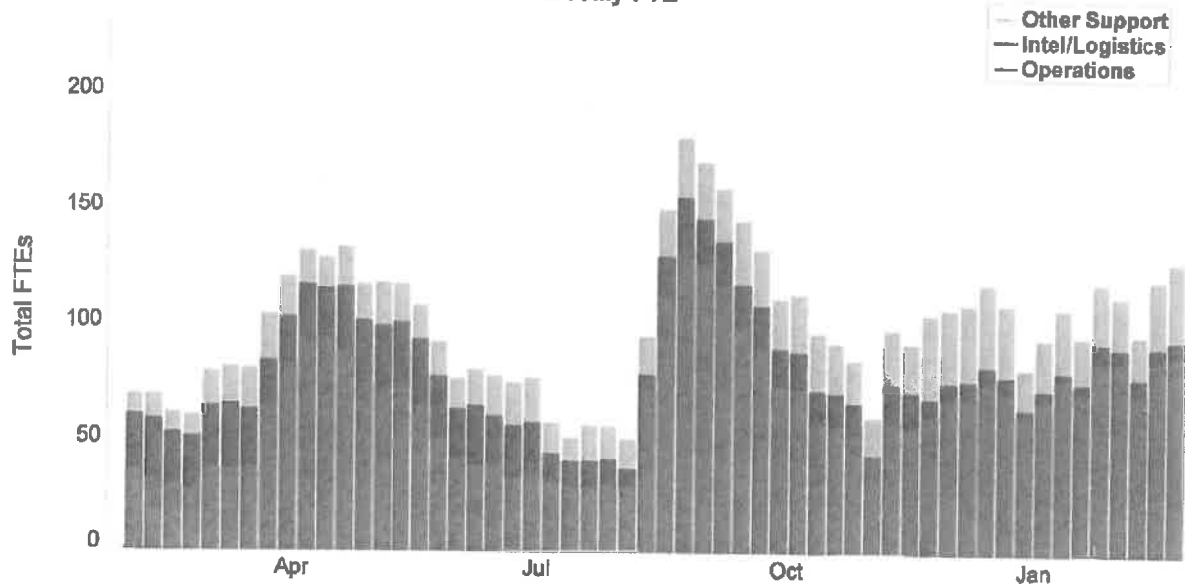
Jump to section: [By Category](#) | [By Organisation](#) | [Secondment Breakdown](#) | [By Function](#) | [By Ops-Team](#)

### By Category

February 22 - 28

| Category        | Number of Staff | Total Hours | Total FTE    |
|-----------------|-----------------|-------------|--------------|
| Other Support   | 42              | 1370        | 34.2         |
| Operations      | 116             | 3404        | 85.0         |
| Intel/Logistics | 10              | 264         | 6.6          |
| <b>Total</b>    | <b>168</b>      | <b>5038</b> | <b>125.8</b> |

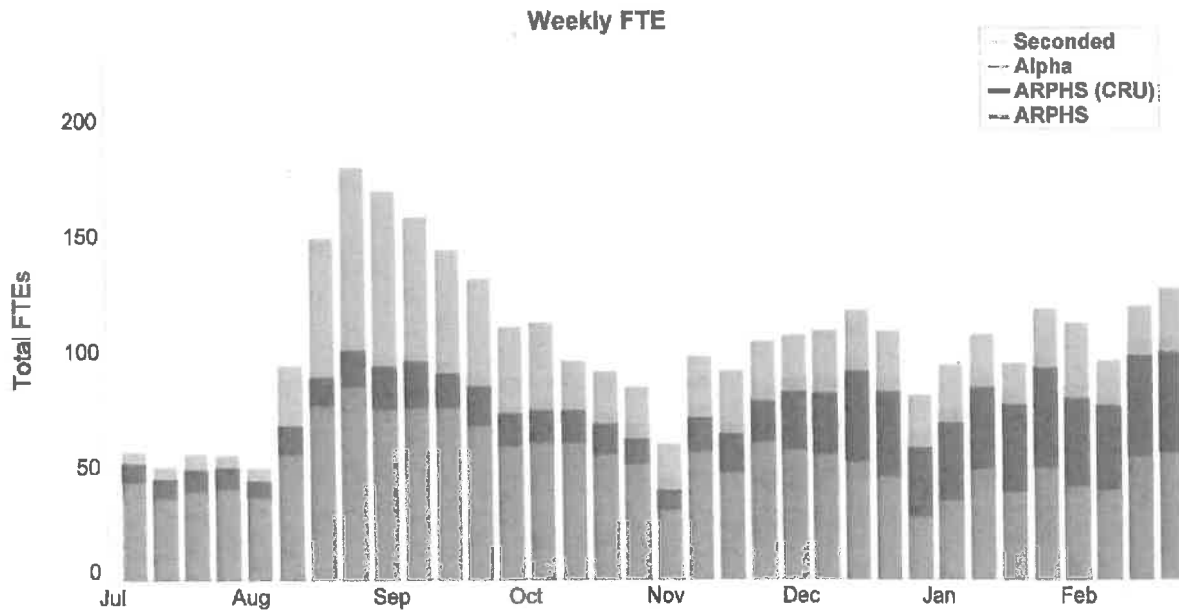
### Weekly FTE



### By Organisation

February 22 - 28

| Organisation | Number of Staff | Total Hours | Total FTE    |
|--------------|-----------------|-------------|--------------|
| ARPHS        | 64              | 2168        | 54.1         |
| ARPHS (CRU)  | 47              | 1752        | 43.8         |
| Alpha        | 8               | 220         | 5.5          |
| Seconded     | 31              | 898         | 22.4         |
| <b>Total</b> | <b>150</b>      | <b>5038</b> | <b>125.8</b> |

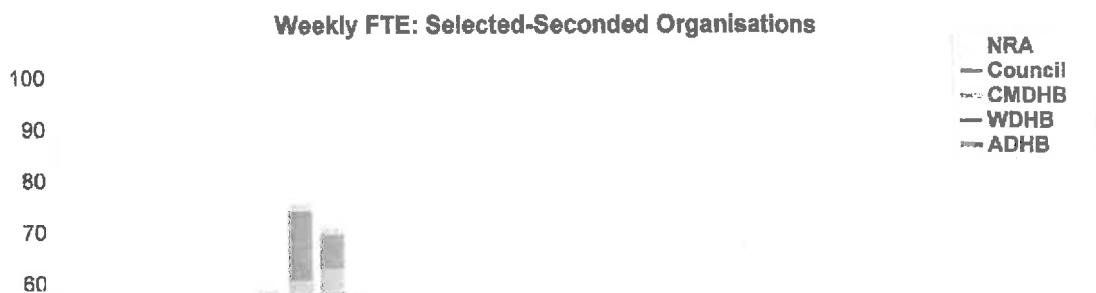


Seconded include DHBs, Auckland Council, Ministry of Health, University of Auckland, NRA, and Not Elsewhere Identified.

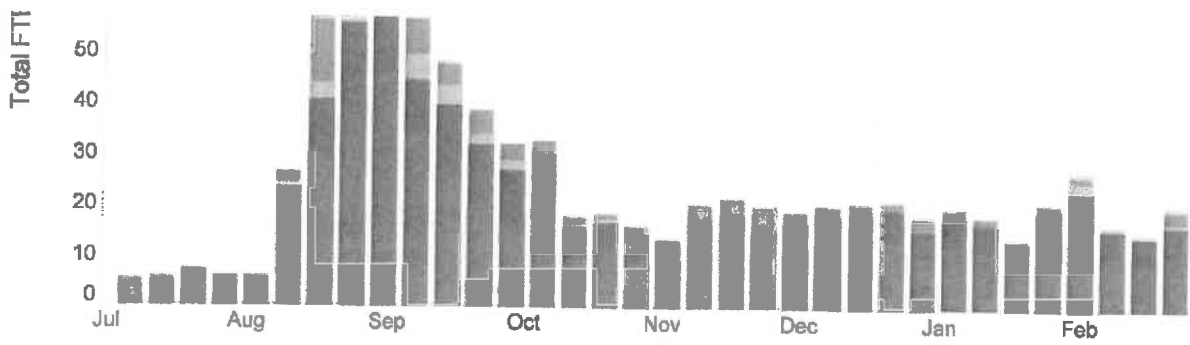
### Secondment Breakdown

February 22 - 28

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| WDHB         | 9               | 230         | 5.7         |
| ADHB         | 13              | 416         | 10.4        |
| NRA          | 1               | 32          | 0.8         |
| Council      | 3               | 104         | 2.6         |
| CMDHB        | 1               | 24          | 0.6         |
| <b>Total</b> | <b>27</b>       | <b>806</b>  | <b>20.1</b> |







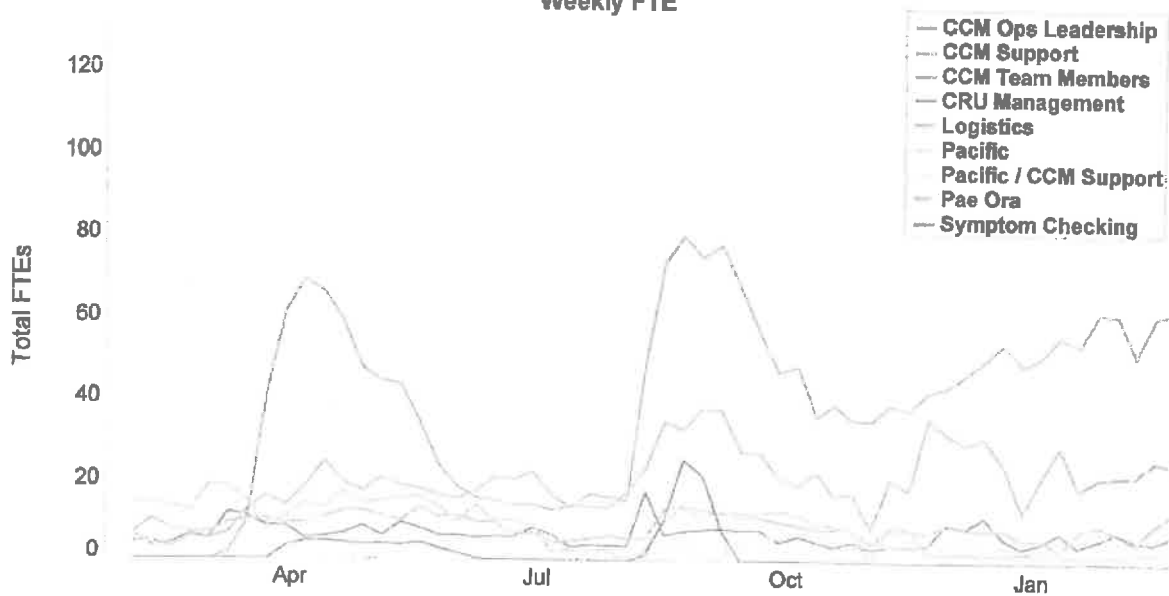
Other seconded organisations such as Out-of-Region DHBs, Ministry of Health, University of Auckland, and Not Elsewhere Identified, are not included in this plot as they represent relatively small numbers.

### By Function

February 22 - 28

| Function              | Number of Staff | Total Hours | Total FTE    |
|-----------------------|-----------------|-------------|--------------|
| CCM Team Members      | 83              | 2445        | 61.1         |
| CCM Support           | 31              | 965         | 24.1         |
| CRU Management        | 15              | 497         | 12.4         |
| CCM Ops Leadership    | 12              | 275         | 6.8          |
| Pae Ora               | 8               | 285         | 7.1          |
| Comms                 | 6               | 208         | 5.2          |
| Intelligence          | 6               | 120         | 3.0          |
| Logistics             | 3               | 91          | 2.3          |
| Pacific / CCM Support | 3               | 120         | 3.0          |
| Planning              | 1               | 40          | 1.0          |
| Pacific               | 1               | 20          | 0.5          |
| <b>Total</b>          | <b>169</b>      | <b>5066</b> | <b>126.5</b> |

### Weekly FTE



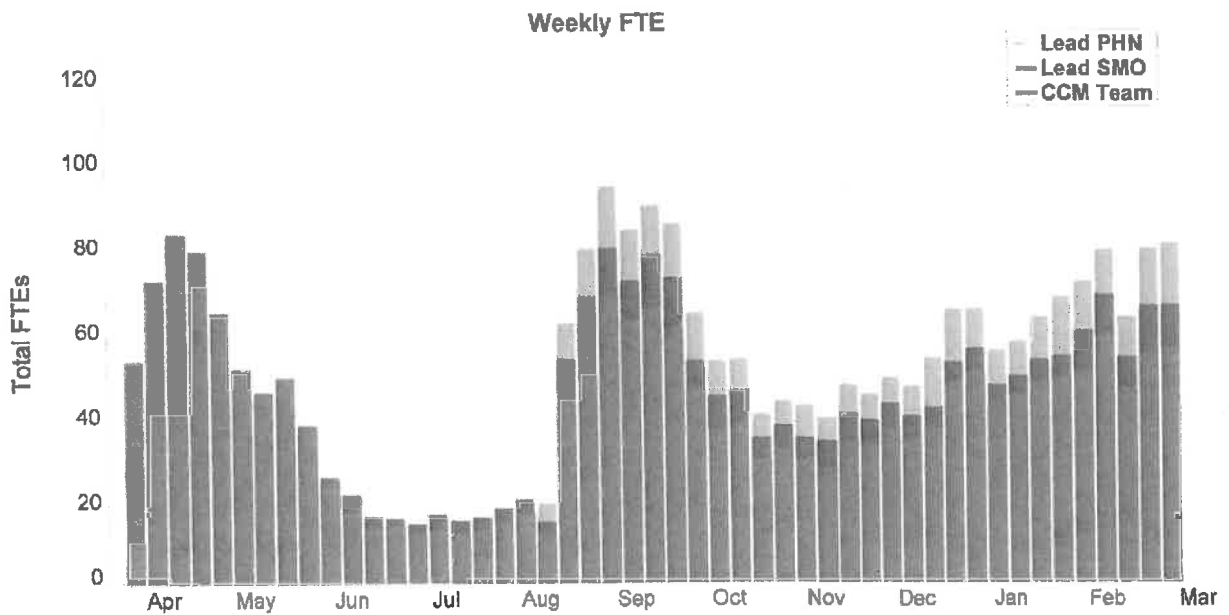
*Selected functions only. Excludes: Border, Comms, HR and Wellbeing, Planning, SHED, and Intelligence*

### By Ops-Team

- An Ops-Team is defined by Team Lead SMO, Team Lead PHN, and CCM Team Member
- Excludes CCM Ops-Leadership, CCM Support, Border, or Symptom Checking roles

**February 22 - 28**

| Team Role    | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| CCM Team     | 65              | 2184        | 54.5        |
| Lead SMO     | 11              | 416         | 10.4        |
| Lead PHN     | 16              | 588         | 14.7        |
| <b>Total</b> | <b>92</b>       | <b>3188</b> | <b>79.6</b> |



*The Covid ops response CCM team roles began on the week start 23 March, 2020*

# COVID-19: Weekly Staffing Report

Code ▾

Auckland Regional Public Health Service

Systems, Intelligence, and Planning Team

05 March 2021

## Week 09: March 1 - 7

### Important

- All COVID-19 roles can be categories into one of three categories: i) Operations, ii) Intel/Logistics, and iii) Other Support
- See the Definitions page for the full list of functions and roles included in each category

[Overview](#)  
 [Operations \(FTE\)](#)  
 [Operations \(Staff\)](#)  
 [Ops Teams](#)  
 [Functions](#)  
 [Definitions](#)

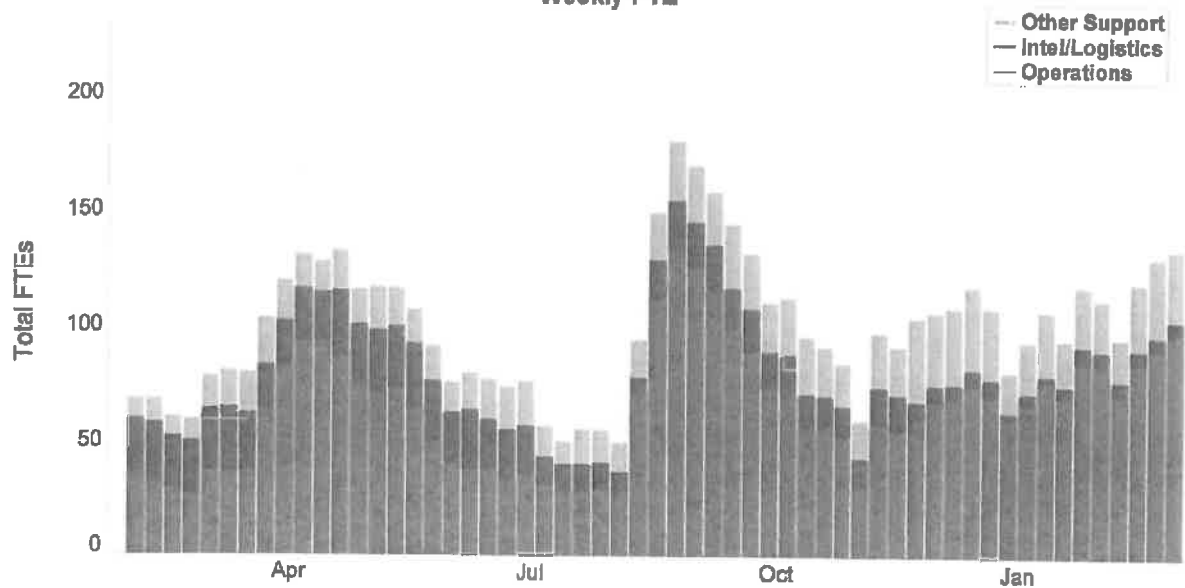
Jump to section: [By Category](#) | [By Organisation](#) | [Secondment Breakdown](#) | [By Function](#) | [By Ops-Team](#)

### By Category

March 1 - 7

| Category        | Number of Staff | Total Hours | Total FTE    |
|-----------------|-----------------|-------------|--------------|
| Operations      | 128             | 3820        | 95.5         |
| Other Support   | 38              | 1235        | 30.8         |
| Intel/Logistics | 8               | 236         | 5.9          |
| <b>Total</b>    | <b>174</b>      | <b>5291</b> | <b>132.2</b> |

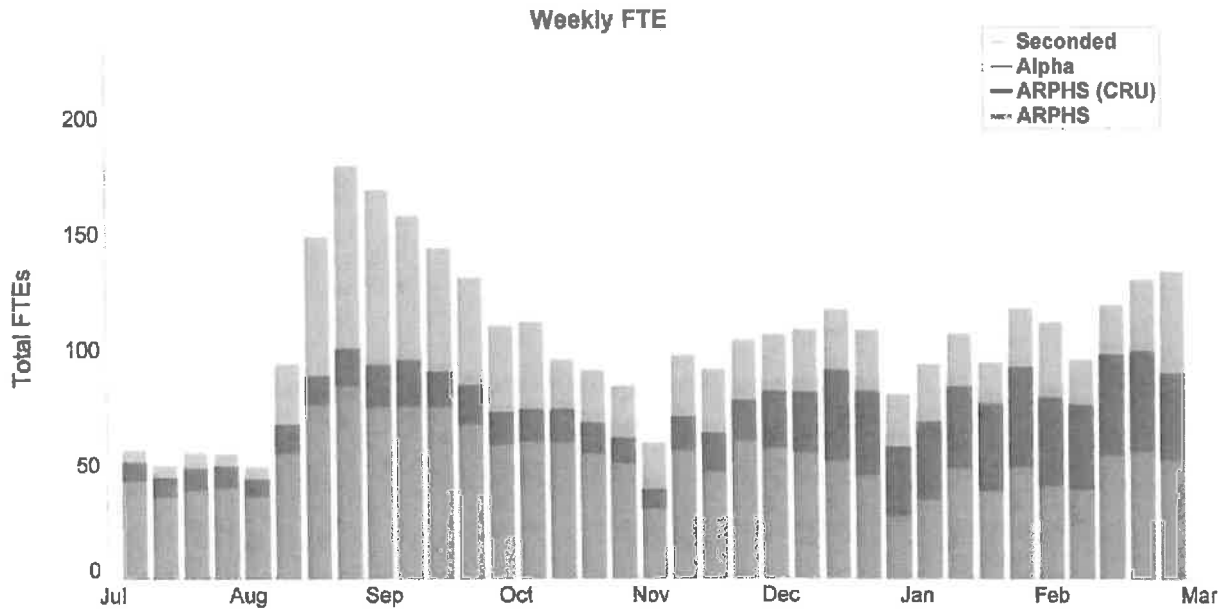
### Weekly FTE



### By Organisation

March 1 - 7

| Organisation | Number of Staff | Total Hours | Total FTE    |
|--------------|-----------------|-------------|--------------|
| ARPHS        | 62              | 2023        | 50.5         |
| ARPHS (CRU)  | 41              | 1504        | 37.6         |
| Alpha        | 6               | 216         | 5.4          |
| Seconded     | 51              | 1548        | 38.7         |
| <b>Total</b> | <b>160</b>      | <b>5291</b> | <b>132.2</b> |

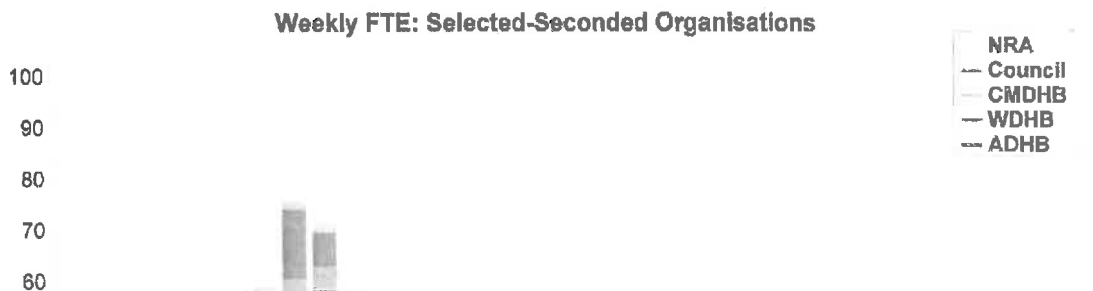


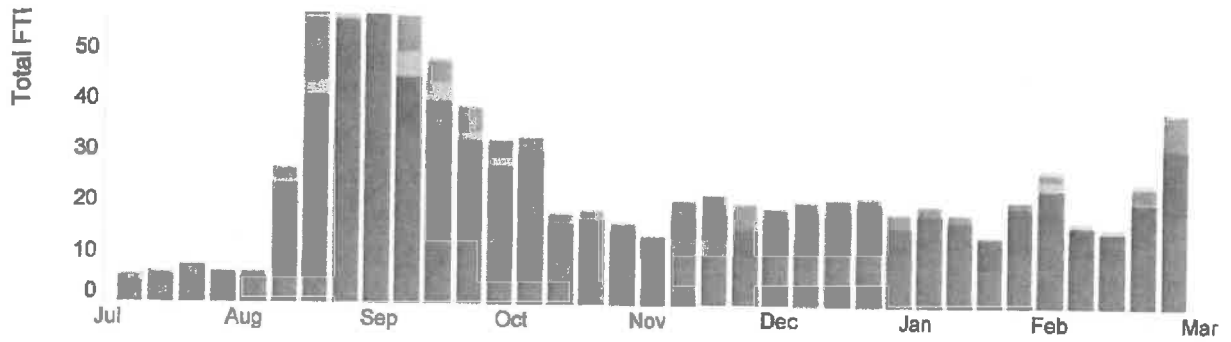
Seconded include DHBs, Auckland Council, Ministry of Health, University of Auckland, NRA, and Not Elsewhere Identified.

**Secondment Breakdown**

March 1 - 7

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| ADHB         | 22              | 704         | 17.6        |
| WDHB         | 17              | 520         | 13.0        |
| NRA          | 1               | 8           | 0.2         |
| Council      | 8               | 280         | 7.0         |
| CMDHB        | 1               | 4           | 0.1         |
| <b>Total</b> | <b>49</b>       | <b>1516</b> | <b>37.9</b> |





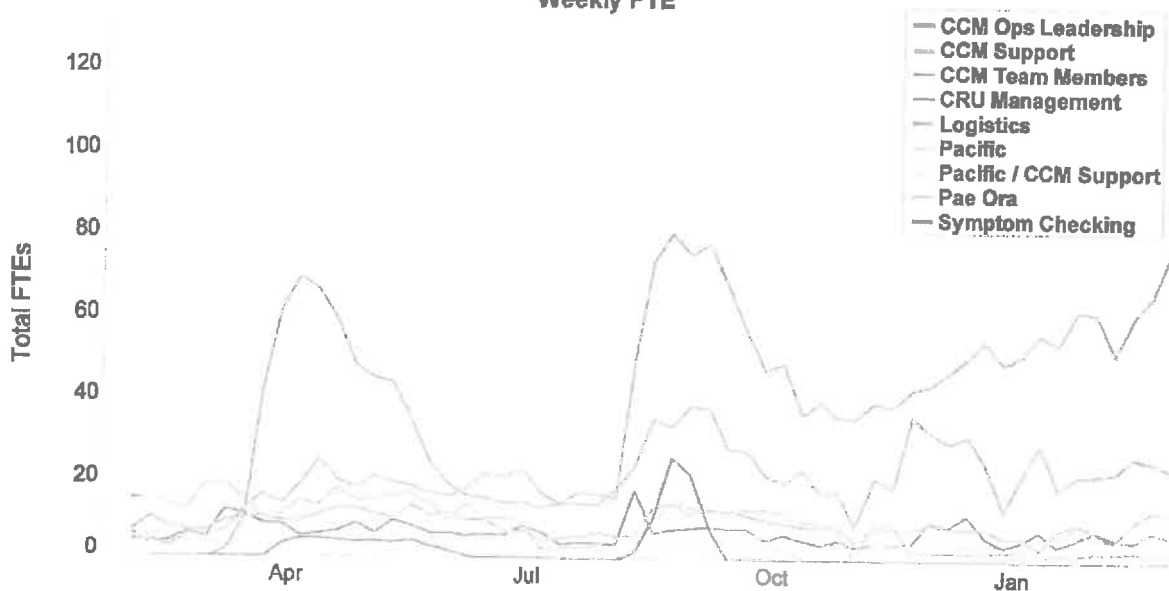
Other seconded organisations such as Out-of-Region DHBs, Ministry of Health, University of Auckland, and Not Elsewhere Identified, are not included in this plot as they represent relatively small numbers.

### By Function

March 1 - 7

| Function              | Number of Staff | Total Hours | Total FTE    |
|-----------------------|-----------------|-------------|--------------|
| CCM Team Members      | 101             | 3043        | 76.1         |
| CCM Support           | 29              | 897         | 22.4         |
| CRU Management        | 15              | 484         | 12.1         |
| CCM Ops Leadership    | 12              | 251         | 6.3          |
| Pae Ora               | 8               | 304         | 7.6          |
| Comms                 | 5               | 160         | 4.0          |
| Intelligence          | 4               | 108         | 2.7          |
| Logistics             | 3               | 88          | 2.2          |
| Pacific / CCM Support | 2               | 73          | 1.8          |
| Planning              | 1               | 40          | 1.0          |
| Pacific               | 1               | 20          | 0.5          |
| <b>Total</b>          | <b>181</b>      | <b>5468</b> | <b>136.7</b> |

### Weekly FTE



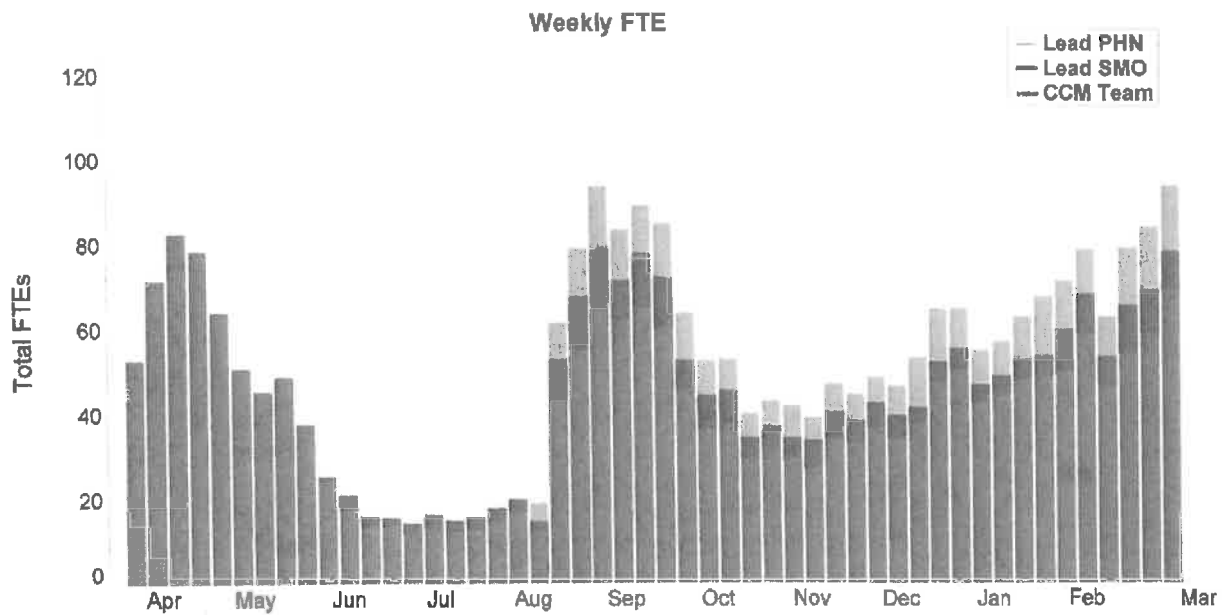
*Selected functions only. Excludes: Border, Comms, HR and Wellbeing, Planning, SHED, and Intelligence*

### By Ops-Team

- An Ops-Team is defined by Team Lead SMO, Team Lead PHN, and CCM Team Member
- Excludes CCM Ops-Leadership, CCM Support, Border, or Symptom Checking roles

**March 1 - 7**

| Team Role    | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| CCM Team     | 80              | 2739        | 68.5        |
| Lead SMO     | 11              | 364         | 9.1         |
| Lead PHN     | 17              | 620         | 15.5        |
| <b>Total</b> | <b>108</b>      | <b>3723</b> | <b>93.1</b> |



The Covid ops response CCM team roles began on the week start 23 March, 2020

# COVID-19: Weekly Staffing Report

Code ▾

Auckland Regional Public Health Service

Systems, Intelligence, and Planning Team

12 March 2021

## Week 10: March 8 - 14

### Important

- All COVID-19 roles can be categories into one of three categories: i) Operations, ii) Intel/Logistics, and iii) Other Support
- See the Definitions page for the full list of functions and roles included in each category

Overview   Operations (FTE)   Operations (Staff)   Ops Teams   Functions   Definitions

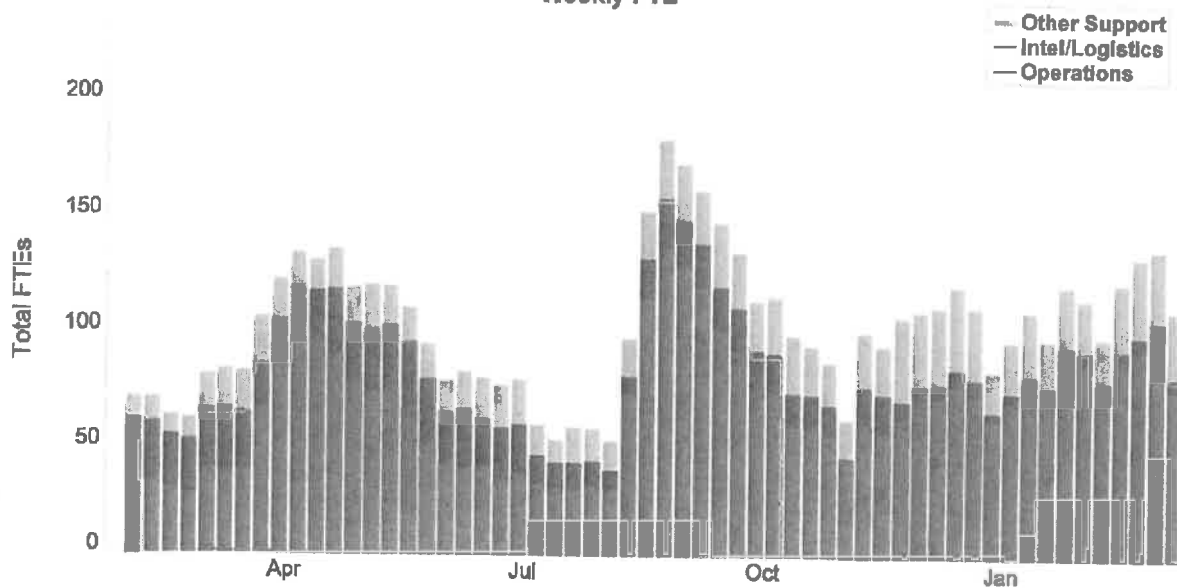
Jump to section: [By Category](#) | [By Organisation](#) | [Secondment Breakdown](#) | [By Function](#) | [By Ops-Team](#)

### By Category

March 8 - 14

| Category        | Number of Staff | Total Hours | Total FTE    |
|-----------------|-----------------|-------------|--------------|
| Other Support   | 34              | 1146        | 28.6         |
| Operations      | 104             | 2875        | 71.9         |
| Intel/Logistics | 7               | 219         | 5.4          |
| <b>Total</b>    | <b>145</b>      | <b>4240</b> | <b>105.9</b> |

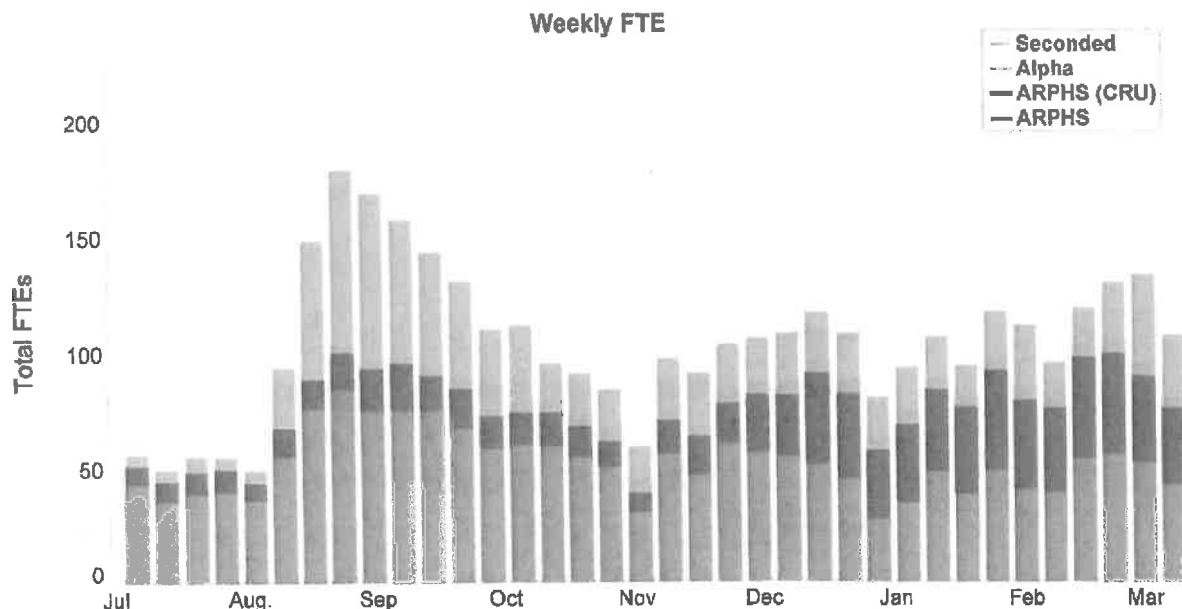
### Weekly FTE



### By Organisation

March 8 - 14

| Organisation | Number of Staff | Total Hours | Total FTE    |
|--------------|-----------------|-------------|--------------|
| ARPHS        | 50              | 1644        | 41.0         |
| ARPHS (CRU)  | 40              | 1336        | 33.4         |
| Alpha        | 4               | 136         | 3.4          |
| Seconded     | 40              | 1124        | 28.1         |
| <b>Total</b> | <b>134</b>      | <b>4240</b> | <b>105.9</b> |

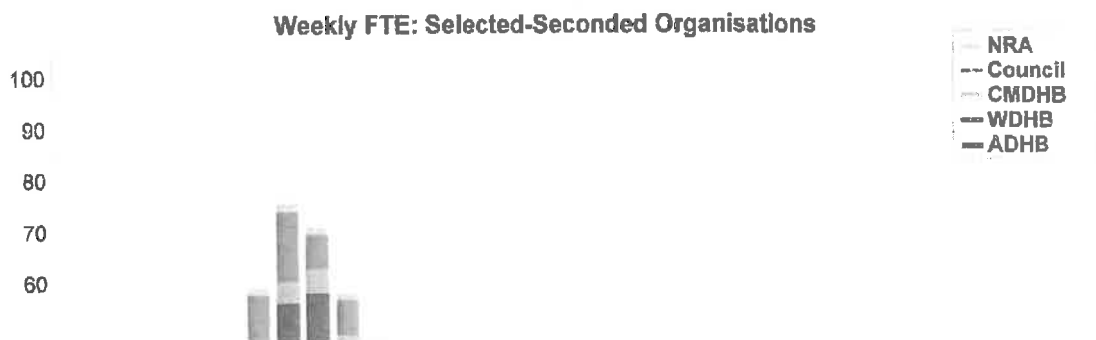


Seconded include DHBs, Auckland Council, Ministry of Health, University of Auckland, NRA, and Not Elsewhere Identified.

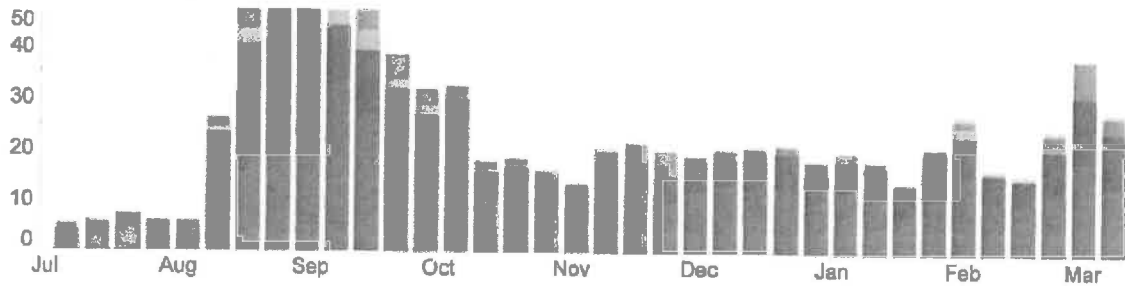
### Secondment Breakdown

March 8 - 14

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| ADHB         | 18              | 500         | 12.5        |
| Council      | 4               | 128         | 3.2         |
| WDHB         | 16              | 440         | 11.0        |
| NRA          | 1               | 32          | 0.8         |
| <b>Total</b> | <b>39</b>       | <b>1100</b> | <b>27.5</b> |







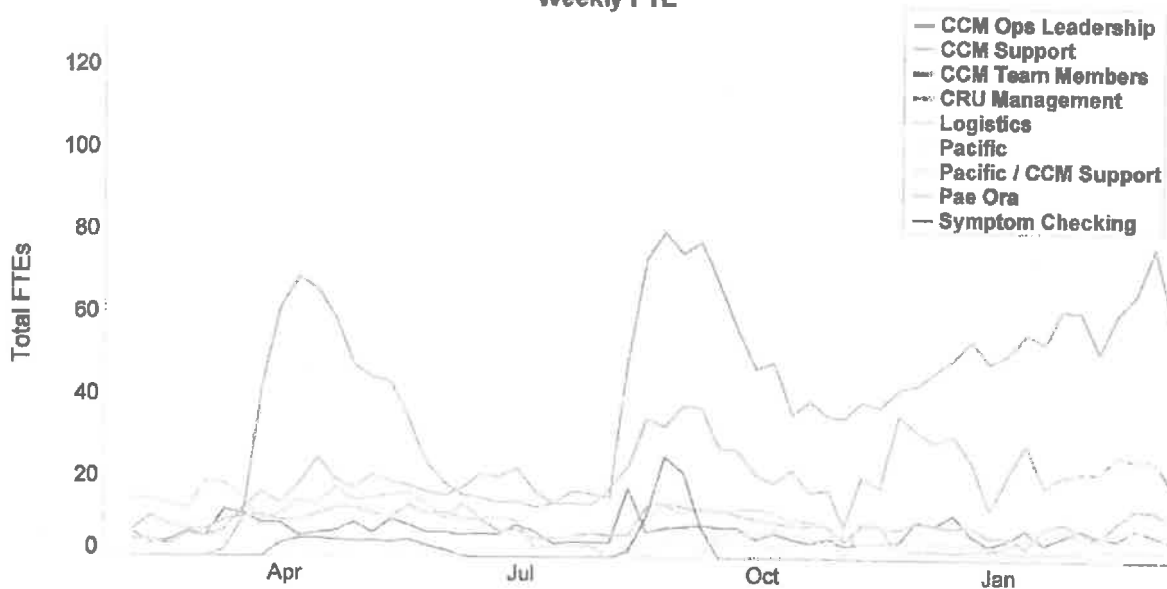
Other seconded organisations such as Out-of-Region DHBs, Ministry of Health, University of Auckland, and Not Elsewhere Identified, are not included in this plot as they represent relatively small numbers.

### By Function

March 8 - 14

| Function              | Number of Staff | Total Hours | Total FTE    |
|-----------------------|-----------------|-------------|--------------|
| CCM Team Members      | 85              | 2324        | 58.1         |
| CCM Support           | 24              | 724         | 18.0         |
| CRU Management        | 12              | 372         | 9.3          |
| CCM Ops Leadership    | 9               | 194         | 4.9          |
| Pae Ora               | 5               | 172         | 4.3          |
| Pacific / CCM Support | 4               | 117         | 2.9          |
| Logistics             | 3               | 112         | 2.8          |
| Intelligence          | 3               | 67          | 1.6          |
| Comms                 | 3               | 112         | 2.8          |
| Planning              | 1               | 40          | 1.0          |
| Pacific               | 1               | 17          | 0.4          |
| <b>Total</b>          | <b>150</b>      | <b>4251</b> | <b>106.1</b> |

### Weekly FTE



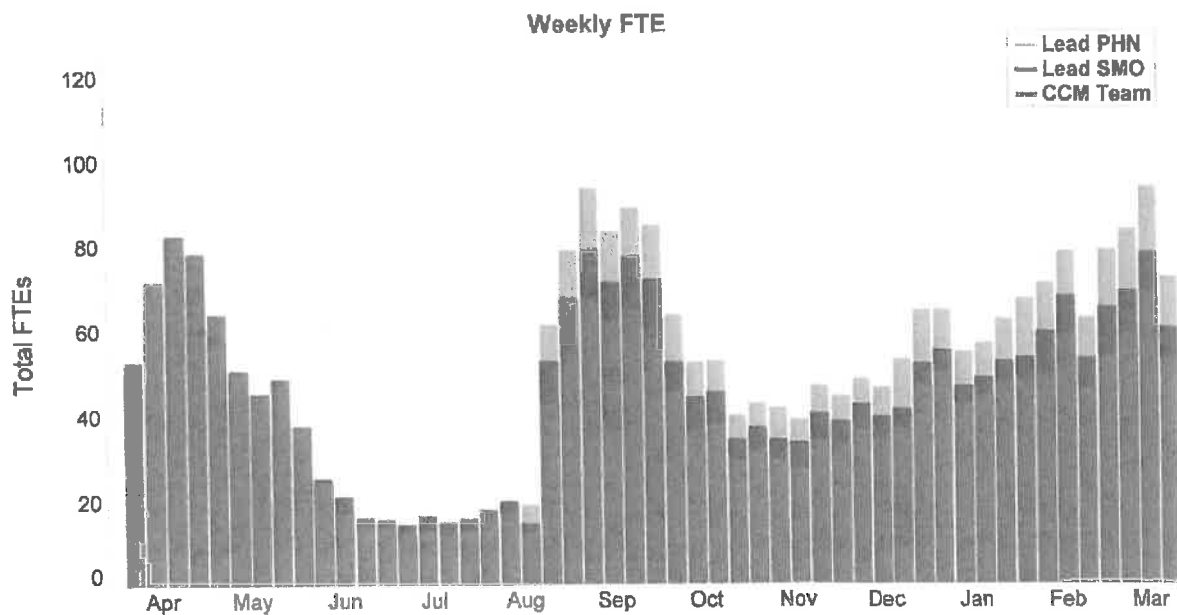
*Selected functions only. Excludes: Border, Comms, HR and Wellbeing, Planning, SHED, and Intelligence*

### By Ops-Team

- An Ops-Team is defined by Team Lead SMO, Team Lead PHN, and CCM Team Member
- Excludes CCM Ops-Leadership, CCM Support, Border, or Symptom Checking roles

**March 8 - 14**

| Team Role    | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| CCM Team     | 63              | 2092        | 52.3        |
| Lead PHN     | 17              | 480         | 12.0        |
| Lead SMO     | 10              | 304         | 7.6         |
| <b>Total</b> | <b>90</b>       | <b>2876</b> | <b>71.9</b> |



*The Covid ops response CCM team roles began on the week start 23 March, 2020*

# COVID-19: Weekly Staffing Report

Code ▾

Auckland Regional Public Health Service

Systems, Intelligence, and Planning Team

19 March 2021

## Week 11: March 15 - 21

### Important

- All COVID-19 roles can be categories into one of three categories: i) Operations, ii) Intel/Logistics, and iii) Other Support
- See the Definitions page for the full list of functions and roles included in each category

[Overview](#)  
 [Operations \(FTE\)](#)  
 [Operations \(Staff\)](#)  
 [Ops Teams](#)  
 [Functions](#)  
 [Definitions](#)

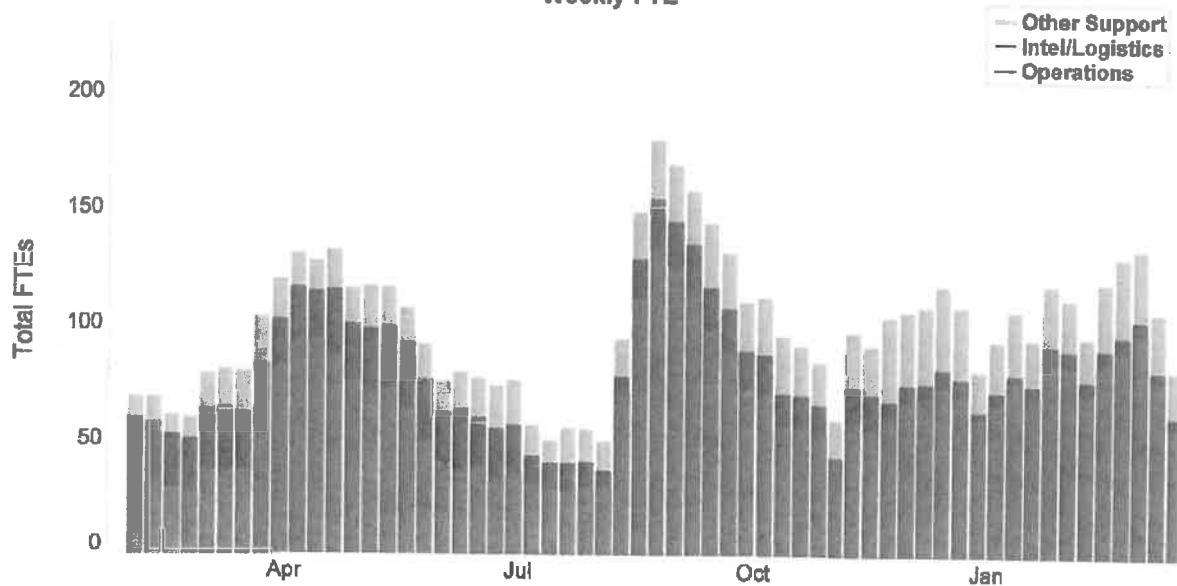
Jump to section: [By Category](#) | [By Organisation](#) | [Secondment Breakdown](#) | [By Function](#) | [By Ops-Team](#)

### By Category

March 15 - 21

| Category        | Number of Staff | Total Hours | Total FTE   |
|-----------------|-----------------|-------------|-------------|
| Other Support   | 32              | 803         | 20.1        |
| Intel/Logistics | 5               | 176         | 4.4         |
| Operations      | 84              | 2211        | 55.3        |
| <b>Total</b>    | <b>121</b>      | <b>3190</b> | <b>79.8</b> |

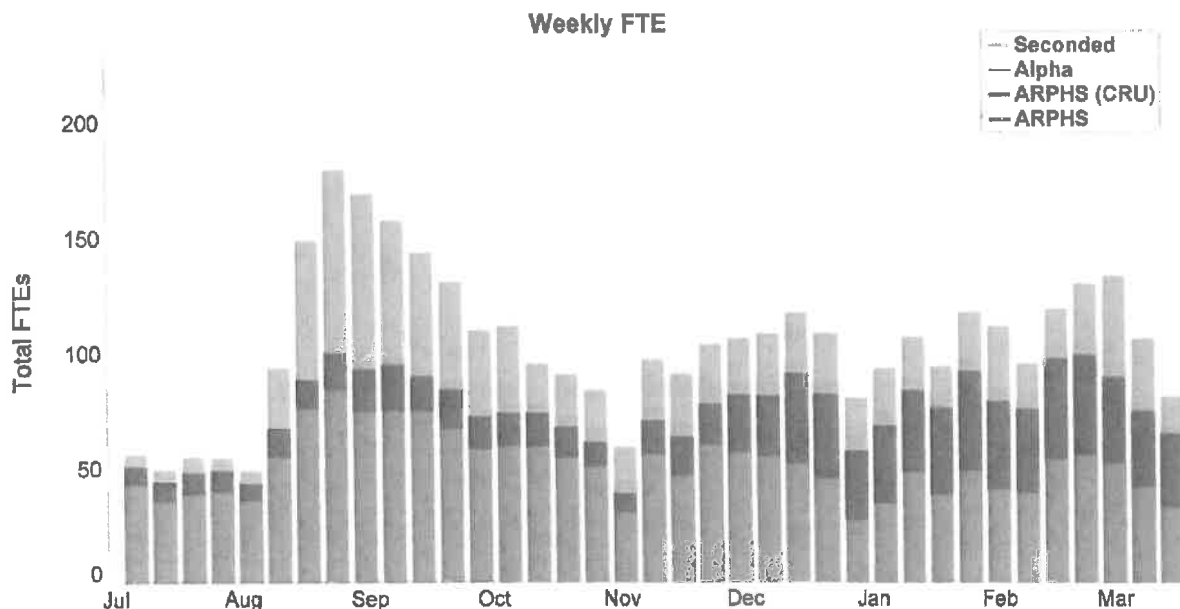
### Weekly FTE



### By Organisation

March 15 - 21

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| ARPHS        | 46              | 1262        | 31.6        |
| ARPHS (CRU)  | 36              | 1290        | 32.2        |
| Alpha        | 5               | 120         | 3.0         |
| Seconded     | 20              | 518         | 13.0        |
| <b>Total</b> | <b>107</b>      | <b>3190</b> | <b>79.8</b> |

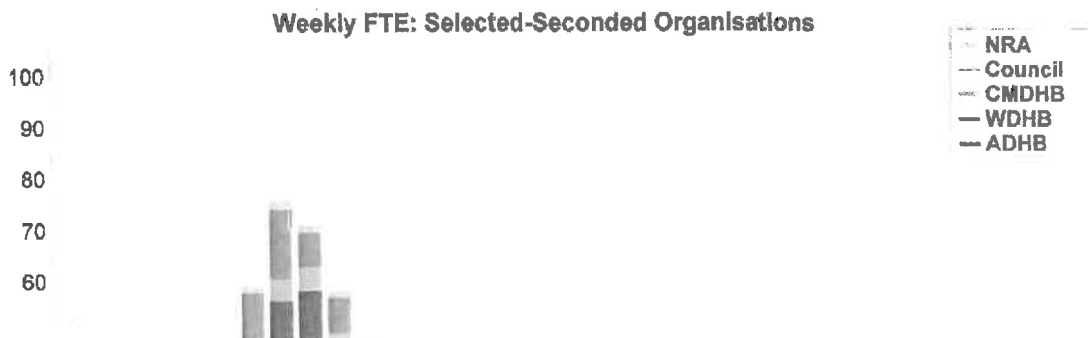


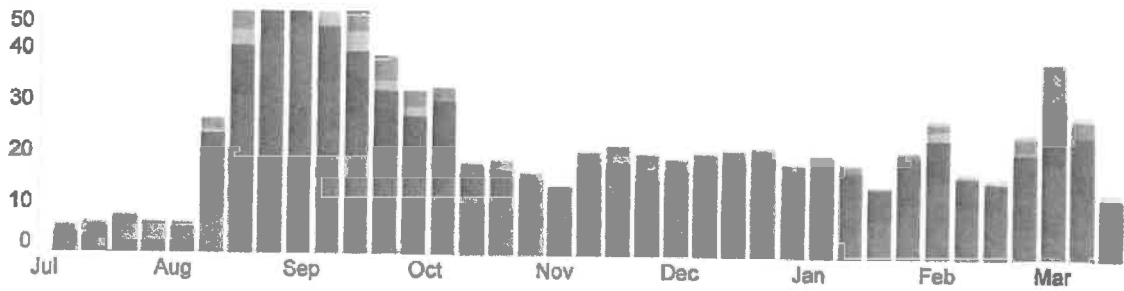
Seconded include DHBs, Auckland Council, Ministry of Health, University of Auckland, NRA, and Not Elsewhere Identified.

### Secondment Breakdown

March 15 - 21

| Organisation | Number of Staff | Total Hours | Total FTE   |
|--------------|-----------------|-------------|-------------|
| NRA          | 1               | 40          | 1.0         |
| WDHB         | 7               | 192         | 4.8         |
| ADHB         | 10              | 246         | 6.2         |
| Council      | 1               | 16          | 0.4         |
| <b>Total</b> | <b>19</b>       | <b>494</b>  | <b>12.4</b> |





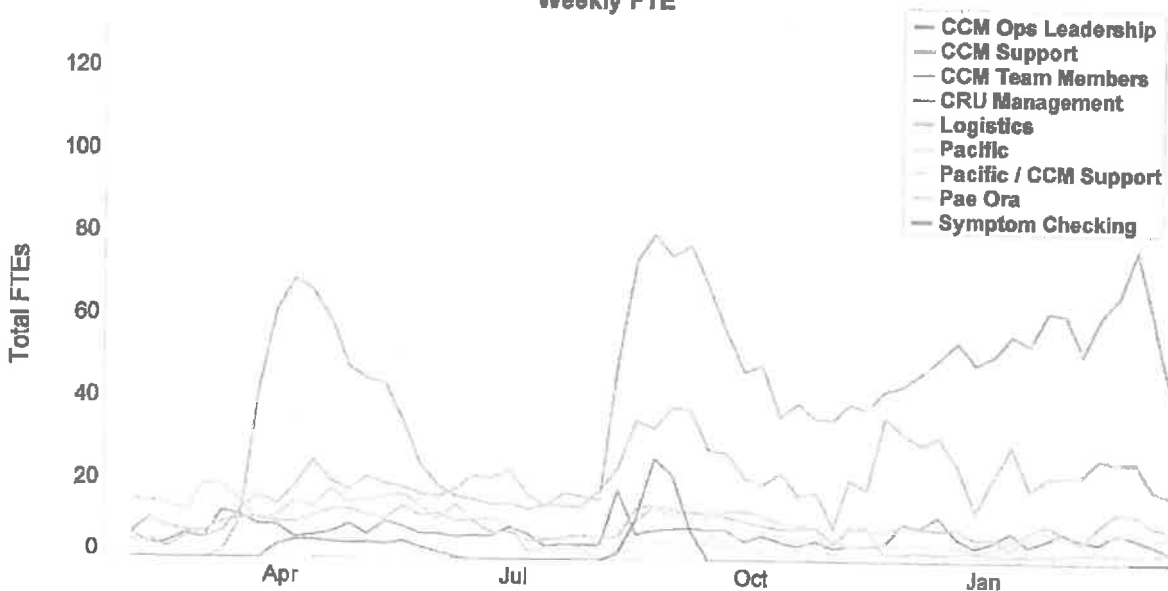
Other seconded organisations such as Out-of-Region DHBs, Ministry of Health, University of Auckland, and Not Elsewhere Identified, are not included in this plot as they represent relatively small numbers.

### By Function

March 15 - 21

| Function              | Number of Staff | Total Hours | Total FTE   |
|-----------------------|-----------------|-------------|-------------|
| CCM Team Members      | 63              | 1593        | 39.8        |
| CCM Support           | 25              | 662         | 16.7        |
| CRU Management        | 11              | 329         | 8.2         |
| Pae Ora               | 7               | 252         | 6.3         |
| CCM Ops Leadership    | 7               | 127         | 3.1         |
| Logistics             | 3               | 112         | 2.8         |
| Pacific / CCM Support | 3               | 51          | 1.3         |
| Intelligence          | 1               | 24          | 0.6         |
| Comms                 | 1               | 40          | 1.0         |
| Planning              | 1               | 40          | 1.0         |
| <b>Total</b>          | <b>122</b>      | <b>3230</b> | <b>80.8</b> |

### Weekly FTE



Selected functions only. Excludes: Border, Comms, HR and Wellbeing, Planning, SHED, and Intelligence



**Natasha Johannes (ADHB)**

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Monday, 15 February 2021 15:49  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); Jona Ukmata (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 15/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Our capacity exceeds current demand, see workforce report attached and criteria below. No requirement to move levels, request external surge staff or release staff.
- We will proceed with four teams – the fourth team will support Intel in source Investigation, reconciliation and other tasks
- New MIF cases will be delegated to Waikato this week
- Email daily follows being explored by Ops
- Sign in and out system will be introduced to teams to track hours.

**Risks:**

- Casual plus contacts that are symptomatic in the school and general practice exposure events – the group has requested that this stays with ARPHS and will be reviewed as workload increases.
- Possibility of staff working in higher risk settings in their other roles e.g. ED departments. Jo will follow up with medical staff, Hazel, Mariam and Comms team to work on messaging for all staff
- Specific roles to be agreed and rostered: CCM Coordinator roles, SHED for weekend, IMT, Intel, Allocator, Source Investigation SMO

| Criteria   | 15 Feb    |
|--|-----------|
| Current workload for daily follow ups (AMBER < 250)                      | 12        |
| Days since last community case   | 1 (14/2)  |
| Number of new community outbreaks  | 3 (total) |
| Days since last unexpected community cases                               | 1 (14/2)  |
| Majority of COVID Team working sustainable and appropriate working hours | Yes       |
| Quality Performance metrics all to meet targets                          | TBC       |

Ngā mihi

Jona Ukmata  
 Improvement Specialist | COVID-19 Response Unit

## **Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob [REDACTED] | Fax: +64 9 623 4633

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

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

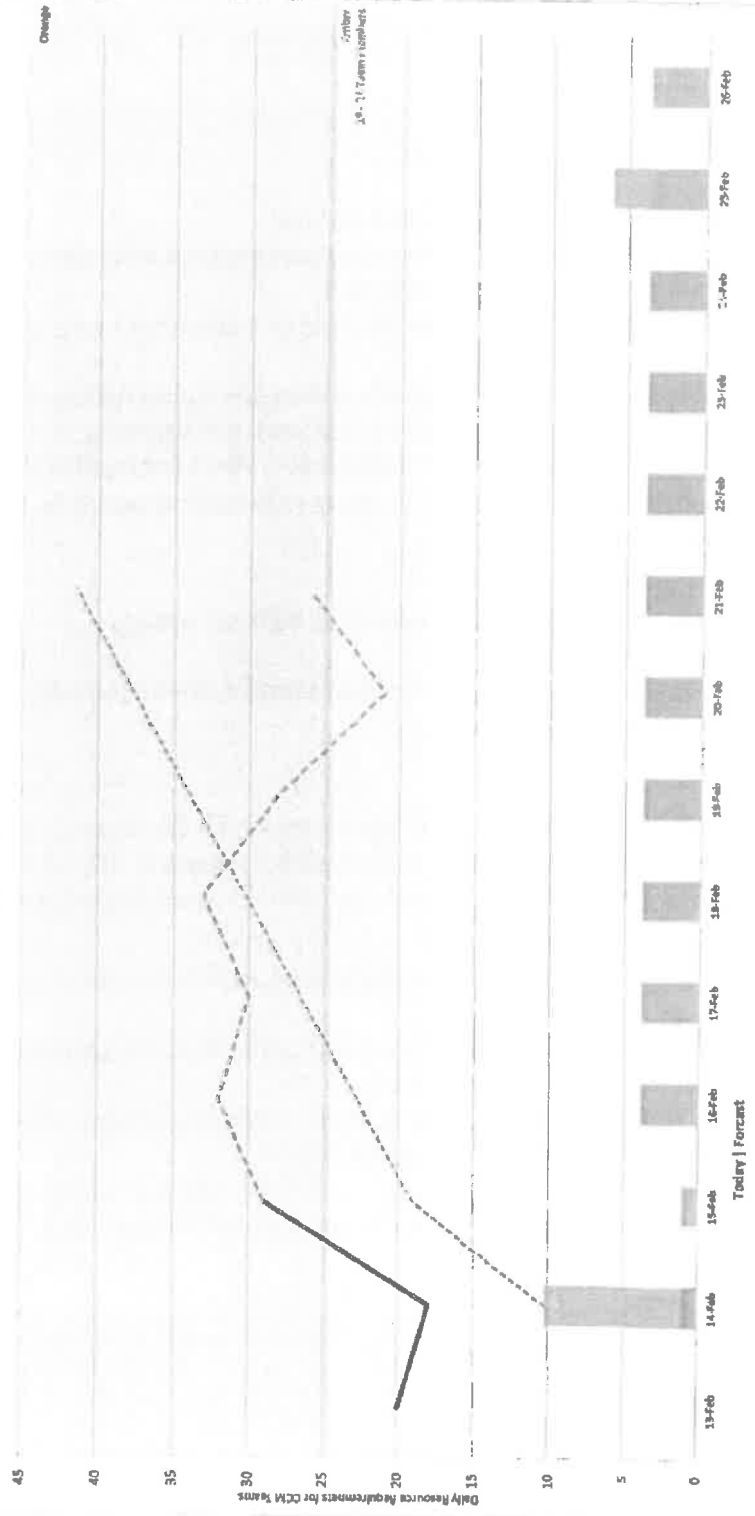
**Our Vision: Te Ora ō Tāmaki Makaurau**

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



# Workforce Demand Model

- Community Case Resourcing
- Daily Release Resourcing
- Forecast Resourcing
- Under Investigation Resourcing
- Actual Experienced CCM Team Resourcing
- Forecast Resourcing (High Risk)
- Contact Tracing Resourcing
- Actual TOTAL CCM Team Resourcing
- Daily Followup Resourcing
- Actual Community Cases



## Assumptions for 7 day forecast

- High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case
- Lower Risk Forecast: 1 new cases per day, with 7 contacts each
- Second order contact tracing and new cases with 5 contacts each

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Tuesday, 16 February 2021 16:21  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 16/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Our capacity exceeds current demand, see workforce report attached and criteria below. No requirement to move levels, request external surge staff or release staff.
- Four teams are currently rostered on and we are planning to roster for the next 2 weeks for Amber including IMT roles as per direction from IC
- Options are being explored for national delegation and there are current delegations in place:
  - New MIF cases will be delegated to Waikato this week and beginning of next week
  - Casual plus contacts (school) that are symptomatic – Māori and Pasifika contacts to be managed by ARPHS. Others to be delegated to RPH. If volumes increase the plan is for Toi te Ora to support Waikato if needed.
- Email daily follow ups in place
- Communication to be released regarding staff working in high risk settings
- There are scenarios for the weekend:
  - Plan A is to maintain current response – 4 teams until the end of Monday
  - Plan B is to go up in surge to Orange

### Risks:

- If we surge, will there be adequate resources within the Region for CRU with vaccination and testing demands? This includes Māori staff to support Kaiāwhina roles. Ankie to raise at Regional meeting today.
- Concerns raised that if we are no longer in Government Alert L3, it will impact staff availability. Alert level changes will change staff availability.
- Leave for next week will make medical rostering challenging, further discussions required in management regarding staff leave
- Specific roles to be agreed and rostered: Ops Admin, IMT, Intel, Allocator, SMO Ops Lead (next week), Pasifika SMO, additional weekend SSO, Interpreters
- NCTS User Acceptance Testing is going ahead next week – mitigation is that on Monday we will make the call if we pull out our resources that are participating in this
- At the end of Feb we are losing 7 FTE (Medical Students), there will be a drop in numbers and experience. The mitigation is that this has been flagged to Team Leads so that they can aim to stretch capability across core staff.

Criteria

16 Feb

|  |                    |
|--|--------------------|
| Current workload for daily follow ups<br>(AMBER < 250)                   | 90                 |
| Days since last community case   | 2 (14/2)           |
| Number of new community cases  | 0                  |
| Number of active community cases   | 3 (total)          |
| Number of new community outbreaks  | 1                  |
| Number of new community outbreaks  | 0                  |
| Days since last unexpected community cases                               | 2 (14/2)           |
| Majority of COVID Team working sustainable and appropriate working hours | Yes                |
| Quality Performance metrics all to meet targets                          | Pending system lag |

## Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED] | Fax: +64 9 623 4633

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

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

Our Vision: Te Ora ō Tāmaki Makaurau

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

# Workforce Demand Model

- Community Case Resourcing
- Daily Release Resourcing
- Forecast Resourcing
- Under Investigation Resourcing
- Actual Experienced CCM Team Resourcing
- Forecast Resourcing (High Risk)
- Contact Tracing Resourcing
- Actual TOTAL CCM Team Resourcing
- Daily Followup Resourcing
- Actual Community Cases



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Lower Risk Forecast: 1 new cases per day, with 7 contacts each  
 Second order contact tracing and new cases with 5 contacts each

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Wednesday, 17 February 2021 15:06  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB); Jona Ukmata (ADHB)  
**Subject:** RE: Planning Capacity Update and request to move surge levels - 17/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia Ora Jane,

Below is the update following the capacity & demand meeting today.

- We would like to formally recommend to the IC to make the transition to surge level **ORANGE** from tomorrow. This is a 3 day transition period. I will also raise at IMT tomorrow.
  - The high risk forecast has assumptions in place which are noted at the end of the page. This does not include the risk of adherence for L3 lockdown or the work volumes involved with essential workers. This would make it much larger than what is generated in the workforce model attached.
  - The model attached does not capture the resource requirements for source investigation, other functions or supporting roles associated with the response.
  - If you are happy for us to proceed with this transition into surge level Orange, are you happy for Jo and Ankie to signal to regional staffing SPoCs that we are anticipating moving to surge level Orange?
- Symptomatic casual plus contacts are managed by ARPHS for 3 days, this has been incorporated in workforce model
- Email daily follows in place
- Hazel is having delegation discussions with Toi Te Ora and Waikato PHU for MIF cases and exposure to other CCM work
- Hauora Tairāwhiti Public Health Unit will be sending 2x staff every 2 weeks for the next 6 weeks to work in CCM teams build capacity
- Delegation to RPH of symptomatic casual plus contacts from the school (excluding Māori and Pasifika) – Megan/Justine to check RPH capacity and confirm how long they can support this.

### Risks:

- Limited resources in the Region due to vaccination and testing requirements – has been added to IMT risk register

| Criteria  | 17 Feb    |
|---|-----------|
| Current workload for daily follow ups (AMBER < 250) | 190       |
| Days since last community case                      | 0         |
| Number of new community cases                       | 2         |
| Number of active community cases                    | 5 (total) |

|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 3 (14/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles.         |
| Quality Performance metrics all to meet targets                          | Meeting/exceeding targets between 17/2. |

**Ngā mihi**

**Jona Ukmata**

**Improvement Specialist | COVID-19 Response Unit**

**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED] | Fax: +64 9 623 4633

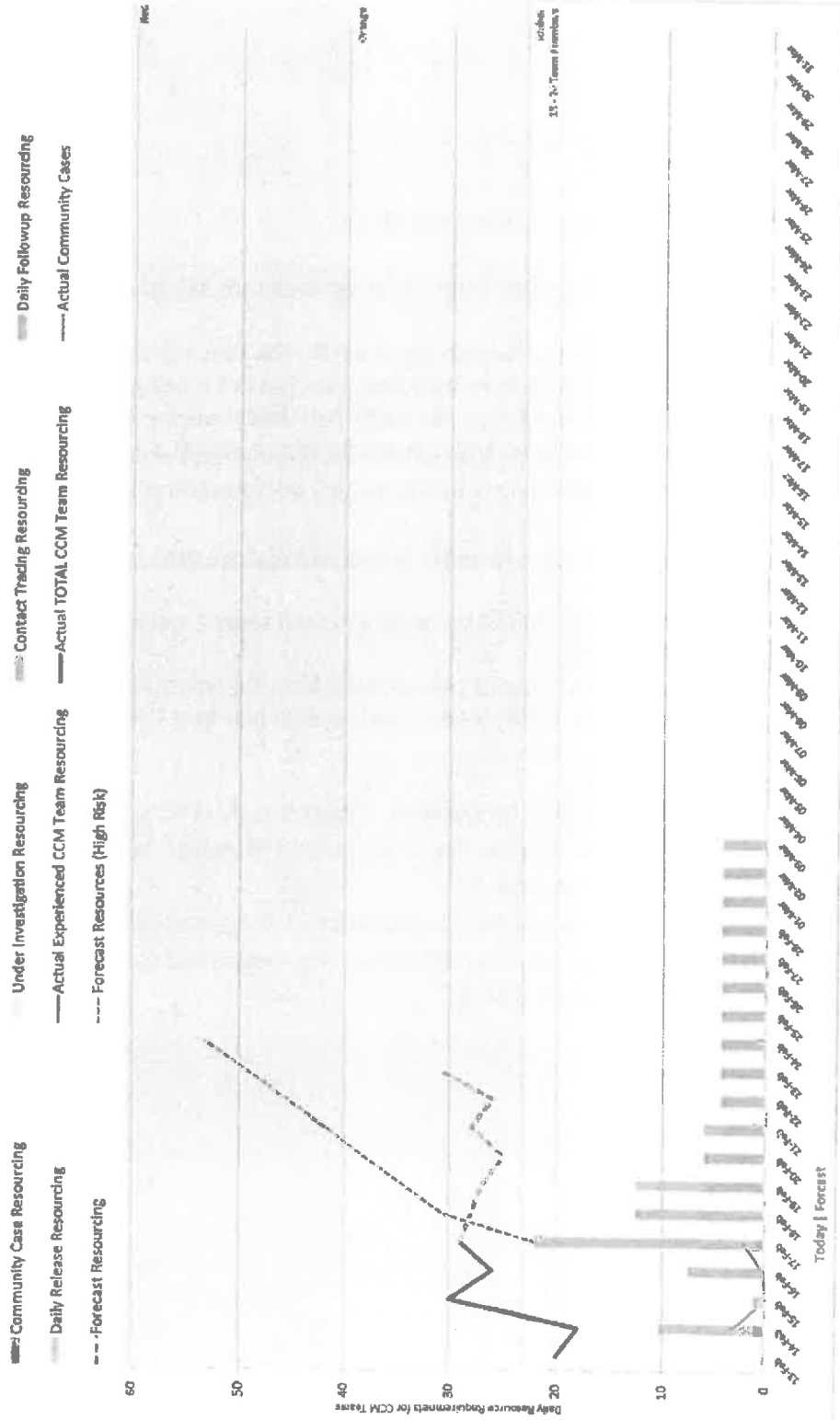
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland

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

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

## Workforce Demand Model



**Assumptions for 7 day forecast**  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Thursday, 18 February 2021 16:09  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 18/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- We are in surge level **ORANGE**
- At the moment we are under 250 f/ups (Amber limit) but other work such as Source Investigation is taking up a lot of CCM Team capacity
- The capacity and demand team are working through the roster for the next 4 days and beyond to reflect surge level Orange requirements, some gaps have been identified but this is being worked through.
- ADHB and WDHB have provided 16 staff for surge. The surge staff will be coming in on Saturday, Sunday and Monday, but Ankie and the team are still waiting on full details. Orientation/induction plans will be in place for Saturday and they will be advised to complete online training prior to coming in.
- Delegations:
  - Hazel is having delegation discussions with Toi Te Ora and Waikato PHU for MIF cases and exposure to other CCM work
  - Hauora Tairāwhiti Public Health Unit will be sending 2x staff every 2 weeks for the next 6 weeks to work in CCM teams build capacity
  - Delegation to RPH of symptomatic casual plus contacts from the school (excluding Māori and Pasifika) –Megan/Justine to check RPH capacity and confirm how long they can support this.

### Risks:

- Increasing volume of Manaaki Support work for the school. There is no back fill or additional resourcing available from Māori IMT to support the Pae Ora Team. We have 1x Kaiāwhina on each day until next week and there are increased pressures on the team.
- The surge staff that are coming to us are only for 1 weeks duration. There is a risk that they will not be available for longer, and if we extend the duration we will get new people and need to stand up induction/onboarding/training from the beginning.

| Criteria   | 18 Feb at 8:30am |
|--|------------------|
| Current workload for daily follow ups (ORANGE < 375) | 150              |
| Days since last community case                       | 0                |
| Number of new community cases                        | 1                |
| Number of active community cases                     | 6 (total)        |





|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last: unexpected community cases                              | 4 (14/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles.         |
| Quality Performance metrics all to meet targets                          | Meeting/exceeding targets between 18/2. |

Ngā mihi

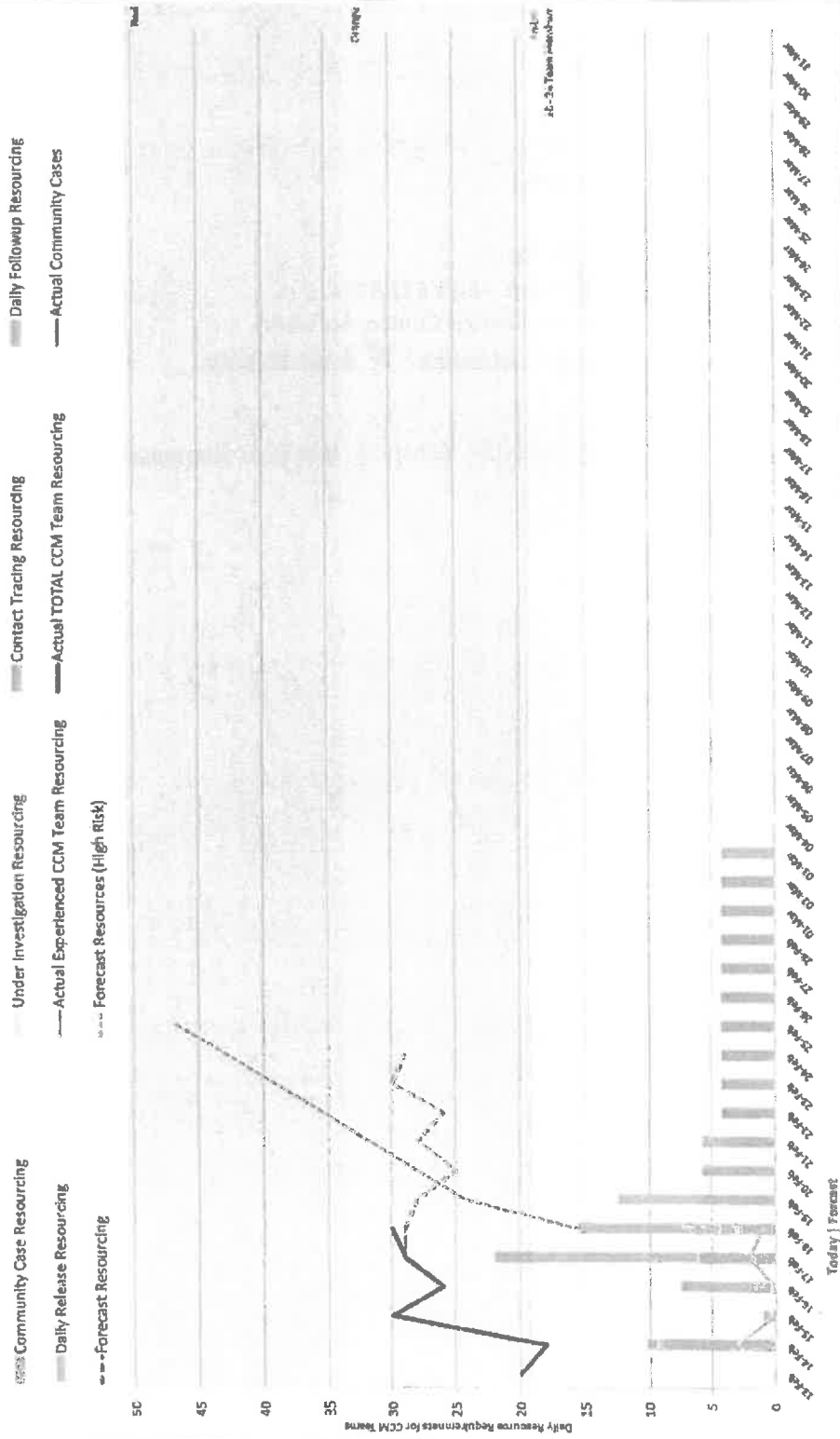
Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED] | Fax: +64 9 623 4633  
 Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
 Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**  
**Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua***

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Friday, 19 February 2021 15:12  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 19/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- We are in surge level **ORANGE** for Friday, Saturday and Sunday. This will be reviewed on Monday.
- Capacity is meeting current demand
- We have successfully surged to the required numbers for Orange with 1 virtual team from RPH and four large teams including surge staff from the DHB's (instead of 5 standard teams).
- Progressing onboarding and induction of 14 surge staff from Saturday
- Rosters and Ops working on finalising rosters for distribution today
- Delegations:
  - Hazel is having delegation discussions with Toi Te Ora and Waikato PHU for MIF cases and exposure to other CCM work
  - Building capacity in Hauora Tairāwhiti Public Health Unit has been deferred and will be revisited in the near future
  - Delegation to RPH of symptomatic casual plus contacts from the school (excluding Māori and Pasifika)

### Risks:

- High volumes of Manaaki Support work for the school. There is no back fill or additional resourcing available from Māori IMT to support the Pae Ora Team. We have 1x Kaiāwhina on each day until next week and there are increased pressures on the team. Hazel is following up with Pae Ora, workload should reduce from Monday onwards.
- The surge staff that are coming to us are only for 1 weeks duration. There is a risk that they will not be available for longer, and if we extend the duration we will get new people and need to stand up induction/onboarding/training from the beginning. Rasied at IMT and on IMT risk register. Short term and long term contingency plan is required and needs to tie in with protocol – Ankie to action.
- We cannot cover the Pacific Lead IMT role 5 days. There is recruitment underway that may help with this. Temporary work around is that the Pasifika Coordinator will liaise with Ops Manager to feed into IMT.
- We are putting extra work on our core ARPHS medical staff. There is a risk of burn out and will impact availability in the long run. There were discussions around requesting further resources from Doone and Andrew to allow us to give our core staff a break. Roster will be reviewed to make sure staff are getting adequate breaks and situation will be assessed on Monday.

Criteria

19 Feb at 8:30am

|  |   |
|--|---|
| Current workload for daily follow ups<br>(ORANGE < 375)                  | 142                                     |
| Days since last community case   | 0                                       |
| Number of new community cases  | 1                                       |
| Number of active community cases   | 7 (total)                               |
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 5 (14/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles.         |
| Quality Performance metrics all to meet targets                          | Meeting/exceeding targets between 19/2. |

### Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

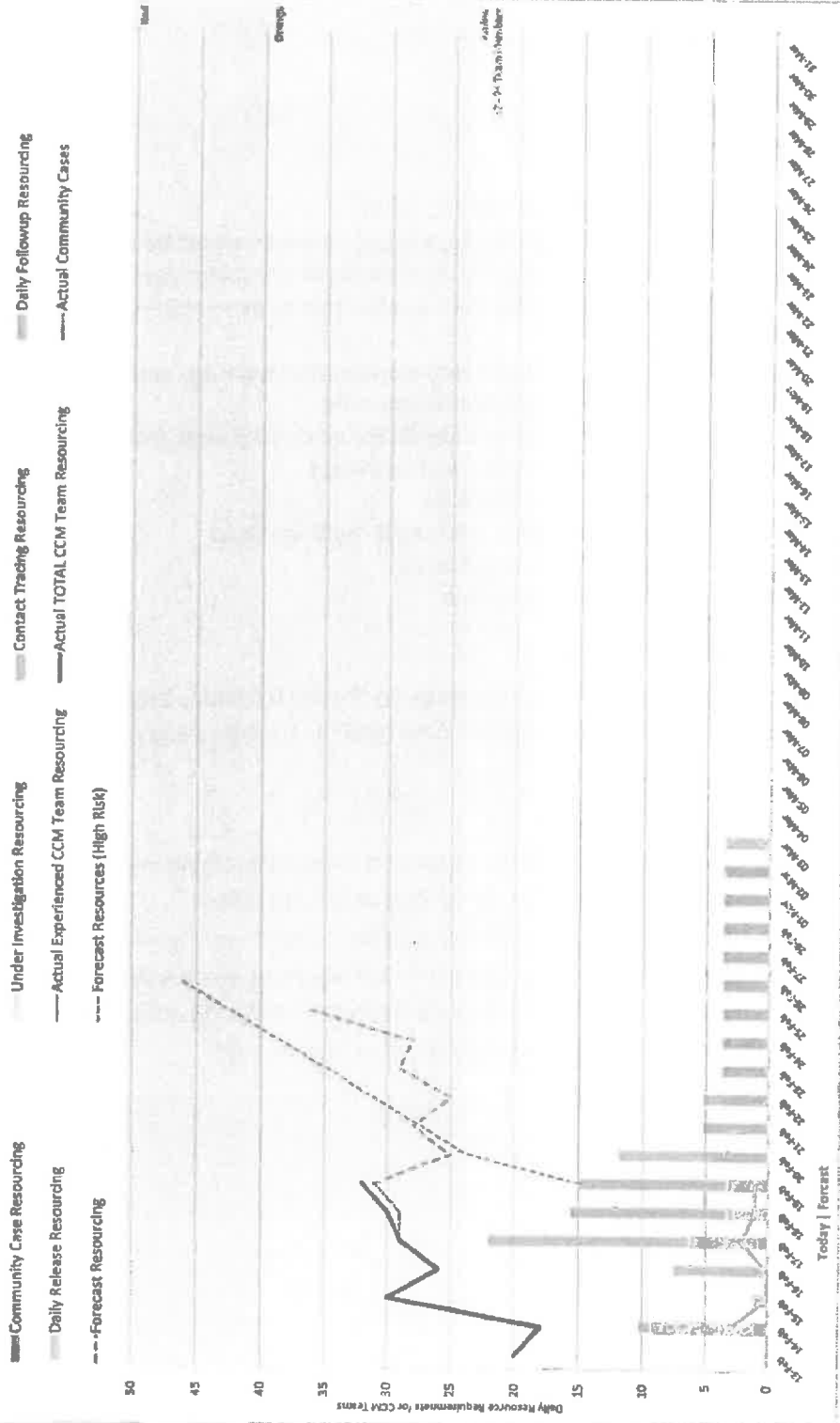
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) | [Facebook](https://www.facebook.com/AucklandRegionalPublicHealthService) Auckland Regional Public Health Service | [Twitter](https://twitter.com/aklpublichealth) @aklpublichealth

**Our Vision: Te Ora o Tāmaki Makaurau**

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

# Workforce Demand Model



## Assumptions for 7 day forecast

High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 19/12/2021 at 8:30am

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Monday, 22 February 2021 16:49  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB); Daniel Channing (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 22/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- We are in surge level **AMBER** (see de-escalation information). The plan would be to move to Yellow from Wed/Thurs this week pending close contact results, new outbreak or other triggers.
- We have good capacity for 3 teams until Sunday and can maintain Amber until Friday 26/2
- Capacity is meeting current demand:
  - Demand in Yellow zone – graph does not incorporate other work e.g. source investigation
  - Close contacts results will be coming in from tomorrow
  - Wednesday will be Day 14; there will be a significant amount of work related to this.
  - Source Investigation on-going resources – high workload
  - Potential to support the school until Thursday
  - [REDACTED] MIF case – will sit with Team 4, potentially high workload
  - Tidy up and close off of high school progressing
  - Email follow ups in place where appropriate
- Delegations:
  - RPH working as virtual Team 5
- Logs are discussing the plan and details to release surge staff with DHB SPoCs today
- Some roles will be reviewed on how they are stood down and the transition e.g. Allocator and Manaaki Support

### Risks:

- Experience level and numbers over the weekend may be an issue if we remain in Amber
- Maritime process needs to be confirmed – EH, David Sinclair, CRU to action
- It was discussed that Exemptions/bubble breaches should be rostered over the weekend or a process developed in which risks are escalated to Ops Team over the weekend. It is not sustainable for the Oncall MOH in surge to cover on top of oncall work. There are limited MOH resources to cover this role every weekend. Needs to be escalated to Clinical Leadership Team to review risk.

| Criteria  | 22 Feb |
|---|--------|
| Current workload for daily follow ups (AMBER < 250) | 112    |

|  |   |
|--|---|
| Days since last community case   | 0                                       |
| Number of new community cases  | 0                                       |
| Number of active community cases   | 8 (total)                               |
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 7 (14/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | OK                                      |
| Quality Performance metrics all to meet targets                          | Meeting/exceeding targets between 22/2. |

**Ngā mihi**

**Jona Ukmata**  
**Improvement Specialist | COVID-19 Response Unit**

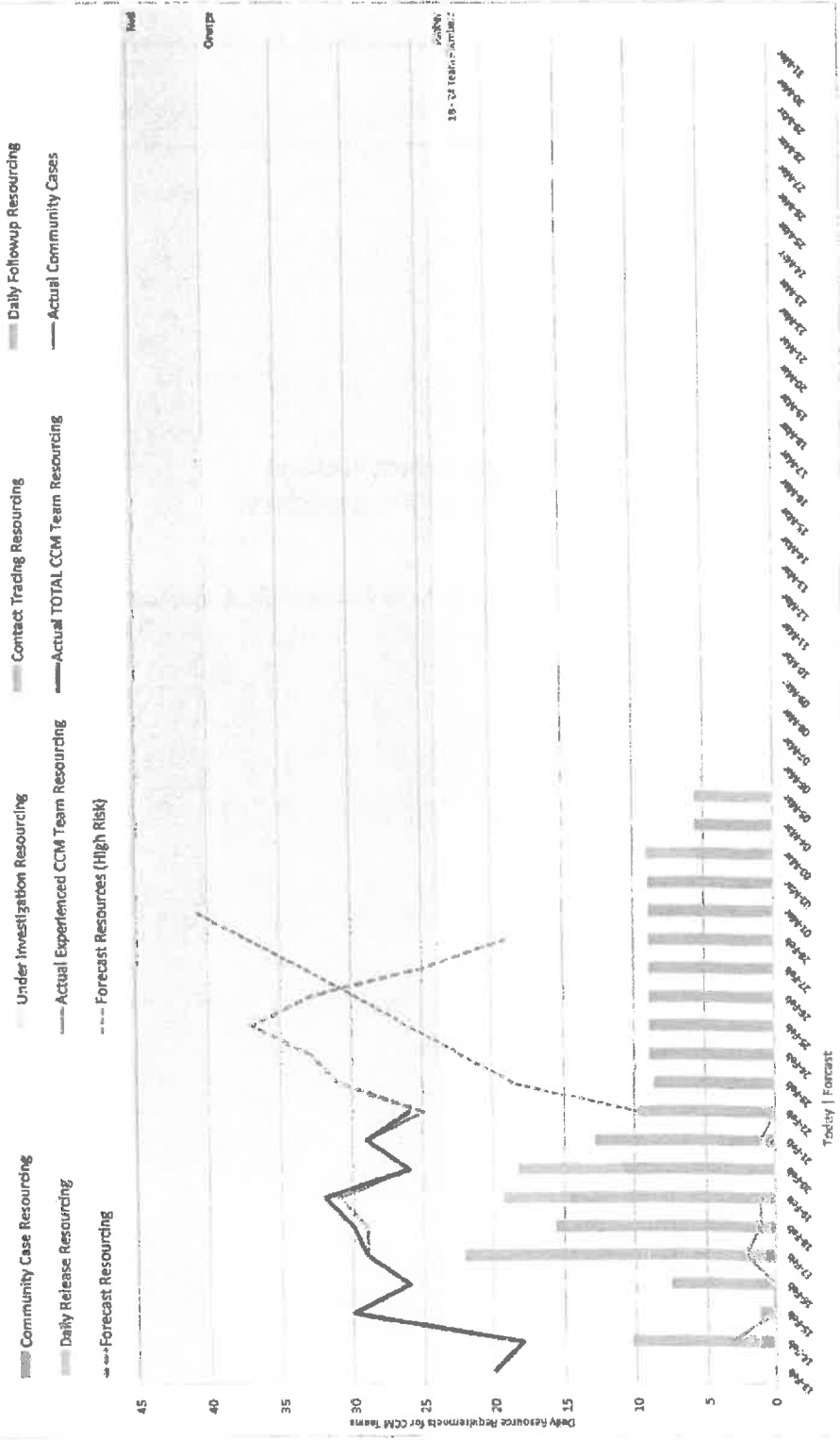
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
 Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
 Visit: [www.arphs.health.nz](http://www.arphs.health.nz) | [Auckland Regional Public Health Service](#) | [@akipublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHIs

Date Stamp: 22 / 2 / 2021 at 8:30am



## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Tuesday, 23 February 2021 15:01  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 23/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- We remain in surge level AMBER, reviewed at tomorrow's IMT
- Teams are at full capacity. We have Amber capacity until Friday 26/2. Saturday, Sunday and Monday we have Yellow capacity.
- Demand is in Yellow zone according to the model but the graph does not incorporate other work e.g. source investigation, Intel, Manaaki Support and reconciliation etc.
- Workload around the new case is still unknown
- Confirmation required around what PHU will manage symptomatic casual plus contacts – this will increase workload if it is ARPHS
- Close contacts results will be coming in from today
- Wednesday will be Day 14; there will be a significant amount of work related to this
- Support for the school on-going
- ██████████ MIF case – will not be coming to NZ, workload associated with this is contained
- Email follow ups in place where appropriate
- Delegations:
  - RPH working as virtual Team 5 – Justine/Kathryn checking in to see if they can support over the weekend
  - Waikato are not available to support over the weekend
  - Possibility of Toi te Ora picking up MIF cases, Hazel to action when we know more about the workload
- We only have surge staff until tomorrow, but Ankie will table with the regions, that we may need them for another week.

### Risks:

- Wellbeing concern around key roles rostered for long stretches. Rosters are working with these roles to minimise this and find backfill.
- Ops have requested 1 Pasifika and 1 Māori team member in each team. There is a general risk in numbers of Māori and Pasifika staff if we are rostering in the teams.
- Māori IMT has been stood down
- Experience level and numbers over the weekend are issues. We cannot source needed staff for the weekend to an Amber or Orange level, virtual PHU Team options would relieve this pressure.

Criteria

23 Feb

|  |                                 |
|--|---------------------------------|
| Current workload for daily follow ups<br>(AMBER < 250)                   | 106                             |
| Days since last community case   | 0                               |
| Number of new community cases  | 1                               |
| Number of active community cases   | 9 (total)                       |
| Number of community outbreaks  | 1                               |
| Number of new community outbreaks  | 0                               |
| Days since last unexpected community cases                               | 0                               |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles. |
| Quality Performance metrics all to meet targets                          | TBC                             |

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

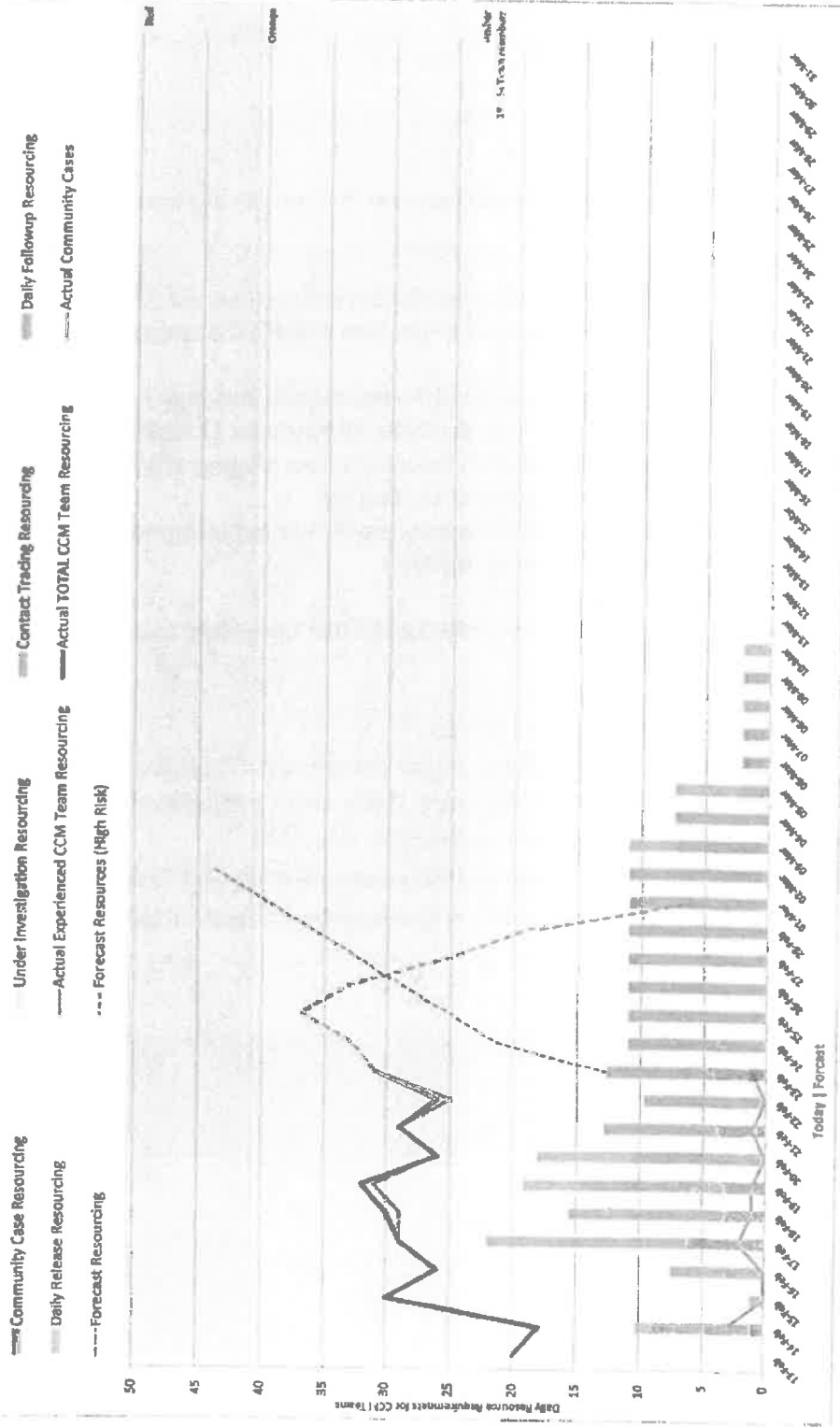
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

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

# Workforce Demand Model



## Assumptions for 7 day forecast

High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Data Stamp: 2/1/2021 at 11:00am

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Wednesday, 24 February 2021 14:07  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 24/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today. William can you please confirm who from IMT informs SMT when surge levels change?

- We are in level ORANGE from today
- We have Amber capacity until end of Friday. Saturday, Sunday and Monday are in Yellow. We are getting closer to Amber for the weekend but this approach is not sustainable in the long run without surge and delegation support.
- The team is working on filling the roster to surge level Orange capacity but gaps in areas still remain
- We will request 30 FTE for 2 weeks duration from the DHBs. This includes 15 staff who are here this week.
- Onboarding in the weekend is difficult; we will start inductions from Monday 1/3/2021 for new surge staff.
- Jo will make a request to CMH for 1x Team Lead and 1x Ops Lead
- Demand is in Yellow zone according to the model but the graph does not incorporate other work e.g. source investigation and reconciliation and further work to come
- Email follow ups in place where appropriate
- Delegations need to be confirmed with RPH, Northland and Toi te Ora – Hazel to action

### Risks:

- Wellbeing concern around key roles and late evenings
- Ops have requested 1 Pasifika and 1 Māori team member in each team. There is a general risk in numbers of Māori and Pasifika staff if we are rostering in the teams. There are no available resources from Māori IMT to support Kaiāwhina role. Ankie to request Māori and Pasifika surge staff.
- There is a risk that the DHBs are unable to deploy the numbers we require for Orange
- Experience level and numbers over the weekend are issues. Surge staff and virtual PHU Team options would relieve this pressure.



| Criteria   | 24 Feb     |
|--|------------|
| Current workload for daily follow ups (ORANGE < 375) | 126        |
| Days since last community case                       | 0          |
| Number of new community cases                        | 0          |
| Number of active community cases                     | 11 (total) |

|  |                                 |
|--|---------------------------------|
| Number of community outbreaks  | 1                               |
| Number of new community outbreaks  | 0                               |
| Days since last unexpected community cases                               | 1 (23/2)                        |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles. |
| Quality Performance metrics all to meet targets                          | TBC                             |

**Ngā mihi**

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

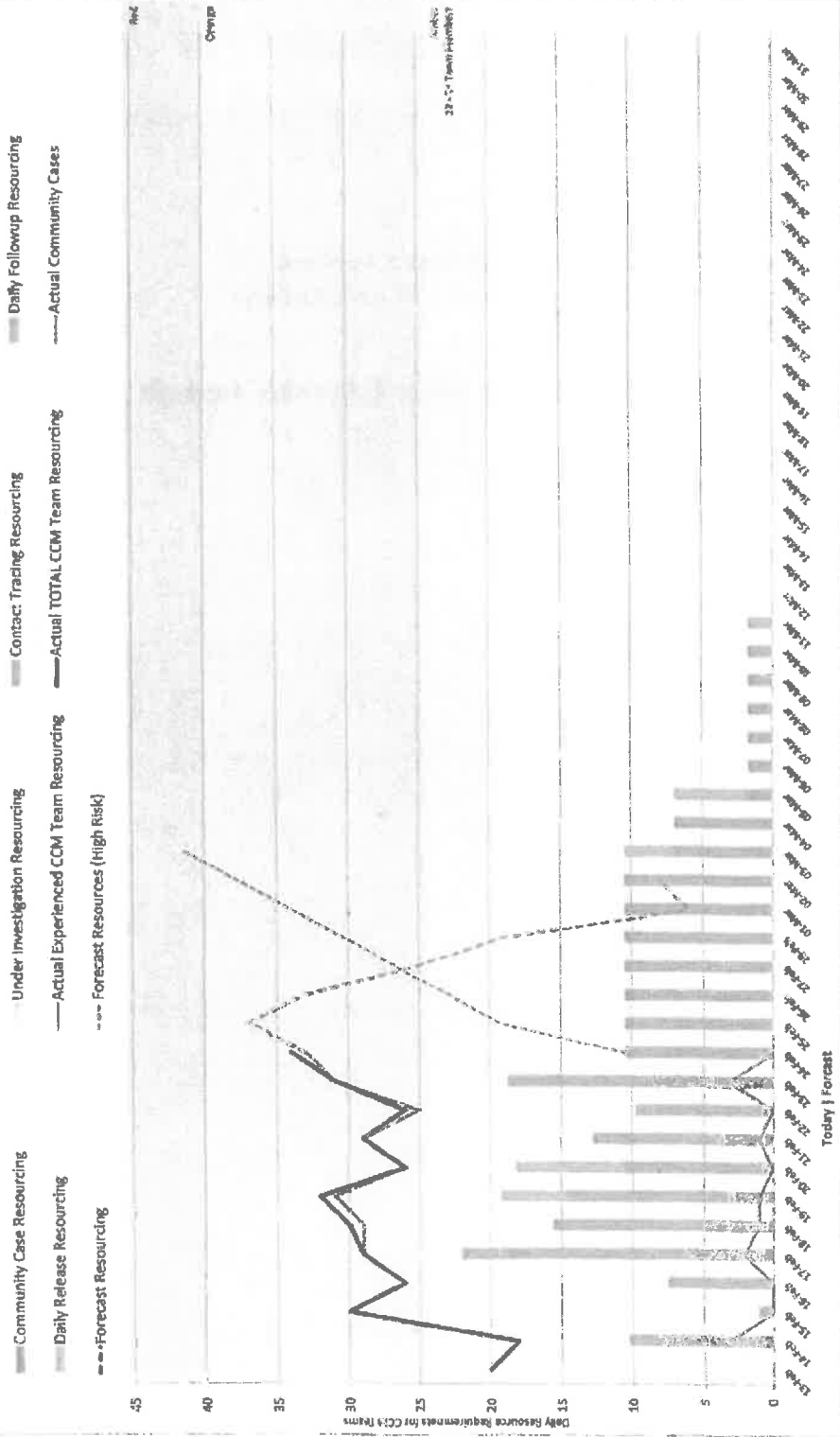
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**

**Welcome *Haere Mai* | *Respect Manuaki* | *Together Tōhono* | *Aim High Angamua***

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 24 / 2 / 2021 at 6:00am

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Thursday, 25 February 2021 13:54  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 25/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Demand is in high Amber to low Orange
- We have 4 Teams and one virtual team rostered currently – We are sitting at Amber Internally until the end of next week (5/3)
- Surge staff will give us the numbers to configure 5 teams internally
  - Awaiting confirmation from DHB SPoCs regarding surge staff request
  - CMH has deployed 2x Ops Leads and we have 1x Ops Lead from MoH
  - Council have deployed 5 people, two of which are have been here this week.
- Email follow ups in place where appropriate
- Delegations:
  - RPH is virtual Team 5 until next week
  - Toi te Ora will take new MIF cases until next week
  - Northland – Hazel to follow up availability and capacity

### Risks:

- Wellbeing concern around key roles and working late in the evenings (Ops Leadership, SSOs, Team Leads)
- Ops have requested 1 Pasifika and 1 Māori team member in each team. There is a general risk in numbers of Māori and Pasifika staff if we are rostering in the teams. There are no available resources from Māori IMT to support Kaiāwhina role. Ankie has requested Māori and Pasifika surge staff.
- There is a risk that the DHBs are unable to deploy the numbers we require for Orange
- Medical students are finishing this week, we are losing experience in core staff



| Criteria   | 25 Feb     |
|--|------------|
| Current workload for daily follow ups (ORANGE < 375) | 240        |
| Days since last community case                       | 1 (24/2)   |
| Number of new community cases                        | 0          |
| Number of active community cases                     | 11 (total) |
| Number of community outbreaks                        | 1          |
| Number of new community outbreaks                    | 0          |

|  |                                 |
|--|---------------------------------|
| Days since last unexpected community cases                               | 2 (23/2)                        |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles. |
| Quality Performance metrics all to meet targets                          | TBC                             |

**Ngā mihi**

**Jona Ukmata**  
**Improvement Specialist | COVID-19 Response Unit**

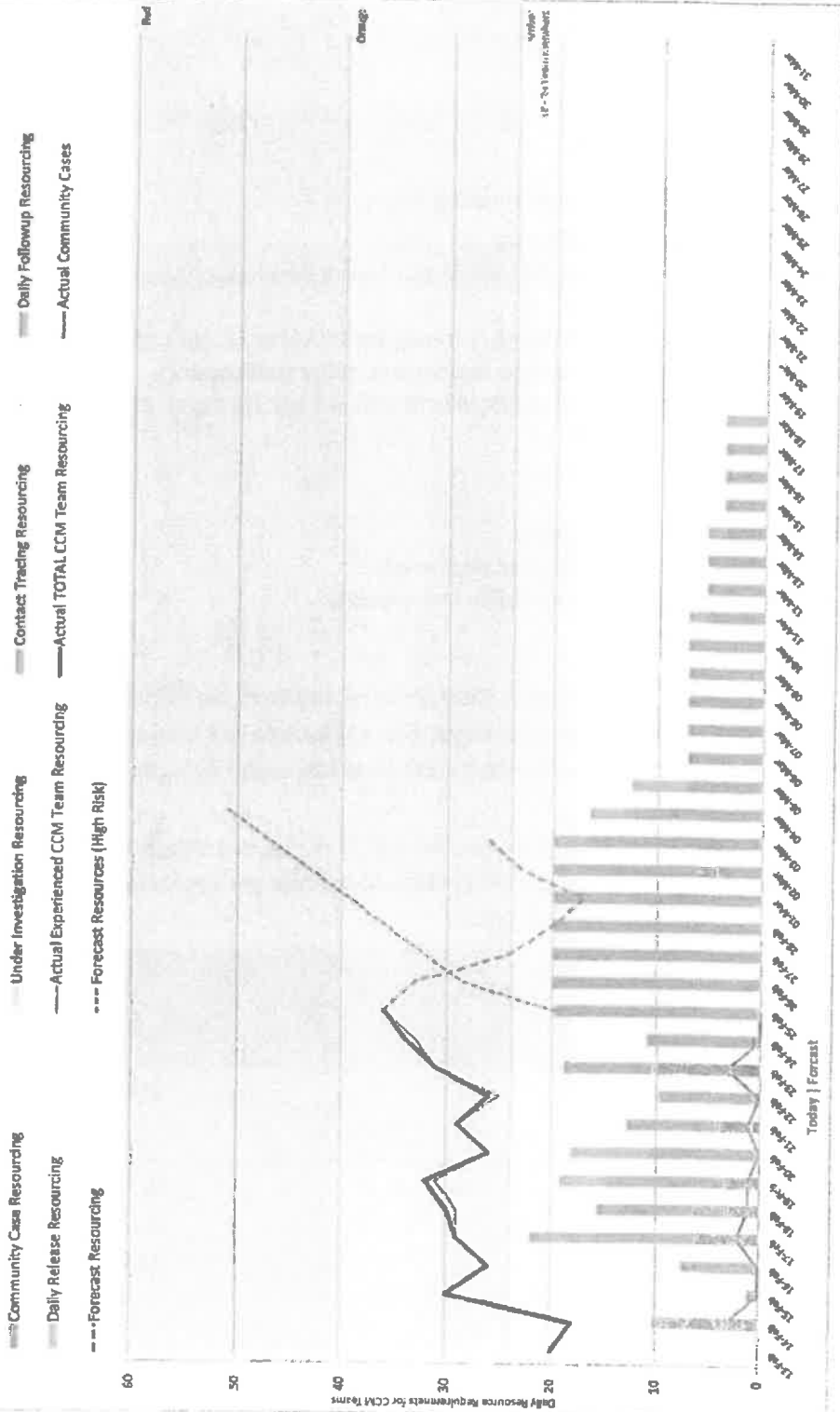
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
 Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
 Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@akipublichealth](#)

**Our Vision: Te Ora o Tāmaki Makaurau**  
**Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua**



# Workforce Demand Model



## Assumptions for 7 day forecast

High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Data Stamp: 25 / 7 / 2021 06:00am

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Friday, 26 February 2021 14:27  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 26/2/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Demand remains is in high Amber to low Orange
- There is a high possibility that there is a significant piece of work developing. More details will be known in the next 24hours.
- We have 4 Teams and one virtual team rostered currently (ARPHS is at Amber capacity until 5/3/2021). We will continue to roster 4 teams and will increase numbers as surge staff come in.
- Surge staffing requests are progressing for ADHB, WDHB, Council and EH Team. FTE for some surge staff is still unknown.
- Email follow ups in place where appropriate
- Delegations:
  - RPH is virtual Team 5 until next week
  - Toi te Ora will take new MIF cases until next week
  - Northland – Hazel to follow up availability and capacity

### Risks:

- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Ops will include EAP information in the update today and Victoria is progressing welfare plans from next week including exploring resilience course. Ankie is progressing surge protocol.
- There is a general risk in numbers of Māori and Pasifika staff if we are rostering in the teams. There are no available resources from Māori IMT to support Kaiāwhina role. Ankie has requested Māori and Pasifika surge staff but no names have been identified as of yet.



| Criteria  | 26 Feb     |
|---|------------|
| Current workload for daily follow ups<br>(ORANGE < 375) | 218        |
| Days since last community case                          | 0          |
| Number of new community cases                           | 1          |
| Number of active community cases                        | 12 (total) |
| Number of community outbreaks                           | 1          |
| Number of new community outbreaks                       | 0          |

|  |   |
|--|---|
| Days since last unexpected community cases                               | 3 (23/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles.         |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi

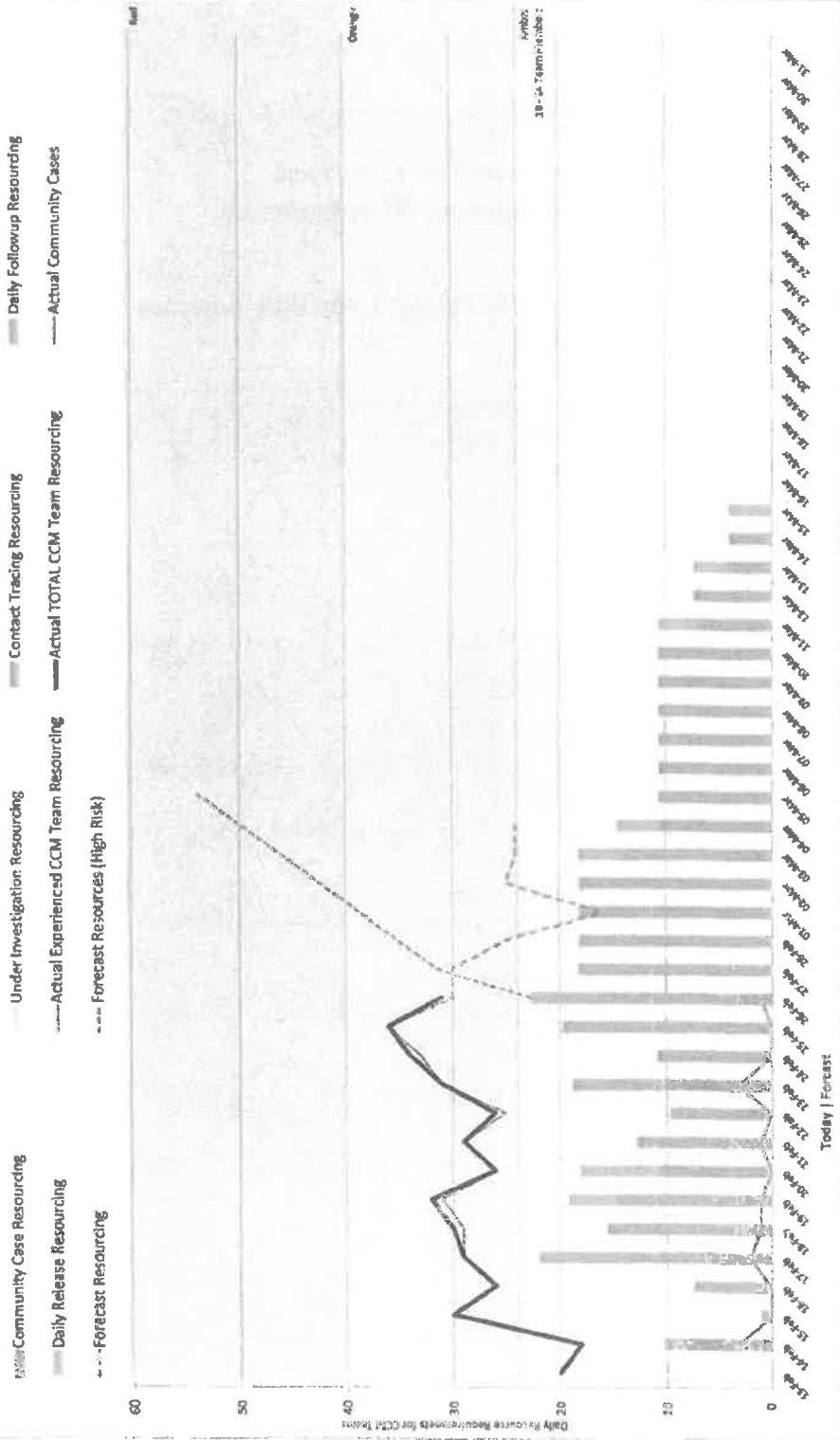
Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**  
**Welcome *Haere Mai* | Respect *Manaaki* | Together *Tūhono* | Aim High *Angamua***

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 26 / 2 / 2021 at 8:56am

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Monday, 01 March 2021 14:10  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Daniel Channing (ADHB); William Rainger (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 1/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Demand is in Orange and we are operating with 4 larger teams with 2 virtual teams (RPH and Toi te Ora)
- The new cases over the weekend have increased workload with new exposure events and contacts
- Kmart close contacts will tie off around Thursday which will free up some more capacity of RPH
- Email follow ups in place where appropriate
- Ops and Logs are continuing to populate and amend rosters to cover various roles and allow for day's off. This is challenging for some key roles.
- Delegations:
  - RPH is virtual Team 5 until – weekend support TBC
  - Toi te Ora will take new MIF cases – weekend support TBC
  - Northland – Hazel/Jo to follow up availability and capacity

### Risks:

- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge.
  - EAP information was sent to staff
  - Victoria is progressing welfare plans including exploring resilience course
  - Ankie is progressing surge protocol
  - Rosters are being updated and amended
- There is a general risk in numbers of Māori and Pasifika staff if we are rostering in the teams. There are no available resources from Māori IMT to support Kaiāwhina role. Ankie has requested Māori and Pasifika surge staff. Daniel will check in with Pae Ora today to see if this is still a risk.
- There were discussions and concerns today around how we would move to Red if there is a significant change/increase in workload.
  - Jo to discuss the possibility of another PHU virtual team with Tobl.
  - Daniel is meeting with DHB SPoCs today and will discuss what the requirements are if we move into Red. We would still have to have enough surge staff to make up another internal team.
  - There will be difficulties in rostering key roles e.g. Team Leads

Criteria

1 March

|  |   |
|--|---|
| Current workload for daily follow ups<br>(ORANGE < 375)                  | 160                                     |
| Days since last community case   | 1 (28/2)                                |
| Number of new community cases  | 0                                       |
| Number of active community cases   | 15 (total)                              |
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 2 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | No                                      |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi



Jona Ukmata

Improvement Specialist | COVID-19 Response Unit

### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]

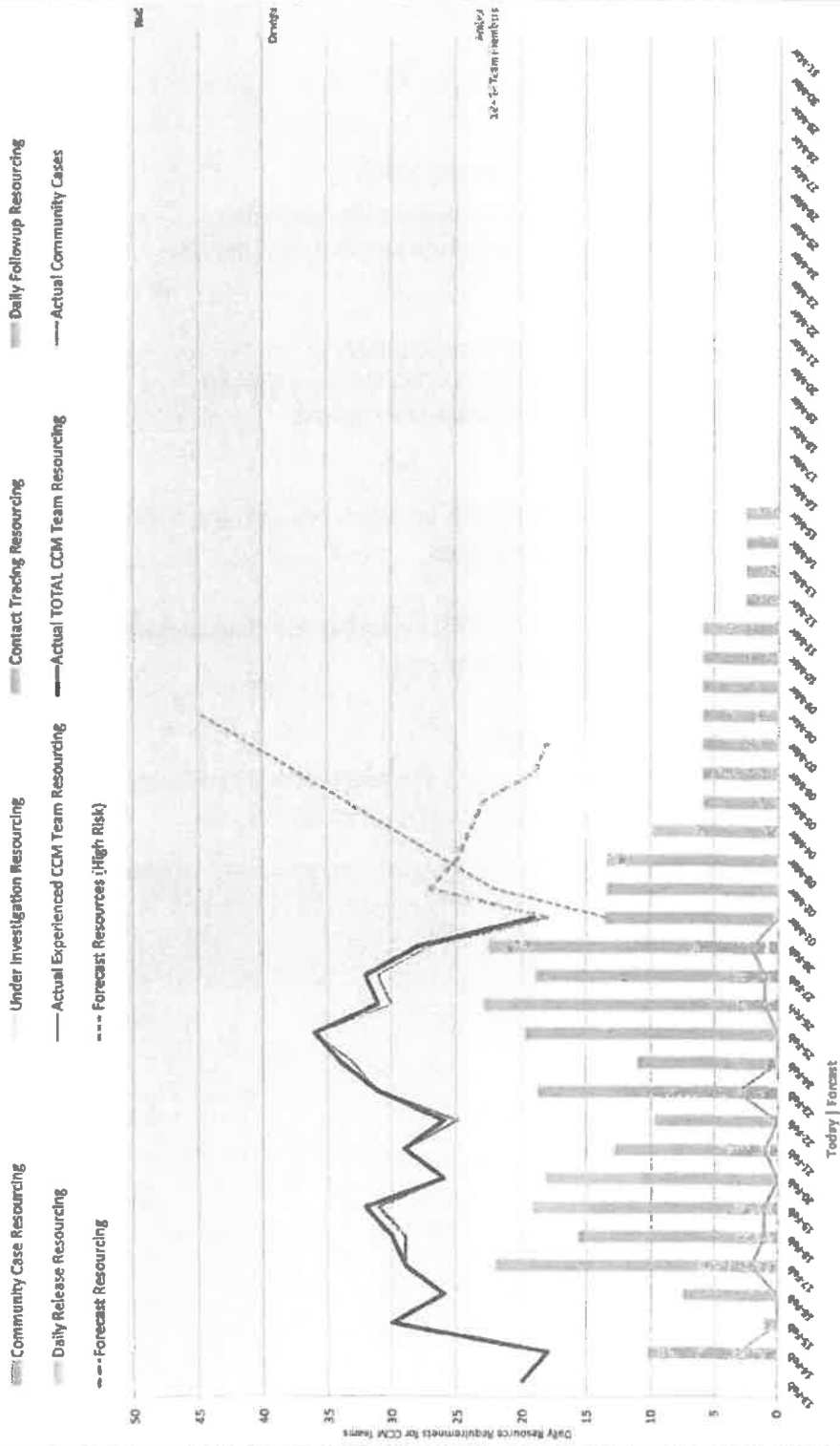
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland

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

Our Vision: Te Ora o Tāmaki Makaurau

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

# Workforce Demand Model



## Assumptions for 7 day forecast

- High Risk Forecast: 5 new cases per day, with 1.6 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case
- Second order contact tracing and new cases with 5 contacts each
- Returning casual plus contacts will be followed up for 3 days or delegated to other PHUS

Date Stamp: 1 / 3 / 2022 at 8:50am

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Tuesday, 02 March 2021 14:12  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 2/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is meeting current demand and triggers remain in Orange zone
- Rosters will be amended as required to allow for breaks and ensure continuity
- Email follow ups in place where appropriate
- Delegations:
  - RPH is virtual Team 5 until 8/3/2021 then as required
  - Toi te Ora will take new MIF cases until 8/3/2021 then as required
  - Northland – Hazel/Jo to follow up availability and capacity

### Risks:

- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge.
  - EAP information was sent to staff
  - Victoria is progressing welfare plans including exploring resilience course
  - Victoria is based in the unit while we are in surge
  - Ankie is progressing surge protocol
  - Rosters are being updated and amended
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available resources from Māori IMT to support Kalāwhina role.

| Criteria  | 2 March    |
|---|------------|
| Current workload for daily follow ups<br>(ORANGE < 375) | 158        |
| Days since last community case                          | 2 (28/2)   |
| Number of new community cases                           | 0          |
| Number of active community cases                        | 15 (total) |
| Number of community outbreaks                           | 1          |
| Number of new community outbreaks                       | 0          |
| Days since last unexpected community cases              | 3 (27/2)   |



Majority of COVID Team working sustainable and appropriate working hours

No – 3 MIF cases came in at 4:30; 1/3/2021, were unable to be mar other PHUs that late in the day

Quality Performance metrics all to meet targets

Because of re-opened cases these valid.

**Ngā mihi**

**Jona Ukmata**  
Improvement Specialist | COVID-19 Response Unit

**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]

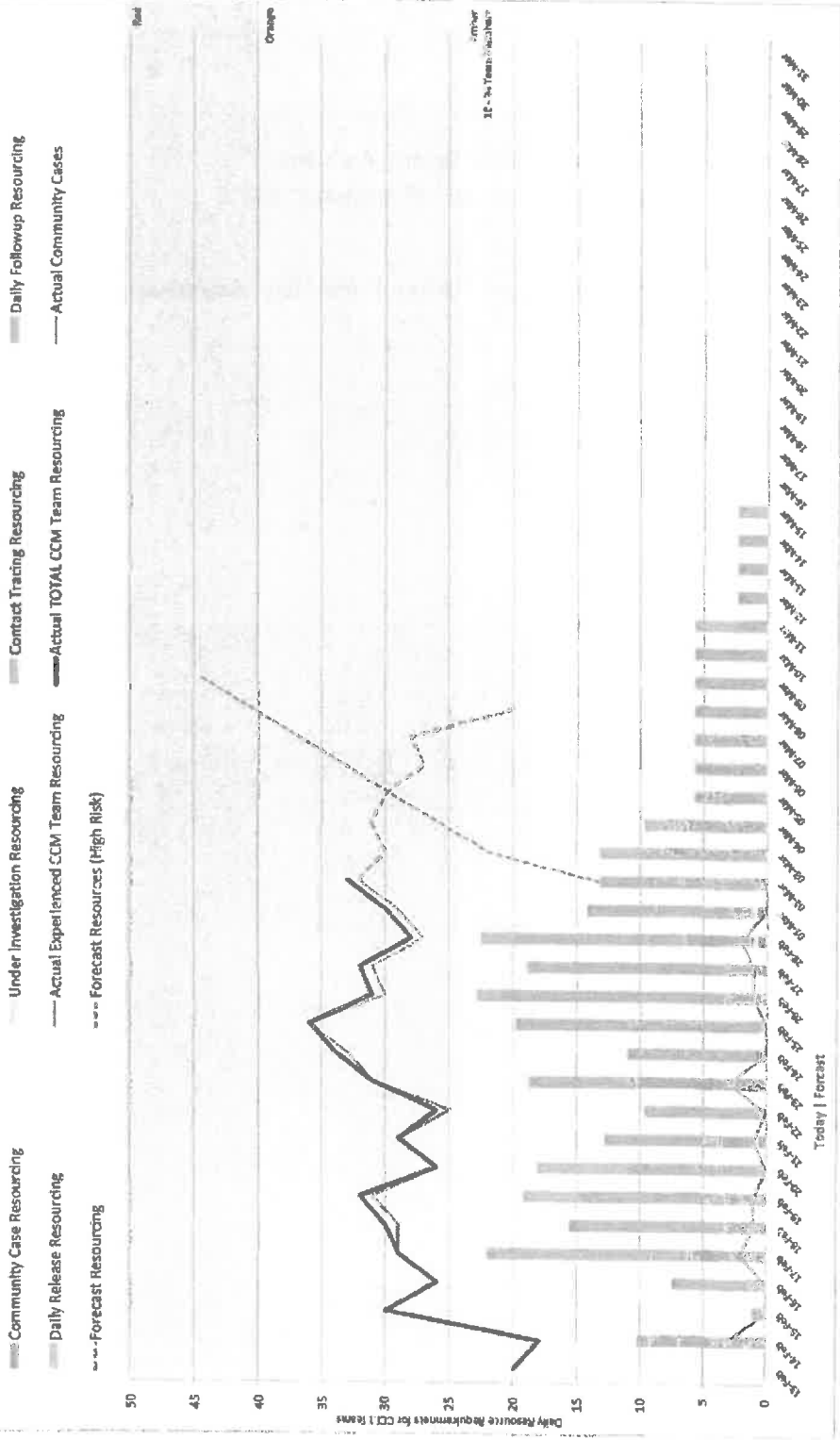
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland

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

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Wednesday, 03 March 2021 14:18  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB), Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 3/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is meeting current demand and triggers remain in Orange zone
- Workload is progressing and on-going within the CRU e.g. management of various contact groups, reconciliation, Intel, etc.
- At the moment we are able to source needed staff:
  - 9 FTE surge staff started 1/3/2021
  - 4 WDHB casual staff started 3/3/2021
  - 6 DHB surge staff coming in on 8/3/2021
  - Maria Gibson (HPO/Manager) is here from Hutt Valley DHB – will shadow in Ops
- Email follow ups in place where appropriate
- Delegations:
  - RPH is virtual Team 5 until 8/3/2021 then as required
  - Toi te Ora will take new MIF cases until 8/3/2021 then as required
  - Northland – Hazel/Ankie to follow up availability and capacity

### Risks:

- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge.
  - EAP information was sent to staff
  - Victoria is progressing welfare plans including exploring resilience course
  - Victoria is based in the unit while we are in surge
  - Ankie is progressing surge protocol
  - Rosters are being updated and amended
  - Peer support meetings to continue
  - IC will continue to raise this issue regionally and nationally
  - Plan to book daily IC updates
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available resources from Māori IMT to support Kaiāwhina role.

| Criteria   | 3 March |
|--|---------|
| Current workload for daily follow ups (ORANGE < 375) | 146     |

|  |   |
|--|---|
| Days since last community case   | 3 (28/2)                                |
| Number of new community cases  | 0                                       |
| Number of active community cases   | 15 (total)                              |
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 4 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for some but not all roles.         |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

**Ngā mihi**

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

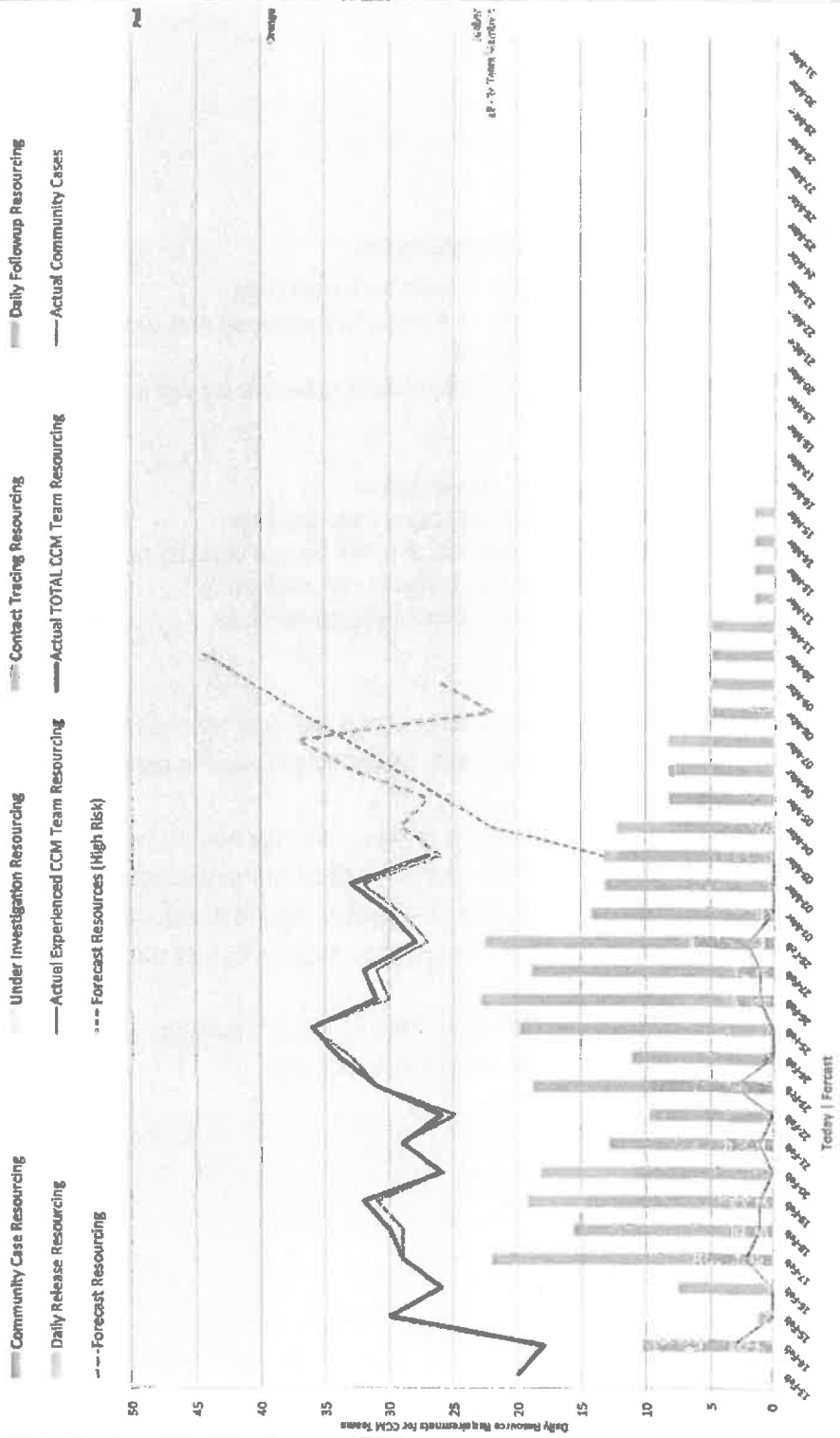
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arohs.health.nz](http://www.arohs.health.nz) | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

**Our Vision: Te Ora o Tāmaki Makaurau**

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

# Workforce Demand Model



## Assumptions for 7 day forecast

- High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case
- Second order contact tracing and new cases with 5 contacts each
- Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 3 / 9 / 2023 at 8:00am

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Thursday, 04 March 2021 14:42  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 4/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is meeting current demand and triggers remain in Orange zone
- If we have a significant development which triggers moving to surge level Red, we would utilise a virtual team model instead of requesting further surge staff
- Surge staff for next week that are on standby will be declined today but we will keep the current DHB surge staff that are already at ARPHS
- Delegations:
  - Toi te Ora will cover MIF cases until Sunday inclusive
  - RPH (Team 5), have capacity to manage MIF cases from Monday
  - RPH workload will wrap up over the weekend, this will free up capacity nationally
  - Ankie/Hazel to contact Northland to check capacity and availability
  - Further discussions progressing around national delegation model

### Risks:

- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available surge resources from Māori IMT to support Kaimanaaki role.
- There are issues with resourcing the SHED w/e role during surge. Jo and Donna will continue to roster the SHED w/e during Orange but this remains a risk. There are plans to do further training for CRU staff to cover the SHED w/e role once we are in Amber.
- There are issues with resourcing Intel roles (Manager, SMO/s, Analyst) during surge. Laura is working on cover while she is on leave and will escalate any issues to Jane today.



| Criteria   | 4 March    |
|--|------------|
| Current workload for daily follow ups (ORANGE < 375) | 138        |
| Days since last community case                       | 4 (28/2)   |
| Number of new community cases                        | 0          |
| Number of active community cases                     | 15 (total) |

|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 5 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for majority but not all.           |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi

**Jona Ukmata**  
Improvement Specialist | COVID-19 Response Unit

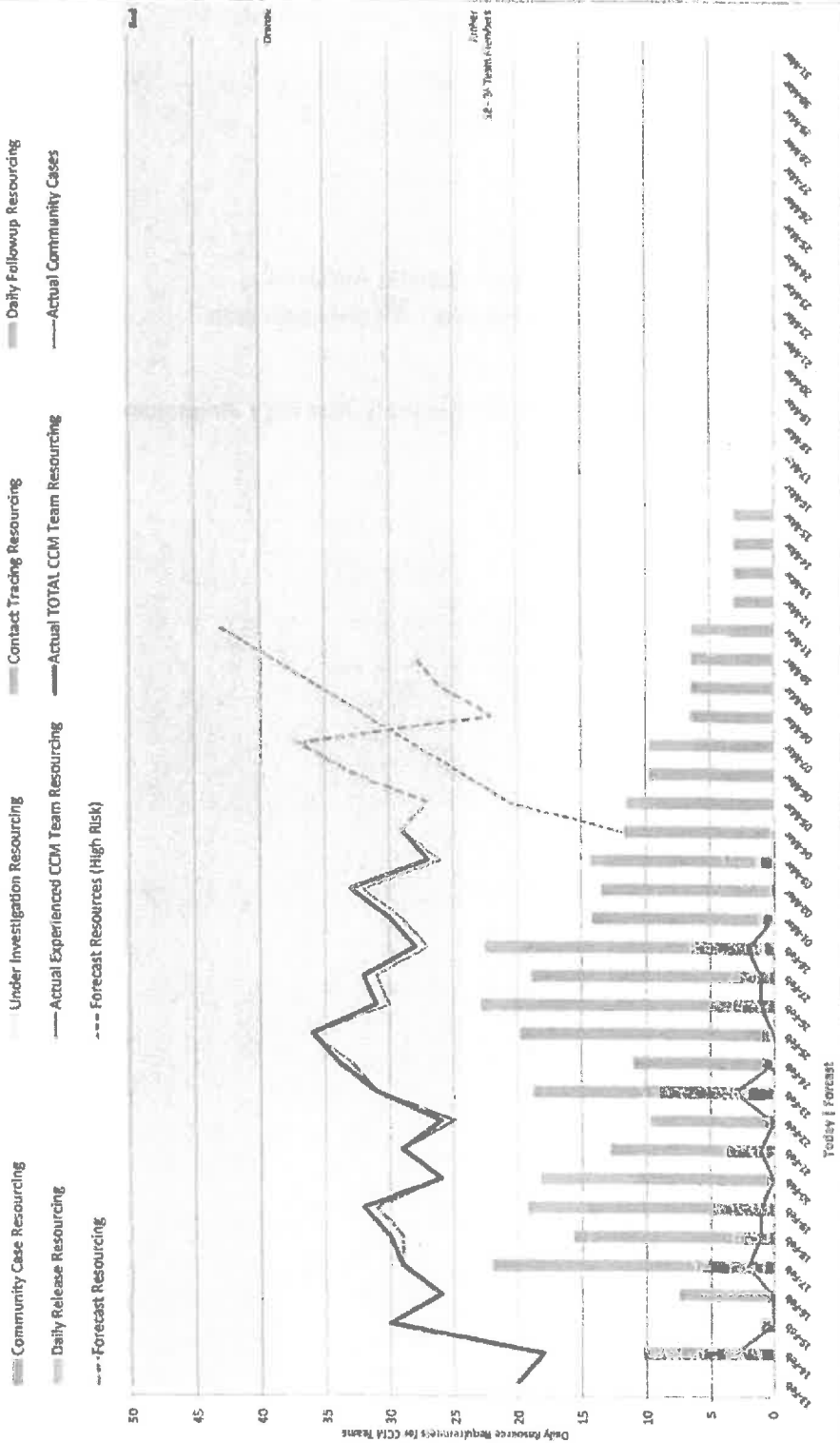
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 4 / 3 / 2022 at 8:30am



## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Friday, 05 March 2021 14:43  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Ankie Crosbie (ADHB); Joanna Goodfellow (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 5/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- We are at the trigger level for AMBER however we are not recommending de-escalation at this stage. We have excess capacity at the moment because of surge workforce who will be finishing at the end of next week. Some of the workload will be finishing up over the weekend and some casual plus work is still on-going. There needs to be a staged approach to de-escalation. The group will review this again on Monday.
- We remain at 4 Teams with support from RPH and Toi te Ora
- If we move to Amber next week we recommend we continue with the delegation model with 3 plump ARPHS teams. We will discuss this again on Monday once triggers are assessed.
- Delegations:
  - Toi te Ora will cover MIF cases until Sunday inclusive
  - RPH (Team 5), have capacity to manage MIF cases from Monday
  - RPH workload will wrap up over the weekend, this will free up capacity nationally
  - Northland are offline and unavailable

### Risks:

- Inability to surge across all teams so that clinical resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available surge resources from Māori IMT to support Kaimanaaki role.



| Criteria   | 5 March    |
|--|------------|
| Current workload for daily follow ups (ORANGE < 375) | 131        |
| Days since last community case                       | 5 (28/2)   |
| Number of new community cases                        | 0          |
| Number of active community cases                     | 15 (total) |

|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 6 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | OK                                      |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

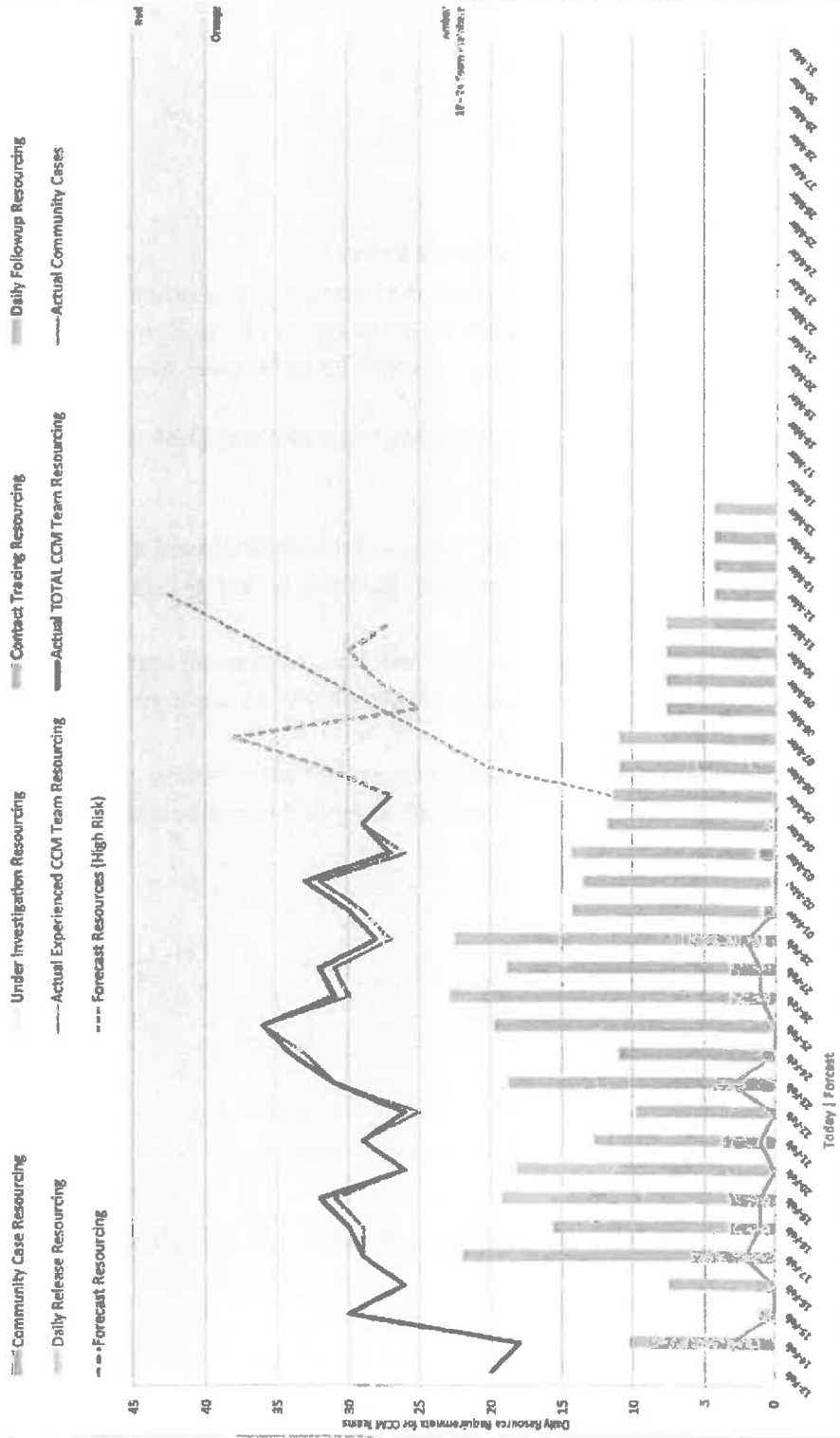
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

Our Vision: Te Ora o Tāmaki Makaurau

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

# Workforce Demand Model



**Assumptions for 7 day forecast**  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Monday, 08 March 2021 13:52  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB); Daniel Channing (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB); Ankie Crosbie (ADHB)  
**Subject:** Planning Capacity Update - 8/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is exceeding demand however work around the new case, untested/uncontactable and source investigations still needs to be clarified. Workload should be clarified by tomorrow.
- As per discussions at IMT we remain in surge level ORANGE. To be reviewed formally on Wednesday at IMT.
- Delegations continue with Toi te Ora and RPH
- We are resourced for Orange until Friday 12/3 (including surge staff who finish this week)



**Risks:**

- Inability to surge across all teams so that clinical resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available surge resources from Māori IMT to support Kaimanaaki role.

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

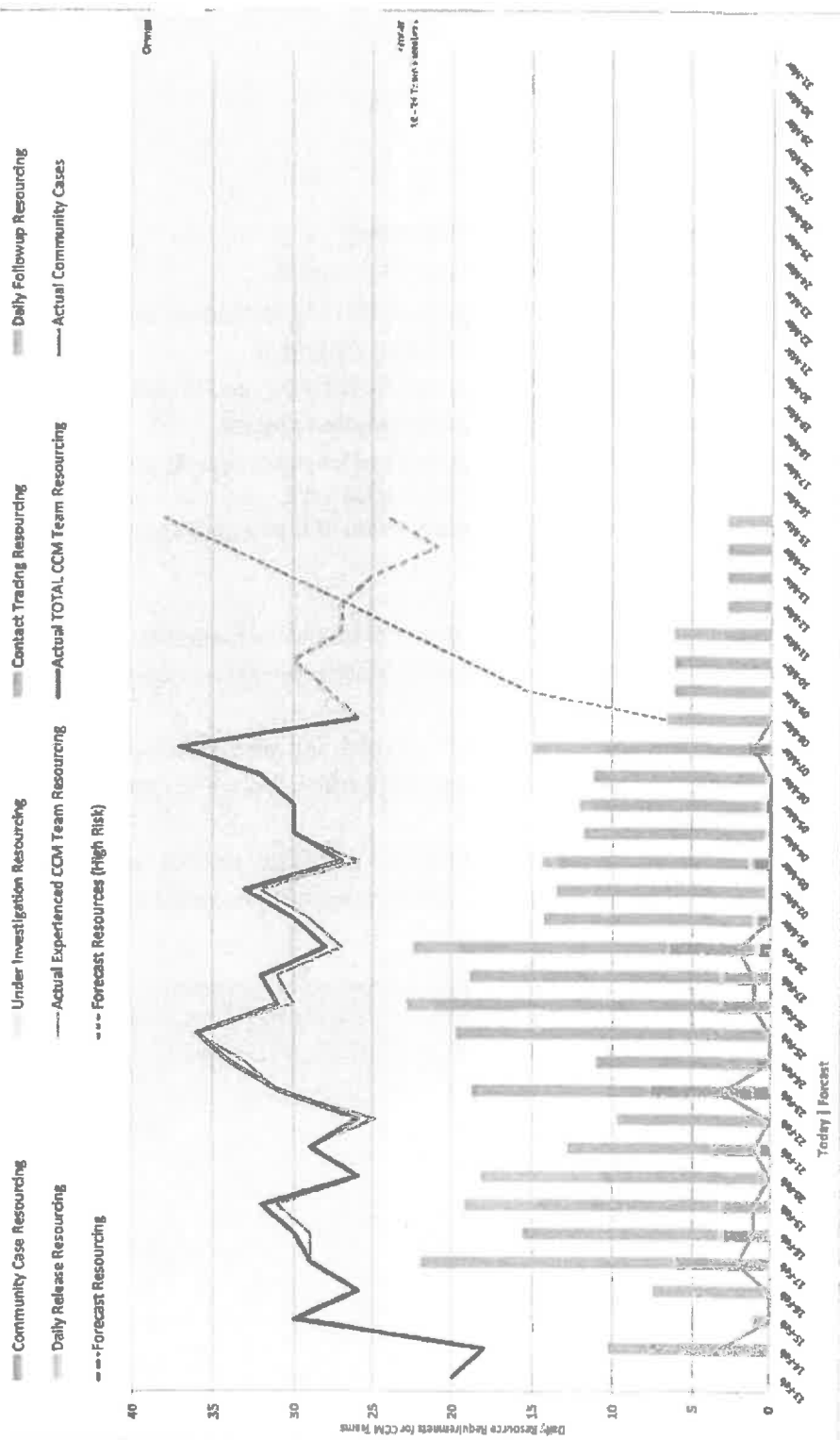
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@akpublichealth](#)

**Dur Vision: Te Ora o Tāmaki Makaurau**

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

## Workforce Demand Model



**Assumptions for 7 day forecast**  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Tuesday, 09 March 2021 16:25  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB); Ankie Crosbie (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 9/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is exceeding demand, we are meeting de-escalation criteria
- We would like to recommend that we move to surge level YELLOW from tomorrow. For further discussions tomorrow at IMT and with review of de-escalation decision document.
- Current workload: ongoing source investigation activities, daily follow ups for cases and contacts are continuing and there is work around the uncontactable/untested process.
- Delegations continue with Toi te Ora and RPH. Toi te Ora can be stood down if we move to a lower surge level and RPH are happy to continue on standby until Monday 15/3.
- We can maintain Amber over the weekend with support from RPH as virtual Team 4 if required

### Risks:

- Inability to surge across all teams so that clinical resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available surge resources from Māori IMT to support Kaimanaaki role.



| Criteria   | 9 March                                    |
|--|--|
| Current workload for daily follow ups (ORANGE < 375) | 89   |
| Days since last community case                       | 8 (28/2)                                   |
| Number of new community cases                        | 0  |
| Number of active community cases                     | 3 active, 16 (total including border case) |

|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 9 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Yes                                     |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

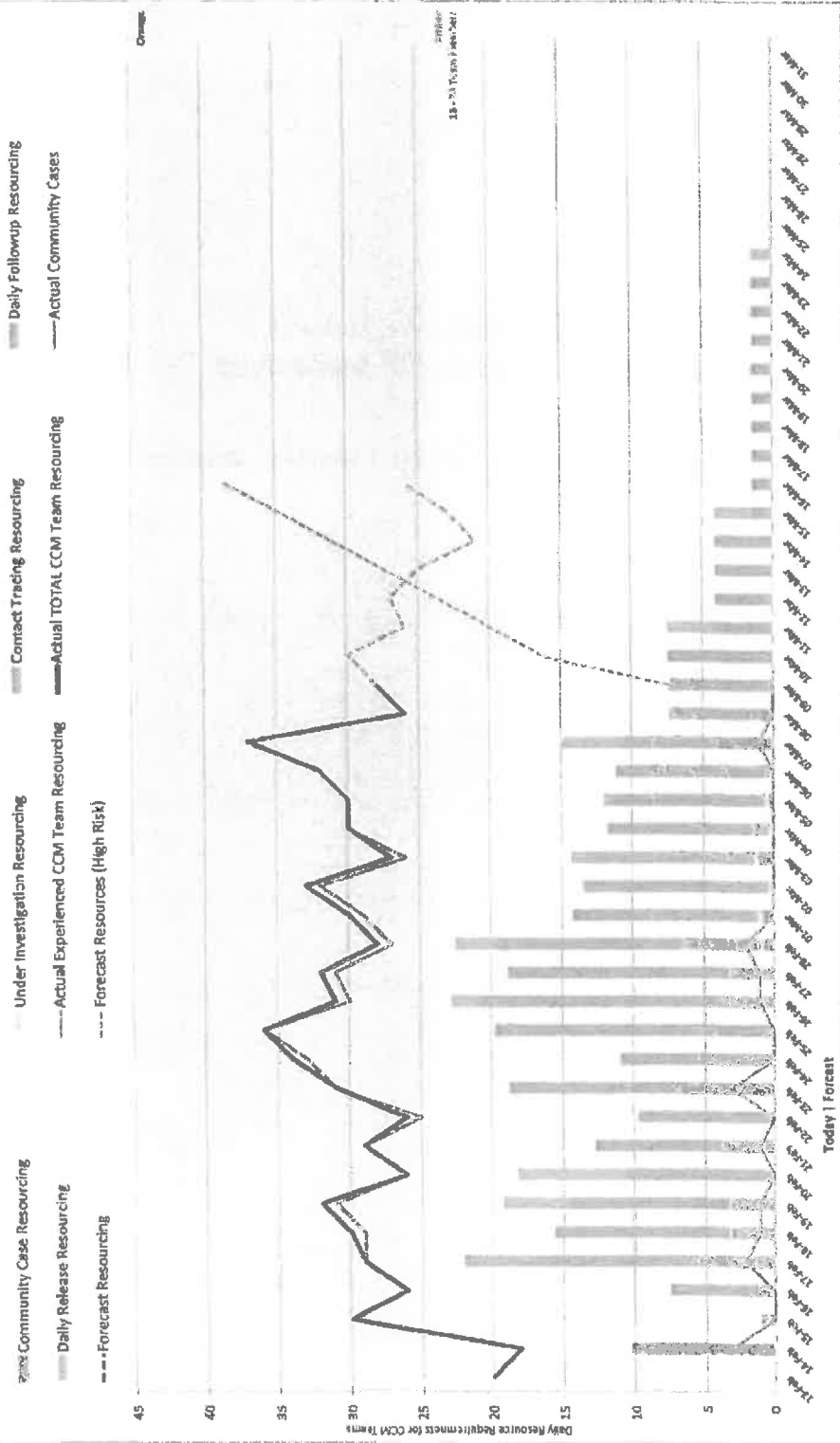
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

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

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUS

Date Stamp: 9 / 3 / 2021 at 8:30am



## Natasha Johannes (ADHB)

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Wednesday, 10 March 2021 16:41  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); William Rainger (ADHB); Ankie Crosbie (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 10/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is exceeding demand, we are meeting de-escalation criteria
- We remain in Orange overnight and will discuss moving to Amber tomorrow at IMT
- We have the numbers for Amber however we don't have evenly distributed numbers for clinical and/or public health professionals across teams. We need to pull in Council and EH/HI/CDC ARPHS staff if required.
- We have plans to merge Team 1&4 once we move to Amber, Mariam has given sign off of merging clinical load. This can only occur if RPH can be virtual Team 4 and support with MIF cases – Hazel and Marie to discuss and confirm this. Ops is working on messaging to staff regarding this change.
- We will need to discuss and confirm IMT requirements and expectations in Amber surge level

### Risks:

- Welfare concerns in the Ops/SMO space. This is a stretched resource. This was raised today at IMT.
- The Intel area is also a stretched resource. We don't have the resources for source investigation over the weekend if this should be required.
- Inability to surge across all teams so that clinical and/or public health resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing Internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team. There are no available surge resources from Māori IMT to support Kaimanaaki role.



| Criteria   | 10 March                            |
|--|-------------------------------------|
| Current workload for daily follow ups (ORANGE < 375) | 71                                  |
| Days since last community case                       | 9 (28/2)                            |
| Number of new community cases                        | 0                                   |
| Number of active community cases                     | 3 active                            |
| Total community cases                                | 16 (total including border related) |

|  |   |
|--|---|
| Number of community outbreaks  | 1                                       |
| Number of new community outbreaks  | 0                                       |
| Days since last unexpected community cases                               | 10 (27/2)                               |
| Majority of COVID Team working sustainable and appropriate working hours | Yes for majority but not all (Ops).     |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid. |

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

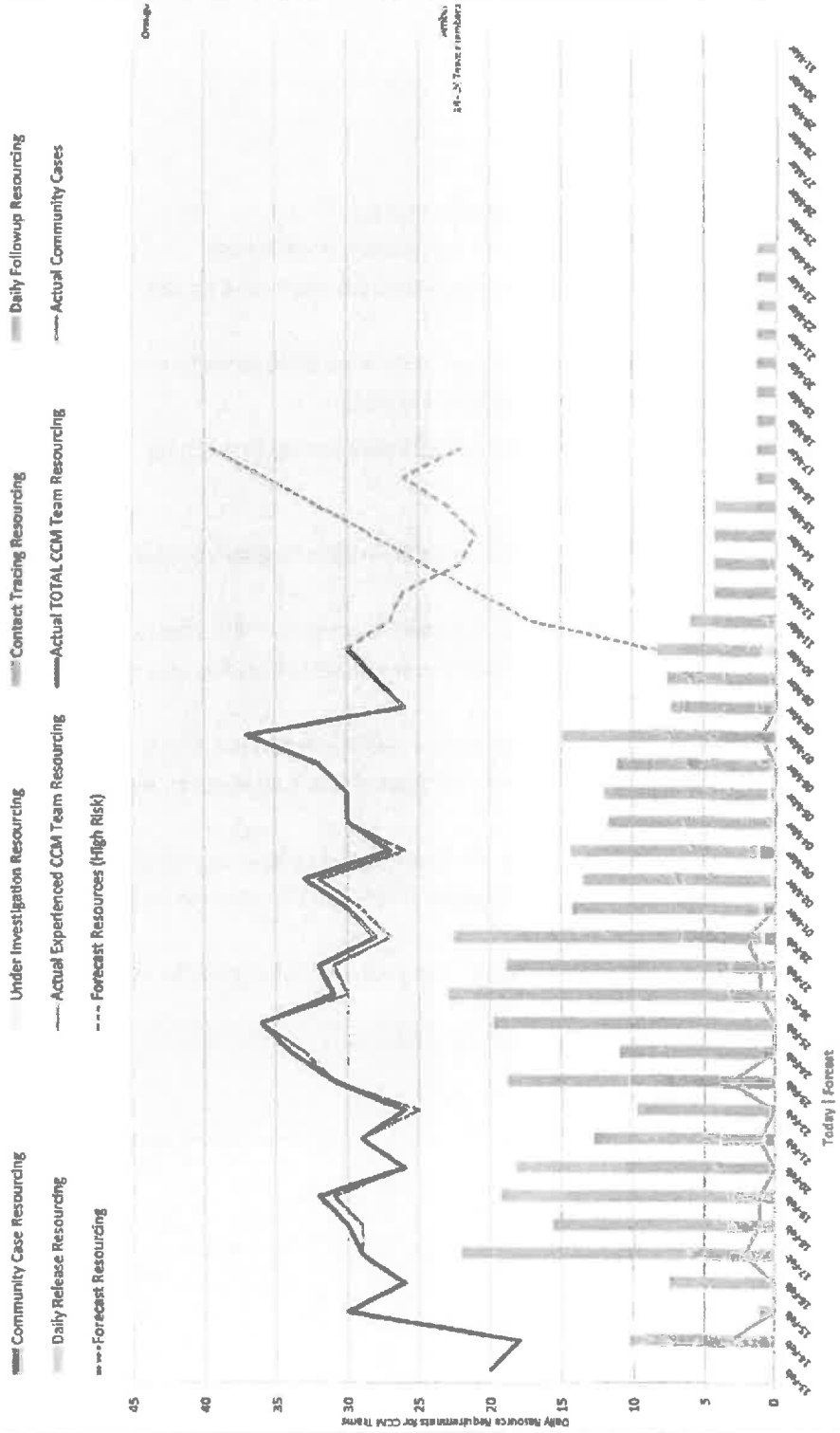
### Auckland Regional Public Health Service

Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

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

# Workforce Demand Model



## Assumptions for 7 day forecast

High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 10 / 3 / 2021, at 11:00am

**Natasha Johannes (ADHB)**

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Thursday, 11 March 2021 14:30  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Ankie Crosbie (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 11/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is exceeding demand, today we have moved to surge level Amber
- If there is some downtime the team will use this opportunity to train and up skill the surge staff that are with us until Sunday
- We have a plan to move to three teams (with virtual Team 4 via RPH) from tomorrow afternoon
- RPH has been confirmed to support ARPHS until Tuesday 16/3
- The de-escalation decision document presented at IMT today can be found [here](#)

**Risks:**

- SMO leads over Easter are not consistent, we have not been able to roster accordingly based on the availability that we have
- Welfare concerns in the Ops/SMO space. This is a stretched resource. This was raised today at IMT.
- The Intel area is also a stretched resource. We don't have the resources for source investigation over the weekend if this should be required.
- Inability to surge across all teams so that clinical and/or public health resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team.



| Criteria  | 11 March                            |
|---|-------------------------------------|
| Current workload for daily follow ups (AMBER < 250) | 63                                  |
| Days since last community case                      | 10 (28/2)                           |
| Number of new community cases                       | 0                                   |
| Number of active community cases                    | 2 active                            |
| Total community cases                               | 16 (total including border related) |

|  |   |
|--|---|
| Number of community outbreaks  | 1   |
| Number of new community outbreaks  | 0   |
| Days since last unexpected community cases                               | 11 (27/2)   |
| Majority of COVID Team working sustainable and appropriate working hours | Majority finished between 1700-1800 hours excluding Ops lead and CRU lead r |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these metrics are not valid.                     |

**Ngā mihi**

**Jona Ukmata**  
**Improvement Specialist | COVID-19 Response Unit**

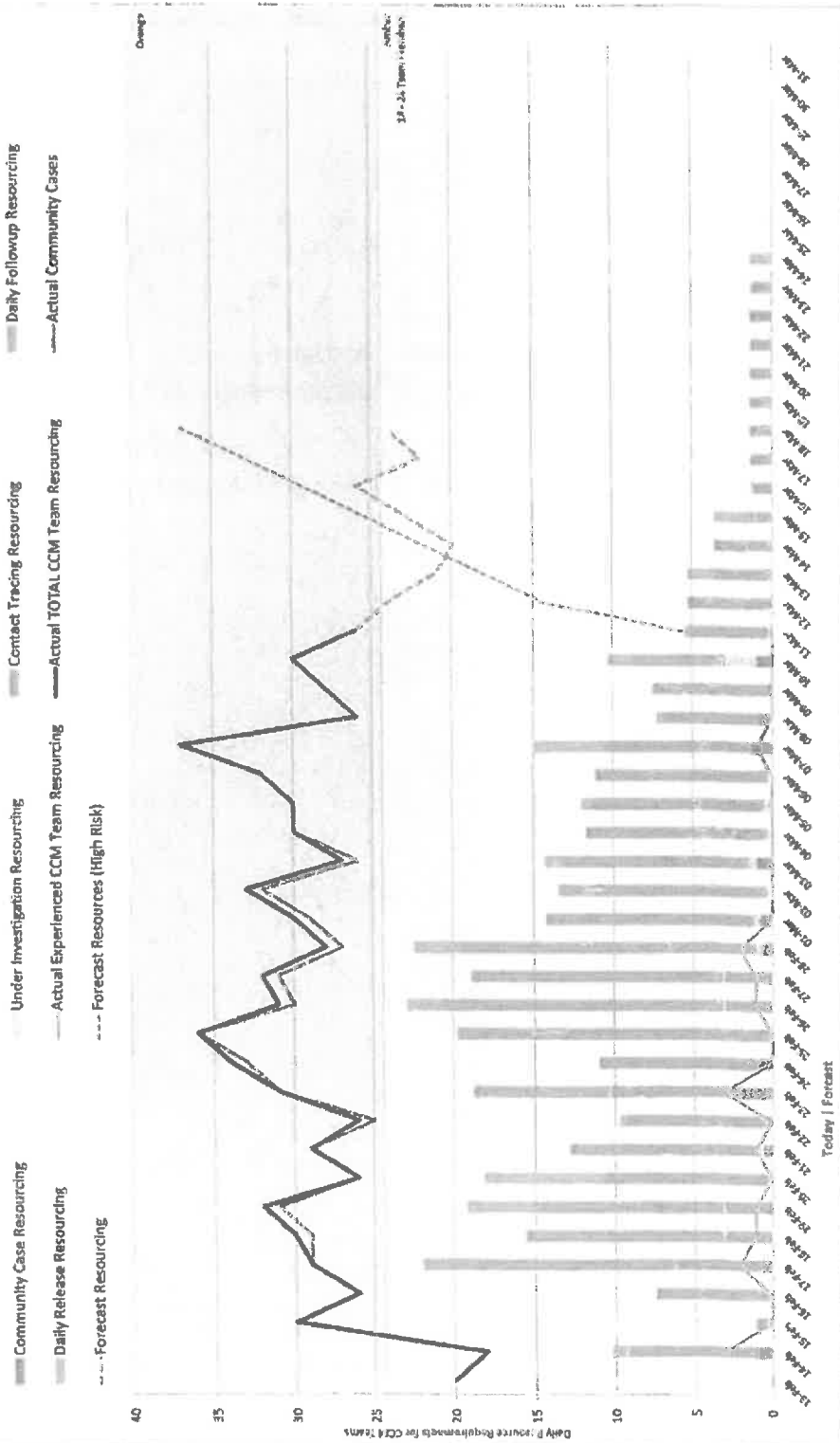
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
 Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
 Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

# Workforce Demand Model



Assumptions for 7 day forecast  
 High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case  
 Second order contact tracing and new cases with 5 contacts each  
 Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 11 / 3 / 2021 at 8:00am

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Friday, 12 March 2021 17:48  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Ankie Crosbie (ADHB); Jane McEntee (ADHB)  
**Cc:** Laura Bocock (ADHB); Maria Poynter (ADHB); William Rainger (ADHB)  
**Subject:** Planning Capacity Update - 12/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- Capacity is exceeding demand; we are using this opportunity to train and up skill the surge staff and the teams are working on reconciliation and tidy up of other tasks related to the OB.
- Weekend support plan has been sent to Jane and William
- RPH have a team on-call for Saturday and Sunday who can take MIF cases. CCM Ops Managers will liaise with RPH to discuss capacity and delegation plans for each day.

### Risks:

- SMO leads over Easter are not consistent, we have not been able to roster accordingly based on the availability that we have
- Welfare concerns in the Ops/SMO space. This is a stretched resource. This was raised today at IMT.
- The Intel area is also a stretched resource. We don't have the resources for source investigation over the weekend if this should be required.
- Inability to surge across all teams so that clinical and/or public health resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team.



| Criteria  | 12 March                           |
|---|------------------------------------|
| Current workload for daily follow ups (AMBER < 250) | 60                                 |
| Days since last community case                      | 11 (28/2)                          |
| Number of new community cases                       | 0                                  |
| Number of active community cases                    | 2 active                           |
| Total community cases                               | 16 (total including border related |

|  |  |
|--|--|
| Number of community outbreaks  | 1  |
| Number of new community outbreaks  | 0  |
| Days since last unexpected community cases                               | 12 (27/2)                                |
| Majority of COVID Team working sustainable and appropriate working hours | Majority yes; excluding Ops lead a roles |
| Quality Performance metrics all to meet targets                          | Because of re-opened cases these valid.  |

Ngā mihi

Jona Ukmata  
Improvement Specialist | COVID-19 Response Unit

### Auckland Regional Public Health Service

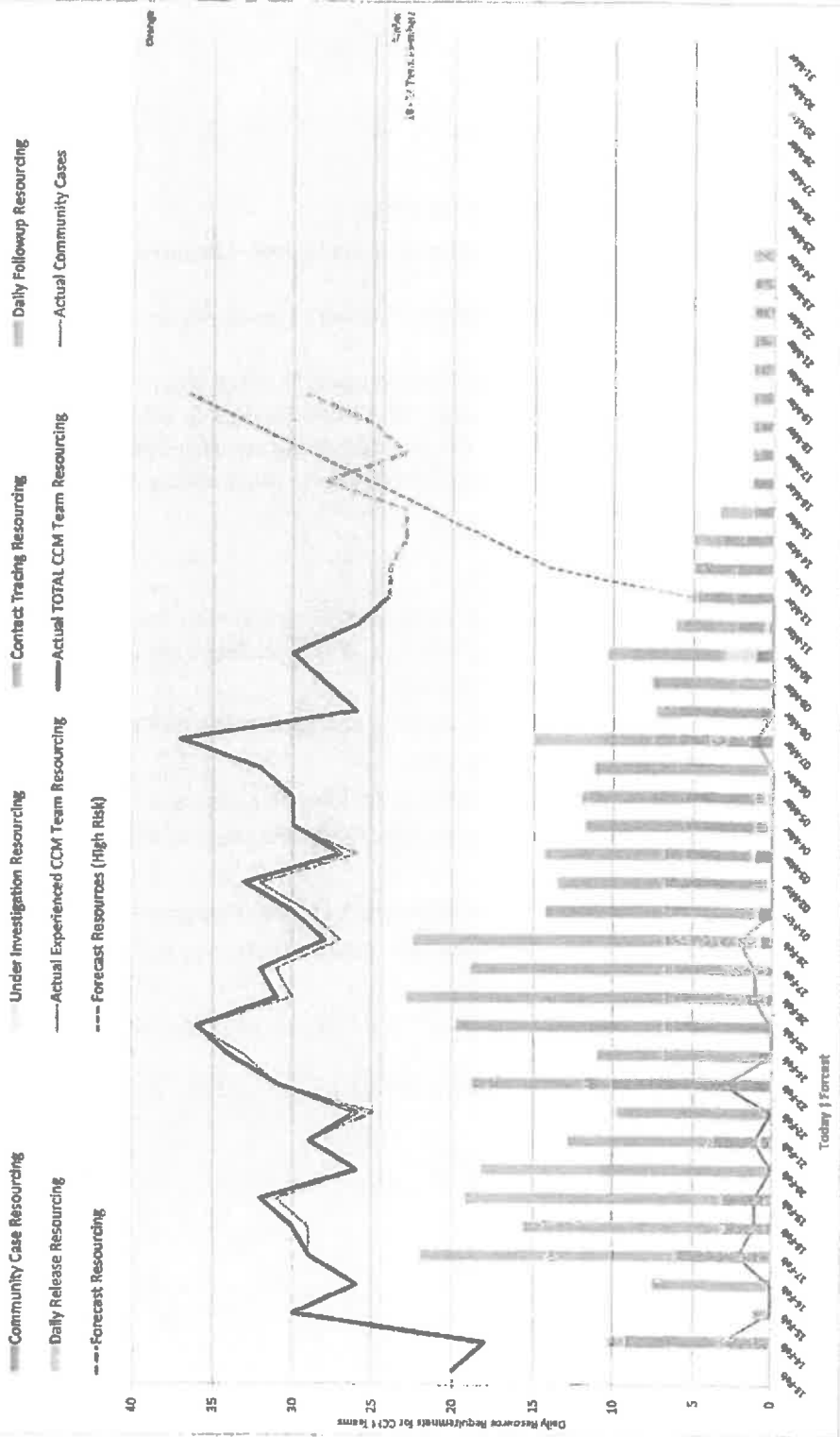
Tel: +64 9 623 4600 | Mob: [REDACTED]  
Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

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



## Workforce Demand Model



### Assumptions for 7 day forecast

- High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case
- Second order contact tracing and new cases with 5 contacts each
- Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Date Stamp: 12 / 3 / 2021 at 8:50am

## Natasha Johannes (ADHB)

---

**From:** ARPHS Emergency Planning (ADHB)  
**Sent:** Monday, 15 March 2021 14:39  
**To:** ARPHS Emergency Planning (ADHB); ARPHS Emergency Intelligence; Hazel Rook (ADHB); Mariam Parwaiz (ADHB); Joanna Goodfellow (ADHB); Ankie Crosbie (ADHB); William Rainger (ADHB)  
**Cc:** Laura Boccock (ADHB); Maria Poynter (ADHB); Jane McEntee (ADHB)  
**Subject:** Planning Capacity Update - 15/3/2021  
**Attachments:** Workforce Daily\_February Auckland Cluster.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Kia ora koutou,

Below is the update following the capacity & demand meeting today.

- The final capacity and demand meeting was held today and the team are returning to Yellow practices from tomorrow
- Capacity is exceeding demand; we are in Yellow surge level from today as per discussion at IMT (William and Maria to confirm and communicate)
- Further planning is required around exemptions/bubble breaches in surge. We need direction from by Hazel, Jane and Maria on the plan for this role in surge e.g. should this still sit with ARPHS during surge? Once we have confirmation we can update surge plan and communicate with Ops and Rosters.
- Last week RPH confirmed that they can support until Tuesday – Megan to follow up with Hazel if this is still required

### Risks:

- SMO leads over Easter are not consistent, we have not been able to sort with the availability that we have. We have a consistent SMO Ops Lead that may override this. PHN team leads are also consistent.
- We have a gap of pool doctors over Easter (Sat and Mon)
- If we have another surge we will have stretched resource in Ops leadership, Intel, SMO space – recruitment of data analyst may relieve the SMO and Intel pressures
- Inability to surge across all teams so that clinical and/or public health resource is evenly distributed as well as experienced CCM staff. Nursing resources are stretched. Ankie and Hazel to review current resources and ratio of nursing staff.
- There are continuing internal welfare concerns. Staff are tired, key roles are working extended hours and staff do not get the opportunity to recover post surge. Mitigations in place to reduce some of this risk and has been flagged in IMT Risk Register.
- Cultural competence risk if we are unable to roster 1 or more Māori or Pasifika staff members per team.



| Criteria  | 15 March |
|---|----------|
| Current workload for daily follow ups<br>(AMBER < 250, YELLOW <185) | 24       |

|  |   |
|--|---|
| Days since last community case   | 13 (28/2)   |
| Number of new community cases  | 0   |
| Number of active community cases   | 1 active  |
| Total community cases  | 16 (total including border related)                   |
| Number of community outbreaks  | 1   |
| Number of new community outbreaks  | 0   |
| Days since last unexpected community cases                               | 14 (27/2)   |
| Majority of COVID Team working sustainable and appropriate working hours | Yes but mention of high amount of overtime today      |
| Quality Performance metrics all to meet targets                          | One not meeting targets – Hazel & team need follow up |

**Ngā mihi**

**Jona Ukmata**  
**Improvement Specialist | COVID-19 Response Unit**

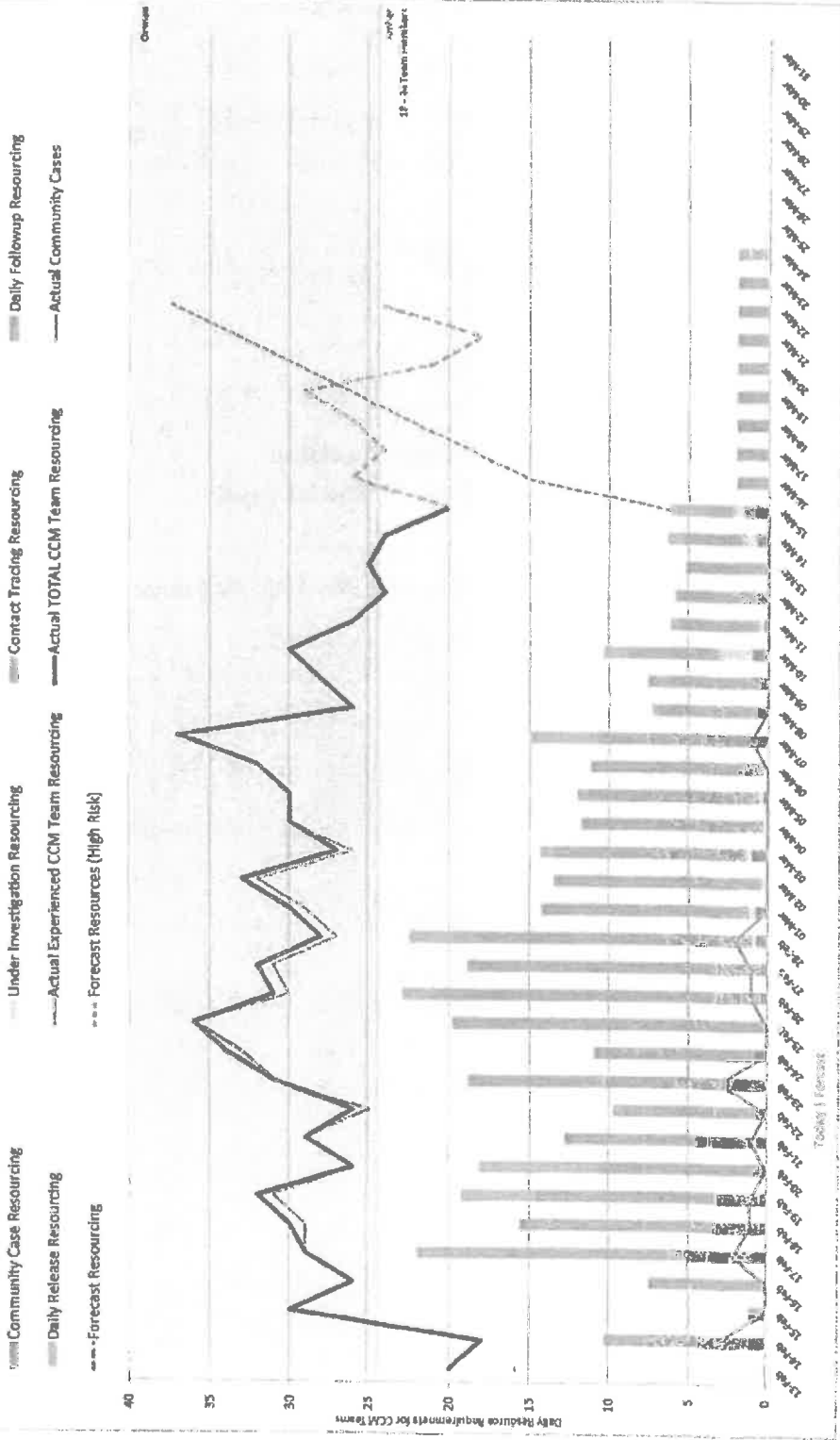
**Auckland Regional Public Health Service**

Tel: +64 9 623 4600 | Mob: [REDACTED]  
 Level 1, Cornwall Complex, Building 15, Greenlane Clinical Centre, Auckland  
 Visit: [www.arphs.health.nz](http://www.arphs.health.nz) |  [Auckland Regional Public Health Service](#) |  [@aklpublichealth](#)

**Our Vision: Te Ora ō Tāmaki Makaurau**

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

# Workforce Demand Model



Assumptions for 7 day forecast

- High Risk Forecast: 5 new cases per day, with 16 contacts each and ARPHS expected to trace 50%, and 1 hour for secondary contact identification per case
- Second order contact tracing and new cases with 5 contacts each
- Returning casual plus contacts will be followed up for 3 days or delegated to other PHUs

Data Stamp: 15/1/2021 at 8:30am

|   |  |                                  |                                 |
|---|--|----------------------------------|---------------------------------|
| <b>Incident Controller</b>                | <b>Jane McEntee</b>  |                                  |                                 |
| <b>Incident Management Team Members</b>   | Jane McEntee, Mariam Parwaiz, Maria Poynter, Maxine Ducker, Siniva Sinclair, Ankie Crosbie, Hazel Rook, Victoria Butler, Helen Hayes, Keith Suddes, Laura Bocock   |                                  |                                 |
| <b>Action Plan Number</b>                 | <b>#024</b>  | <b>AP Timeframe</b>              | <b>7 Days</b>                   |
| <b>Incident</b>                           | <b>COVID-19: National Alert Level 3</b>  |                                  |                                 |
| <b>IMT status</b>                         | <b>Stood Up (no EOC required at this stage)</b>  |                                  |                                 |
| <b>Date / Time approved</b>               | <b>15/02/2021</b>  | <b>Operational Phase covered</b> | <b>15/02/2021 to 22/02/2021</b> |
| <b>ARPHS Response Level</b>               | <b>AMBER</b>   |                                  |                                 |
| <b>Situation Summary</b>                  | <p><b>Brief description of the situation:</b></p> <ul style="list-style-type: none"> <li>• 3 community cases identified (same family)</li> <li>• Source of infection unknown – investigation under way</li> <li>• UK variant confirmed</li> <li>• Scoping, case and contact management progressing</li> <li>• Locations of interest being confirmed and shared</li> </ul>  |                                  |                                 |
| <b>Action Taken</b>                       | <p><b>Details of operational plan:</b></p> <ul style="list-style-type: none"> <li>• Maintain outbreak strategy</li> <li>• Case and contact management</li> <li>• Ongoing source investigation focusing on transmission source, possibly make recommendations for future prevention</li> <li>• Stakeholder liaison and management with implicated organisations or settings</li> <li>• Communications with the Ministry of Health, NRHCC and key stakeholders including border agencies.</li> </ul>   |                                  |                                 |
| <b>Aim / Goal (for this AP timeframe)</b> | <ol style="list-style-type: none"> <li>1. Act in accordance with Te Tiriti o Waitangi including Māori health equity</li> <li>2. Ensure an equitable response</li> <li>3. Establish the outbreak response</li> <li>4. Identify the outbreak source</li> <li>5. Stop on-going transmission, including potential environmental sources</li> <li>6. Support affected communities</li> <li>7. Ensure a safe and sustainable response</li> <li>8. Ensure clear communication and documentation</li> </ol>  |                                  |                                 |
| <b>Objectives / Priorities</b>            | <p><b>Response Priorities:</b></p> <ul style="list-style-type: none"> <li>• Ongoing case and contact management</li> <li>• Ongoing follow-up of scoping questions</li> <li>• Development of outbreak strategy</li> <li>• Progress event exposure management and coordination including testing reconciliation. Requires management plan for each group – ARPHS to lead – and clear responsibilities and accountabilities</li> <li>• Progressing source investigation</li> <li>• Ongoing stakeholder management and communications support</li> <li>• Logistics and resource planning – to confirm this week and plan out two weeks.</li> </ul> |                                  |                                 |
| <b>Plan of Action</b>                     | <ul style="list-style-type: none"> <li>• Rapid case investigation, counseling, and isolation</li> <li>• Contact identification, communication/counseling and management (including testing regimes)</li> <li>• Consider and mitigate environmental risks</li> </ul>  |                                  |                                 |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Review and update source investigation</li> <li>• Advice and assistance with contact groups testing strategy and any wider community testing</li> <li>• Support wellbeing and manaaki requirements for cases and contacts</li> <li>• Intelligence and Logistics functions enhanced for upcoming long weekend, especially rostering</li> <li>• Continue stakeholder engagement and communications</li> <li>• Revise and distribute daily data intelligence reports</li> <li>• Monitor outbreak trajectory</li> <li>• Monitor Operations workload</li> </ul>  |
| <p><b>Specific Tasks &amp; Information Flow</b></p> | <ul style="list-style-type: none"> <li>• Incident Controller (I/C): Jane McEntee</li> <li>• Clinical Lead: Mariam Parwaiz</li> <li>• Pae Ora: Maxine Ducker</li> <li>• Pacific: Siniva Sinclair</li> <li>• Response Manager: Keith Suddes</li> <li>• Planning Manager: Laura Bocock</li> <li>• Intelligence Manager: Laura Bocock</li> <li>• Logistics Manager: Ankie Crosbie</li> <li>• Operations Manager: Hazel Rook</li> <li>• Wellbeing: Victoria Butler</li> <li>• Communications Manager (PIM): Helen Hayes</li> </ul>  |
| <p><b>Immediate tasks</b></p>                       | <p><b>Incident controller:</b></p> <ul style="list-style-type: none"> <li>• Liaise with NRHCC, DHB's, MoE and MoH</li> <li>• Implement OB strategy;</li> <li>• Stand up and chair IMT</li> <li>• Identify and monitor risks</li> </ul> <p><b>Clinical Leads:</b> in partnership with Incident Controller:</p> <ul style="list-style-type: none"> <li>• approve outbreak strategy oversee and monitor outbreak response and trajectory</li> <li>• review source investigation documents</li> <li>• clinical risk management</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• Outbreak Strategy (Action Plan) developed and maintained</li> <li>• Maintain Risk and Issues Register</li> <li>• Establish capacity and demand daily group</li> <li>• Monitoring escalation triggers</li> </ul> <p><b>Intelligence:</b></p> <ul style="list-style-type: none"> <li>• Providing accurate and timely reports to ARPHS, regionally and nationally;</li> <li>• Source investigation</li> <li>• Receive and prioritise data/information requests</li> </ul> <p><b>Logistics:</b></p> <ul style="list-style-type: none"> <li>• Monitor outbreak resource requirements and source additional surge workforce</li> <li>• Maintain roster in alignment with workforce planning model</li> <li>• Ensure resourcing meets the cultural requirements for an equitable response</li> <li>• Staff well-being (sustenance for staff working weekends and overtime)</li> </ul> <p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• Deliver Operational Plan and supporting documentation</li> <li>• Respond to outbreaks and clusters and coordinate case and contact management and symptom checking</li> <li>• Ensure strong linkages between health and welfare responses</li> <li>• Use of translators to support case and contact communications</li> </ul> <p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Maintain public information and stakeholder collateral</li> <li>• Continue reporting and communication with stakeholders, develop stakeholder update</li> </ul> |

|   |   |
|---|---|
| <b>Tasks following transition to HCEG-led regional response</b> | TBC   |
| <b>Limiting Factors</b>   | <ul style="list-style-type: none"> <li>• Sustaining roles and responsibilities, staff levels</li> <li>• Capacity and surge requirements,</li> <li>• Identifying, attaining and retaining skilled personnel</li> <li>• Staff fatigue and stress</li> <li>• Ability to respond to other emergent events (eg concurrent disease outbreak)</li> </ul>   |
| <b>Coordination Measures</b>                                    | TBC   |
| <b>Resource Needs</b>   | <ul style="list-style-type: none"> <li>• Suitably skilled AND trained personnel</li> <li>• Case and contact management needs</li> <li>• Symptom checking needs</li> <li>• IMT function management capacity and availability</li> <li>• Communications – internal and external</li> <li>• Facilities and IT</li> <li>• Roster system that's is suitable for all users</li> </ul>   |
| <b>Information Flow</b>   | All information is saved in:<br><u>N:\01_ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov</u>  |
| <b>Public information Plan</b>                                  | <ul style="list-style-type: none"> <li>• Stakeholder communications including cultural response support from NRHCC</li> <li>• Public messaging.</li> </ul>  |
| <b>Communications</b>   | <p>All communications between staff should cc the appropriate EOC email account.</p> <ul style="list-style-type: none"> <li>• ARPHS Emergency Incident Controller (ADHB) <a href="mailto:arphsic@adhb.govt.nz">arphsic@adhb.govt.nz</a></li> <li>• ARPHS Emergency Response Unit Manager (ADHB) <a href="mailto:arphsresponse.manager@adhb.govt.nz">arphsresponse.manager@adhb.govt.nz</a></li> <li>• ARPHS Emergency Operations (ADHB) <a href="mailto:arphsops@adhb.govt.nz">arphsops@adhb.govt.nz</a></li> </ul> |
| <b>Organisation</b>   | <p><b>Details of any HR or Staff welfare issues:</b></p> <p>Resourcing of response to be considered to ensure staff welfare.</p>  |
| <b>Recovery</b>   | Consider the Continuous Quality Improvement process in parallel with response.  |
| <b>AP Prepared by</b>   | Keith Suddes – Response Manager   |
| <b>AP Approved by</b>   | Jane McEntee – ARPHS Controller   |
| <b>Distribution</b>   | ARPHS IMT   |

|   |  |                                  |                          |
|---|--|----------------------------------|--------------------------|
| <b>Incident Controller</b>                | William Rainger  |                                  |                          |
| <b>Incident Management Team Members</b>   | William Rainger, Mariam Parwaiz, Maria Poynter, Jackie Rapana, Siniva Sinclair, Ankie Crosbie, Hazel Rook, Victoria Butler, Helen Hayes, Keith Suddes, Laura Boccock, Jona Ukmata  |                                  |                          |
| <b>Action Plan Number</b>                 | #025   | <b>AP Timeframe</b>              | 7 Days                   |
| <b>Incident</b>                           | COVID-19: National Alert Level 1   |                                  |                          |
| <b>IMT status</b>                         | Stood Up (no EOC required at this stage)   |                                  |                          |
| <b>Date / Time approved</b>               | 23/02/2021   | <b>Operational Phase covered</b> | 23/02/2021 to 02/03/2021 |
| <b>ARPHS Response Level</b>               | ORANGE   |                                  |                          |
| <b>Situation Summary</b>                  | <p><b>Brief description of the situation:</b></p> <ul style="list-style-type: none"> <li>• Further community cases identified (11 in total)</li> <li>• Source of infection unknown – investigation under way</li> <li>• UK variant confirmed</li> <li>• Scoping, case and contact management progressing</li> <li>• Additional locations of interest being confirmed and shared</li> </ul>   |                                  |                          |
| <b>Action Taken</b>                       | <p><b>Details of operational plan:</b></p> <ul style="list-style-type: none"> <li>• Maintain outbreak strategy</li> <li>• Case and contact management</li> <li>• Ongoing source investigation focusing on transmission source, possibly make recommendations for future prevention</li> <li>• Stakeholder liaison and management with implicated organisations or settings</li> <li>• Communications with the Ministry of Health, NRHCC and key stakeholders including border agencies.</li> </ul>   |                                  |                          |
| <b>Aim / Goal (for this AP timeframe)</b> | <ol style="list-style-type: none"> <li>1. Act in accordance with Te Tiriti o Waitangi including Māori health equity</li> <li>2. Ensure an equitable response</li> <li>3. Establish the outbreak response</li> <li>4. Identify the outbreak source</li> <li>5. Stop on-going transmission, including potential environmental sources</li> <li>6. Support affected communities</li> <li>7. Ensure a safe and sustainable response</li> <li>8. Ensure clear communication and documentation</li> </ol>  |                                  |                          |
| <b>Objectives / Priorities</b>            | <p><b>Response Priorities:</b></p> <ul style="list-style-type: none"> <li>• Ongoing case and contact management</li> <li>• Ongoing follow-up of scoping questions</li> <li>• Development of outbreak strategy</li> <li>• Progress event exposure management and coordination including testing reconciliation. Requires management plan for each group – ARPHS to lead – and clear responsibilities and accountabilities</li> <li>• Progressing source investigation</li> <li>• Ongoing stakeholder management and communications support</li> <li>• Logistics and resource planning – to confirm this week and plan out two weeks.</li> </ul> |                                  |                          |
| <b>Plan of Action</b>                     | <ul style="list-style-type: none"> <li>• Rapid case investigation, counseling, and isolation</li> <li>• Contact identification, communication/counseling and management (including testing regimes)</li> <li>• Consider and mitigate environmental risks</li> </ul>  |                                  |                          |



|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Review and update source investigation</li> <li>• Advice and assistance with contact groups testing strategy and any wider community testing</li> <li>• Support wellbeing and manaaki requirements for cases and contacts</li> <li>• Intelligence and Logistics functions enhanced for upcoming long weekend, especially rostering</li> <li>• Continue stakeholder engagement and communications</li> <li>• Revise and distribute daily data intelligence reports</li> <li>• Monitor outbreak trajectory</li> <li>• Monitor Operations workload</li> </ul>  |
| <p><b>Specific Tasks &amp; Information Flow</b></p> | <ul style="list-style-type: none"> <li>• Incident Controller (I/C): William Rainger</li> <li>• Clinical Lead: Mariam Parwaiz</li> <li>• Pae Ora: Jackie Rapana</li> <li>• Pacific: Siniva Sinclair</li> <li>• Response Manager: Keith Suddes</li> <li>• Planning Manager: Jona Ukmata</li> <li>• Intelligence Manager: Laura Boccock</li> <li>• Logistics Manager: Ankie Crosbie</li> <li>• Operations Manager: Hazel Rook</li> <li>• Wellbeing: Victoria Butler</li> <li>• Communications Manager (PIM): Helen Hayes</li> </ul>   |
| <p><b>Immediate tasks</b></p>                       | <p><b>Incident controller:</b></p> <ul style="list-style-type: none"> <li>• Liaise with NRHCC, DHB's, MoE and MoH</li> <li>• Implement OB strategy;</li> <li>• Stand up and chair IMT</li> <li>• Identify and monitor risks</li> </ul> <p><b>Clinical Leads:</b> in partnership with Incident Controller:</p> <ul style="list-style-type: none"> <li>• approve outbreak strategy oversee and monitor outbreak response and trajectory</li> <li>• review source investigation documents</li> <li>• clinical risk management</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• Outbreak Strategy (Action Plan) developed and maintained</li> <li>• Maintain Risk and Issues Register</li> <li>• Establish capacity and demand daily group</li> <li>• Monitoring escalation triggers</li> </ul> <p><b>Intelligence:</b></p> <ul style="list-style-type: none"> <li>• Providing accurate and timely reports to ARPHS, regionally and nationally;</li> <li>• Source investigation</li> <li>• Receive and prioritise data/information requests</li> <li>• Maintain and distribute Situation Report</li> </ul> <p><b>Logistics:</b></p> <ul style="list-style-type: none"> <li>• Monitor outbreak resource requirements and source additional surge workforce</li> <li>• Maintain roster in alignment with workforce planning model</li> <li>• Ensure resourcing meets the cultural requirements for an equitable response</li> <li>• Staff well-being (sustenance for staff working weekends and overtime)</li> </ul> <p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• Deliver Operational Plan and supporting documentation</li> <li>• Respond to outbreaks and clusters and coordinate case and contact management and symptom checking</li> <li>• Ensure strong linkages between health and welfare responses</li> <li>• Use of translators to support case and contact communications</li> </ul> <p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Maintain public information and stakeholder collateral</li> <li>• Continue reporting and communication with stakeholders, develop stakeholder update</li> </ul> |

|   |  |
|---|--|
| <b>Tasks following transition to HCEG-led regional response</b> | TBC  |
| <b>Limiting Factors</b>   | <ul style="list-style-type: none"> <li>• Sustaining roles and responsibilities, staff levels</li> <li>• Capacity and surge requirements,</li> <li>• Identifying, attaining and retaining skilled personnel</li> <li>• Staff fatigue and stress</li> <li>• Ability to respond to other emergent events (eg concurrent disease outbreak)</li> </ul>  |
| <b>Coordination Measures</b>                                    | TBC  |
| <b>Resource Needs</b>   | <ul style="list-style-type: none"> <li>• Suitably skilled AND trained personnel</li> <li>• Case and contact management needs</li> <li>• Symptom checking needs</li> <li>• IMT function management capacity and availability</li> <li>• Communications – internal and external</li> <li>• Facilities and IT</li> <li>• Roster system that's is suitable for all users</li> </ul>  |
| <b>Information Flow</b>   | All information is saved in:<br><u>N:\01_ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov</u>   |
| <b>Public information Plan</b>                                  | <ul style="list-style-type: none"> <li>• Stakeholder communications including cultural response support from NRHCC</li> <li>• Public messaging.</li> </ul>   |
| <b>Communications</b>   | All communications between staff should cc the appropriate EOC email account. <ul style="list-style-type: none"> <li>• ARPHS Emergency Incident Controller (ADHB) <a href="mailto:arphsic@adhb.govt.nz">arphsic@adhb.govt.nz</a></li> <li>• ARPHS Emergency Response Unit Manager (ADHB) <a href="mailto:arphsresponse.manager@adhb.govt.nz">arphsresponse.manager@adhb.govt.nz</a></li> <li>• ARPHS Emergency Operations (ADHB) <a href="mailto:arphsops@adhb.govt.nz">arphsops@adhb.govt.nz</a></li> </ul> |
| <b>Organisation</b>   | <b>Details of any HR or Staff welfare issues:</b><br><br>Resourcing of response to be considered to ensure staff welfare.  |
| <b>Recovery</b>   | Consider the Continuous Quality Improvement process in parallel with response.   |
| <b>AP Prepared by</b>   | Keith Suddes – Response Manager  |
| <b>AP Approved by</b>   | William Rainger – ARPHS Controller   |
| <b>Distribution</b>   | ARPHS IMT  |



Working with the people of Auckland, Waitemata and Counties Manukau

|   |   |                                  |                                 |
|---|---|----------------------------------|---------------------------------|
| <b>Incident Controller</b>                | <b>William Rainger</b>  |                                  |                                 |
| <b>Incident Management Team Members</b>   | William Rainger/Jane McEntee, Mariam Parwaiz, Maria Poynter, Jackie Rapana/Maxine Ducker, Siniva Sinclair, Ankie Crosbie/Daniel Channing, Hazel Rook/Jo Goodfellow, Victoria Butler, Helen Hayes, Keith Suddes/Tofa Ramanlal, Laura Bocock, Jona Ukmata   |                                  |                                 |
| <b>Action Plan Number</b>                 | <b>#026</b>   | <b>AP Timeframe</b>              | <b>7 Days</b>                   |
| <b>Incident</b>                           | <b>COVID-19: National Alert Level 3</b>   |                                  |                                 |
| <b>IMT status</b>                         | <b>Stood Up (no EOC required at this stage)</b>   |                                  |                                 |
| <b>Date / Time approved</b>               | <b>02/03/2021</b>   | <b>Operational Phase covered</b> | <b>02/03/2021 to 09/03/2021</b> |
| <b>ARPHS Response Level</b>               | <b>ORANGE</b>   |                                  |                                 |
| <b>Situation Summary</b>                  | <p><b>Brief description of the situation:</b></p> <ul style="list-style-type: none"> <li>• Further community cases identified (15 in total)</li> <li>• Source of infection unknown – investigation under way</li> <li>• UK variant confirmed</li> <li>• Scoping, case and contact management progressing</li> <li>• Additional locations of interest being confirmed and shared</li> </ul>  |                                  |                                 |
| <b>Action Taken</b>                       | <p><b>Details of operational plan:</b></p> <ul style="list-style-type: none"> <li>• Maintain outbreak strategy</li> <li>• Case and contact management</li> <li>• Ongoing source investigation focusing on transmission source, possibly make recommendations for future prevention</li> <li>• Stakeholder liaison and management with implicated organisations or settings</li> <li>• Communications with the Ministry of Health, NRHCC and key stakeholders including border agencies.</li> </ul>  |                                  |                                 |
| <b>Aim / Goal (for this AP timeframe)</b> | <ol style="list-style-type: none"> <li>1. Act in accordance with Te Tiriti o Waitangi including Māori health equity</li> <li>2. Ensure an equitable response</li> <li>3. Establish the outbreak response</li> <li>4. Identify the outbreak source</li> <li>5. Stop on-going transmission, including potential environmental sources</li> <li>6. Support affected communities</li> <li>7. Ensure a safe and sustainable response</li> <li>8. Ensure clear communication and documentation</li> </ol>   |                                  |                                 |
| <b>Objectives / Priorities</b>            | <p><b>Response Priorities:</b></p> <ul style="list-style-type: none"> <li>• Ongoing case and contact management</li> <li>• Operating in accordance to the outbreak strategy</li> <li>• Progress event exposure management and coordination including testing reconciliation. Requires management plan for each group – ARPHS to lead – and clear responsibilities and accountabilities</li> <li>• Progressing source investigation</li> <li>• Ongoing stakeholder management and communications support</li> <li>• Logistics and resource planning – on-going and reviewed daily</li> </ul> |                                  |                                 |
| <b>Plan of Action</b>                     | <ul style="list-style-type: none"> <li>• Rapid case investigation, counseling, and isolation</li> <li>• Contact identification, communication/counseling and management (including testing regimes)</li> </ul>  |                                  |                                 |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Consider and mitigate environmental risks</li> <li>• Review and update source investigation</li> <li>• Advice and assistance with contact groups testing strategy and any wider community testing</li> <li>• Support wellbeing and manaaki requirements for cases and contacts</li> <li>• Intelligence and Logistics functions enhanced for upcoming long weekend, especially rostering</li> <li>• Continue stakeholder engagement and communications</li> <li>• Revise and distribute daily data intelligence reports</li> <li>• Monitor outbreak trajectory</li> <li>• Monitor internal capacity and demand</li> </ul>  |
| <p><b>Specific Tasks &amp; Information Flow</b></p> | <ul style="list-style-type: none"> <li>• Incident Controller (I/C): William Rainger/Jane McEntee</li> <li>• Clinical Lead: Mariam Parwaiz</li> <li>• Pae Ora: Jackie Rapana/Maxine Ducker</li> <li>• Pacific: Siniva Sinclair</li> <li>• Response Manager: Keith Suddes/ Tofa Ramanlal</li> <li>• Planning Manager: Jona Ukmata</li> <li>• Intelligence Manager: Laura Bocock</li> <li>• Logistics Manager: Ankie Crosbie/Daniel Channing</li> <li>• Operations Manager: Hazel Rook/Jo Goodfellow</li> <li>• Wellbeing: Victoria Butler</li> <li>• Communications Manager (PIM): Helen Hayes</li> </ul>  |
| <p><b>Immediate tasks</b></p>                       | <p><b>Incident controller:</b></p> <ul style="list-style-type: none"> <li>• Liaise with NRHCC, DHB's, MoE and MoH</li> <li>• Implement OB strategy;</li> <li>• Stand up and chair IMT</li> <li>• Identify and monitor risks</li> </ul> <p><b>Clinical Leads:</b> in partnership with Incident Controller:</p> <ul style="list-style-type: none"> <li>• approve outbreak strategy oversee and monitor outbreak response and trajectory</li> <li>• review source investigation documents</li> <li>• clinical risk management</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• Outbreak Strategy (Action Plan) developed and maintained</li> <li>• Maintain Risk and Issues Register</li> <li>• Establish capacity and demand daily group</li> <li>• Monitoring escalation triggers</li> </ul> <p><b>Intelligence:</b></p> <ul style="list-style-type: none"> <li>• Providing accurate and timely reports to ARPHS, regionally and nationally;</li> <li>• Source investigation</li> <li>• Receive and prioritise data/information requests</li> <li>• Maintain and distribute Situation Report</li> </ul> <p><b>Logistics:</b></p> <ul style="list-style-type: none"> <li>• Monitor outbreak resource requirements and source additional surge workforce</li> <li>• Maintain roster in alignment with workforce planning model</li> <li>• Ensure resourcing meets the cultural requirements for an equitable response</li> <li>• Staff well-being (sustenance for staff working weekends and overtime)</li> </ul> <p><b>Operations</b></p> <ul style="list-style-type: none"> <li>• Deliver Operational Plan and supporting documentation</li> <li>• Respond to outbreaks and clusters and coordinate case and contact management and symptom checking</li> <li>• Ensure strong linkages between health and welfare responses</li> <li>• Use of Interpreters to support case and contact communications</li> </ul> <p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Maintain public information and stakeholder collateral</li> <li>• Continue reporting and communication with stakeholders, develop</li> </ul> |

|   |  |
|---|--|
|   | stakeholder update   |
| <b>Tasks following transition to HCEG-led regional response</b> | TBC  |
| <b>Limiting Factors</b>   | <ul style="list-style-type: none"> <li>• Sustaining roles and responsibilities, staff levels</li> <li>• Capacity and surge requirements,</li> <li>• Identifying, attaining and retaining skilled personnel</li> <li>• Staff fatigue and stress</li> <li>• Ability to respond to other emergent events (eg concurrent disease outbreak)</li> <li>• National PHU capacity</li> </ul>   |
| <b>Coordination Measures</b>                                    | TBC  |
| <b>Resource Needs</b>   | <ul style="list-style-type: none"> <li>• Suitably skilled AND trained personnel</li> <li>• Case and contact management needs</li> <li>• Symptom checking needs</li> <li>• IMT function management capacity and availability</li> <li>• Communications – internal and external</li> <li>• Facilities and IT</li> <li>• Roster system that's is suitable for all users</li> <li>• A streamlined nation coordinated response lead by NITC</li> </ul>  |
| <b>Information Flow</b>   | All information is saved in:<br><u>N:\01_ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov</u> and on the <u>Hub</u>   |
| <b>Public information Plan</b>                                  | <ul style="list-style-type: none"> <li>• Stakeholder communications including cultural response support from NRHCC</li> <li>• Public messaging.</li> <li>• Regional communication framework</li> </ul>   |
| <b>Communications</b>   | All communications between staff should cc the appropriate EOC email account. <ul style="list-style-type: none"> <li>• ARPHS Emergency Incident Controller (ADHB) <a href="mailto:arphsic@adhb.govt.nz">arphsic@adhb.govt.nz</a></li> <li>• ARPHS Emergency Response Unit Manager (ADHB) <a href="mailto:arphsresponse.manager@adhb.govt.nz">arphsresponse.manager@adhb.govt.nz</a></li> <li>• ARPHS Emergency Operations (ADHB) <a href="mailto:arphsops@adhb.govt.nz">arphsops@adhb.govt.nz</a></li> </ul> |
| <b>Organisation</b>   | <b>Details of any HR or Staff welfare issues:</b><br>Resourcing of response to be considered to ensure staff welfare.  |
| <b>Recovery</b>   | Consider the Continuous Quality Improvement process in parallel with response.<br>A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.   |
| <b>AP Prepared by</b>   | Jona Ukmata – Planning Manager   |
| <b>AP Approved by</b>   | William Rainger – ARPHS Controller   |
| <b>Distribution</b>   | ARPHS IMT  |



|   |  |                                  |                                 |
|---|--|----------------------------------|---------------------------------|
| <b>Incident Controller</b>                | <b>William Rainger</b>   |                                  |                                 |
| <b>Incident Management Team Members</b>   | William Rainger/Jane McEntee, Mariam Parwaiz, Maria Poynter, Jackie Rapana/Maxine Ducker, Siniva Sinclair, Ankie Crosbie/Daniel Channing, Hazel Rook/Jo Goodfellow, Victoria Butler, Helen Hayes, Keith Suddes/Tofa Ramanlal, Laura Boccock/Michael Hale/Tayla Newlyn, Jona Ukmata   |                                  |                                 |
| <b>Action Plan Number</b>                 | <b>#027</b>  | <b>AP Timeframe</b>              | <b>7 Days</b>                   |
| <b>Incident</b>                           | <b>COVID-19: National Alert Level 2</b>  |                                  |                                 |
| <b>IMT status</b>                         | <b>Stood Up (no EOC required at this stage)</b>  |                                  |                                 |
| <b>Date / Time approved</b>               | <b>09/03/2021</b>  | <b>Operational Phase covered</b> | <b>09/03/2021 to 16/03/2021</b> |
| <b>ARPHS Response Level</b>               | <b>ORANGE</b>  |                                  |                                 |
| <b>Situation Summary</b>                  | <p><b>Brief description of the situation:</b></p> <ul style="list-style-type: none"> <li>• 15 community cases since 14<sup>th</sup> February (4 active), no new cases for over 7 days</li> <li>• 1 border related case identified 7<sup>th</sup> March</li> <li>• Source investigation continues for border related case and February community outbreak</li> <li>• UK variant confirmed for community cluster</li> <li>• Genome sequencing showed that the border related case has no link to current February community outbreak</li> <li>• Scoping, case and contact management progressing</li> <li>• Additional locations of interest being confirmed and shared</li> </ul> |                                  |                                 |
| <b>Action Taken</b>                       | <p><b>Details of operational plan:</b></p> <ul style="list-style-type: none"> <li>• Maintain outbreak strategy</li> <li>• Case and contact management</li> <li>• Ongoing source investigation focusing on transmission source, possibly make recommendations for future prevention</li> <li>• Stakeholder liaison and management with implicated organisations or settings</li> <li>• Communications with the Ministry of Health, NRHCC and key stakeholders including border agencies.</li> </ul>   |                                  |                                 |
| <b>Aim / Goal (for this AP timeframe)</b> | <ol style="list-style-type: none"> <li>1. Act in accordance with Te Tiriti o Waitangi including Māori health equity</li> <li>2. Ensure an equitable response</li> <li>3. Establish the outbreak response</li> <li>4. Identify the outbreak source</li> <li>5. Stop on-going transmission, including potential environmental sources</li> <li>6. Support affected communities</li> <li>7. Ensure a safe and sustainable response</li> <li>8. Ensure clear communication and documentation</li> </ol>  |                                  |                                 |
| <b>Objectives / Priorities</b>            | <p><b>Response Priorities:</b></p> <ul style="list-style-type: none"> <li>• Ongoing case and contact management</li> <li>• Operating in accordance to the outbreak strategy</li> <li>• Progress event exposure management and coordination including testing reconciliation. Requires management plan for each group – ARPHS to lead – and clear responsibilities and accountabilities</li> <li>• Progressing source investigation</li> <li>• Ongoing stakeholder management and communications support</li> </ul>   |                                  |                                 |

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>Logistics and resource planning – on-going and reviewed daily</li> </ul>  |
| <b>Plan of Action</b>                        | <ul style="list-style-type: none"> <li>Rapid case investigation, counseling, and isolation</li> <li>Contact identification, communication/counseling and management (including testing regimes)</li> <li>Consider and mitigate environmental risks</li> <li>Review and update source investigation</li> <li>Advice and assistance with contact groups testing strategy and any wider community testing</li> <li>Support wellbeing and manaaki requirements for cases and contacts</li> <li>Intelligence and Logistics functions enhanced for upcoming long weekend, especially rostering</li> <li>Continue stakeholder engagement and communications</li> <li>Revise and distribute daily data intelligence reports</li> <li>Monitor outbreak trajectory</li> <li>Monitor internal capacity and demand</li> <li>Review ARPHS response level with a view to de-escalating</li> </ul>  |
| <b>Specific Tasks &amp; Information Flow</b> | <ul style="list-style-type: none"> <li>Incident Controller (I/C): William Rainger/Jane McEntee</li> <li>Clinical Lead: Mariam Parwaiz</li> <li>Pae Ora: Jackie Rapana/Maxine Ducker</li> <li>Pacific: Siniva Sinclair</li> <li>Response Manager: Keith Suddes/ Tofa Ramanlal</li> <li>Planning Manager: Jona Ukmata</li> <li>Intelligence Manager: Laura Bocoock</li> <li>Logistics Manager: Ankie Crosbie/Daniel Channing</li> <li>Operations Manager: Hazel Rook/Jo Goodfellow</li> <li>Wellbeing: Victoria Butler</li> <li>Communications Manager (PIM): Helen Hayes</li> </ul>   |
| <b>Immediate tasks</b>                       | <p><b>Incident controller:</b></p> <ul style="list-style-type: none"> <li>Liaise with NRHCC, DHB's, MoE and MoH</li> <li>Implement OB strategy;</li> <li>Stand up and chair IMT</li> <li>Identify and monitor risks</li> </ul> <p><b>Clinical Leads:</b> in partnership with Incident Controller:</p> <ul style="list-style-type: none"> <li>approve outbreak strategy oversee and monitor outbreak response and trajectory</li> <li>review source investigation documents</li> <li>clinical risk management</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>Outbreak Strategy (Action Plan) developed and maintained</li> <li>Maintain Risk and Issues Register</li> <li>Establish capacity and demand daily group</li> <li>Monitoring escalation triggers</li> </ul> <p><b>Intelligence:</b></p> <ul style="list-style-type: none"> <li>Providing accurate and timely reports to ARPHS, regionally and nationally;</li> <li>Source investigation</li> <li>Receive and prioritise data/information requests</li> <li>Maintain and distribute Situation Report</li> </ul> <p><b>Logistics:</b></p> <ul style="list-style-type: none"> <li>Monitor outbreak resource requirements and source additional surge workforce</li> <li>Maintain roster in alignment with workforce planning model</li> <li>Ensure resourcing meets the cultural requirements for an equitable response</li> <li>Staff well-being (sustenance for staff working weekends and overtime)</li> </ul> <p><b>Operations</b></p> <ul style="list-style-type: none"> <li>Deliver Operational Plan and supporting documentation</li> <li>Respond to outbreaks and clusters and coordinate case and contact management and symptom checking</li> <li>Ensure strong linkages between health and welfare responses</li> </ul> |

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Use of Interpreters to support case and contact communications</li> </ul> <p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Maintain public information and stakeholder collateral</li> <li>• Continue reporting and communication with stakeholders, develop stakeholder update</li> </ul>  |
| <b>Tasks following transition to HCEG-led regional response</b> | TBC  |
| <b>Limiting Factors</b>   | <ul style="list-style-type: none"> <li>• Sustaining roles and responsibilities, staff levels</li> <li>• Capacity and surge requirements,</li> <li>• Identifying, attaining and retaining skilled personnel</li> <li>• Staff fatigue and stress</li> <li>• Ability to respond to other emergent events (eg concurrent disease outbreak)</li> <li>• National PHU capacity</li> </ul>   |
| <b>Coordination Measures</b>                                    | TBC  |
| <b>Resource Needs</b>   | <ul style="list-style-type: none"> <li>• Suitably skilled AND trained personnel</li> <li>• Case and contact management needs</li> <li>• Symptom checking needs</li> <li>• IMT function management capacity and availability</li> <li>• Communications – internal and external</li> <li>• Facilities and IT</li> <li>• Roster system that's is suitable for all users</li> <li>• A streamlined nation coordinated response lead by NITC</li> </ul>  |
| <b>Information Flow</b>   | All information is saved in:<br><u>N:\01 ARPHS\Emergency Management\Incidents\Current\2020\Novel coronavirus 2019-nCov</u> and on the <u>Hub</u>   |
| <b>Public information Plan</b>                                  | <ul style="list-style-type: none"> <li>• Stakeholder communications including cultural response support from NRHCC</li> <li>• Public messaging.</li> <li>• Regional communication framework</li> </ul>   |
| <b>Communications</b>   | All communications between staff should cc the appropriate EOC email account. <ul style="list-style-type: none"> <li>• ARPHS Emergency Incident Controller (ADHB) <a href="mailto:arphsic@adhb.govt.nz">arphsic@adhb.govt.nz</a></li> <li>• ARPHS Emergency Response Unit Manager (ADHB) <a href="mailto:arphsresponse_manager@adhb.govt.nz">arphsresponse_manager@adhb.govt.nz</a></li> <li>• ARPHS Emergency Operations (ADHB) <a href="mailto:arphsops@adhb.govt.nz">arphsops@adhb.govt.nz</a></li> </ul> |
| <b>Organisation</b>   | <b>Details of any HR or Staff welfare issues:</b><br>Resourcing of response to be considered to ensure staff welfare.  |
| <b>Recovery</b>   | Consider the Continuous Quality Improvement process in parallel with response.<br>A surge protocol shared and confirmed with the region to streamline processes and timeframes of deployment to allow staff to rest and recover.   |
| <b>AP Prepared by</b>   | Jona Ukmata – Planning Manager   |
| <b>AP Approved by</b>   | William Rainger – ARPHS Controller   |
| <b>Distribution</b>   | ARPHS IMT  |