

Rapid Review of Initial Operating Model and Organisational Arrangements for the National Response to COVID-19

IN CONFIDENCE

REVIEW PANEL:

Sir Brian Roche (Chair)

Ms Rebecca Kitteridge

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Introduction

The Chair of the Officials Committee for Domestic and External Security Coordination (ODESC) commissioned a rapid review of the arrangements supporting the All of Government (AoG) Covid-19 response.

Those arrangements had essentially been in place for a period of approximately 4 weeks within a very fast paced and unprecedented operating environment.

The nature and extent of the situation facing New Zealand (and the wider world) placed demands on health systems, economies and communities that are largely unprecedented in modern times.

Against that background, and having regard to the ongoing role of the arrangements, a panel comprising Ms Rebecca Kitteridge, Mr Dave Gawn and Sir Brian Roche (Chair) (the Panel) was commissioned to provide advice to Mr John Ombler (as the All of Government Controller) and Dr Brook Barrington as Chair of ODESC on a recommended operating model and any corresponding structures needed to support the effective coordinated and unified all-of-government action for the next phases of the response.

In particular the Panel was required to ascertain whether there is any:

- uncertainty in coordination and leadership, including getting the right balance between the coordination roles undertaken by some roles (such as ODESC) and the statutory powers and accountabilities specific to some roles (such as the Director-General of Health and the Director of Civil Defence and Emergency Management);
- duplication of functions regarding operations, intelligence, and communications, which introduces risk and delays due to confusion; and
- potential for competition instead of collaboration, particularly between the statutory leads – the Ministry of Health (including Public Health), the National Emergency Management Agency (NEMA) and the New Zealand Police, but also between Operational Command Centre and the CIMS functional leads in various agencies.

In undertaking its role the Panel was asked to have regard to the following broad factors:

- Undertaking an AoG Response operating model health check – providing experienced input to understand current performance across the different components: strategic, policy, operational, intelligence and communications, and the extent to which the current configurations are able to deliver on the intended outcomes.

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- Identifying system issues – including checking for functional duplication, gaps, areas requiring improved clarity, accountability and leadership, and identifying any other relevant issues in terms of the performance of the structures that have been put into place to date that Panel members consider need to be addressed and/or opportunities that could be progressed, and providing input to response priorities.
 - Horizon scanning – provide input on changes in the external environment that the Scheme may need to respond to. This may include identifying issues that may impact on the response in the medium-to-long term horizon.
 - Identifying the necessary resourcing requirements - both the requirements for coordinating effectively across government and coordinating within the All-of-Government group itself (NCMC North and South).

A full copy of the Terms of Reference is attached as Appendix A.

Approach

The review was undertaken within a very short time frame.

- It comprised three main elements being:
- Initial briefing by Dr Barrington and Mr Ombler;
- Familiarisation with a range of background material and reports generated by the system;
- A series of interviews with a representative sample of key leaders of and participants in the current operating model.

A full list of those interviewed is outlined in Appendix B.

Findings and Observations

Set out below are a range of themes and observations that we have compiled from the interview process and the review of documents.

At the outset it is important to note the overwhelming view of all those we engaged with as to the achievements and progress made within the AoG COVID-19 response.

It is simply outstanding and those who have and are involved deserve considerable credit and thanks for their efforts.

The nature of the challenge, its rapid and silent spread and the compressed timeframes within which officials and decision makers were required to operate is unprecedented in modern times. As a result we are the envy of many in terms of our response and what has been achieved to date.

The urgency, pressure, and timeframes within which people were operating was extraordinary. Overlaying that was an absence of a credible precedent to follow. New Zealand has certainly experienced a variety of incidents over recent times with earthquakes, floods, terrorist attacks and bio-security incursions but nothing of this scale globally and or domestically had been experienced.

The responsiveness of the system, its leadership and its flexibility has created a foundation upon which credible options can be considered for the next and ensuing phases of the New Zealand response.

Having openly acknowledged the excellent position that we are in it is also equally fair to note that a range of factors inevitably put pressure on the system and the people within it. Those factors included extremely rapid deployment, standing up multi-faceted operations and creating operating rhythms to service both decision makers and the wider public, while at the same time adjusting to an operating environment where the highly infectious nature of the virus meant that “normal” work practices and processes in every workplace were subject to significant disruption and adjustment.

That operating context has given rise to a number of learnings that both influence and assist in the development of the next phase of the AoG response.

The Panel thinks it is important to note that the comments set out below seek to capture those learnings and observations – they are not intended to be criticisms of either the process adopted and or those involved – but are designed to ensure the next phase of the AoG response is best placed to deliver against the needs and objectives of those it serves.

The Panel also acknowledges that the findings of this review will come as no surprise to the commissioners of this report, who have worked tirelessly to lead the AoG effort, who recognized that what got the country through the first phase would not be sustainable or fit for purpose in the medium term, and who have acted at the first possible opportunity to recalibrate the response.

Key Findings from Phase 1 of the Response

For the purposes of this review we are looking at the AoG response as involving the following elements:

- The AoG Controller
- The National Crisis Management Centre North
- The National Crisis Management Centre South ('Operational Command Centre')
- The NHCC (albeit as part of the Ministry of Health)

In addition those elements operate in an environment where certain statutory functions are undertaken by the:

- Director-General of Health;
- Director of Civil Defence and Emergency Management;
- Commissioner of Police.

An amalgam of this group has operated as the Quin. The Quin is the name given to the collective of individuals with decision-making powers in this AoG response.

Support for the AOG model

There was overwhelming support for the idea of an AoG response. The scale and breadth of the response demanded such an approach and people have supported its adoption.

Clarity of Decision Rights

It was identified by a number of people interviewed and our own observations that there has been a lack of agreed processes and mandate as to who sets the priorities and sequencing of the work to be completed.

The existing process of the Quin is seen as a useful mechanism to achieve an alignment of effort and an understanding of what others are doing. Its inability to take and "enforce" prioritization across the system, however, is seen as resulting in some suboptimal outcomes.

While understandable given the rapid deployment it needs to be clarified for the next phase of response as the AoG moves from response to recovery.

The approach to leadership and prioritization has been based very heavily on the nature of personal relationships, goodwill of those involved and the urgency required. Whilst these are extremely valuable attributes that need to be preserved in the next phase they do need to be balanced with clarity of mandate and authority.

The lack of a secretariat to support the Quin has meant lack of clarity about agenda-setting, communicating of decisions and commissioning of tasks. Providing proper secretariat and administrative support to decision makers would make a big difference. It would also align with normative behaviours within the public service, allowing for line agencies to more easily 'dock in' and support the AoG response.

The need to respect the statutory authority of certain office holders was widely recognized. It was noted however that those office holders will be more effective in exercising their statutory powers if they (and others) are clear about the strategic outcomes being sought and the AOG operating framework.

We heard that the fact that a number of titles include the word "Controller" is creating confusion about decision rights, particularly in the Civil Defence sector where the term "Controller" has statutory significance and force.

An overarching and agreed framework around mandate is a critical element in resolving the other issues identified below.

Potential for duplication and multiple commissioning of work

A number of people expressed concerns around discovering that what they had been tasked with was also being done by others. Once again fully understandable and not surprising. This situation was seen as being sub-optimal and has, in some cases, led to wasted effort for busy people who are under pressure.

Given the nature and breadth of the response required and the limit on available resources it is something that needs to be avoided as much as possible. Undertaking work in sub-optimal conditions, only to find that it has been completed elsewhere or isn't needed, will bring about an abrupt end to the goodwill that is enabling significant amounts of the effort thus far.

Fragmentation of the various operating units

As identified above there are a multiplicity of units within the response. While understandable for the initial phases a number of people interviewed raised the question as to the durability of, and need for, such a situation.

Areas of focus (eg NHCC, OCC) are seen as important but having them operating within discrete operating models was not always seen as beneficial to the broader outcomes required.

Similarly, even where separation is required (eg NHCC) the coordination and alignment between the work streams was seen as sub-optimal.

The fragmentation and separate physical location of the operating units was also seen as fueling the cultural and differences on the operating styles being adopted. We understand that the original intention behind splitting the NCMC into two was to mitigate the risk of infection of the whole team. That is a legitimate concern, but in practice the North and South have split along functional lines, which has reduced good communication and cooperation. Co-location should be aimed for, with measures taken to mitigate health risks to the team.

As the response settles into a longer-term rhythm, Ministers and lead officials will be less understanding of advice that is fragmented, not fully consulted, and is not meeting standard deadlines.

Culture

Given the urgency to date entire teams were brought in from one or other agency. Those teams inevitably brought their culture, networks and systems with them. This allowed swift and effective progress to be made in some high priority areas.

A number of people commented that given the urgency required to date and perhaps, further exacerbated by the geographical divisions, there has been a sense of an “us and them” culture in some areas.

Similarly comments were made around the differing styles adopted within the AoG units. That is not in itself a bad thing. It is apparent that the energy, drive and focus of key individuals has been a key attribute of success to date. The challenge for the next phase is to harness that approach within a more stable operating environment without being seen to dumb it down.

Active management will be required to ensure the individual efforts and focus of all those involved actively assist in the achievement of the collective outcomes sought by the AoG. The style to be adopted and culture to operate will be an important ingredient of success.

In future it will be important to ensure all teams within the AoG effort are truly diverse and representative of a range of agencies and the broader community.

Capability

There was a consistent theme that parts of the system are stronger than others, and that some key areas of the Covid response needed to be bolstered by a broader effort. The future solution should be cognizant of this issue and should have as a principle the importance of setting agencies up for success and building capability (rather than taking functions away from agencies and pulling resources into ‘the centre’).

Key Person Risk

The concentration of work and responsibilities onto a limited number of key personnel is inevitable in these types of situations.

It is clear that a number of personnel have carried an extraordinary workload over recent times

That is seen as both unsustainable, extremely risky and contrary to sustainable work practices and the broader concept of well-being.

Authority

Key officials are operating with very different levels of formal authority. Some have statutory powers while others are exercising influence and relying on goodwill (which has, gratifyingly, been universally forthcoming). The head of the OCC had his authority bolstered by a letter from the Prime Minister unequivocally expressing her expectation to the public sector that he be supported with whatever he asks for. Having clearer Cabinet authority for the entire AoG response effort would give clarity to the public service.

Mission & Purpose

A number of people commented on the value they would get from clarity around the mission, purpose and vision for the AoG effort. Specifically, value was seen in having a clear statement providing meaning and context to what they are doing and why.

Flexibility

Interviewees made the point that the speed and flexibility required in the initial phase of the response meant that standard emergency operating mechanisms, including the use of ODESC to drive agency effort and AoG coordination was insufficient. Going forward, uncertainty of the future trajectory of the disease suggests that the operating model will need to scale up and down.

Innovation and ambition

There were different views expressed about the need for orthodoxy vs a completely different approach to be taken by the public service to this national emergency. It would be helpful for the leadership to be conscious and clear about where public service norms continue to apply (probity, lawfulness, transparency, consultation, etc) and where greater risk might be taken to make the most of this highly disruptive event (unorthodox approaches to operational solutions, how we work with the private sector, etc).

Supporting Processes

The speed of deployment inevitably meant some processes had to be bypassed in order to get mobilized. This was understood by those interviewed, but a number did comment that as work load reduces (relative to the very high workloads encountered to date) there would be merit in back filling

the normal processes required to address the inevitable scrutiny that will be applied. It was not suggested there was anything deliberately untoward but there is recognition that a tidy up will be needed.

CIMS structure

Some, but not all parts of the AoG effort have been set up to operate according to classic CIMS methodology. A number of participants expressed the view that either the CIMS structure had never been completely fit for purpose for this pandemic (because of its national reach and duration) or that its usefulness as an organizing structure would soon be spent.

CIMS usefully provides commonly understood organising principles around an operational response to an incident (including at the national level). CIMS assumes that command and control of an incident response - headed by a "Controller" - will be located within the NCMC. Strategy and policy are not included in CIMS frameworks.

Use of CIMS has been very important for the success of the AoG response until now but, on its own, it will not be fit for purpose for the medium to long term.

As the unit goes forward it will be dealing less with managing an incident, and more with coordinating a national recovery requiring a wide range of strategic and policy responses. CIMS may continue to provide a helpful organising framework for parts of the unit (particularly the operational elements) but even there, as the AoG effort moves to recovery, it should be adapted as required to serve the purpose of the unit.

Flows of information

There is clear frustration about the many requests for similar information, difficulty of accessing key data, the number of reports and dashboards being produced and the difficulty of commissioning requests for or accessing accurate information in a timely way. Addressing knowledge and information systems will be important, as will the ability to integrate, analyse, assess and communicate key data and information to key customers (particularly the Prime Minister and her office). Feedback loops need to be built in.

Associated with this last point was an issue identified by some interviewees that (especially in the first week or so) there were challenges in ensuring that the information provided was delivered in the context of the then broader operating environment of balancing the health issues, the economic and social/community issues with the political environment. While not in of itself surprising given what was happening in terms of the response it did highlight the need for the AoG to be able to access

individuals well-versed in the Beehive to translate and connect between the political machine and the officials working (so hard) on the ground.

Use of contractors

Contractors were an essential way of bringing in key skills, with urgency, at the start of the crisis. It is likely that some contractors will continue to be needed, but where the existing resources of the public service can be harnessed for the Covid response and recovery effort, they should be, and unnecessary contractors discontinued.

Lessons learned

There will be many lessons to be learned from this national crisis. It would be worth investing in a dedicated resource to capture those lessons for the future through some “hot wash” process, as soon as possible.

Best Practice

Many of those interviewed identified some excellent examples of valuable learnings through this process. In particular the Public Information Programme was seen very positively, as was the quality of the policy outcome, including the introduction of private sector perspective in the OCC and the willingness of Departments to make people available in the interests of the collective effort.

These are very valuable attributes and effort will be required to ensure they are not lost.

Recommendations and Next Steps

Given the foundations that have been established to do with respect to the AoG and the learnings identified above we are firmly of the view that a continuation of the AoG is a fundamental success factor for the future phases of the New Zealand response to COVID-19. A reset and or recalibration of the AoG intervention is both timely and appropriate.

We are also of the view that the application of the lessons learnt, together with a refreshed mandate and simplification of existing structures and accountabilities will in fact increase the probability of success for the AoG intervention.

In framing our thoughts and recommendations we are mindful of the fact that the New Zealand response will continue for an extended time and possibly years.

The intervention will increasingly move from a crisis focus (and the associated rapid deployment of resource), to something focused on recovery. That will inevitably allow a more stable operating environment and permit an element of streamlining and rationalizing of the existing elements of the AoG response.

There is an open recognition that similar to all other organisations/entities there will be a need to continue to modify the AoG to reflect the then circumstances and outlook.

The recommendations set out below are all presented in the context of the continuation of the AoG business unit.

We believe that the unit should continue for at least the next phase to be located within the Department of Prime Minister & Cabinet. That association reflects the inextricable link between the Prime Minister and the Covid-19 response and the need to maintain a whole of government response.

A suggested schematic is attached in Appendix C. A description of how the unit will work is set out at the conclusion of this section.

This model seeks to fully harness the collective expertise of the Public Service and the spirit of service that has been so evident to date.

Functions of possible AoG Covid response unit

The functions as we see them should include the following responsibilities:

- AoG (sector/system) leadership and coordination of New Zealand's Covid-19 response and recovery across all elements of the response. There needs to be one unit setting the strategic framework, setting priorities and allocating tasks across the public sector (and arguably beyond). They would be responsible for setting the pace and ambition of the tasks required to deliver. This is likely to require a degree of flexibility as the recovery process is impacted upon the then emerging health data and or other factors that may arise. The approach of the unit should leverage and complement the statutory authorities held by others. Those who hold statutory authorities should, where practical, possible and lawful be actively involved in the NZ response without any fettering of their statutory independence. The nature of their involvement may change over time, dependent on where events require their involvement.
- AoG strategy/policy leadership and coordination across health, economy, social wellbeing, compliance/enforcement, and regulation. While this issue was at its inception a public health issue it is very clear to all involved that its impact will be very widespread. Its impact on the economy, and the community/social dimensions of our society and our international relationships (both diplomatic and trading) must be recognised alongside the public health response with conflicts and or trade-offs between those factors made transparent to decision makers.
- Coordination of operations to execute strategy and implement policy. Much of the time this function will coordinate, rather than duplicate, the existing operational capacity and networks of other agencies. Where that capacity is insufficient, the operations function will act to supplement, strengthen and innovate to ensure operational success.
- Coordination and integration of intelligence, assessments, data analytics, and technical advice (e.g. health technical advice) to support strategy, policy, operations and public information management. The coordination and alignment of the data and information is fundamental to success. There is considerable merit in having one source of the truth that guides decision makers and informs actions. The need for one owner of the models/scenarios that inform actions is critical. It is important that there is an active best case/worst case scenario planning in operation within the Unit. Both knowledge and data management will be a key enabler of success.
- Key political interface on Covid-19 issues (reporting, providing key information) – one of the objectives is to maintain the flow of a consistent and well-informed set of messages and advice through to the Government.
- Public information management – the understanding by the public of why something is happening and what their role is in “helping” is critical. Maintaining the confidence, trust and goodwill of key stakeholders is a critical success factor. Coordination and alignment of key messaging with other agencies (particularly Health) will continue to be essential.

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- Plus enabling services: secretariat, administrative, financial services legal advice, knowledge management, information management, OIAs, ministerial servicing. There is a base of policies and procedures that need to be in place to ensure for the accountability of resources. There is no need for complexity in that regard with a number of readily available models available.
 - We would envisage that the AoG Covid-19 response unit would have access to DPMC's corporate services (HR, Finance, IT).

Processes to get right

These elements are designed individually and collectively to ensure efficient, timely and well-informed decision making.

- Clear AoG priority setting relating to the Covid-19 response and recovery
- Battle rhythm: agendas based on priorities and work programme
- Clear decision-making processes; decisions documented and communicated to those who need to know them
- Clear, documented commissioning of AoG work and tasking
- Good administrative practice and compliance with government rules and core processes
- Monitoring delivery of AoG effort against work programme
- Insofar as is feasible, compliance with standard Government decision-making practices, including the provision of fully-contextualised and consulted Cabinet papers, sponsored by the relevant Minister(s)

Operating principles

These are fundamental to be able to lead, coordinate and deliver in a “joined up” way

- Scope of operation and decision rights of unit set by Cabinet – this goes to the core of the mandate.
- Primacy of work programme agreed by Cabinet and communicated to the wider public service. The wider public service is ready and able to assist albeit under direction from the AoG Covid-19 response unit.
- Only centralise what is absolutely necessary; use hub and spoke model. The need to devolve tasks to other agencies, under direction and with the ability to support where necessary, is a critical success factor for this initiative.
- Coordinate and support home agencies to implement the strategy where possible; assess/monitor delivery; intervene/supplement the effort where the system lacks capacity or delivery is in doubt.
- Stewardship principle: build capability in other agencies; don't duplicate, or work around lack of capability. Support where necessary and appropriate.
- Ensure key agencies are all represented/employed in the unit – ensure excellent connections with key agencies and especially Health.
- Co-locate in one building, proximate to the Ministry of Health, while mitigating Covid-19 infection risk to those who are employed in the process.
- Use available public service talent ahead of contractors wherever possible.
- Be able to scale effort up and down depending on level and circumstances (through seconded staff, etc).
- Respect statutory functions of others – understand them, leverage them and support them.
- Ensure ability to reach into regions (probably through other agencies with regional networks).
- Enable feedback loops (between policy, operational and intelligence functions).
- Involve and engage those outside the public service: e.g. business, academia.
- Move away from strict adherence to the CIMS model where it makes sense.

Culture

There is a need to modify the culture to meet the next phase of the response. That isn't designed to dumb anything down but more to reflect as organisations go through different life cycles they need to adjust.

- Address the issue of critical dependence on individual leaders: all leaders need back-up through able deputies and/or chiefs of staff to be sustainable.
- Employ staff with diverse backgrounds (gender, ethnicity, agency affiliation, sector knowledge) to ensure a range of perspectives/networks/cultures.
- Be ambitious; embrace and drive innovation. Create stretch and encourage ambition recognising that irrespective of the circumstances that got us here there is an opportunity to learn new ways of working, to innovate and to learn by doing.

There are a number of other observations that we would also suggest you consider as a means of simplifying and clarifying the role of the AoG Covid-19 response unit:

- The unit deserves the best chiefs the public service can provide, supported by the best talent available
- Reset policy workstreams so that they are based on the strategy and reflect current public service arrangements (including functional leads such as health and safety and digital functional leads) instead of pandemic plan subject headings.
- Make it easy to find who is doing what.
- Provide critical information/reports to key customers and stakeholders in a format that really works for them, with as few variations as possible. Avoid death by dashboard.
- Ensure continued political responsiveness (include in the unit a few old hands who have spent time in the Beehive).
- Change problematic titles (particularly use of "Controller").
- Commission a short, sharp review of contracts and expenditure etc over last month and sort out funding/contracting/procurement untidiness where it appears.
- Have a process for reviewing contractors at the end of level 4 and only keep those who are essential (i.e. whose roles cannot be filled through existing public service capacity).

We also think there may be merit in having some form of external advisory group to challenge and monitor the AoG Covid-19 response unit. This approach has been used previously in a number of situations where there has been significant complexity and or transformation. The Group would be utilised to provide challenge on approach and provide a level of assurance around the comprehensiveness of thinking, prioritisation and more importantly delivery.

Description of Operating Model

It is envisaged that the Unit policy team would lead a policy process to address an issue informed by a number of sources such as line agencies, intelligence, technical advice, data analysis and or current operations. That would proceed through the Cabinet process and be approved. The Cabinet Minute would direct the execution of the policy.

The operational team in the Unit would ensure and be responsible for the successful execution of the Minute. In the first instance this would involve the operational team working with the relevant agency and or designated theme/sector leader to ensure delivery providing support as needed. Further intervention by the operations team would be based on performance of the relevant agency.

Any public aspects of the Cabinet Minute would be coordinated by the Public Information management team of the Unit working with enforcement agencies, as required, to ensure alignment of focus and effort. If it impacts on and or requires the exercise of statutory powers the Unit would work closely with the relevant office holders to ensure alignment with statutory settings.

Appendix A: Terms of Reference

Rapid Review of Initial Operating Model and Organisational Arrangements for the National Response to COVID-19

Purpose

A Review Panel consisting of Sir Brian Roche, Mr Dave Gawn and Ms Rebecca Kitteridge in consultation with the State Services Commission, will provide advice to Mr John Ombler as the All of Government Controller who has leadership of the coordination of the response to COVID-19 and Mr Brook Barrington, as the Chair of ODESC. The Panel will provide advice on a recommended operating model and any corresponding structures needed to support the effective coordinated and unified all-of-government action for the next phases of the response.

The Panel's advice will need to consider leadership of coordination as supporting those individuals with statutory roles and accountabilities. These include the Director-General of Health (Health Act 1956, Epidemic Preparedness Act 2006), the Director and National Controller of Civil Defence (Civil Defence and Emergency Management Act 2002) and the Police Commissioner (in addition to the powers arising from the health and civil defence legislation, the Crimes Act 1961, Summary Offences Act 1981, and Policing Act 2008 may apply) and the coordination role played by ODESC.

Context

In the two months since ODESC was first stood up in response to COVID-19, there has been a number of significant and fast paced changes to the leadership, coordination and organisation of the national response to COVID-19, with a number of individuals with statutory powers needing coordinated support. These changes have been made in order to:

- respond appropriately to a strategic shift from mitigation or “flatten the curve” approach to the current suppression and elimination strategy
- broaden and deepen the all of government effort to increase the pace of delivery for a series of critical interventions and measures.

A short summary of the period shows:

1. Health as lead agency with initial operational response run out of the National Health Crisis Centre
2. As above and supplemented with all of government strategy and policy leadership by Mr Peter Crabtree
3. Chair of ODESC stands up the National Crisis Management Centre, with CIMS structure.

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4. Mr Ombler is appointed as the All-of-Government Controller (not a statutory role) to provide all of government leadership for the national response and the Ministry of Health has a more narrowly defined leadership of the hazard - not the national response as a whole.
 5. Mr Ombler appoints the Police Commissioner Mr Bush to coordinate the operational response to drive rapid delivery. The Police Commissioner sets up an Operational Command Centre shortly after his appointment, including NZP forms of Intelligence and Communications functions (in addition to NCMC Intelligence, Communications and Operations functions still sitting at NCMC North)
 6. Declaration of a State of National Emergency, means the Director of Civil Defence Emergency Management assumes the statutory powers under the CDEM Act. The revocation of the delegation of the CDEM National Controller (a statutory position) to David Coetzee means that the Director CDEM is the National Controller with the function and powers this commands (see attached A3 and sections 8(2)(h) and 9(2)(a) of the CDEM Act 2002)

Moving to the Next Phase

Having quickly stood up the COVID-19 response and in moving to the next phase of implementation there is a need to ascertain whether there is any:

- uncertainty in coordination and leadership where getting the right balance between the coordination roles undertaken by some roles (such as ODESC) and the statutory powers and accountabilities undertaken by some roles (such as Health and NEMA),
- duplication of functions regarding operations, intelligence, and communications, which introduces risk and delays due to confusion, and,
- potential for competition instead of collaboration, particularly between the statutory leads – the Ministry of Health (including Public Health), the National Emergency Management Agency and the New Zealand Police, but also between Operational Command Centre and the CIMS functional leads.

As we move from continuing to stand up the initial response under the current strategy, the national response might require an operating model that is more centralised (consistent with the model under a State of National Emergency), able to both coordinate (the ODESC function) and if necessary exercise command and control (statutory powers) to swiftly address supply chain and logistical needs across the country.

However, leadership of the national response needs to be able to agilely switch between command and control emphasis and usual/peacetime empowerment and enablement emphasis. Right now it requires decisive, centralised and unified leadership given the complexity of the tasks, but there needs to be the ability to quickly switch back to a devolved and distributed leadership model in order to retain public trust and confidence over the medium term. The operating model needs to be able to

provide for the movement between each types of leadership if we move from Level 4 to lower levels and back again.

Panel Roles and Responsibilities

The panel is appointed by and will report to the All-of-Government Controller.

The Advisory Panel will provide advice to the All-of-Government Controller on options to improve the Operating Model and any function or form improvements building on existing structures (particularly using existing resources across the public service) that can be made to support that. In order to do this, it is anticipated that the Panel will have the following broad roles:

- **Undertake a Response Operating Model health check** – providing experienced input to understand current performance across the different components strategic, policy, operational, intelligence and communications and the extent to which the current configurations are able to deliver on the intended outcomes.
- **Identifying system issues** – including checking for functional duplication, gaps, areas requiring improved clarity, accountability and leadership, and identifying any other relevant issues in terms of the performance of the structures that have been put into place to date that Panel members consider need to be addressed and/or opportunities that could be progressed, and providing input to response priorities.
- **Horizon scanning** – provide input on changes in the external environment that the Scheme may need to respond to. This may include identifying issues that may impact on the response in the medium-to-long term horizon.
- **Identifying the necessary resourcing requirements** – both the requirements for coordinating effectively across government and coordinating within the All-of-Government group itself (NCCM North and South)

The Panel is expected to provide Mr Ombler with advice by way of an oral report and a written report.

Delegations

The Advisory Panel is to provide recommendatory advice only and has no delegations for decision-making.

Governance

The Department of the Prime Minister and Cabinet's policies govern the All-of-Government Controller and apply to the Advisory panel for the duration of its role.

Confidentiality and conduct

Panel members will be covered by the State Service's Code of Conduct for the duration of the work. The Advisory panel is expected to maintain confidentiality on its advice.

Chair

The Panel will be chaired by Sir Brian Roche and will need to meet as frequently as required to complete the task. Meetings may need to be via video and telephone conference, consistent with the requirements of the Level 4 Alert period.

Proactively released

Appendix B: List of Interviewees

Name	Role
Dr Brook Barrington	Chief Executive, DPMC
Dr Ashley Bloomfield	Director-General of Health
Brendan Boyle	Operational Command Centre
Keriana Brooking	Ministry of Health
Mike Bush MNZM	Operational Command Centre
Bede Corry	Deputy Chief Executive, MFAT
Andrew Coster	Police Commissioner
Peter Crabtree	All-of-Government Strategic Policy
Rob Fyfe	Business Liaison
Prof Juliet Gerrard	Prime Minister's Chief Science Advisor
Una Jagose QC	Solicitor-General
Jane Kelley	Ministry of Health
Dr Caralee McLiesh	Secretary to the Treasury
John Ombler QSO	All-of-Government controller (at MoH)
Tania Ott	State Services Commission
Anneliese Parkin	Deputy Chief Executive (Policy), DPMC
Debbie Power	Chief Executive, Ministry of Social Development
Helene Quilter QSO	State Services Commission
Hamish Rogers	Private Secretary to the Minister for National Security and Intelligence
Geoff Short	Director Child Wellbeing Unit, DPMC
Nicci Simmonds	Chief of Staff to AoG Controller
Ray Smith	Chief Executive, Ministry for Primary Industries
Sarah Stuart-Black	Director of Civil Defence and Emergency Management
Carolyn Tremain	Chief Executive, Ministry of Business, Innovation and Employment
John Walsh	AoG Communications
Carolyn Schwalger	Chief Executive, National Emergency Management Agency

Appendix C: Suggested Unit Schematic

