

MANAGED ISOLATION
AND QUARANTINE

Unite
against
COVID-19

MIQ Governance Review

NOVEMBER 2021



MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

[New Zealand Government](https://www.govt.nz/)

VERSION/ date
DOCUMENT NAME
CONTACT

VERSION 3.0 FINAL RESPORT – 25/02/22
MIQ Governance Review – October – November 2021
Murray Jack
Katherine Corich

Contents

Executive Summary	4
MIQ Governance Review	4
Conclusions	4
Recommendations	5
Introduction	7
Background	7
Scope and Approach	7
Context	8
MIQ Evolution	8
Delta Response	8
COVID-19 Response Strategy Shift	9
Governance in the Pandemic	9
MIQ Governance Structure	10
Key MIQ Governance Arrangements	10
Findings	10
Leadership Governance Meetings	11
MIQ Leadership Team – Weekly Meeting	11
MIQ Assurance Group – Monthly Meeting	11
Operational Governance Forums	12
Engagement and Advisory Groups	13
Data Governance	13
Recommendations	14
Cross-Agency Governance Arrangements	15
Findings	15
Recommendations	15
MIQ and the Broader COVID-19 Governance System	16
Findings	17
Recommendations	17
Principles of Good Governance	19
Appendix 1 – Interviewees	21
Appendix 2 – Summary of Findings – Interviewee Perspectives	22
Appendix 3 – All Roads Lead to the Minister	26

Executive Summary

MIQ Governance Review

The review was asked to consider governance arrangements within MIQ, and the role of MIQ governance in the broader COVID governance system. The purpose of the review is to identify areas for improvement and streamlining, with a focus on the changing nature of the Covid-19 pandemic, and the move from the previous setting of elimination to the emerging suppression strategy.

Conclusions

This review has been undertaken over a period that has seen New Zealand's COVID strategy evolve from elimination to suppression, and ultimately to management in the community. This evolution of strategy has seen MIQ pivot to accommodate the isolation of community cases, and in some instances their close contacts. As the country gradually opens its international borders the settings for MIQ are adjusted to accommodate shorter stays. Ultimately only travellers from high-risk countries are likely to face mandatory isolation.

The impacts of this evolution on MIQ are significant. For example, facilities are geographically concentrated with much of the country not having ready access. The health workforce will require significant boosting to support community cases, many of whom will have complex health needs, and security requirements will need to be re-assessed.

Importantly the transition for MIQ exposes a significant risk of staff retention at a time when a new operating model, processes and procedures will need to be put in place.

Throughout our interviews there was strong feedback that MIQ has performed very well its core role of protecting the community from incursions of COVID-19 through the international border. Overall, our review concludes that the governance arrangements within MIQ have worked well in a business-as-usual context. We observe opportunities to streamline meetings and processes with a stronger focus on performance. Importantly the establishment of an MIQ advisory board will enable broader and 'critical friend' perspectives in the next phase of MIQ's evolution.

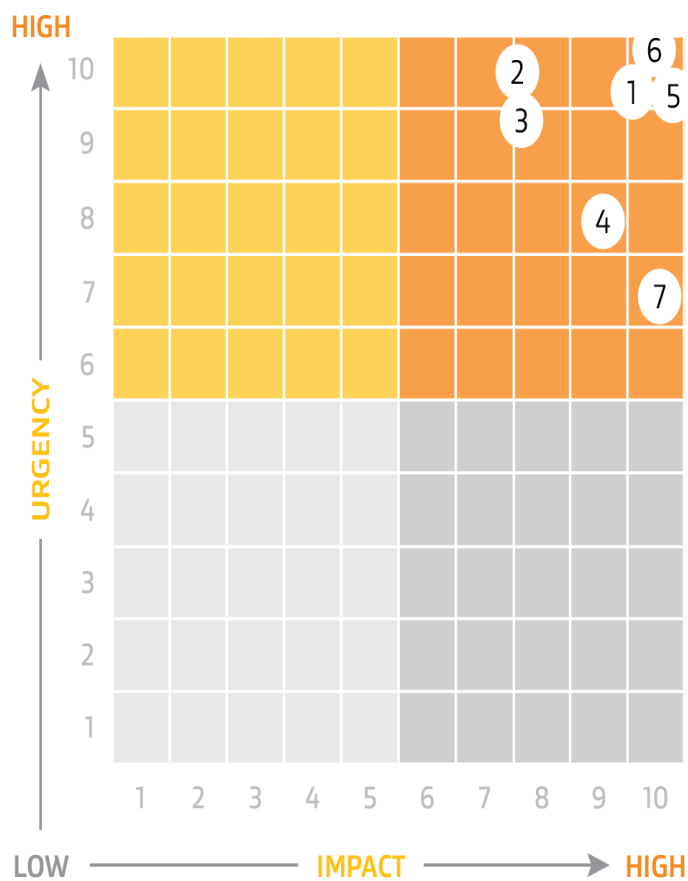
In terms of MIQ governance as part of the broader COVID-19 response governance, we noted elements that operated effectively. However, the number of different governance entities and lack of a clear point of responsibility for the overall COVID-19 response expose the challenge of coordinating the response and planning at a system level. This has left this task to the Minister.

There are several improvements identified that align the governance arrangements with best practice. We see the next phase of the COVID-19 response and its impact on MIQ being more complex and dynamic. This will place greater importance on effective governance.

Recommendations

The recommendations, and their priority, are set out below.

- ① Establish and MIQ Advisory Board (Clinical, Data, Iwi, External).
- ② Streamline meetings; separate governance and operational.
- ③ Re-focus Governance fora from 'informational and risk-monitoring' to 'performance-based'.
- ④ Introduce dynamic cross-agency communication vehicle.
- ⑤ Consider a single governance body over the COVID-19 response.
- ⑥ Plan for future scenarios with relevant COVID-19 response agencies and Ministers.
- ⑦ Plan for the transition of MIQ operations to NZ Health.



For each of the recommendations below we note the response from the MIQ Chief Executive Assurance Group.

MIQ Governance

1. Establish an MIQ Advisory Board with clinical, data, Iwi, and external expertise included. *Response: Agreed and in progress (Owner MIQ).*
2. Consider streamlining governance meetings using the following levers: reduce number of fora, reduce attendance numbers, introduce governance best practice protocols of independence, challenge and critical friend. *Response: Agreed and in progress (Owner MIQ).*
3. Consider re-focussing Governance fora from 'informational and risk-monitoring' to a 'performance-metrics' and 'risk challenging' agenda. *Response: Agree and underway (Owner DPMC)*

Cross – agency Governance

4. Introduce a responsiveness cross-agency communication process and mechanism to provide a single source of the most up-to-date truth; being decisions, directives and required actions that surface during multiple operational meetings. *Response: Partially agreed (Owner DPMC)*

System-level Governance

5. Consider a single governance body over the COVID-19 response, including the Reconnecting NZ programme, to clarify accountability. Chaired by an agency Chief Executive, this body should have independent external member(s) and be responsible for planning, direction, risk management and assurance across the COVID-19 response. *Response: Not agreed at this stage. The role of the COVID Chairs' Board is noted and would be reviewed if required (Owner DPMC)*
6. MIQ should plan for future scenarios, identifying feasible pathways and developing outline plans to be activated as required. Ideally this planning would be within the context of a broader strategy and plan, but in their absence should be proceeded with regardless. This process should involve conversations with relevant COVID-19 response agencies and Ministers. *Response: Partially agreed (Owner DPMC for Reconnecting New Zealand, MIQ for future scenarios).*
7. Plan for the transition of MIQ operations to NZ Health when mandatory isolation is no longer required for most international arrivals. This recognises the importance of integrating isolation facilities within the broader care in the community response. MIQ leadership should specifically engage directly with the Health System Preparedness Programme. *Response: Noted the focus is on agency lead rather than governance (Owner MIQ).*

Introduction

Background

The Secretary and Chief Executive of the Ministry of Business, Innovation and Employment (MBIE) initiated this review of the current Managed Isolation and Quarantine (MIQ) system governance structures to identify recommendations for improvement. It follows on from the earlier rapid assessment of the efficiency of MIQ's operations completed in April 2021.

The review was asked to consider:

- Current MIQ governance arrangements, including composition, terms of reference and agendas of the various groups and the extent to which these arrangements remain fit-for-purpose as MIQ continues to evolve and whether any can be streamlined.
- How the governance arrangements both support agencies delivering in their areas of accountability while also supporting cross agency coordination.
- The role of MIQ governance in the broader COVID governance system and identify any opportunities to capitalise on existing synergies or leverage existing processes.
- Further opportunities to strengthen MIQ governance.
- Have a future focus cognisant of potential changes in agency participation as part of a more enduring 'system' response.

Scope and Approach

For the purposes of this review governance includes the operational and management committees internal to the functioning of MIQ and the oversight and advisory bodies both specific to MIQ and those with which MIQ interacts as part of the broader COVID-19 governance system.

The scope includes specific consideration of clinical and data governance.

The review was conducted during October and November 2021. The analysis phase included review of governance documents, and interviews with MIQ management and senior executives involved in the broader COVID-19 governance bodies (refer to Appendix 1 – Interviewees), The draft report was submitted to the Sponsor on 19 November 2021.

Context

The April 2021 Rapid Assessment of MIQ identified the evolving journey of managed isolation in the context of New Zealand's elimination strategy and signalled that the future pathway for MIQ would be uncertain and subject to on-going change.

MIQ Evolution

Since the April review MIQ has continued to improve its internal operations. Structural changes and time in role have strengthened operational governance. Whilst the operational tempo remains fast paced, issue management is more measured. The effectiveness of MIQ in protecting the border has remained high.

The principal challenge over the last several months has been the overwhelming demand for MIQ spaces. Change to the allocation mechanism with the introduction of the lobby system has not resolved this problem. Demand for initial blocks exceeded 30,000 and has not materially abated. This demand does not include latent demand from businesses and individuals who do not participate in the process.

MIQ leadership is in transition with the departure of one of the co-heads and, the pending rotation of the other. Coming at a time when the role of MIQ is changing this provides an opportunity for fresh thinking.

Delta Response

On 17 August New Zealand recorded its first community case of the Delta strain. Three days later Ministers determined that those community cases that could not safely isolate in the community would be placed in an MIQ facility.

The evolution of MIQ from a border protection response to a mixed border/domestic response has changed the risk profile for MIQ. Although inconvenient, mandatory isolation for international arrivals represents a choice by those who travel. Travellers have time to prepare for their stay. By contrast domestic cases are placed in MIQ by way of an assessment under a health order and have little time to prepare. The nature of the circumstances that give rise to the health order can further raise risks. Instances of addiction and behavioural issues pose particular risks to MIQ facility staff. These risks are mitigated through a risk assessment process (which may see potential cases denied entry into a facility) and a greater NZ Police presence.

As of 9 November, there were 360 community cases in quarantine and 25 close contacts in managed isolation in MIQ. Between 20 August and 9 November MIQ has had nine incidents involving 11 absconders who were community cases. Over the same period there were no international arrival absconders.

This pivot to a community MIQ facility also has significant implications for staffing. The NZ Police have had to increase numbers in order to manage behavioural issues. The fact that domestic cases have COVID-19 also puts strain on the health resources allocated to MIQ.

COVID-19 Response Strategy Shift

The COVID-19 Response strategy is currently evolving and will continue to do so. Auckland and parts of Waikato have moved from elimination to suppression, and other parts of the country will also move as vaccination levels rise.

This has had and will continue to have implications for MIQ. For example, the development of the home isolation trial for business travellers, home isolation for community cases, short mandatory isolation stays (and eventually home isolation) for fully vaccinated and COVID-19 negative international arrivals.

Ultimately the strategy will shift beyond suppression to living with the virus in the community managed through on-going vaccination programmes, therapeutics, public health measures and a strengthened health system. MIQ will continue to adapt its role along this journey. For example, as overflow health facilities, and/or requirements for dedicated capabilities/facilities as part of future pandemic planning.

These strategy shifts have implications for governance, both within MIQ and for MIQ as part of the broader governance system.

For example, after a lengthy period of stable operations the environment is now changing quickly. Trade-offs between a pure health approach and a more nuanced strategy are and will continue to be evident in the face of public feedback. Governance in this environment will need to be active and forward-looking.

Governance in the Pandemic

In the public sector context governance typically includes the oversight, management and operational committees and bodies involved in the effective performance of the relevant agencies or activities. Matters governed include strategy/direction, resourcing/funding, risks and issues and assurance. Delegations of authority support accountabilities at each level. These reflect the authorising environment which flows from Parliamentary appropriations to the relevant responsible agency.

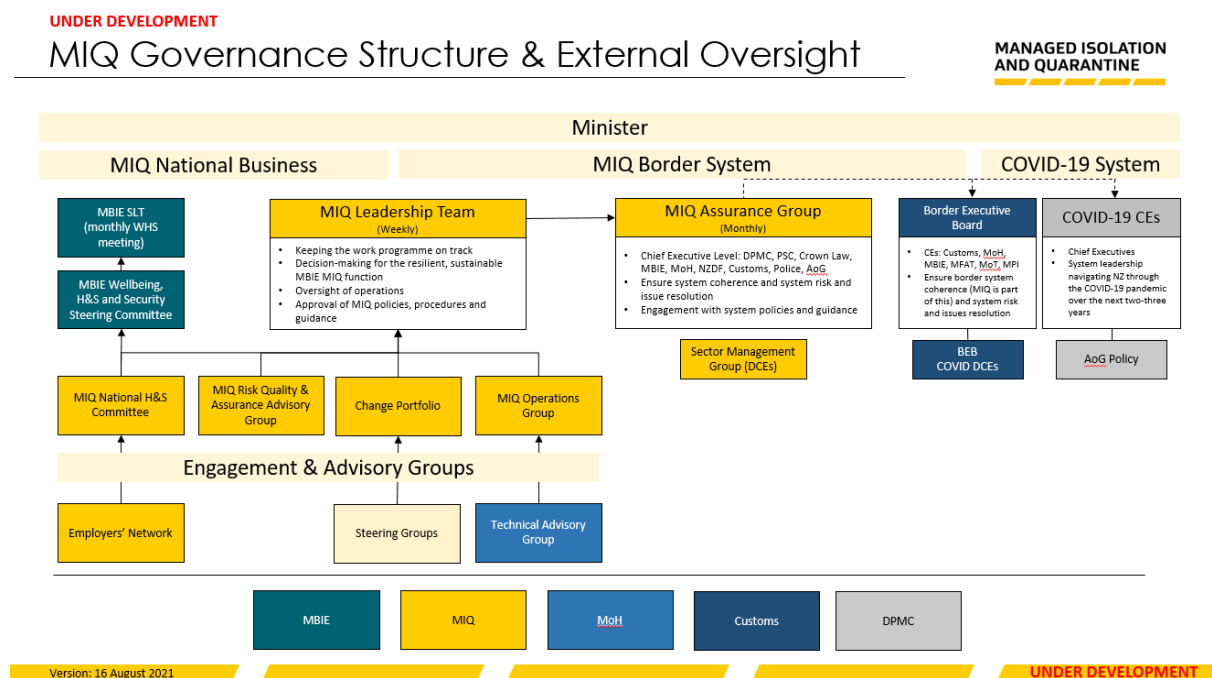
In 'business as usual' conditions there well established processes that support the development of policy, budgets and information sharing, that allow for required consultation.

In pandemic conditions decisions must be made quickly and often with incomplete data. This environment creates tension with existing processes. It is also an environment that makes planning extremely challenging. To the need for quick decisions is added the reality that in the early stages of the pandemic understanding of the virus, its virulence, how it spreads, and its development trajectory was still emerging. This environment gives rise to the 'building the plane as its flying' thinking and emphasises the value of 'response' to the detriment of planning.

In this context Governance has an important role to play in assuring sound decision-making, planning, direction, resourcing, and risk management.

MIQ Governance Structure

The MIQ governance structure consists of MBIE leadership, operational governance fora, cross-agency groups, engagement, and advisory groups. These are intended to cover governance of the system at three levels: MIQ National Business, MIQ Border System and the COVID-19 System.



Key MIQ Governance Arrangements

The system has been working reasonably well in a business-as-usual context, noting that continuous improvement, within the confines of what MBIE MIQ can influence, is ongoing.

Findings

Key themes emerged in all interviews, identifying several areas of concern, and offering opportunities for strengthening the governance. In summary:

- Separation of duties – separation of duties between Operational and Governance.
- Clinical governance - MIQ is a recipient of health advice, and largely unable to influence decisions already made by the Ministry of Health (MoH). Whilst MIQ has MoH involvement in its operational governance processes it does not have its own clinical expertise.
- Data governance – data governance is limited across the system. It largely remains a reactionary process, with low levels of confidence in data sources, still a key issue.
- Community dimensions – there is a concern that these are not well covered in MIQ governance.

- Iwi - there are examples of excellent involvement of Māori/Iwi in aspects of governance, however this needs to be extended, especially as MIQ transitions to greater levels of community care.
- Duplication – there is significant duplication across forums.

Leadership Governance Meetings

MIQ Leadership Team – Weekly Meeting

The purpose and function of the MIQ weekly Leadership Team meeting is to keep the work programme on track, guide decision making for the MBIE MIQ function, review oversight of operations, and agree policies, processes and guidance.

It has matured over time and currently operates as a risk-based forum. By necessity and due to the fast-paced nature of operations, it tends to focus on the issue of the day, rather than being a forum where MIQ Leadership can stand back and provide more structured governance. There is limited opportunity for decision making by delegates as most decisions are taken outside of this forum and MIQ.

Three areas for improvement were noted:

- Introduce a performance focus, culture and metrics for this meeting.
- Strengthen the decision-making mandate.
- Include a 'future direction' focus, which needs to be aligned to the cross sector Strategic Plan.

MIQ Assurance Group – Monthly Meeting

The stated purpose of the MIQ Assurance Group monthly meeting is to bring Chief Executives (DPMC, PSC, Crown Law, MBIE, MoH, NZ Defence, Police, Customs, AoG) together to ensure system cohesion, issues and risks resolution, and engagement with system policies and guidance. It was noted that not all agencies are represented at every meeting, which can reduce effectiveness. This group was an effective source of advice and support during the earlier phases of MIQ establishment and operation. As the operation stabilised it became more routine and had less visibility during the recent pivot to community cases. While all CEs work effectively together, three themes emerged during the review.

1. There is an observable tension between Policy and Operational agencies.
2. There is a growing frustration that public health advice appears not to be considered in a broader context.
3. There is concern across the system that Health professionals have limited bandwidth beyond the current crisis to work on future planning.

It is noted that CEOs meet outside of this forum as required to discuss and resolve urgent and significant issues.

The following areas for improvement were noted:

- Policy governance – continue collaboration in policy definition across agencies
- Data governance- strengthen data governance
- Clinical governance – foster a culture that enables challenge of guidance provided by Health ('Just Culture'). Consider clinical expertise within MIQ.

Operational Governance Forums

The four operational governance groups each provide a specific lens on an area of importance across health and safety, risk and quality, change programmes and operational planning.

- MIQ National Health & Safety Committee
- MIQ Risk Quality and Assurance Advisory Group
- Change Portfolio
- MIQ Operations Group

They appear to be fit for purpose to provide effective management of standard MIQ operations. Composition, terms of reference and agendas of each of these groups are appropriate, as is the fit for purpose, for the border intervention system for which MIQ was established. The point to note however is that the system is now changing at such a pace that these will need to be continually reviewed.

The **MIQ National H&S Committee** is working effectively to identify health and safety concerns within the system and to escalate them as appropriate. Health and safety within MIQ, and for those staff who are employed directly by MBIE is mature, as the broader MBIE settings are applied. Health and safety appear to be well governed against this standard. MIQ Leadership note that significant attention is paid to their wellbeing with active leadership to ensure that they take time out. The broader concerns extending to the wellbeing of the Health workforce, given so many concurrent calls on their staff (MIQ, testing, vaccines, standard health provision) is outside the scope of this report, but should be noted as an ongoing and significant risk.

The **MIQ Risk Quality and Assurance Advisory Group** works to a structured agenda and runs a formal risk register. The risks on the register have not been specifically examined in this rapid review, however all respondents note that risks within the MIQ system are identified, captured and tracked. The aging and challenge of longstanding risks should become an active focus of this group.

The **Change Portfolio Governance Group** is a forum which is used to ensure that all approved change programmes can be appropriately resourced. This is working reasonably well to plan and resource programmes within the bounds of MIQ, however it should be noted that prioritisation of projects is not decided in this forum. An example of this is the 'Home Isolation Trial' which is a significant inflight project. Due to the speed of Delta transmission in the community the trial as designed is unlikely to be fit for purpose. Ideally this group should feel empowered to make a recommendation to reconfigure or stop a project.

MIQ Operations Group is a recent addition to the suite of operational governance groups and has significantly strengthened operational planning governance. Several respondents noted that it has made a positive difference, especially as the system is now coming under new stresses to cater for short stays, community cases and changing demographics.

Engagement and Advisory Groups

The engagement and advisory groups each serve a specific purpose and appear to be meeting the requirement for which they were established.

- Employers Network
- Steering Groups
- Technical Advisory Group is Health driven and focusses on areas such as Infection Prevention Control (IPC) and Ventilation.

Data Governance

Data governance, when viewed through a best practice lens, is inadequate within MIQ and across the wider system. A recent internal assessment summarised data governance as follows: “Data is currently not well integrated across MIQ; it is generally poorly curated; and, we currently have multiple people involved in data management but little co-ordination and lack of role clarity”.

It is acknowledged that this is due to the speed at which MIQ needed to be established, and the relentless pace of change, characterised by operating under urgency. Data / information sharing has been handled through Information Sharing agreements between agencies. As the system is both maturing and re-calibrating, the need to improve data governance is ever more important.

Within MIQ, there is a proposal to establish an MIQ Operational Data Governance Function to: confirm key data sets, confirm business owners and establish data stewards; and develop a roadmap to maximise utility of data for decision makers. The function aims to provide MIQ staff and participants in cross functional fora with the accurate data they need to make sound decisions.

To facilitate this the adoption of the wider MBIE enterprise governance protocols, has been recommended. This would also need to align with data protocols being established to enable the Reconnecting NZ workstreams.

The IBM Data Governance Maturity Model has been proposed by the MIQ Data Lead and if adopted would provide a sensible framework for establishing more mature practices.

Data governance at the whole system level is also weak and handled at an individual request level rather than being a coherent data systems approach, with a data governance mandate, governance by a steering group and supported by clearly defined roles.

Recommendations

1. Recommendation 1 - Establish an MIQ Advisory Board with clinical, data, Iwi, and external expertise.
2. Recommendation 2 - Consider streamlining governance meetings using the following levers: reduce number of fora, reduce attendance numbers, introduce governance best practice protocols of independence, challenge and critical friend.
3. Recommendation 3 - Consider re-focussing Governance fora from 'informational and risk-monitoring' to a 'performance-metrics' and 'risk challenging' agenda.

Cross-Agency Governance Arrangements

Findings

Agencies delivering own accountabilities

The current governance arrangements which have been established by individual agencies to deliver their respective areas of accountability appear to be reasonably effective. The scope of this review has limited a deep dive of internal governance processes to MIQ. As an operational entity within the broader MBIE, MIQ is delivering effectively on its key accountabilities to the MIQ system.

Other agencies in the cross-agency response believe that they are delivering on their accountabilities to the system but note that this is not without impact on their own strategic and operational commitments.

A key observation of the majority of people interviewed is a desire for the governance system to mature to the point that it supports a culture of contestability and healthy debate – the ‘critical friend’, whereby decisions which are made are better informed with perspectives that are broader than the current public health lens.

Cross agency coordination

Cross agency co-ordination works reasonably for day-to-day operations.

It is at the strategy and future planning levels that there is concern. The absence of a visible and articulated plan is a significant challenge for agencies. Without this overarching plan there is considerable risk of duplication, redundancy of effort, or of missing significant enhancements which could land safely with forward planning.

It is also apparent that much of the meeting activity is related to knowledge sharing.

Summer Readiness System Lead

It is noted that DPMC have made a recent appointment of a Summer Readiness System Lead who has been tasked with identifying and leveraging synergies across existing response workstreams to drive an integrated programme of operational activity. The scope of this role is described as including, but not limited to, health system readiness, community care arrangements, economic and welfare supports.

It is understood that this role is operationally focused and will work with those working on policy settings to ensure that policy decisions and direction are quickly turned to integrated action. Responsibility for oversight of execution rests with the COVID Chief Executives Group.

Recommendations

4. Recommendation 4 - Introduce a responsiveness cross-agency communication process and mechanism to provide a single source of the most up-to-date truth; being decisions, directives and required actions that surface during multiple operational meetings.

MIQ and the Broader COVID-19 Governance System

MIQ is one component of the overall COVID-19 response which includes public health (lockdowns, testing, contact tracing, masking etc), vaccination, border control, and financial and welfare support. As such MIQ sits within a broader COVID-19 response system governance structure.

In the early phases of the COVID-19 response oversight and direction was held at a central level. This enabled rapid decision-making and the deployment of the lockdown model. As the pandemic evolved and the elimination strategy was successful, responsibilities were devolved to relevant agencies and a governance structure to provide oversight established.

The diagram in Appendix 2 (COVID-19 System Governance Landscape) sets out the structure. To this the Reconnecting New Zealand programme has now been added.

The key elements of this governance structure include:

- COVID-19 Chief Executives Board: this group has an overall oversight, information sharing and risk management role. It is not a decision-making body.
- Border Executive Board: this group provides active oversight of a range of workstreams relating to border and international travel management, and border workforce testing and vaccination. MIQ is an active participant.
- National Response Leadership Team: this group coordinates policy and advises Ministers on the COVID-19 response.

In addition to these groups individual agencies are responsible for governing their elements of the COVID-19 response. The principal agencies are the Ministry of Health, Treasury, MBIE, Ministry of Social Development and Customs. Examples of governance at this level include the COVID-19 Immunisation Programme Governance Board and the recently established Health System Preparedness Assurance Group.

Whilst DPMC is active in Reconnecting New Zealand portfolio management and policy leadership, direction and oversight provided to MIQ by DPMC is predominantly in response to changing settings and does not currently provide an over-arching system wide and future plan. We have noted above the recent secondment of a 'Summer Readiness System Lead'.

There are also three advisory bodies, the Business Leaders Forum, COVID-19 Public Health Advisory Group and the COVID-19 Independent Continuous Improvement and Advice Group. These groups have no decision-making powers and do not interact with MIQ.

MIQ is represented on all the relevant COVID-19 response governance bodies through the Chief Executive of MBIE. Other agencies participating in MIQ are also represented on some of these bodies.

Findings

1. System governance is distributed across several bodies, many of which have the same or similar membership, and there is no single 'COVID Chief Executive' accountable for oversight and execution of the COVID-19 response. This makes integration across the breadth of the response challenging and more difficult to get decisions quickly. It diffuses accountability, makes alignment of policy and operations more difficult and raises the risk of trade-offs inherent in decision-making not being fully considered from a system-wide perspective. A consequence of lack of integration at the system level is that it occurs at Ministerial level.
2. A number of interviewees noted there was no clear visibility of an overall COVID-19 response plan and that there was not a significant level of conversation about future direction. As a result, some agencies have done their own thinking, but these initiatives are not formally aligned. It is noted that whilst planning is difficult in the context of a pandemic it is not impossible. Tools exist to define and game scenarios from which feasible pathways can be defined and outline plans prepared to enable rapid response if required.
3. Although independent external representation is a feature of some of the agency level governance bodies none is included in any of the system level bodies which comprise senior public service personnel. Independent representation is considered best practice in governance as it brings a 'critical friend' perspective and provides challenge to group think. The advisory bodies referenced above do not perform this task as they are not members of the governance bodies and therefore not proximate to oversight and decision-making activities.
4. MIQ risks and issues are communicated through to the system governance bodies and the MBIE Chief Executive ensures these are given due consideration. It is clear that in a number of cases risks and issues that are material to MIQ and its partner agencies do not result in changes to response settings and are left to MIQ and individual agencies to mitigate or carry as unmitigated risks. An example of this is the concurrency risk faced by NZDF as a consequence of its deployment in support of MIQ.
5. The risk framework deployed at the system level is not consistent with those deployed at the agency level. Whilst risks have been identified mitigations are not clear and are not regularly updated.
6. As MIQ continues the pivot to domestic case facilities and if, and when, the international border is opened to vaccinated and negative tested arrivals with home, if any, isolation, its relevance as a border control is diminishes. It becomes a surge capacity for the health system, albeit currently in only four geographic locations.

Recommendations

5. Recommendation 5 - Consider a single governance body over the COVID-19 response, including the Reconnecting NZ programme, to clarify accountability. Chaired by an agency Chief Executive, this body should have independent external member(s) and be responsible for planning, direction, risk management and assurance across the COVID-19 response.
6. Recommendation 6 - MIQ should plan for future scenarios, identifying feasible pathways and developing outline plans to be activated as required. Ideally this planning would be within the context of a broader strategy and plan, but in their absence should be proceeded with regardless. This process should involve conversations with relevant COVID-19 response agencies and Ministers.
7. Recommendation 7 - Plan for the transition of MIQ operations to NZ Health when mandatory isolation is no longer required for the majority of international arrivals. This recognises the importance of integrating isolation facilities within the broader care in the community response. MIQ leadership should specifically engage with the Health Systems Preparedness Programme.

Principles of Good Governance

There is a well-accepted body of knowledge encompassing the principles of good governance aligned with the nature of the public sector management context. A set of these relevant to New Zealand conditions can be found on the Office of the Controller and Auditor-General website (<https://oag.parliament.nz/good-practice/governance>).

The key elements are paraphrased below:

Set a clear purpose and stay focused on it

Governors' strategic thinking and planning to prepare a coherent strategy is fundamental to effective governance. Strategic direction-setting includes setting realistic medium and long-term outcomes and short-term priorities, and expenditure/investment choices and budgets.

Clarity of purpose is also important at the specific project and programme of work levels.

Have clear roles and responsibilities that separate governance and management

The roles and responsibilities of each party, including governing board members, shareholders, management, staff, and other parties (such as stakeholders) must be clearly defined. Clear roles and responsibilities make the differing interests transparent and foster effective decision-making.

Lead by setting a constructive tone

The leadership role of governors is to set a suitable tone from the top that shapes the culture and demonstrates the desired values and ethics.

Involve the right people

For governance to be effective, it is critical that the right people are involved.

An effective board will have members who bring multiple perspectives, who debate issues robustly, and who then speak with unity of voice and message about the decisions made.

Invest in effective relationships built on trust and respect

Strong relationships between governors and stakeholders are important. Effective stakeholder engagement is of particular value in understanding stakeholder views when making important decisions, forming strategies, and identifying sources of funding.

Be clear about accountabilities and transparent about performance against them

Governance practices need to support accountability. Governance structures should include a clear accountability framework that shapes how an organisation's (or project's) financial and operational performance will be monitored and reported. The framework should also cover how the governing body will be accountable for future-focused decisions, such as maintaining and enhancing capability.

Manage risks effectively

Governing bodies have a leading role in establishing an overall understanding of risk, including the potential effect of its strategic, financial, operational, and reputational risks.

Effective risk management by public organisations involves identifying, analysing, mitigating, monitoring, and communicating risks. We expect to see a risk management framework and register that is formally defined, widely understood, and aligned to strategy, risk appetite, objectives, business plan, and stakeholder expectations.

Ensure that you have good information, systems, and controls

Governors are accountable for the decisions they take. Therefore, they need relevant, accurate, and up-to-date information to make good decisions.

Notwithstanding the exigencies of a pandemic these broad principles are still relevant for governance and provide a useful framework for assessment of governance effectiveness.

It should be noted that the assessments below are based on document reviews and interview feedback. The nature of the rapid assessment process does not provide for a more forensic evaluation.

MIQ Assessment against these governance principles

Principle	MIQ	System level	Comments
Set a clear purpose and stay focused on it	Partially aligned	Not aligned	The pivot to accommodating community cases has blurred the purpose of MIQ
Have clear roles and responsibilities that separate governance and management	Partially aligned	Not aligned	Multiple governance bodies fragments responsibilities
Lead by setting a constructive tone	Aligned	Aligned	
Involve the right people	Partially aligned	Partially aligned	Lack of external participation limits challenge
Invest in effective relationships built on trust and respect	Partially aligned	Partially aligned	
Be clear about accountabilities and transparent about performance against them	Partially aligned	Partially aligned	Multiple governance bodies fragments accountabilities
Manage risks effectively	Partially aligned	Not aligned	Risk frameworks at the system level are less aligned to best practice
Ensure that you have good information, systems, and controls	Aligned	Partially aligned	

Appendix 1 – Interviewees

Name	Government Agency
Carolyn Tremain, Secretary, MBIE	MBIE
Megan Main, Former Deputy Secretary MIQ	MIQ
Andy Milne, Associate Deputy Secretary	MIQ
Shayne Gray	MIQ
Ingrid Harder	MIQ
Chris Scahill	MIQ
Christina Sophocleous-Jones	MIQ
Kara Isaac	MIQ
Stacey Munro-Flynn	MIQ
Tessa Ahern	MIQ
Sam Bishara	MIQ
Russell Burnard	MIQ
Peter Hughes Public Services Commissioner	Public Service Commission
Dr Ashley Bloomfield Director-General of Health and Chief Executive	Ministry of Health
AVM Kevin Short Chief of Defence	NZ Defence
AVM Tony Davies Vice Chief of Defence	NZ Defence
Brigadier Rose King – Head of MIQ	NZ Defence
Glenn Dunbier Deputy Commissioner: Operations	NZ Police
Christine Stephenson Comptroller	NZ Customs Service Te Mana Ārai o Aotearoa
Dr. Brooke Barrington Chief Executive Department of Prime Minister and Cabinet	DPMC
Sir Brian Roche	Independent Review

Appendix 2 – Summary of Findings – Interviewee Perspectives

The table below summarises key findings of the interviews, a high level only.

Area	Observations
Current approach	<p>Strengths</p> <p>Governance of MIQ Operations for its business-as-usual (BAU) function of providing Managed Isolation and Quarantine as a border intervention has been working reasonably well.</p> <p>In a previous review of Operational Effectiveness, a key finding described a major dislocation between MIQ Centre and the Regions. This has been significantly improved, resulting in greater leadership cohesion and strengthened governance.</p> <p>Overall, we have observed a much more mature operation which works effectively as a Covid border intervention system.</p> <p>Feedback from all interviewees external to MIQ was very positive relative to its effectiveness as a COVID-19 border control.</p> <p>Additional strengths observed:</p> <ul style="list-style-type: none"> • More delegation to an operational governance structure. • Strong focus on MIQ Leaders taking time out / leave. <p>Weaknesses</p> <p>The MIQ function is downstream of where key health decisions are made and has by necessity had to be responsive to last minute instructions and changes to the operations. These decisions made upstream have a huge consequence on MIQ, making it challenging to effectively govern MIQ.</p> <ul style="list-style-type: none"> • MIQ Leadership note that they are not able to influence at the time that things are happening. • Meeting cascades need to be streamlined: for example, a CE meeting can drop straight into Policy Groups. <p>What needs improving?</p> <p>The following areas for improvement were noted:</p> <ul style="list-style-type: none"> • Decision making • Duplication • Health and safety across broader workforces that support MIQs • Aggregation and aging of risks • Prioritisation of change portfolio

	<ul style="list-style-type: none"> • Planning • Data / information Infrastructure
Changing situation today	<p>What works? MIQ was working well as a Border Intervention; ‘We knew our swim lane’.</p> <p>MIQ operates an active dynamic risk register.</p> <p>What needs improving? The system hasn’t been designed do manage isolation of community cases.</p> <ul style="list-style-type: none"> • The most vulnerable and unwell people are being triaged into MIQ by medical officers of Health. • The above places pressure on a system not designed to cope with vulnerabilities, violence and addictions or severe illness. • There is an urgent need to strengthen over-arching governance to give each agency clarity on future direction. • New challenges and risks have been introduced as there is an increase in community cases presenting with vulnerabilities, health concerns. addictions or violent behaviours. • The absence of over-arching plan at all of government level is a significant weakness. • Governance around this re-positioned system is maturing, with gaps and concerns evident.
Strategic vs Operational governance	<p>Strategic There is an absence of an over-arching, clearly articulated and understood future plan.</p> <p>Operational At an operational level, MIQ governance appears to be working reasonably well.</p>
Workforce / Rotations	<p>Today? The workforce across the system is fragile; with the Health workforce cited as a risk most frequently,</p> <p>Change fatigue – this is very real; however, some agencies are more diligent in ensuring that people are able to take breaks.</p> <p>Rotations continue to be challenging.</p> <p>Future? Operational rostering, rather than crisis mode resourcing.</p>

	<p>Have we got the right composition in the organisation to handle the Community groups? Capacity - Sufficient capacity is needed to run the operation on a 5-day week basis. This is an area that needs better oversight.</p>
Future proofing	<p>Recurring themes from all respondents</p> <p>Is governance robust enough to cover the future needs?</p> <p>How can we govern ourselves better in MIQ so that we can best respond to the constant 'in requests' into MIQ?</p> <p>What is the appropriate level of governance without moderating what Ministers do when they need to deep dive into MIQ?</p> <p>How can the tension which exists between the roles of MIQ, Health, and Police as MIQ becomes is changing be governed?</p> <p>How can we get more central direction and coherence around Strategy and Execution?</p> <p>Future planning</p> <p>Many interviewees expressed concern as to –</p> <ul style="list-style-type: none"> • what is the over-arching strategy / plan? • what is the new Vision, Direction, Timelines, Governance? • where and what is the central leadership of that? • what is the end-to-end process across the whole system? • how can horizontal elements work together more effectively? <p>What is the longer-term view of:</p> <ul style="list-style-type: none"> • Workforce issues? • Where MIQ work is best to be 'homed'? • Possible pivot to a domestic health facility. <p>Resource constraints in Health</p> <p>During the interviews there was a consistent theme relating to a concern that issues which require significant planning and rapid decisions are getting 'lost' or delayed in the Ministry of Health. Why does it take so long to progress (for example) –</p> <ul style="list-style-type: none"> • Saliva testing? • N95 masks for staff in MIQ facilities? • Design of a system for Covid Care in the Community? <p>We knew enough to forward plan:</p> <ul style="list-style-type: none"> • Vaccine roll-out to at risk communities • Testing settings for different groups (e.g., saliva testing) • Short stay in MIQ

	<ul style="list-style-type: none"> • Home-based isolation • Care in the community.
Clinical governance vs broader considerations	<p>To what degree should the clinical group have broader than clinicians?</p> <p>MIQ would benefit from an expert clinician at the table to have a broader MIQ conversation.</p>
Data governance	<p>Data governance is an area which needs strengthening. The sharing of information between agencies has been fraught with challenge since the early days of the pandemic. In the majority of examples given, it took much longer than necessary to establish data sharing processes. The ongoing protocols are also seen as unclear, with significant input sought from Crown Law for many information sharing questions.</p> <p>There are low levels of trust in integrity of data across the system. Stronger data governance would address the weaknesses in the system.</p>
Treaty governance	<p>Governance of adherence to the principles of the Treaty of Waitangi is developing within MIQ. A recent example of the arrangement that has been established a facility in Waikato is an example of a well governed process, that embraced the principles of Te Tiriti, while also practicing principles of good governance.</p> <p>Interviewees notes that the changing face of the pandemic, increasing speed of transmission and the disproportionate numbers of Māori not yet fully vaccinated, and / or impacted by the virus, requires that a stronger focus is placed on treaty governance.</p>

Appendix 3 – All Roads Lead to the Minister

