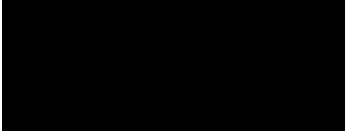




14 October 2020



Dear 

Re: OIA request – Occupancy rates and workforce redeployment

Thank you for your Official Information Act request received 22 September seeking information from Waitematā DHB about hospital occupancy rates and workforce redeployment.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

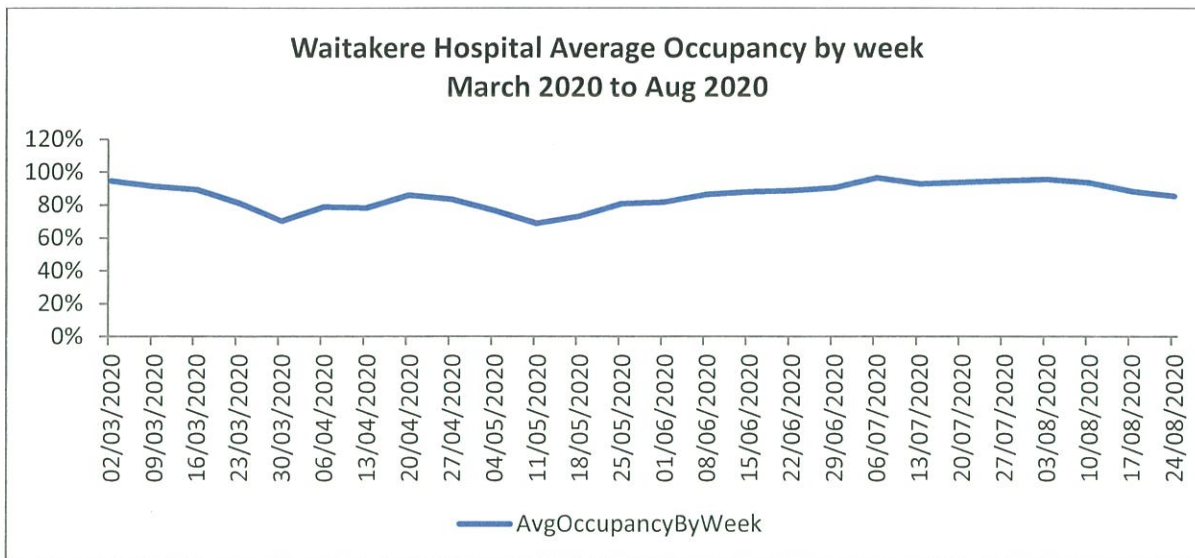
In response to your request, we can provide the following information:

I'm writing a story looking at how the country's clinical workforces are being deployed during the COVID-19 pandemic.

Could you please tell me, week-on-week, for the last six months, what your respective DHB's hospital bed occupancy rates have been?

Please note that hospital occupancy is a measure of how many 'open' beds were occupied at any given point in time. DHBs have the ability to flex up or down according to demand by opening and closing bed capacity, which influences the overall hospital occupancy rate. During the COVID-19 lockdowns, some beds were closed as not all services were able to continue as normal, particularly under Alert Level 4. During this unprecedented period, patients were cohorted in order to ensure care was delivered safely and efficiently.

Please find graphs for Waitakere Hospital and North Shore Hospital showing weekly average percentage occupancy rates from week commencing 2 March 2020 to week ending 30 August 2020 as follows:



COVID-19 alert level restrictions have also had an impact on lowering seasonal influenza contraction and, therefore, hospitalisation rates, which in some cases, means hospital wards are less busy. To this point, where has your DHB's clinical workforce, especially ward staff when under-utilised, been redeployed to?

When bed capacity exceeded the demand for beds at either North Shore or Waitakere hospitals, beds were flexed down on a shift-by-shift basis, according to the requirements of each ward.

Where this occurred, staff who could be redeployed were then moved to areas within either hospital as needed.

A number of staff were also stood up to cover additional functions that emerged in response to the various COVID-19 alert levels. These were in areas such as enhanced protocols for staff using personal protective equipment (PPE), front-of-hospital screening and wellness checkers who ensured safe visiting protocols were maintained.

Some additional staff were also redeployed into these roles while their own areas of work were not at full capacity.

In addition, the DHB has deployed some of our workforce to provide assistance and support to the regional management of the COVID-19 response; managed isolation and quarantine facilities; contact tracing and community testing.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MS', written in a cursive style.

Mark Shepherd
Director Provider Healthcare Services
Waitematā District Health Board