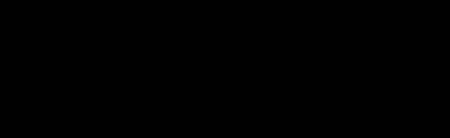




6 October 2020



Dear [REDACTED]

**Re: OIA request – Staffing levels during COVID-19**

Thank you for your Official Information Act request received 10 September 2020 seeking information from Waitematā District Health Board (DHB) about staffing levels during COVID-19.

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 are able to provide the following information:

**1. How has Covid-19 affected staffing? In terms of staying home as if the slightest bit sick.**

The following figures show that COVID-19 has not had an adverse impact on staffing levels compared with 2019.

This may be due to lower rates of seasonal influenza in our community compared with previous years as a result of much of the community being in lockdown during alert levels 2,3 and 4.

The health, safety and wellbeing of our staff and patients is our highest priority. Our people are provided with clear guidance and support to stay at home if they are unwell and to seek a test if displaying COVID-19-like symptoms.

**2. What was your rate of sick leave from March - September 2019 compared to the same period 2020?**

The figures provided below show that staff sick leave has been similar to that in 2019.

	March	April	May	June	July	August	September
<b>2019</b>	3.4%	2.8%	3.6%	4.1%	4.1%	4%	3.8%
<b>2020</b>	3.9%	1.9%	3.1%	3.7%	4.2%	3.6%	Not yet available

**3. How has the DHB managed this?**

The DHB has processes to manage any unplanned sick leave, particularly during winter months. Additional cover is available through our bureau or locum services, or part-time staff are offered additional hours.

Our hospital and community operational plans are reviewed and monitored daily to maintain the safe delivery of clinical services.

**4. What was the DHB's average occupancy rate for March - September 2019 compared to the same period 2020? Can this please be broken down by month rather than lumped together.**

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 and down according to demand by opening and closing bed capacity, which influences the overall hospital occupancy rate. During COVID lockdown, 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.

The figures provided below show occupancy rates for March – September 2020 were lower than for the same period in 2019. As above, much of this can be attributed to the various COVID-19 lockdown levels and also the resulting low rates of seasonal influenza illnesses which could otherwise have been expected to increase demand for inpatient bed space.

<b>North Shore Hospital Occupancy by month for 2019 &amp; 2020</b>		
<b>Date</b>	<b>2019</b>	<b>2020</b>
March	95%	89%
April	95%	83%
May	94%	91%
June	98%	96%
July	98%	96%
August	97%	92%
September	97%	93%

Waitakere Hospital Occupancy by month for 2019 & 2020		
Date	2019	2020
March	101%	87%
April	101%	80%
May	99%	76%
June	100%	86%
July	95%	94%
August	94%	91%
September	90%	94%

Has this resulted in the DHB having to activate an action plan or escalation plan for wards? i.e. adults being put on children wards where there is more staffing etc.

Operational plans were developed as part of our COVID response that set out how the DHB would function during times of high hospital occupancy.

Ultimately, relatively few COVID-positive patients required hospital-level care and much of our planning did not need to be activated. All bed capacity was available as required to alleviate pressure on the acute services and flexed when appropriate, as per the standard winter operational plan. In addition, other adult wards were able to take the overflow of adult general medicine patients at various times.

There have been just two occasions where low acuity adult female patients have been placed on the paediatric ward at Waitakere Hospital, with both of these occurring in 2020. This was a result of high occupancy levels at both North Shore and Waitakere hospitals and not as a result of staffing levels. The area the adult female patients were admitted to for brief periods of time is a physically separated part of the ward and was during times of very low occupancy in the paediatric ward.

These female adult patients were cared for by adult speciality nurses while our paediatric patients continued to be cared for by paediatricians and children's nurses with no issues or disruption to their care.

While not part of our routine practice, Waitemata DHB took this option under exceptional circumstances and following operational and clinical assessment of the safety of both our paediatric and adult patients.

I trust that this information is helpful.

Waitemata 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 'Fiona McCarthy', written over a faint dotted grid background.

**Fiona McCarthy**  
**Director Human Resources**  
**Waitematā District Health Board**