

From: [Alex Pimm \(ADHB\)](#)
To: [Health System Readiness & Response Planning](#)
Cc: [Tricia Sloan](#); ["Keriana Brooking"](#); [Covid 19 \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Joanne Bos \(ADHB\)](#); [Jo Wright \(Nursing Director\) \(ADHB\)](#)
Subject: Workforce request - ADHB ITU nurses
Date: Friday, 27 August 2021 15:09:56
Attachments: [Request for ICU Nurses 27-08-21.docx](#)

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ITU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:

Up to 30 trained/experienced ITU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]

Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,

Alex

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

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

From: Keriana Brooking [mailto:[REDACTED]]
Sent: Wednesday, 25 August 2021 15:18
To: Alex Pimm (ADHB) <[REDACTED]>; Tricia Sloan <[REDACTED]>; Health System Readiness & Response Planning <[REDACTED]>
Subject: Please send National Request for Assistance here

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to [REDACTED] [healthalliance.co.nz](mailto:[REDACTED]@healthalliance.co.nz)

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Forum:	COVID-19 Incident Management Team
Submitted by:	Joanne Bos, Interim Associate Director, Cardiovascular Services, Auckland DHB Jo Wright, Nurse Director, Cardiovascular Services, Auckland DHB
Date:	26 August 2021
Subject:	Request for additional ICU nurses from out of region

Purpose

The purpose of this paper is to request assistance from DHBs outside of the northern region to support the ICUs within the northern region in response to the latest COVID-19 outbreak, which is predominately affecting the Auckland metro area. The specific request is for ICU-trained nurses.

Issue

The Auckland metro DHBs have sufficient physical ICU capacity and non-nursing resources to meet the modelled demand for adult ICU beds for COVID-positive patients (likely 7 – 20 patients) and maintain an acceptable level of other acute care and very urgent planned care. However, due to a high number of vacancies and recruitment challenges, a higher than usual proportion of junior nurses, high sick leave and absence associated with exposure to locations of interest, and the need to continue to manage acute and urgent patients, there are insufficient trained ICU nurses in the region to fully resource the available physical capacity.

This is exacerbated by the model of care for COVID-positive patients that requires more nurses per patient than the standard ICU model of care to support safe PPE use and mitigate the risk of exposure to other patients and staff.

The DHBs cannot cease providing acute and urgent care for patients and often these patients require ICU-level care (e.g. trauma, burns, neurosurgery, cardiac surgery, transplant). Many of these patients are receiving quaternary level care that cannot be provided outside of the region so there is no option for them to be treated elsewhere. The specialist nature of these services also means that the patients are often from outside of the region.

Transferring ICU patients out of Auckland is another option. However a high proportion of the ADHB and CMDHB ICU patients are sub-specialty patients and this option would also separate critically ill patients from their whānau. This would be considered for specific patients and also as a last resort if there are not enough staff.

The Auckland metro DHBs are therefore seeking assistance from other DHBs who have ICU-trained nurses to enable them to continue to provide acute and urgent ICU-level care for patients when COVID-positive patients have been admitted to their ICU facilities.

Requirement

The requirement is for up to 30 ICU-trained nurses as follows:

1. Current practicing certificate and currently working in an adult ICU.
2. A minimum of 18 months adult ICU experience.

3. Willingness to relocate to Auckland for a minimum of 6 weeks to work in either Auckland or Counties Manukau DHBs ICU facilities (major trauma, burns, transplants, general ICU and cardiovascular ICU).
4. Ideally with cardiac or major trauma experience, but not essential.

These nurses will not be asked to nurse COVID-positive patients, unless the Auckland DHBs are not able to do this with their current ICU nursing workforce. This is unlikely.

An assessment process will be applied to ensure suitability of skills and experience and training will be provided.

Travel, accommodation and remuneration

Travel, accommodation and remuneration arrangements will be co-ordinated nationally but will not be a cost to the home DHB for these nurses.

Nurses will be guaranteed to receive at least their usual pay.

Request

The non-northern region DHBs with ICU facilities are requested to :

1. Agree in principle to assign available ICU nurses to the Auckland metro DHBs
2. Agree that this request takes priority to any return to planned care beyond P1
3. Determine the capacity in their ICU nursing workforce to release nurses for 6 weeks
4. Identify nurses who would be willing to temporarily relocate to Auckland



Minutes Critical Care Board 27 August 2021

Minutes of the ~~Provider Group COVID~~ meeting held on 27 August 2021 Via Zoom, Auckland City Hospital, Grafton commencing at 3:30pm

Group members:	Barry Snow Joanne Bos Emma Maddren John Beca Michael Shepherd Andrew McKee Anne-Marie Pickering
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Welcome & Apologies

Attendance: Kerry Benson-Cooper, Emma Maddren, Mike Gillham, Joanne Bos, Andrew McKee, Barry Snow. Michael Shepherd, John Beca Declined: Anne Marie Pickering
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DISCUSSION

[Redacted]

[Redacted]

- [Redacted]
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- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

- Patient flow discussions around pathways was had.
- Capacity discussions continue and further nursing conversations will occur on Monday.

Resourcing additional beds :

- Nurse training continuing through DCCM and CVICU
- External Nursing – Mercy Ascot CE discussion around possible support. ICU nurses are limited, continued discussion. (Mike Shepherd to send email)
- Paper requesting ICU nurses nationally to assist in Auckland has been circulated to exec leads and ICU CDs – waiting to hear results.
- Initial discussion around a Plan C - if all ICU capacity full: e.g. transfer of patients either pre-surgery or from ICU to ICUs outside Auckland, further regional plan (e.g. MMH becomes a covid unit)

Further Update:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Comms piece to be delivered – ICU staff and around the country. KBC to draft and distribute to CCB members for feedback.



Minutes Critical Care Board 01 September 2021

Minutes of the Provider Group COVID meeting held on 01 September 2021 Via Zoom, Auckland City Hospital, Grafton commencing at 1:00pm

Group members:	Barry Snow Joanne Bos Emma Maddren Kerry Benson-Cooper John Beca Michael Shepherd Andrew McKee Anne-Marie Pickering
	Welcome & Apologies
	Attendance: Kerry Benson-Cooper, Emma Maddren, Joanne Bos, Andrew McKee, Barry Snow. Michael Shepherd, John Beca Declined: Anne Marie Pickering
	DISCUSSION
	<p>John Beca/Mike Shepherd gave an introduction and a brief update.</p> <ul style="list-style-type: none"> • Increasing a little at the moment. • [REDACTED] • Inpatients expected to increase. • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] <p>Confirmed plan across region</p> <ul style="list-style-type: none"> • Continues to increase inpatients and support across all DHBs. • [REDACTED] • [REDACTED] • [REDACTED] • [REDACTED] • CVICU- HDU – agreed that with increase in patient numbers, CVICU-HDU will be protected for ICU patients (i.e. not ward overflow). • [REDACTED] • [REDACTED] • [REDACTED] • Middlemore – confirmed that they can only have patients in rooms currently allocated as airflow is problematic. • Urgent planned care is challenging for services requiring ICU/HDU postop and this capacity being reduced. Need to further explore alternative (i.e. ward based) models of care potentially for some vascular, thoracic and renal ransplant patients. • [REDACTED] <p>Resourcing additional beds :</p> <ul style="list-style-type: none"> • Patients are being repatriated to additional DHBs in New Zealand. Swabbing patients before leaving. • For patients who are/could be transferred out to other DHBs, stand down and isolation requirements continue to be unclear. Andrew Connolly letter to be distributed to this group. • ICU Nurses – request for assistance nationally. Required a project group of nurse leaders and HR for planning, including accommodation, orientation etc. <p>Further Update:</p> <ul style="list-style-type: none"> • [REDACTED] • [REDACTED]

Minutes of the Provider Group COVID meeting held on 03 September 2021 Via Zoom, Auckland City Hospital, Grafton commencing at 1:00pm

Group members:	Barry Snow Joanne Bos Emma Maddren John Beca Kerry Benson-Cooper Michael Shepherd Jo Wright Andrew McKee Janine Rouse Anne-Marie Pickering Sapna Sheth
	Welcome & Apologies
	Attendance: Kerry Benson-Cooper, Emma Maddren, Joanne Bos, Andrew McKee, Barry Snow. Michael Shepherd, John Beca, Anne Marie Pickering Declined: Sapna Sheth
	DISCUSSION
	<p>John Beca/Mike Shepherd gave an introduction and a brief update.</p> <ul style="list-style-type: none"> • Update on patients in ICU – across the region and in ADHB. • Overview regarding patients and transfers. • An update of inpatient beds was given to those in attendance. • If ADHB got to 8-9 ICU patients, what would Plan B be – regional discussion today at 10am. <ul style="list-style-type: none"> ○ Can one hospital be turned into a COVID centre? Responses regionally and still remains unanswered response. ○ Northland offered assistance as have 4 NP beds and only 1 patient in ICU. Patients need to be intubated for transfer. ○ Middlemore could take 1 more which would mean unable to cover for burns. ○ [REDACTED] <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] • Further discussion with regional meeting at 3pm and then Mike/Peter Watson would be joining to discuss further. Other options: <ul style="list-style-type: none"> ○ Send either non COVID or COVID patients out of Auckland – options? ○ Exploring options of Satellite HDUs? ○ WDHB capacity/ CMDHB capacity? <p>ICU Nurses:</p> <ul style="list-style-type: none"> • ICU Nurses – Jo Wright gave and update – 1st nurse starting on Monday. Orientation all ready to go. TAS is about to issue the secondment letter today. • Reassurance that her DHB has put her forward, Occ Health confirmed. • Agreed staff profiles to be given so that DHBs can look at skills required – regionally. Check experience across nurses for where each nurse will be working and the orientation needed. • ICU Nurses: 4/5 Canterbury and 3 from Southern. • 1 educator in CVICU – any options of other coaches/senior nurses adding to educator time <p>Other Discussions:</p> <ul style="list-style-type: none"> • [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>Further Update:</p> <ul style="list-style-type: none"> • [REDACTED]

	<ul style="list-style-type: none">○ [REDACTED]■ [REDACTED]■ [REDACTED]
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**Minutes
Critical Care Board
07 September 2021**

**Minutes of the Provider Group COVID meeting held on 07 September 2021 Via Zoom, Auckland
City Hospital, Grafton commencing at 2:00pm**

Group members:	Joanne Bos John Beca Michael Shepherd Andrew McKee Anne-Marie Pickering Barry Snow Emma Maddren Kerry Benson-Cooper Jo Wright Janine Rouse Sapna Sheth
	Welcome & Apologies
	Attendance: Kerry Benson-Cooper, Emma Maddren, Joanne Bos, Andrew McKee, Barry Snow, Michael Shepherd, John Beca, Anne Marie Pickering Declined: Sapna Sheth
	DISCUSSION
	<p>John Beca/Mike Shepherd gave an introduction and a brief update.</p> <ul style="list-style-type: none"> • Facilities update required – following walk through. • Bed modelling [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] ■ [REDACTED] <p>Regional Meeting - discussion</p> <ul style="list-style-type: none"> • Bed Modelling regionally discussed. • Within this group a discussion was had as to what this might look like for us. • Consultation and then combined approach with our input. • Looking at modelling that has come out of Australia and UK. • [REDACTED] • [REDACTED] <p>Other issues</p> <ul style="list-style-type: none"> • [REDACTED] ■ [REDACTED] • CVICU – 1 MIQ patient • [REDACTED] • Funding for ICU nurses – education, surge funding received. • [REDACTED] • [REDACTED]



Minutes Critical Care Board 13 September 2021

Minutes of the Provider Group COVID meeting held on 13 September 2021 Via Zoom, Auckland
City Hospital, Grafton commencing at 4:00pm

Group members:	
John Beca	Joanne Bos
Michael Shepherd	Emma Maddren
Andrew McKee	Kerry Benson-Cooper
Anne-Marie Pickering	Jo Wright
Barry Snow	Janine Rouse
	Sapna Sheth

Welcome & Apologies

Attendance: Kerry Benson-Cooper, Emma Maddren, Joanne Bos, Barry Snow, Michael Shepherd, John Beca, Anne Marie Pickering, Jo Wright, Sapna Sheth, Janine Rouse
 Declined: Andrew McKee

DISCUSSION

John Beca/Mike Shepherd gave an introduction and a brief update.

- No real update or change at the moment.
- Planned facilities regroup and planned bed base.
- Nursing training has started for ICU nurses.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

Regional Meeting - discussion

- [Redacted]
- National ICU capacity conversations continue to be taking place – overall picture was reasonably accurate. This is looking at current utilisation and projections based on population changes and some generous assumptions around unmet need. No MoH ICU COVID modelling has been seen yet.
 - Gary Jackson’s data review looking at projections for admission rates next year assuming well vaccinated levels and moderately tight boarder control – will share with the group.

Other issues

- [Redacted]
- Staff Training – surge training and ICU nurses continue. PACU nurses (L8) and CV ward nurses are being trained. National ICU nurses coming in undergoing orientation.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Clinical Care/ Ops

- No issues in terms of staffing or capacity
- [REDACTED]
- [REDACTED]
- Redeployment - visibility on where is our people spreadsheet
- Weekend re capacity and whether we can bring any other capacity down for Saturday and Sunday to support staffing
- [REDACTED]
- [REDACTED]
- No changes to the escalation tool – ICU training is progressing well
- Regional decision to put a call out for volunteers around the country for ICU trained nurses and working through what the HR would look like

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date and Time: Friday, 27 August 2021 (11.30am – 12.30pm)

Venue: Via Zoom / Building 32 - Level 5 - CEC A+ Trust Room

Members: Abby Donaldson, Ailsa Claire, Alex Pimm, Anthony Hawke, Carly Orr, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiha, Ian Dittmer, Ian Costello, Jane Lees, Jennie Montague, John Beca, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Marina Reyes, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Sarah Horn, Taylor Carter, Tess Mann, Wendy Stanbrook-Mason.

Items for discussion		
No.	Items for discussion	Lead
1.	Last Meeting notes	
2.	National Outbreak Update	Alex Pimm
3.	Outbreak update <ul style="list-style-type: none"> - Testing - Contact Trace - Staff Tracking 	Mark Edwards
4.	People/ Welfare <ul style="list-style-type: none"> - Deployments - Training Incl. PPE - Vulnerable Staff and un-immunised staff 	Mel Dooney
5.	Clinical Care/ Operations <ul style="list-style-type: none"> - Daily Ops - CAG/CTAG Pathways and Protocols - IPC Practice 	Marg Dotchin/ Ian Dittmer
6.	Planning <ul style="list-style-type: none"> - Planned Care (Duncan Bliss) - Recovery - Ti Tiriti 	Liz Boucher Hineroa Hakiha/ Anthony Hawke
7.	Supply/Facilities/ Logistics <ul style="list-style-type: none"> - Supplies - Facilities - Labs 	Ian Costello/ Kieron Millar
8.	Communication and Engagement (PIM) <ul style="list-style-type: none"> - Internal - External/Media 	Carly Orr/ Maxine Stead
9.	Requests for Decision <ul style="list-style-type: none"> - PPE - N95 Central Fit testing - Community Screening tool - Request for ICU Nurses 	Taylor Carter Ian Dittmer
10.	Information Papers <ul style="list-style-type: none"> - Interim advice for home visiting health professionals V10 	Ian Dittmer
11.	Other emerging issues	All
12.	Any other business	All

Forum:	National COOs Meeting
Submitted by:	Joanne Bos, Interim Associate Director, Cardiovascular Services, Auckland DHB Jo Wright, Nurse Director, Cardiovascular Services, Auckland DHB
Date:	26 August 2021
Subject:	Request for additional ICU nurses from out of region

Purpose

The purpose of this paper is to request assistance from DHBs outside of the northern region to support the ICUs within the northern region in response to the latest COVID-19 outbreak, which is predominately affecting the Auckland metro area. The specific request is for ICU-trained nurses.

Issue

The Auckland metro DHBs have sufficient physical ICU capacity and non-nursing resources to meet the modelled demand for adult ICU beds for COVID-positive patients (likely 7 – 9 patients) and maintain an acceptable level of other acute care and very urgent planned care. However, due to a high number of vacancies and recruitment challenges, a higher than usual proportion of junior nurses, high sick leave associated with exposure to locations of interest, and the need to continue to manage acute and urgent patients, there are insufficient trained ICU nurses in the region to fully resource the available physical capacity.

This is exacerbated by the model of care for COVID-positive patients that requires more nurses per patient than the standard ICU model of care to support safe PPE use and mitigate the risk of exposure to other patients and staff.

The DHBs cannot cease providing acute and urgent care for patients and often these patients require ICU-level care (e.g. trauma, burns, neurosurgery, cardiac surgery, transplant). Many of these patients are receiving quaternary level care that cannot be provided outside of the region so there is no option for them to be treated elsewhere. The specialist nature of these services also means that the patients are often from outside of the region.

Transferring ICU patients out of Auckland is another option. However a high proportion of the ADHB and CMDHB ICU patients are sub-specialty patients and this option would also separate critically ill patients from their whanau. This would be considered for specific patients and also as a last resort if there are not enough staff.

The Auckland metro DHBs are therefore seeking assistance from other DHBs who have ICU-trained nurses to enable them to continue to provide acute and urgent ICU-level care for patients when COVID-positive patients have been admitted to their ICU facilities.

Requirement

The requirement is for ICU-trained nurses as follows:

1. Current practicing certificate and currently working in an adult ICU
2. A minimum of 18 months adult ICU experience

3. Willingness to relocate to Auckland for a minimum of 6 weeks to work in either Auckland or Counties Manukau DHBs ICU facilities (major trauma, burns, transplants general ICU and cardiovascular ICU)
4. Ideally with cardiac or major trauma experience, but not essential

These nurses will not be asked to nurse COVID-positive patients, unless the Auckland DHBs are not able to do this with their current ICU nursing workforce. This is unlikely.

An assessment process will be applied to ensure suitability of skills and experience and training will be provided.

Travel, Accommodation and Remuneration

Travel, accommodation and remuneration arrangements will be co-ordinated nationally but will not be a cost to the home DHB for these nurses.

Nurses will be guaranteed to receive at least their usual pay.

Request

The non-northern region DHBs with ICU facilities are requested to :

1. Agree in principle to assign available ICU nurses to the Auckland metro DHBs
2. Agree that this request takes priority to any return to planned care beyond P1
3. Determine the capacity in their ICU nursing workforce to release nurses for 6 weeks
4. Identify nurses who would be willing to relocate to Auckland

Approved by IMT.

To go to - MCH/HAS
CMOs/CMOs
ITU network.

Alex Finlay

27/08/21

Date Friday 27, August 2021 (1130hrs – 12hrs)
Attendees Ailsa Claire, Alex Pimm, Anthony Hawke, Carly Orr, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiaha, Ian Dittmer, Ian Costello, Jane Lees, Jennie Montague, John Beca, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Marina Reyes, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Minnie Fuangkhajornfung, Sarah Horn, Taylor Carter, Tess Mann, Vanessa Duthie, Vicki Nuttall, Wendy Stanbrook-Mason.

National outbreak situation update

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Forecast Graph – Model by Dr Gary Jackson from Counties

- Forecast based on the first few days of cases
- Peak around 90, today was 73 (slightly lagging behind due to lab turnaround times)
- Testing delay, due to people getting to testing centres and delayed swabs results reports
- Increase over the past 5 days on admissions
- Mike S – we predict increasing as per model and working numbers around it
- All of Auckland predictions
- Will be revised as we go through
- To distribute to IMT team

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

People and Welfare

- [Redacted]
- [Redacted]
- Going through Marg D spreadsheet – where our staff are at

[REDACTED]

Wellbeing and Welfare Support

- [REDACTED]
- Meeting with NRHCC this afternoon to look at pipeline

Clinical Care/ Ops

- [REDACTED]
 - [REDACTED]
- [REDACTED] no COVID patients in ICU – staffing plan for weekend for daily ops – not repatriating to Counties – other DHB transfers proceeding

[REDACTED]

[REDACTED]

Planning

- [REDACTED]
- ICU escalation – all goes as we have planned, training for PACU staff for DCC surge

[REDACTED] s

[REDACTED]

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Date and Time: Saturday, 28 August 2021 (11.30am – 12.30pm)

Venue: Via Zoom

Members: Abby Donaldson, Ailsa Claire, Alex Pimm, Anthony Hawke, Carly Orr, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiha, Ian Dittmer, Ian Costello, Jane Lees, Jennie Montague, John Beca, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Marina Reyes, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Taylor Carter, Tess Mann, Vicki Nuttall, Wendy Stanbrook-Mason.

Items for discussion		
No.	Items for discussion	Lead
1.	Last meeting notes	
2.	National outbreak situation update	Alex Pimm
3.	ACH outbreak update <ul style="list-style-type: none"> - Testing - Contact tracing - Staff tracking 	Mark Edwards
4.	People/welfare <ul style="list-style-type: none"> - Deployments - Training and PPE use - Vulnerable staff - Unvaccinated staff 	Mel Dooney
5.	Clinical care/operations <ul style="list-style-type: none"> - Daily operations - CAG/CTAG updates and changes to pathways/protocols - IPC practice issues 	Marg Dotchin/ Ian Dittmer
6.	Planning <ul style="list-style-type: none"> - Planned care - Escalation planning and recovery - Ti Tiriti and Māori health 	Liz Boucher Hineroa Hakiha/ Anthony Hawke
7.	Supply/facilities/logistics <ul style="list-style-type: none"> - Supplies - Facilities - Laboratory capacity 	Ian Costello/ Kieron Millar
8.	Communication and engagement <ul style="list-style-type: none"> - Internal - External – media and public 	Carly Orr/ Maxine Stead
9.	Requests for decision <ul style="list-style-type: none"> - Mercy Hospice Admissions - PPE - N95 Central Fit testing - Ward 68 negative pressure rooms 	Sam Titchener Taylor C Mike S/Alex P
10.	Information Papers <ul style="list-style-type: none"> - Adult ICU capacity - Rapid Works - Ward 68 Cost Estimate 26.08.20221 - Ward 68 Rapid Response Plan 26.08.2021 - Generic System Sketches 	Joanne Bos Mike S/ Alex P Mike S/ Alex P Mike S/ Alex P



COVID-19 Response Team A G E N D A

11.	Other emerging issues	All
12.	Any other business	All



COVID-19 Response Team MEETING NOTES

Date Friday 27, August 2021 (1130hrs – 12hrs)

Attendees Ailsa Claire, Alex Pimm, Anthony Hawke, Carly Orr, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiaha, Ian Dittmer, Ian Costello, Jane Lees, Jennie Montague, John Beca, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Marina Reyes, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Minnie Fuangkhajornfung, Sarah Horn, Taylor Carter, Tess Mann, Vanessa Duthie, Vicki Nuttall, Wendy Stanbrook-Mason.

National outbreak situation update

- 73 new cases reported in the last 24 hours
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Forecast Graph – Model by Dr Gary Jackson from Counties

- Forecast based on the first few days of cases
- Peak around 90, today was 73 (slightly lagging behind due to lab turnaround times)
- Testing delay, due to people getting to testing centres and delayed swabs results reports
- Increase over the past 5 days on admissions
- Mike S – we predict increasing as per model and working numbers around it
- All of Auckland predictions
- Will be revised as we go through
- To distribute to IMT team

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[Redacted]

- no COVID patients in ICU – staffing plan for weekend for daily ops – not repatriating to Counties – other DHB transfers proceeding

[Redacted]

[Redacted]

[Redacted]

- ICU escalation – all goes as we have planned, training for PACU staff for DCC surge

[Redacted]

[Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Request of Decision - Request for ICU Nurses

- Additional ICU workforce to support ICU across the regions
- John B – cohort that's required will take out the cardiovascular ICU area
- Significant limitations to ICU nursing capacity
- Request for additional ICU nurses from out the region

Decision: to support this as a national

[REDACTED]

All information papers need to be approved by the **relevant Function group SLT Lead** prior being sent to [REDACTED] for inclusion on the next IMT agenda (5pm day prior).

(Issue / Information to be entered in the EOC Admin Action, Issue and Decision Tracker on MS Teams)

Function Group:	Adult Intensive Care
Submitted by: <i>(Name, Role, Service)</i>	Joanne Bos Interim Associate Director, Cardiovascular Services
Date:	25 August 2021 Presented on 28/08/21
Issue / Decision:	<p>The IMT is requested to note that:</p> <ol style="list-style-type: none"> 1. Adult intensive care capacity is currently reduced due to nursing vacancies and high numbers of sick calls and there is a risk that there will be insufficient capacity to meet acute demand. 2. Prioritised actions have been agreed to ensure that a minimum number of acute adult ICU beds are available as often as possible. 3. A plan has been agreed regarding the order of ICU admission for COVID-19 patients, should this be required. However, this is dependent on improvements to the airflow in the CVICU HDU, which is being resolved by the Facilities work stream. 4. [REDACTED] 5. [REDACTED] 6. Plans for DCCM and CVICU to train non-ICU nurses and provide refresher training for ex-ICU nurses have been developed and are being implemented. This will provide a pool of additional nurses to call on to support the ICU nursing workforce if required. The number that can be trained per week is limited due to constrained senior nurse capacity and a high proportion of junior nurses in both units. 7. CVICU is identifying all staff trained as spotters for donning and doffing and will identify additional non-clinical staff that could be trained to do this role to reduce the demand on nurses 8. Both the COVID-19 management and surge plans are heavily reliant on ICU-trained nurses, so the current constrained ICU nurse workforce and recruitment and retention challenges present a significant risk to these plans. 9. The regional COVID ICU surge plan is being refreshed, which may include

COVID Response Team Information Paper

	<p>diversion of non-quaternary ICU patients to the other DHBs.</p> <p>10. Options to utilise private capacity to reduce demand on CVICU and to source additional ICU nurses from outside the region are being explored.</p> <p>11. [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>												
<p>Information for noting: (Include in description if action to be taken is included within the Directorate Safety Plan, if applicable)</p>	<p>Both CVICU and DCCM have physical beds that are not resourced in their current budgets and both are unable to fully resource their budgeted bed base due to nursing vacancies. The following table shows current state. This does change daily depending on unplanned leave. Unplanned leave is currently high and may remain so for some days.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width: 25%;">Unit</th> <th style="width: 25%;">Physical Beds</th> <th style="width: 25%;">Resourced Beds</th> <th style="width: 25%;">Staffed Beds</th> </tr> </thead> <tbody> <tr> <td>CVICU</td> <td>26</td> <td>22</td> <td>17</td> </tr> <tr> <td>DCCM</td> <td>24</td> <td>17</td> <td>14</td> </tr> </tbody> </table> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> ■ [REDACTED] <li style="padding-left: 20px;">[REDACTED] ■ [REDACTED] <li style="padding-left: 20px;">[REDACTED] ■ [REDACTED] ■ [REDACTED] <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Recruitment</p> <p>Significant effort is going into recruitment both in NZ and overseas and this is ongoing. However, international demand is high and even when appointments are made there is a significant time lag between appointment and start date. It is not yet known what impact the latest COVID-19 outbreak</p>	Unit	Physical Beds	Resourced Beds	Staffed Beds	CVICU	26	22	17	DCCM	24	17	14
Unit	Physical Beds	Resourced Beds	Staffed Beds										
CVICU	26	22	17										
DCCM	24	17	14										

COVID Response Team Information Paper

will have on our recruitment strategies.

[Redacted text block containing approximately 20 lines of blacked-out content]

ICU Nursing Capacity for COVID patients

If the number of COVID patients in the adult ICUs exceeds three, additional staff will be required to ensure that acute patients can continue to get ICU care if needed. A different nursing model of care will also be required to make the best use of our ICU-trained nurses. The following plan has been agreed:

1. GSU OR and PACU nurses are being trained to support DCCM. A 2-day course has been approved for this and this training has started with 6 nurses being trained the week of 23 August.
2. If the volume of surgery reduces, OR and PACU nurses from within ACH will also be trained to support DCCM
3. Nurses who are CVICU-trained will receive refresher training. Nurses from within the directorate who could be trained to provide support to ICU nurses will be identified and trained. A plan to train 20 nurses, 4 per week is being implemented, starting the week of 23 August with refresher training.
4. The Cardiovascular directorate is undertaking a stocktake of non-nursing staff trained to be spotters (for donning and doffing) and will then identify and train additional staff within the directorate if

COVID Response Team Information Paper

	<p>required.</p> <p>It should be noted that the number of additional nurses that can be trained is limited due to constrained senior nurse capacity and a high proportion of new starts in both units.</p> <p>Training plans for both units are included as appendices.</p> <p>██████████</p> <p>██</p> <p>██</p> <p>██</p> <p>██</p> <p>Non-ADHB Capacity</p> <p>The regional ICU surge plan is being refreshed based on the current scenario and surge modelling. The other regional DHBs also have limited physical capacity and workforce to care for COVID patients who need ICU-level care, so a plan is required that makes best use of the available capacity. This may include diversion of non-quaternary ICU patients to the other regional DHBs to free up capacity.</p> <p>Mercy Hospital is the only private hospital in Auckland that provides cardiac surgery. This hospital is currently closed. There may be an opportunity to utilise this facility for DHB patients. This is being explored</p> <p>It is likely that ICUs in non-northern region DHBs will have very low capacity and there may be an opportunity for some of their ICU-trained nurses to be relocated to Auckland to assist with the COVID response. This also is being explored.</p> <p>If necessary, medical staff with ICU experience could also be sourced from other DHBs to provide additional support</p> <p>Summary</p> <p>Nursing vacancies, high levels of sick leave and recruitment challenges are constraining current adult ICU capacity, creating a daily risk of insufficient acute ICU capacity. This constrained workforce is also a significant risk to the ICU COVID management and surge plans, which are heavily dependent on nursing resources. In addition to this the lack of rooms that provide protection from airborne infectious diseases is also a risk to COVID management and surge plans.</p>
<p>Describe how Te Tiriti o Waitangi and Health Equity have been considered in this request</p>	<p>Additional ICU nurses will ensure that some of our most vulnerable patients can continue to get access to essential healthcare services. Any Māori ICU nurses from outside the region who volunteer to come to Auckland will be provided with access to the DHB Kaimahi Māori support resources, and buddied with a Māori directorate team member.</p>
<p>What are potential risks of breaching Te Tiriti o</p>	<p>ICU capacity for non-COVID patients will be scarce</p>

COVID Response Team Information Paper

Waitangi and amplifying health inequities if this decision is approved?	even if additional nurses volunteer to come to Auckland. It is essential that vulnerable Māori get equitable access to ICU-level care
Does this incur a financial cost?	No
<i>If yes, what is the estimated cost and start date if known?</i>	\$
Does this information require reversing in the future? (e.g. during the summer or winter seasons)	No
Consultation for interdependencies with other services, systems or IMT functions completed with: <i>(Ensure recommendation is agreed by other involved parties prior to submission)</i>	DCCM and CVICU and Chair of Critical Care Board
Has this recommendation been approved by an SLT Function / Work Stream Lead?	Yes – John Beca

Response Lead:			
Decision: <i>(Noted / Approved / Declined / Comment)</i>			
Date of Decision:		Reference	

2020 06 04 information paper form template: **Approval:** Response Lead: Alex Pimm. Approved 04/06/2020

COVID Response Team Information Paper

COVID Rapid ICU nursing training for COVID Surge Response

Background

To manage potential surges in COVID patients who require ICU care such as has been seen internationally, CVICU must plan to maximise the ability of the unit to care for these patients. One limiting factor that has been identified is the current number of ICU trained nurses. Several ways to grow this workforce have been explored including: identifying ex-ICU staff that could support CVICU if and when required, creating a surge model of care for ICU nursing utilising non-ICU trained nurses, and rapid up skilling of non-ICU trained nurses to be able to care for patients requiring HDU and ICU level care. This paper outlines the rapid training plan for non-ICU trained nurses to work in CVICU.

Objective

In response to a surge in Covid ICU cases where demand for ICU beds exceeds resource availability, CVICU has a plan to provide ICU refresher training to 16 nurses initially. These nurses will be mainly from ward 42 with previous ICU experience. We currently have 10 nurses from ward 42 and are seeking interest from previously ICU trained nurses from other areas within and outside the directorate. If available, and barring time and resource constraints we would like to train further 4 nurses to have a team of 20.

Plan

These nurses will assist CVICU in one of two ways

- Care for ventilated Covid patients under the supervision of an experienced proficient ICU RN under revised MOC (i.e. 1 ICU RN +1 Ward 42 RN to 2 patients or 1+2 :3)
- Care for HDU type patients in another area (for example ward 42) if we need to decant non Covid HDU patients or require more RNs to care for acute/urgent HDU patients

The training will comprise of a mixture of orientation and bed space teaching amounting to 32 hours per nurse or four 8 hour shifts

1st shift: 4 hour introduction to CVICU lead by education team or senior CVICU nurse (outside bedspace)

It would be beneficial if we could free up a senior staff nurse from clinical duties in order to facilitate induction training for the nurses 1st shift. This will allow the education team to focus rather on refreshing current staff through simulation training on a day to day basis.

2nd -4th shift: bedside teaching only. Ward nurse to workload share with preceptor trained nurse in CVICU. Learning goals to focus around competencies required to manage the revised model of care for Covid 19 patients which involves the rapid trained nurses supporting the CVICU nurses to care for more than one ventilated patient safely.

Action

COVID Response Team Information Paper

We have identified 10 nurses from ward 42 who will undergo the Rapid ICU training.

Four of those nurses already have been fully orientated to CVICU as part of 2020 surge training conducted in CVICU. These four nurses will only need 16 hours or 2 shifts to refresh their original training and these 4 will have completed refresher by end of this week.

The plan is to buddy 4 nurses each week. We are limited in the amount of staff we can have orientating on a given shift due to the fact that we are currently already training 8 new permanent staff in CVICU

We have requested any interest from other units in the directorate if they are able to free up some previously trained ICU nurses as well as contacting ex ICU staff to see where and if they can pick up a refresher shift.

Report prepared by:

Sapna Sheth and Chelsey Mayson

24 August 2021

DCCM Training Plan for COVID Response Team 2021

Source	Training	Numbers	MOC	Restrictions to practice	Risks
Peri-op (starting with GSU, moving to ORs and then PACUs)	Rapid ICU familiarisation Training, 2 day course	We are able to train 5 staff twice weekly	To work under supervision of a trained ICU Nurse in a bedspace, or to be a spotter or to be a member of a proning team	Will receive assistance with Tracheal suctioning, medication bolus, equipment and line changes. Will not run CRRT.	Will only be able to occur if staff are able to be released from Peri-op.
Clinical Nurse Manager/PAR teams previously in DCCM	One preceptored day re-orientation to DCCM	6	To work in a bedspace, with indirect supervision required	If no other staff available will receive assistance to run CRRT	
Ex 2020 COVID response available within ACH	One preceptored day re-orientation to DCCM	3	To work in a bedspace, with indirect supervision required	If no other staff available will receive assistance to run CRRT	Need to be released from current role
Ex DCCM nurses available within ACH	One preceptored day re-orientation to DCCM	2	To work in bedspace, minimal supervision required	Support as usual	Need to be released from current role
Ex DCCM nurses available outside of ACH	One preceptored day re-orientation to DCCM	3-6		Will vary depending on experience	Only able to be utilised if additional FTE approved and recruitment/ onboarding processes shortened

COVID-19 DCCM Nurse Training Framework

No ICU experience to work under **direct** supervision
(Rapid Familiarization Training)

ICU experience to work under **indirect** supervision

No ICU experience to work under **indirect** supervision

2 hours H&S
2 hours skill stations
4 hours theory and independent study

2 hours H&S
1 hour orientation book
2 hours skill stations
3-7 hours independent study

2 hours H&S
1 hour orientation book
2 hours condensed theory
3 hours skill stations

Additional 8 hours theory

1x Orientation Shift

*more shifts mutually decided at end of each orientation shift as funding allows

≥ 3x Orientation Shift
*more shifts mutually decided at end of each orientation shift

≥ 5x Orientation Shift
*more shifts mutually decided at end of each orientation shift

- Education Resources**
- DCCM resource book
 - DCCM condensed orientation
 - Ko Awatea online learning
 - Skill stations / lectures

- Essential Training**
- POCT
 - Ventilation safety
 - Airway management basics
 - Medications
 - Haemodynamics and Lines
 - Patient assessment
 - Essential cares
 - Admit / Discharge / Transport
 - CADD pain pump
 - CRRT*

Updated 17/07/2020
Version 1.0
Version 1.0



COVID-19 Response Team MEETING NOTES

Date Saturday 28, August 2021 (1130hrs – 12hrs)
Attendees Alex Pimm, Carly Orr, Debra Ellis, Emma Maddren, Greg Williams, Hineroa Hakiaha, Ian Dittmer, Ian Costello, Jane Lees, Jennie Montague, John Beca, Kieron Millar, Liz Boucher, Margaret Dotchin, Margaret Wilsher, Marina Reyes, Mark Edwards, Maxine Stead, Mel Dooney, Michael Shepherd, Taylor Carter, Tess Mann, Vicki Nuttall, Wendy Stanbrook-Mason.

[REDACTED]

- [REDACTED]
- 25 patients in hospital – 12 in Middlemore, 1 in NorthShore and 12 in Auckland Hospital
- Possible 1 more patient coming to Auckland Hospital
- No repatriation of patients to Counties over the weekend
- [REDACTED]

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Planning

- Liz B– nothing to update from yesterday – ICU up skilling proceeding and no changes to the tool required at the moment

[Redacted text block]

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Information Paper - Adult ICU capacity (Joanne B)

- John B – overview of ICU point of view – outlines there is a good plan across the region and terms of escalation for Covid related and ICU capacity –internally the main issue is that we are 8 bed short of resource capacity because of vacancy across the two adult units – lack of nurses and outlines strategy on how to deal with that including training additional nurses within ADHB from related areas – also looking externally like to get nurses from Mercy ICU – request around the country – physical work to support being outlined as well – across the country are a aware of this request – challenge is see how many nurses will come to work here – ICUs around the country are half empty - offering to take patients and need to have a discussion regarding – we want to keep the patients here but if we get in a position where unable to care for patients we will have to talk about that but not a first option
- Mike S - To feedback Jo Wright if we get nurses from outside – orientation plan to come to IMT and include ADHB values as Ti Tiriti priorities – Hineroa – when maori and non-maori to let them



COVID-19 Response Team MEETING NOTES

aware of Ti Tiriti and Equity – Maori people to be linked to Alexis and non-maori to be orientated from Ti Tiriti and equity and other ADHB values perspective

- Liz B – organization orientation and HR perspective has been started – to send this orientation paper when finished to Hineroa



Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Wednesday, 01 September 2021 22:59
To: Jo Wright (Nursing Director) (ADHB)
Cc: Margaret Dotchin (ADHB)
Subject: Re: ICU nurses

Brilliant
Thanks Jo

Cheers
Mike

[REDACTED]

On 1/09/2021, at 3:20 PM, Jo Wright (Nursing Director) (ADHB) <[REDACTED]> wrote:

Hi Mike and Margaret

Scheduled a zoom with Mel and Vaughn 445 to work out the process and some FAQ's regarding accommodation travel etc, I think that they will have a bit of this already sorted. Zoom tomorrow at 1300 with CMDHB ADHB ND's NUMs, WDHB have indicated just want to be kept up to date so will keep Kate Gilmour and Jos up to date. From looking at an email TAS have set up a central repository for people to contact them, I think that if that's the case we need to link with it so we can have some control over it. Will aim to have the process and some FAQ's ready by this time tomorrow.

I'll let you know how we go
Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board
[REDACTED]

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Tuesday, 07 September 2021 16:37
To: Jo Wright (Nursing Director) (ADHB); Margaret Dotchin (ADHB)
Subject: RE: ICU nurses

That is really great
Well done and Thanks

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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From: Jo Wright (Nursing Director) (ADHB)
Sent: Tuesday, 07 September 2021 3:27 PM
To: Margaret Dotchin (ADHB) <[REDACTED]>; Michael Shepherd (ADHB) <[REDACTED]>
Subject: ICU nurses

Hi Margaret and Mike

We have received 12 expressions via nurse profile forms, met with ADHB CVICU and DCCM and CMDHB ICU and divided the nurses into 3 tranches 1 nurse here 2nd day

- Tranche 1.0 Monday next week 4 nurses
- Tranche 2 20th 3 Nurses
- Tranche 3 29th 4 nurses

Split

CMDHB x 5

ADHB across 2 ICU's x7

We have orientation programmes and process in place.

I've shared with CMDHB

Kept WDHB up to date

Jo

Ngā mihi

Jo Wright

Nurse Director

Cardiovascular Directorate

Auckland District Health Board

[REDACTED]

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Thursday, 02 September 2021 10:13
To: Jenny Parr (CMDHB)
Cc: Margaret Dotchin (ADHB); Jo Wright (Nursing Director) (ADHB); Vanessa Thornton (CMDHB)
Subject: RE: ICU nurses

Thanks Jenny

Cheers
Mike
[REDACTED]

----- Original message -----

From: "Jenny Parr (CMDHB)" <[REDACTED]>
Date: 2/09/21 10:11 (GMT+12:00)
To: "Michael Shepherd (ADHB)" <[REDACTED]>
Cc: "Margaret Dotchin (ADHB)" <[REDACTED]>, "Jo Wright (Nursing Director) (ADHB)" <[REDACTED]>, "Vanessa Thornton (CMDHB)" <[REDACTED]>
Subject: Re: ICU nurses

Kia Ora

Ok from that perspective. Their concern was they'd have to cancel planned care to help us so ensuring an even approach around the country will be reassuring.

Nga mihi
Jenny

Jenny Parr RN Dip HE (Midwifery) DHSc FCNA(NZ)
Chief Nurse and Director of Patient and Whaanau Experience

[tel: \[REDACTED\]](tel:[REDACTED])
Sent from my iPhone

On 2 Sep 2021, at 08:45, Michael Shepherd (ADHB) <[REDACTED]> wrote:

Thanks guys

Good points re HDU and cumulative

I'm sorry but we are going to have to speak to planned care because that is one of the points of this. Including national service planned care.
This has been agreed at CEO and COO and MoH.

Making sure that we don't result in uneven waits across country is going to be a key part of this.

Has been talk of starting P3 cardiac for example in South

Cheers

Mike

[REDACTED]

----- Original message -----

From: "Jenny Parr (CMDHB)" <[REDACTED]>

Date: 2/09/21 08:08 (GMT+12:00)

To: "Margaret Dotchin (ADHB)" <[REDACTED]>

Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Jo Wright (Nursing Director) (ADHB)" <[REDACTED]>, "Vanessa Thornton (CMDHB)" <[REDACTED]>

<[REDACTED]>

Subject: Re: ICU nurses

Kia Ora

Thanks for sight of this.

I think we could make more of the cumulative impact of ICU admissions, that these tend to be unvaccinated people and the delta effect on the nature of their care (or something)

I don't think we should frame this around planned care at all given the impact is on them as much as us. The national services is an important point.

I wonder if we could make a point about HDU experience. The ward patients are sick and need HDU level care - single organ failure with NIV. This is our current need.

Nga mihi

Jenny

Jenny Parr RN Dip HE (Midwifery) DHSc FCNA(NZ)
Chief Nurse and Director of Patient and Whaanau Experience

[tel: \[REDACTED\]](tel:[REDACTED])

Sent from my iPhone

On 2 Sep 2021, at 07:32, Margaret Dotchin (ADHB) <[REDACTED]> wrote:

Kia ora Mike and Jenny

Mike - Thanks for pulling this together to support the messaging nationally regarding metro Auckland call for ICU nurses from other DHB's. As discussed there was much discussion yesterday on the national DoN zoom and a lack of clarity of why, when and how this will occur.

Jo Wright is now working closely with Jacky Wynne-Jones at CMDHB. It appears the logistics and co-ordination is going to occur through TAS for transport / accommodation etc. Jacky and Jo will co-ordinate the selection (right skills), timing, distribution across CMDHB and ADHB and orientation of those ICU nurses who are available.

Jenny, given this message of clarification is going out from metro Auckland – are you happy with it. Jos, has said that they are unlikely to need any support and just wants to be kept in the loop.

Ngā mihi

M

Margaret Dotchin (she/her)
Chief Nursing Officer

09 [REDACTED] ext [REDACTED] | [REDACTED] | [REDACTED]
Auckland District Health Board | Level 12 | Building 1 | Auckland City Hospital

[<image001.jpg>](#)

[<image002.png>](#)

<https://careers.adhb.govt.nz/covid-19-vaccination-and-immunisation/>

From: Michael Shepherd (ADHB)
Sent: Wednesday, 01 September 2021 11:44 PM
To: Margaret Dotchin (ADHB) <[REDACTED]>
Subject: ICU nurses

Hi Marg
You happy with this?
Cheers
Mike

Hi
Sorry if the messaging around Metro Auckland's request for ICU nurses has been a little unclear.

We thank you for the work you have already been doing on this.

We fully recognise that everyone across NZ is under great pressure and we are all unable to deliver as much planned care as we would like.

Why are we asking?

Yes we 'only' have 9 ICU/HDU COVID patients currently
But

- these are resource intensive patients, with PPE protocols requiring additional resource and it includes 1 ECMO patient
- we continue to have staff vacancies due to COVID contacts in community
- we had staff vacancies prior to this
- we need to maintain ability delivery of number of other acute and national services eg burns, neurosurgery, transplant, complex cardiac surgery
- we need to be able to continue to deliver time critical planned care for the Northern region

And

- we know some of these patients are likely to have very long lengths of stay

- we anticipate further COVID patients will require ICU
- we want to plan for worst case scenario
- we know that any staff will require orientation and so we considered it prudent to proceed with this request sooner in preparation.

There is a reasonable chance that we will not need as much support, in which case of course we will not retain the nurses in Auckland.

We also know that complex planned care needs to be monitored across New Zealand to make sure that the situation is equitable. We are working with the Ministry of Health and the COO group to monitor this.

There have been a number of questions about more of the detail about how it will actually work for our nurses. We will be sending around further information around this soon.

Thanks again

Cheers

Mike

On behalf of the Metro Auckland DHBs



Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Wednesday, 25 August 2021 22:35
To: Mel Dooney (ADHB); Mark Edwards (ADHB)
Subject: RE: Nurse request

We think we will stick to ICU nurses
Keep it 'simple'

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

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From: Mel Dooney (ADHB)
Sent: Wednesday, 25 August 2021 10:34 PM
To: Mark Edwards (ADHB) <[REDACTED]>; Michael Shepherd (ADHB) <[REDACTED]>
Subject: Re: Nurse request

Hi

I would have thought the PEHS risk was low to no risk given if we can pull of the fact their home DHB continues to pay them & we get cross charged. What we will need is some ability to ghost roster them (without payroll) in that case.

It will have all sorts of Union ER stuff re: redeployment conditions Are we only talking nurses or do we need docs / others as well.

M

Sent from my iPhone

On 25/08/2021, at 10:28 PM, Mark Edwards (ADHB) <[REDACTED]> wrote:

Hi all,

Heads up.

If we manage to source some nurses we cannot afford to delay them with a complicated PEHS process.

Can we consider them like an internal transfer?

Mark

From: Michael Shepherd (ADHB) <[REDACTED]>
Sent: Wednesday, 25 August 2021, 22:15
To: Margaret Dotchin (ADHB)

Cc: Mark Edwards (ADHB); Mel Dooney (ADHB)
Subject: FW: Nurse request

Hello
Sorry forgot to copy you key people in
Apologies
M

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Michael Shepherd (ADHB)

Sent: Wednesday, 25 August 2021 10:15 PM

To: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>

Cc: Anne-Marie Pickering (ADHB) <[REDACTED]>; Alex Pimm (ADHB)

<[REDACTED]>; Kerry Benson-Cooper (ADHB) <[REDACTED]>; Andrew McKee (ADHB) <[REDACTED]>; John Beca (ADHB) <[REDACTED]>

Subject: Nurse request

Hi Jo and Jo

Tomorrow can we have a 1 pager requesting ICU trained nursing staff from around the country
Rationale

- Moving patients is hard in COVID environment
- There is a bunch of stuff that we have to do anyway - quaternary
- ICU nursing is our biggest pitfall
- We have physical space and have enough of other workforce

Maybe 1 month secondment ideal
(Would take 2 weeks)

Pay for transport

Would put them up in accommodation (we would need to sort a suitable spot)

Ideally local DHB would keep paying them

Seek ADHB Occ Health exemption

I personally think we should take them now to orientate etc

We can always use them in other ways

Welcome other components – no doubt I have missed plenty

Cardiac expertise particularly helpful I would imagine but I'm not sure we should be picky 😊

Sooner we can get this sent around the country the better I think

Cheers

Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Thursday, 26 August 2021 07:03
To: Mark Edwards (ADHB)
Subject: RE: Nurse request

Thanks :)

Cheers
Mike
[REDACTED]

----- Original message -----

From: "Mark Edwards (ADHB)" <[REDACTED]>
Date: 26/08/21 06:22 (GMT+12:00)
To: "Michael Shepherd (ADHB)" <[REDACTED]>
Subject: FW: Nurse request

Just FYI.
Should be no pre-employment screening hold-up.

From: Alexandra Muthu (ADHB) <[REDACTED]>
Sent: Wednesday, 25 August 2021 10:42 pm
To: Mark Edwards (ADHB) <[REDACTED]>; Jennie Montague (ADHB) <[REDACTED]>; Taylor Carter (ADHB) <[REDACTED]>; Ann Whitfield (ADHB) <[REDACTED]>
Cc: Mel Dooney (ADHB) <[REDACTED]>
Subject: Re: Nurse request

Yes - could do a simple declaration that they sign similar to the contractor declaration: No health issues, no need for additional supports or accommodations, no known TB exposure or relevant symptoms, immune to relevant illnesses.

If they're coming from another DHB, that OH unit should be able to provide us their relevant Occ health records directly for immunity - many will be able to do so via healthlink so it embeds straight into their medtech file.

A

Get [Outlook for iOS](#)

From: Mark Edwards (ADHB) <[REDACTED]>
Sent: Wednesday, August 25, 2021 10:28 PM
To: Jennie Montague (ADHB); Taylor Carter (ADHB); Alexandra Muthu (ADHB); Ann Whitfield (ADHB)
Cc: Mel Dooney (ADHB)
Subject: Fwd: Nurse request

Hi all,

Heads up.

If we manage to source some nurses we cannot afford to delay them with a complicated PEHS process.
Can we consider them like an internal transfer?

Mark

From: Michael Shepherd (ADHB) <[REDACTED]>
Sent: Wednesday, 25 August 2021, 22:15
To: Margaret Dotchin (ADHB)
Cc: Mark Edwards (ADHB); Mel Dooney (ADHB)
Subject: FW: Nurse request

Hello
Sorry forgot to copy you key people in
Apologies
M

Mike Shepherd (he/him)
Interim Director of Provider Services
Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)
Level 12 | Building 01 | Auckland City Hospital
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From: Michael Shepherd (ADHB)
Sent: Wednesday, 25 August 2021 10:15 PM
To: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>
Cc: Anne-Marie Pickering (ADHB) <[REDACTED]>; Alex Pimm (ADHB) <[REDACTED]>; Kerry Benson-Cooper (ADHB) <[REDACTED]>; Andrew McKee (ADHB) <[REDACTED]>; John Beca (ADHB) <[REDACTED]>
Subject: Nurse request

Hi Jo and Jo
Tomorrow can we have a 1 pager requesting ICU trained nursing staff from around the country
Rationale

Moving patients is hard in COVID environment

There is a bunch of stuff that we have to do anyway - quaternary

ICU nursing is our biggest pitfall

We have physical space and have enough of other workforce

Maybe 1 month secondment ideal
(Would take 2 weeks)

Pay for transport
Would put them up in accommodation (we would need to sort a suitable spot)
Ideally local DHB would keep paying them
Seek ADHB Occ Health exemption

I personally think we should take them now to orientate etc
We can always use them in other ways

Welcome other components – no doubt I have missed plenty
Cardiac expertise particularly helpful I would imagine but I'm not sure we should be picky 😊

Sooner we can get this sent around the country the better I think

Cheers
Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Thursday, 26 August 2021 11:19
To: Andrew McKee (ADHB)
Subject: RE: Nurse request

Yeah I thought a 1 month rotation though

But I guess some people might want longer

Cheers
Mike

[REDACTED]

----- Original message -----

From: "Andrew McKee (ADHB)" <[REDACTED]>
Date: 26/08/21 11:14 (GMT+12:00)
To: "Michael Shepherd (ADHB)" <[REDACTED]>
Subject: RE: Nurse request

Should be for more than a month though

From: Michael Shepherd (ADHB)
Sent: Thursday, 26 August 2021 7:47 a.m.
To: Andrew McKee (ADHB); Alex Pimm (ADHB)
Subject: RE: Nurse request

Let's get the ask clear today please then we can send out.
we will get it in the neck if we don't go via IMTs but also I want to make sure we are all saying the same thing

So
Yes
But later today and we need a key contact maybe Jo W

Cheers
Mike

[REDACTED]

----- Original message -----

From: "Andrew McKee (ADHB)" <[REDACTED]>
Date: 26/08/21 07:40 (GMT+12:00)
To: "Alex Pimm (ADHB)" <[REDACTED]>, "Michael Shepherd (ADHB)" <[REDACTED]>
Subject: RE: Nurse request

Are you happy for me to forward to other ICU directors around the country?

From: Alex Pimm (ADHB)
Sent: Wednesday, 25 August 2021 10:38 p.m.
To: Michael Shepherd (ADHB)
Cc: Jo Wright (Nursing Director) (ADHB); Joanne Bos (ADHB); Anne-Marie Pickering (ADHB); Kerry Benson-Cooper (ADHB); Andrew McKee (ADHB); John Beca (ADHB)
Subject: Re: Nurse request

Don't worry about pay, transport or accommodation at this point. I've asked for that to be part of the national coordination process and had agreement from MoH to the same (so let's be prepared to do it if needed!).

A

Alex Pimm
Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team
Te Toka Tumai (Auckland District Health Board)
Level 4 | Building 1 | Auckland City Hospital
Mob: [REDACTED]
E-mail: [REDACTED]

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Welcome Haere Mai | Respect Manaaki | Together Tuhono | Aim High Angamua

On 25/08/2021, at 22:14, Michael Shepherd (ADHB) <[REDACTED]> wrote:

Hi Jo and Jo

Tomorrow can we have a 1 pager requesting ICU trained nursing staff from around the country

Rationale

- Moving patients is hard in COVID environment
- There is a bunch of stuff that we have to do anyway - quaternary
- ICU nursing is our biggest pitfall
- We have physical space and have enough of other workforce

Maybe 1 month secondment ideal

(Would take 2 weeks)

Pay for transport

Would put them up in accommodation (we would need to sort a suitable spot)

Ideally local DHB would keep paying them

Seek ADHB Occ Health exemption

I personally think we should take them now to orientate etc

We can always use them in other ways

Welcome other components – no doubt I have missed plenty

Cardiac expertise particularly helpful I would imagine but I'm not sure we should be picky 😊

Sooner we can get this sent around the country the better I think

Cheers

Mike

Mike Shepherd (he/him)
Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Thursday, 26 August 2021 15:57
To: Joanne Bos (ADHB)
Cc: Anne-Marie Pickering (ADHB); Alex Pimm (ADHB); Kerry Benson-Cooper (ADHB); Andrew McKee (ADHB); John Beca (ADHB); Jo Wright (Nursing Director) (ADHB)
Subject: RE: Nurse request
Attachments: Request for ICU Nurses.docx

Awesome
Few minor additions from me
I am happy when others are

Next steps

- Go to National ICs
- Then (1 hour later) go to COOs and ICU leads

Cheers
Mike

From: Joanne Bos (ADHB)
Sent: Thursday, 26 August 2021 2:51 p.m.
To: Michael Shepherd (ADHB)
Cc: Anne-Marie Pickering (ADHB); Alex Pimm (ADHB); Kerry Benson-Cooper (ADHB); Andrew McKee (ADHB); John Beca (ADHB); Jo Wright (Nursing Director) (ADHB)
Subject: RE: Nurse request

Draft paper attached. Please send me your feedback.

Regards
Joanne

From: Michael Shepherd (ADHB)
Sent: Wednesday, 25 August 2021 10:15 PM
To: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>
Cc: Anne-Marie Pickering (ADHB) <[REDACTED]>; Alex Pimm (ADHB) <[REDACTED]>; Kerry Benson-Cooper (ADHB) <[REDACTED]>; Andrew McKee (ADHB) <[REDACTED]>; John Beca (ADHB) <[REDACTED]>
Subject: Nurse request

Hi Jo and Jo

Tomorrow can we have a 1 pager requesting ICU trained nursing staff from around the country
Rationale

- Moving patients is hard in COVID environment
- There is a bunch of stuff that we have to do anyway - quaternary
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Cheers
Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Wednesday, 01 September 2021 15:50
To: Jess Smaling; Andrew Connolly (CMDHB); Jo Brown (ADHB); Ailsa Claire (ADHB)
Cc: Margaret Dotchin (ADHB)
Subject: RE: ICU nurses + Cardiac Surgery

Hi Guys

Look forward to discussing this at 5

We are shaping up Metro Auckland clarity about how we will manage ICU nursing offers – led by Jo Wright – CV nurse director ADHB

Agree that we need to manage this in a way which does not cause other harm

It sounds like we need to be a bit clearer with our national colleagues that these nurses will

- Be assessed for suitability
- Require orientation
- Will be likely used in batches
- Will be used to manage COVID, other acute demand and urgent planned care including P1 and national services
- Will be returned if not needed of course and possible returned after orientation for a period to see how things go

We need to do some comms on this by the sounds of things with our National colleagues and should have included DON nationally more

Cheers

Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Jess Smaling [mailto:[REDACTED]]
Sent: Wednesday, 01 September 2021 12:33 PM
To: Andrew Connolly (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Cc: Michael Shepherd (ADHB) <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

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Hi Andrew – we've had that very conversation with Southern, who are engaging with Waikato too. We'll pick this up nationally with our usual tertiary leads late this afternoon, following the receipt of the workforce plans at 4pm.

From: Andrew Connolly (CMDHB) <[REDACTED]>
Sent: Wednesday, 1 September 2021 12:28 pm
To: Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Cc: Michael Shepherd <[REDACTED]>; Jess Smaling <[REDACTED]>
Subject: Re: ICU nurses + Cardiac Surgery

Great – agree

Options re cardiac seem to only be around Southern taking some from Waikato. I'll obviously support whatever is most effective solution for all parts of the system

Key question would be how soon SDHB could do this – it was to say take a week to really organise then SDHB can send three ICU nurses to Auckland immediately and always send them back in a week if that was also an option?? – communication to me from COO at SDHB (Patrick Ng).

Seems Waikato are in the proverbial re cardiac so need to consider if they have to keep their ICU nurses or if they can do cardiac, limit other planned care and still send nurses.

Seems CDHB can supply 5 nurses and still do their own urgent ICU stuff including cardiac.

Unsure re CCDHB.

Andrew

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: Wednesday, 1 September 2021 at 12:22 PM
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, 'Jess Smaling' <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

Kia ora

Update to the below following a discussion with Jess and John Hazeldine:

There is evidently a Northern region CE discussion at 1330 today and this will be discussed

There is also a national meeting led by Keriana with the Regional CE's to identify what workforce support has been identified in those regions

We need to confirm communication channels and process following that 4pm call with a couple of things to note:

- National process to support with transport and accommodation is in place to facilitate the volunteers being in action in the Auckland region
- Process to address shortfall/gap in request for ICU nurse volunteers
- NRHCC/RPG coordination of the deployment within Auckland metro of ICU nurse volunteers

MOH (Jess/John) to bring forward meeting of Tertiaries to agree a plan and timeframes to get Band 2 (Waikato) and 3 (largely ADHB) Cardiac patients distributed to Cardiac centres nationally

Ngā mihi

Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB



From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)
Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'
Subject: ICU nurses + Cardiac Surgery
Importance: High

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

- All DHBs are to send 5 x ICU nurses to Auckland region (1 x ICU bed requires 5.2 FTE) **excluding the Cardiac Centres** who need to prioritise taking:
 - The Waikato Band 2 (3-10 days) patients who are waiting outside the clinical waiting time guideline (n= 9)
 - The ADHB Band 3 (11-30 days) patients who are waiting outside the clinical waiting time guideline (n = 29)

Southern DHB have already offered to take the Waikato patients or send 3 ICU nurses to Auckland

If each DHB sends 5 nurses this is equivalent to them losing 1 x bed and they will need to adjust their Planned Care scaling up accordingly

Northland DHB is to be excluded from this request because:

- Any loss of ICU capacity may lead to increased demand on Auckland metro ICU bed capacity
- Their capacity is included in the Northern region COVID bed management response

Where there are DHBs requesting an exception to this requirement, then we propose that that needs to be considered and approved on a case by case basis by MOH CMO and this exception should be considered only for those smallest DHBs such as Whanganui, West Coast, Wairarapa where the impact on local ICU capacity has a flow on effect to their tertiary centres

Jess is getting an update from her team re ICU

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB



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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Wednesday, 01 September 2021 22:57
To: Ailsa Claire (ADHB)
Subject: Fwd: ICU nurses + Cardiac Surgery

Just FYI

Got to the point where

Waikato - keeps their nurses and tries to fix their cardiac problem

Rest send us nurses

We will see how many

We will monitor cardiac and other wait lists to make sure we are all going as 'well' as each other

We will of course send nurses back if not needed

Cheers

Mike

[REDACTED]

Begin forwarded message:

From: Jess Smaling <[REDACTED]>
Date: 1 September 2021 at 12:33:06 PM NZST
To: "Andrew Connolly (CMDHB)" <[REDACTED]>, "Jo Brown (ADHB)" <[REDACTED]>, "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

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Sent: Wednesday, 1 September 2021 12:28 pm
To: Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Cc: Michael Shepherd <[REDACTED]>; Jess Smaling <[REDACTED]>
Subject: Re: ICU nurses + Cardiac Surgery

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Unsure re CCDHB.

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To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, 'Jess Smaling' <[REDACTED]>
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Kia ora

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Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[REDACTED]

From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)

Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'

Subject: ICU nurses + Cardiac Surgery

Importance: High

Kia ora Ailsa

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Andrew and I propose the following:

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Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Saturday, 28 August 2021 09:02
To: Margaret Dotchin (ADHB); Margaret Wilsher (ADHB)
Subject: Fwd: Workforce request - ADHB ITU nurses
Attachments: Request for ICU Nurses 27-08-21.docx

Hi

This has gone out through IC and some fledgling national process
But of course would always help via your networks too please

Cheers
Mike

[REDACTED]

Begin forwarded message:

From: "Alex Pimm (ADHB)" <[REDACTED]>
Date: 27 August 2021 at 3:09:56 PM NZST
To: Health System Readiness & Response Planning <[REDACTED]>
Cc: Tricia Sloan <[REDACTED]>, Keriana Brooking
<[REDACTED]>, "Covid 19 (ADHB)" <[REDACTED]>,
"Michael Shepherd (ADHB)" <[REDACTED]>, "Joanne Bos (ADHB)"
<[REDACTED]>, "Jo Wright (Nursing Director) (ADHB)"
<[REDACTED]>
Subject: Workforce request - ADHB ITU nurses

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ITU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:
Up to 30 trained/experienced ITU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]
Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,
Alex

Alex Pimm
Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team
Te Toka Tumai (Auckland District Health Board)
Level 4 | Building 1 | Auckland City Hospital
Mob: [REDACTED]
E-mail: [REDACTED]

From: Keriana Brooking [mailto: [REDACTED]]
Sent: Wednesday, 25 August 2021 15:18
To: Alex Pimm (ADHB) < [REDACTED] >; Tricia Sloan < [REDACTED] >; Health System Readiness & Response Planning < [REDACTED] >
Subject: Please send National Request for Assistance here

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Saturday, 28 August 2021 12:29
To: Vaughn Wood (ADHB); Jo Wright (Nursing Director) (ADHB)
Cc: Liz Boucher (ADHB)
Subject: Orientation in case we get some ICU nurses

Hi
I hear you are working on this
Thanks!

Can you please make sure it is strong in
Organisational values
and
Strategic priorities – in particular Te Tiriti and Equity

Cheers
Mike

Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Friday, 03 September 2021 10:07
To: [REDACTED]
Subject: FW: Metro Auckland ICU nurse request

Hi Joy
I thought you had some you could send?
Did I miss something?
M

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Keriana Brooking [mailto:[REDACTED]]
Sent: Friday, 03 September 2021 10:05 AM
To: Michael Shepherd (ADHB) <[REDACTED]>
Cc: COVID Response <[REDACTED]>; Tricia Sloan <[REDACTED]>; Mel Dooney (ADHB) <[REDACTED]>
Subject: RE: Metro Auckland ICU nurse request

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Kia ora koutou

Thanks for this, I have shared this with Allison and Tricia at TAS along with discussing this with them now.

Given the urgency of the MIQ request, most of the effort has been focused this week on that ask.

It would be far to say we have had muted response from DHBs to the ICU request although some DHBs may have responded directly.

We would like to re-group today so this email has been helpful. The letter from the Ministry re planned care to all DHB CEOs also provides some clarity.

We know there have been discussions in the tertiary network, cardiac network and Andrew as MOH acting CMO has contributed to the mix.

Your email has clearly articulated the demand and I imagine there is detail coming around effective date etc.

Supply is at that stage limited to Southern, Canterbury, Nelson-Marlborough, Hutt Valley, Mid-Central, Taranaki, Hawkes Bay, Lakes and Bay of Plenty, if we take Waikato, Cap Coast and the small DHBs off the table, accepting 7 of the DHBs on this list are not tertiary. I have spoken with Fionnagh Dougan on Tuesday night and she believes they

are excluded due to a pre-existing arrangement with ADHB (re cardiac) and the need to retain ICU staff for quarantine related presentations.

Let's work this through today with the intent to get a further request out to eligible DHBs this afternoon. Please let us know if you are also discussing this with someone in the Ministry so we can avoid double ups for you and us.

Ngā mihi

Keriana Brooking (she/her)
Te Tumu Whakarae (Chief Executive Officer)

Hawke's Bay District Health Board

Private Bag 9014, Hastings 4156

T: ++64 6 [REDACTED] | F: ++ 64 6 [REDACTED] | M: ++ [REDACTED]

Email: [REDACTED]

W: www.hawkesbaydhb.govt.nz

Tauwhiro Rāanga te tira He kauanuanu Ākina

More information on personal pronouns:

<https://www.publicservice.govt.nz/our-work/diversity-and-inclusion/pronoun-use-in-email-signatures/>

This email may be sent to you outside your normal working hours. I do not expect a reply until you are "back at work". Mauriora

From: Mel Dooney (ADHB) <[REDACTED]>

Sent: Thursday, 2 September 2021 7:51 PM

To: Keriana Brooking <[REDACTED]>

Cc: Michael Shepherd (ADHB) <[REDACTED]>

Subject: FW: Metro Auckland ICU nurse request

Apologies Keriana for the delay in getting back to you re: number of ICU nurses.

I had a chat with Mike tonight ... he had sent out email below earlier to the COOs which you may have seen. He is very happy for you to call him on the mobile below to further clarify.

What I gleaned from my chat with him (some of it is different from what you discussed this am);

- We would ideally take 15 Tertiary qualified ICU nurses for 6 weeks. This could be 30 people for 3 weeks but we would still need to orientate them all for ~a week or so before deployment ... so likely makes for more total ICU nurse time away from the rest of NZ.
- Likely split: 2 teams of 5 for ADHB, & 1 for CMDHB
- In his view getting from the tertiaries is not off the table, & is in fact preferable – largely because the service changes that have been agreed are limited to the spinal decision (which impacts CMDHB rather than ADHB). The decision amongst the tertiaries is not to move the cardiac patients around. Also apparently the RoNZ tertiaries were going to start their P2/P3 work from next week, & instead decided to go with less beds available /not doing that work & sending nurses to Auckland. This is seen as more equitable for NZ as a whole.
- This does not apply to Waikato (their P1 cardiac wait list can not support sending anyone).
- Also nursing staff from smaller ICUs (non-Tertiary) from the other DHBs are likely to require a lot more orientation and be less helpful to the overall juggle we have to do in ADHB/CMDHB staffing.

Mike – if I have missed vital bits / got stuff wrong please feel free to jump in & correct.

Ngā mihi

Mel Dooney (she / her)

From: Michael Shepherd (ADHB)
Sent: Thursday, 2 September 2021 6:06 p.m.
To: Mel Dooney (ADHB)
Subject: FW: Metro Auckland ICU nurse request

FYI

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Michael Shepherd (ADHB)

Sent: Thursday, 02 September 2021 4:07 PM

To: Tess Mann (ADHB) <[REDACTED]>

Cc: Ailsa Claire (ADHB) <[REDACTED]>; Margaret Dotchin (ADHB) <[REDACTED]>; Jennie Montague (ADHB) <[REDACTED]>; Jenny Parr (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Jo Wright (Nursing Director) (ADHB) <[REDACTED]>

Subject: Metro Auckland ICU nurse request

Hi Tess

Can you please send to National COOs

Hi

Sorry if the messaging around Metro Auckland's request for ICU nurses has been a little unclear.

We thank you for the work you have already been doing on this.

We fully recognise that everyone across NZ is under great pressure and we are all unable to deliver as much planned care as we would like

Why are we asking?

Yes we 'only' have 10 ICU/HDU COVID patients currently

But

- these are resource intensive patients, with PPE protocols requiring additional resource and it includes 1 ECMO patient
- we also have a significant number of unwell ward patients who need HDU level care - single organ failure with NIV
- they have a significant cumulative bed day impact
- we continue to have staff vacancies due to COVID contacts in community
- we had staff vacancies prior to this
- we need to maintain ability delivery of number of other acute and national services eg burns, neurosurgery, transplant, complex cardiac surgery
- we need to be able to continue to deliver time critical planned care for the Northern region

And

- we know some of these patients are likely to have very long lengths of stay
- we anticipate further COVID patients will require ICU
- we want to plan for worst case scenario
- we know that any staff will require orientation and so we considered it prudent to proceed with this request sooner in preparation.

There is a reasonable chance that we will not need as much support, in which case of course we will not retain the nurses in Auckland.

We also know that complex planned care needs to be monitored across New Zealand to make sure that the situation is equitable. We are working with the Ministry of Health and the COO group to monitor this.

There have been a number of questions about more of the detail about how it will actually work for our nurses. We will be sending around further information around this soon and TAS are helping with the coordination.

Thanks again

Cheers

Mike Shepherd

On behalf of the Metro Auckland DHBs

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

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Tess Mann (ADHB)

From: Michael Shepherd (ADHB)
Sent: Thursday, 02 September 2021 18:06
To: Mel Dooney (ADHB)
Subject: FW: Metro Auckland ICU nurse request

FYI

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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Sent: Thursday, 02 September 2021 4:07 PM

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Cc: Ailsa Claire (ADHB) <[REDACTED]>; Margaret Dotchin (ADHB) <[REDACTED]>; Jennie Montague (ADHB) <[REDACTED]>; Jenny Parr (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Jo Wright (Nursing Director) (ADHB) <[REDACTED]>

Subject: Metro Auckland ICU nurse request

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There have been a number of questions about more of the detail about how it will actually work for our nurses. We will be sending around further information around this soon and TAS are helping with the coordination.

Thanks again

Cheers

Mike Shepherd

On behalf of the Metro Auckland DHBs

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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



Prepared by:

Kahui tuitui tangata

Frequently Asked Questions for Staff Being Re-deployed into Northern Region ICUs

As at 10 September 2021

Introduction

Below are some questions and answers to provide you with information for your redeployment. If you have further questions please email [REDACTED]. We will update this guidance as required.

How will my travel and accommodation be organised?

TAS is managing the logistics around travel and accommodation and will liaise with you about the arrangements. TAS will also arrange travel from the airport to your accommodation. If you are travelling in a group, a shuttle will take you to your accommodation from the airport. The shuttle driver will have a sign for your group 'ICU Nurses'.

Your personal email and mobile are critical for these arrangements. TAS will ask for your Airpoints number if you have one; this will allow you to get live updates via your Air NZ app.

If I drive to my placement will car parking be provided?

Yes, TAS will source accommodation with parking and pay for any parking costs.

What about my travel to and from the ICU each day?

If you are using your own car because you have travelled by car on re-deployment, then your mileage will be covered – please keep a note of your mileage and claim this via your home DHB. This is over and above your daily allowance. If you have flown to your re-deployment, then you will be offered taxi chits to get to and from your rostered workplace. Please ask about this at your Orientation. During your shift, keep a check that you have a chit for your journey home. If not, speak to the Charge Nurse or shift lead. If you are deployed to Middlemore Hospital, further information on travelling by train from Britomart Station to Middlemore Hospital is provided in your letter.

What type of accommodation will I be staying in?

Accommodation is in apartment style units which are centrally located or near the airport. You will be able to do your own washing and cooking here. You will not be sharing accommodation and it will be just for you and not family.

Will I be self-catering, or will meals be provided?

You will be able to cook your own meals in your apartment. Hospital Cafeterias are open in Alert Level Four. Your self-catering is covered by the daily allowance arrangement. The local Countdown at Victoria St is 300m away and has a special time for Essential Workers to do their shopping from 7.00 -8.00am. Take your essential worker letter with you.

What is the 'Daily Allowance' and what are the rules around it?

A daily allowance provides those on deployment assistance with any self-catering and other personal incidentals. This will be paid by your home DHB while you are on deployment during the Auckland COVID-19 response. The period of payment will cover the spell of your deployment and, accrue at a rate of \$75 per overnight stay. You will claim this via your home DHB reimbursement process.

Will I need to take my uniform, or will one be provided? What else do I need to take?

Yes, take your scrubs/uniform (if you have one), your DHB ID/Access card and your vaccination card or, your portal login details to prove your vaccination status. As above, your accommodation will have laundry facilities.

You will be provided with any PPE that is required to be worn. If you have a reusable N95 Mask that you have been specially fitted for, please bring this with you.

Will I get an orientation?

Yes, your host DHB will arrange your orientation and you will be given full training to undertake all duties associated with your temporary assignment. TAS will provide your details in advance to the host DHB so they will be ready for you.

You will be provided with a health and safety induction and this will include the use of any appropriate PPE and provision and training in relevant policies and procedures and day to day expectations.

Will I have a key contact person at the ICU I am going to?

Yes, you will have a person who manages your orientation and placement and will be given a contact number for this person. These details will have been sent to you in your travel letter.

Will I have to wear a N95?

Yes, you will be required to wear a N95. You will need to get fit tested for a respirator mask. Ideally this fit testing should happen in your home DHB before you are redeployed. TAS can assist to have this arranged for you through the GMHR in your home DHB.

Will I be required to have a COVID-19 Test regularly?

Yes, under the Required Testing Order you will have to have a COVID-19 Swab every 7 days. There is on site testing, meaning that you can get your swab whilst at work.

If you are to return to another healthcare role you have a 48 hour stand down period in which you require a negative swab before you can return to work.

What will I be paid?

The terms and conditions of your employment will remain unchanged. You will retain your current pay or, be paid the respective pay for the hours worked, whichever is the greater, whilst on temporary assignment to the ICU.

How will I be paid for extra hours?

Your host DHB will inform your home DHB GMHR of shifts worked and this will be reflected in your pay slip. This will be assessed at the end of your deployment. If you are not assigned to a shift immediately after your orientation, you will still be paid as per your home DHB arrangements.

What shifts are available to work?

ICUs operate 24/7 so the requirement includes nights and weekend work. These are 12-hour shifts.

What happens when I finish my assignment?

Stand down from further work for 48 hours and until they have received a negative result from a test taken after their last shift in the ICU.

Your stand-down time will be paid as if you were rostered on for this time.

Further information is provided in the attached MoH COVID-19 Returning healthcare Workers Guidance – *No 3: Healthcare workers that are seconded to Alert Level 4 non-MIQF settings, and are returning to work in non-MIQF settings in other regions – note ICU RN are included in this section.*

What about getting back home - who will arrange this travel?

TAS will arrange your travel home if you require flights. Email your travel requests to [REDACTED]. These can be booked once your end of assignment and travel dates (factoring in stand-down) are confirmed and, they will be flexi-fares. TAS will also arrange a taxi/shuttle to the airport for you and email you a confirmation of this booking with Auckland Co-op Cabs.

Can I go home for a visit on my rostered days off during my placement?

This will be determined on a case-by-case basis and likely to be dependent on the duration of your placement.

ICU Nurses Rapid Response First profile list for TAS

Date of secondment	Name of Nurse	Length of Secondment	Host DHB and area	Home DHB	Contact at Home DHB
7 th September	[REDACTED] i	6 weeks	CVICU ADHB	Bay of Plenty	
13 th September	[REDACTED]	21 days	DCCM ADHB	Lakes	[REDACTED]
13 th September	[REDACTED] on	21 Days	CMDHB Middlemore ICU complex	Taranaki	[REDACTED]
13 th September	[REDACTED] es	21 Days	CMDHB Middlemore ICU	Southern	[REDACTED]
20 th September	[REDACTED]	21 Days	CMDHB Middlemore ICU complex	Canterbury	[REDACTED]
20 th September	[REDACTED]	21 Days	ADHB CVICU	CCDHB	[REDACTED]
20 th September	[REDACTED]	21 Days	ADHB DCCM	CCDHB	[REDACTED]
20 th September	[REDACTED]	6 weeks	ADHB CVICU	Southern	[REDACTED]
20 th September	[REDACTED]	21 days	CMDHB Middlemore ICU complex	CCDHB	[REDACTED]
20 th September	[REDACTED]	14 Days	ADHB DCCM	Mid Central DHB	[REDACTED]
27 th September	[REDACTED]	21 Days	ADHB DCCM	Canterbury	[REDACTED]
27 th September	[REDACTED] nt	21 days	ADHB DCCM	Canterbury	[REDACTED]
4 th October	[REDACTED]	21 Days	ADHB DCCM	Lakes	[REDACTED]
4 th October	[REDACTED]	21 days	CMDHB Middlemore ICU complex	Taranaki	[REDACTED]
4 th October	[REDACTED]	21 Days	Wairapa DHB/CCDHB	CMDHB Middlemore ICU Complex	[REDACTED]
11 th October	[REDACTED]	Check how long for Rose please	Southern	CMDHB Middlemore ICU complex	[REDACTED]
11 th October	[REDACTED]	Check how long for Rose please	Hauora Tairawhiti	CMDHB Middlemore ICU complex	[REDACTED]

ICU Nurses Rapid Response First profile list for TAS

Date of secondment	Name of Nurse	Length of Secondment	Host DHB and area	Home DHB	Contact at Home DHB
7 th September		6 weeks	CVICU ADHB	Bay of Plenty	
13 th September		21 days	DCCM ADHB	Lakes	
13 th September		21 Days	CMDHB Middlemore ICU complex	Taranaki	
13 th September		21 Days	CMDHB Middlemore ICU	Southern	
20 th September		21 Days	CMDHB Middlemore ICU complex	Canterbury	
20 th September		6 weeks	ADHB CVICU	Southern	
27 th September		21 Days	ADHB DCCM	Canterbury	
27 th September		21 days	ADHB DCCM	Canterbury	
4 th October		21 Days	ADHB DCCM	Lakes	
4 th October		21 days	CMDHB Middlemore ICU complex	Taranaki	

ICU Nurses Rapid Response Deployment to Auckland City Hospital and Middlemore Hospital

Date of secondment	Name of Nurse	Length of Secondment	Host DHB ICU	Home DHB	CCN at Home ICU	Travel Bked
7 th September	[REDACTED]	6 weeks	CVICU ADHB	Bay of Plenty	[REDACTED]	N/A
13 th September	[REDACTED]	21 days	DCCM ADHB	Lakes	[REDACTED]	In Bound
13 th September	[REDACTED]	21 Days	CMDHB Middlemore ICU complex	Taranaki	[REDACTED]	In Bound
13 th September	[REDACTED]	21 Days Confirming if SDHB agrees to extend to 6 weeks	CMDHB Middlemore ICU	Southern	[REDACTED]	In Bound
20 th September	[REDACTED]	21 Days	CMDHB Middlemore ICU complex	Canterbury	[REDACTED]	In Bound
20 th September	[REDACTED]	6 weeks	ADHB CVICU	Southern	[REDACTED]	In Bound
27 th September	[REDACTED]	21 Days	ADHB DCCM	Canterbury	[REDACTED]	In Bound
27 th September	[REDACTED]	21 days	ADHB DCCM	Canterbury	[REDACTED]	In Bound
4 th October	[REDACTED]	21 Days	ADHB DCCM	Lakes	[REDACTED]	In Bound
4 th October	[REDACTED]	21 days	CMDHB Middlemore ICU complex	Taranaki	[REDACTED]	In Bound
20 th Sept	[REDACTED]	21 Days	ADHB CVICU	CCDHB	[REDACTED]	To be booked
20 th Sept	[REDACTED]	21 Days	ADHB DCCM	[REDACTED]	[REDACTED]	To be booked
20 th Sept	[REDACTED]	21 Days	CMDHB Middlemore ICU complex	[REDACTED]	[REDACTED]	To be booked
4 th Oct	[REDACTED]	21 Days	CMDHB Middlemore ICU complex	Wairarapa & CCDHBs	[REDACTED]	To be booked
To be confirmed	[REDACTED]	Available 2 weeks from 4 Oct	[REDACTED]	MidCentral DHB	[REDACTED]	[REDACTED]

ICU Nurses Rapid Response Deployment to Auckland City Hospital and Middlemore Hospital

Date of secondment	Name of Nurse	Length of Secondment	Host DHB ICU	Home DHB	CCN at Home ICU	Travel Bked
To be confirmed	[REDACTED]	Available 2 weeks from 20 th Sept		MidCentral DHB	[REDACTED]	
To be confirmed	[REDACTED]			Taranaki DHB		
To be confirmed	[REDACTED]					
To be confirmed	[REDACTED]					

From: [Alex Pimm \(ADHB\)](#)
To: [Health System Readiness & Response Planning](#)
Cc: [Tricia Sloan](#); "[Keriana Brooking](#)"; [Covid 19 \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Joanne Bos \(ADHB\)](#); [Jo Wright \(Nursing Director\) \(ADHB\)](#)
Subject: Workforce request - ADHB ITU nurses
Date: Friday, 27 August 2021 15:09:56
Attachments: [Request for ICU Nurses 27-08-21.docx](#)

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ITU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:

Up to 30 trained/experienced ITU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]

Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,

Alex

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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

From: Keriana Brooking [mailto:[REDACTED]]
Sent: Wednesday, 25 August 2021 15:18
To: Alex Pimm (ADHB) <[REDACTED]>; Tricia Sloan <[REDACTED]>; Health System Readiness & Response Planning <[REDACTED]>
Subject: Please send National Request for Assistance here

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Day 1

SCHEDULE

0700-1100 Please consider a tea break	Manawa Awhi Level 15 <ul style="list-style-type: none">• Staff ID collection• Uniforms• IT orientation (Emails, RCP, Koawatea Learn, Datix, Trendcare, WFC)• Mandatory training
1100 – 1230	CVICU Level 4 Ward 48 <ul style="list-style-type: none">• Welcome pack• Competency book• Orientation roster• Unit tour
1230-1300	<ul style="list-style-type: none">• Local Health and Safety Induction
1300-1330	Lunch
1330 – 1430	<ul style="list-style-type: none">• POCT ABG training• ACT• Glucose
1430-1530	<ul style="list-style-type: none">• Donning and Doffing• Mask fitting• Introduction to Standard Operating Procedures for COVID

Day 2

SCHEDULE

0730-0900	<ol style="list-style-type: none">1. Introduction to ICU Bed-space<ul style="list-style-type: none">• Set-up• Safety checks• Patient assessment2. CVICU Bypass Chart + Medication Chart3. CVICU Bundles4. Guardrails and Standardized Infusions
0900-1000	Drager Ventilators and Oxylog
1000 – 1030	MORNING TEA
1030 – 1200	Pacing: Basic Theory
1200 – 1300	Post-op Cares Following Cardiac Surgery
1300 – 1330	LUNCH
1330 – 1400	Cardiac Output
1400 – 1530	Koawatea time

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Mark McGinley \(NDHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [David Resoli \(WDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [Alison Hendry \(CMDHB\)](#)
Subject: Bed management update 1630 1 September & Regional coordination nationally deployed staff to Auckland region
Date: Wednesday, 01 September 2021 16:58:17

RPG 1630 bed update

- **CMDHB** 13 adult IP plus 3 ICU (2 ventilated)
- **ADHB** 11 adult IP plus 4 ICU (2 ventilated including 1 x ECMO) **plus 2 pending**
- **WDHB** 8 adult IP plus 1 ICU
- **Total 32 adult IP plus 8 ICU (4 ventilated) plus 2 pending**

Overnight plan – 1 to WDHB, 1 to ADHB, 1 to CMDHB, then 2 to ADHB

[REDACTED]

Regional coordination nationally deployed staff to Auckland region

ICU nurses

- Jo Wright, Nurse Director Cardiac services has this in hand, liaising with lead nurses in other ICUs regionally
- Developing plan for orientation/placement/rostering of nurses - including any requirements post placement in Auckland prior to return to home DHB

[REDACTED]

Ngā mihi
Jo

Joanne Brown

**NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB**

[REDACTED]

From: [Health Info](#)
To: [O365.DHB - CEOs](#); [O365.DHB - CEO FAs](#); [O365.DHB - GMs Human Resources](#); [O365.DHB - COOs](#); [O365.DHB - COOs FA](#)
Cc: [Tricia Sloan](#); [Allison Plumridge](#); [Peter Brown](#); [Rose Laloli](#); [Stephanie Calder](#)
Subject: COVID - ADHB Workforce request - ICU nurses
Date: Friday, 27 August 2021 18:42:42
Attachments: ADHB Request for ICU Nurses 27-08-21.docx
Importance: High

BE CYBER SMART - This email is from an external sender - Please do not click links or open attachments from unknown sources - Forward suspicious emails to [healthalliance.co.nz](#)

Kia ora koutou

We are forwarding to you (*attached and below*), on behalf of Auckland District Health Board, a request for national assistance to support Auckland DHBs with trained ICU nurses.

We are developing a national system to match DHB requests for staffing assistance with donor DHBs. As that system is not in place yet, please direct any queries to ADHB contacts listed below.

Ngā mihi
TAS on behalf of ADHB

From: Alex Pimm (ADHB) <[REDACTED]>
Sent: Friday, 27 August 2021 3:10 PM
To: Health System Readiness & Response Planning <[REDACTED]>
Cc: Tricia Sloan <[REDACTED]>; 'Keriana Brooking' <[REDACTED]>; Covid 19 (ADHB) <[REDACTED]>; Michael Shepherd <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>; Jo Wright (Nursing Director) (ADHB) <[REDACTED]>
Subject: Workforce request - ADHB ICU nurses

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ICU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:

Up to 30 trained/experienced ICU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]

Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,
Alex

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: Essential Travel Letters and Returning healthcare guidance
Date: Monday, 20 September 2021 15:50:14
Attachments: FINAL ICU Employee Profile - Kim Kimpay.pdf
Importance: High

From: Rose Laloli [mailto: [REDACTED]]
Sent: Friday, 17 September 2021 11:57 a.m.
To: Susan Robertson (CMDHB); Jo Wright (Nursing Director) (ADHB)
Cc: Fiona Sinclair
Subject: RE: Essential Travel Letters and Returning healthcare guidance
Importance: High

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Susan I only have Kim Kimpay on file
@Jo do you have profiles for Harriett Smithie and Lucy McElroy that can be forwarded onto Susan urgently
@Susan – Dominic Gauthier is actually ADHB – mu error below and has a letter Really urgent to get these letters in next 3 hours please
Thanks
Rose

From: Susan Robertson (CMDHB) < [REDACTED] >
Sent: Friday, 17 September 2021 11:04 am
To: Rose Laloli < [REDACTED] >
Subject: RE: Essential Travel Letters and Returning healthcare guidance

Hi
Can you supply the profiles please - having trouble getting the information

From: Rose Laloli [mailto: [REDACTED]]
Sent: Thursday, 16 September 2021 5:41 p.m.
To: Susan Robertson (CMDHB)
Cc: Tui Vito (CMDHB); Fiona Sinclair; COVID Response
Subject: RE: Essential Travel Letters and Returning healthcare guidance
Importance: High

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Hi Susan and Tui Vito

Checking in that you will have essential travel letters for Harriett Smithies and Kim Kimpay forwarded to me by **12noon tomorrow (Friday 17 Sept)** please

Regards

Rose

From: Vaughn Wood (ADHB) <[REDACTED]>
Sent: Thursday, 16 September 2021 2:06 pm
To: Susan Robertson (CMDHB) <[REDACTED]>
Cc: Tui Vito (Middlemore) <[REDACTED]>; Rose Laloli <[REDACTED]>
Subject: FW: Essential Travel Letters and Returning healthcare guidance
Importance: High

Hi Susan,

Please will you arrange letters for the ICU Nurses coming to MMH on Monday and provide these to Rose Laloli (Cc'd into this email)?

Regards,

Vaughn

Essential Travel Letters

Would you please organise ETL for the following people who are traveling on Sunday 19 October

[REDACTED] - CMDHB
[REDACTED] - CMDHB
[REDACTED] ay - CMDHB

Sunday 3rd October

[REDACTED] - CMDHB

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If you are looking for medical jobs in New Zealand, your career in health starts with us.

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: Expression of interest for rotation to Akld ICUs
Date: Monday, 20 September 2021 15:52:06
Attachments: COVID-19 Rapid Response Employee Profile - Anna Lawson 15.9.21.pdf

From: Rose Laloli [mailto: [REDACTED]]
Sent: Wednesday, 15 September 2021 3:08 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: FW: Expression of interest for rotation to Akld ICUs

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Hi Jo

Attached is Anna Lawson profile for your consideration for ICU assignment

I'm waiting for 2 more profiles

Rose



Rose Laloli

Team Leader, Integrated Community Services
Interim Team Leader, Business Support Services

M: [REDACTED]

69 Tory Street, PO Box 23075, Wellington 6140

<https://smex12-5-en->

[ctp.trendmicro.com:443/wis/clicktime/v1/query?](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?)

[url=www.tas.health.nz&umid=5e4f3981-2cd7-490d-9626-](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=5e4f3981-2cd7-490d-9626-34f7473b4d76&auth=b8880051a5968406de874aba71898a20c6add7f1-797efcc408a993b7c8b206e7122770e8cb102d04)

[34f7473b4d76&auth=b8880051a5968406de874aba71898a20c6add7f1-](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=5e4f3981-2cd7-490d-9626-34f7473b4d76&auth=b8880051a5968406de874aba71898a20c6add7f1-797efcc408a993b7c8b206e7122770e8cb102d04)

[797efcc408a993b7c8b206e7122770e8cb102d04](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=5e4f3981-2cd7-490d-9626-34f7473b4d76&auth=b8880051a5968406de874aba71898a20c6add7f1-797efcc408a993b7c8b206e7122770e8cb102d04)

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: Final profiles
Date: Monday, 20 September 2021 15:55:24
Attachments: ICU Rapid Resonse.docx

From: Jo Wright (Nursing Director) (ADHB)
Sent: Monday, 20 September 2021 1:16 p.m.
To: COVID Response; Vaughn Wood (ADHB)
Subject: Final profiles

Hi Rose

Hope you had a good weekend

We have reviewed the final 3 profiles this morning and would like

██████████ and ██████████ to go to CMDHB Middlemore ICU complex please , they are keen for the start date to be 11th October if that is possible they can then start together.

Some nurses at CMDHB are requesting to work with COVID patients what is the position on this , they want to be part of the team and get the experience. From talking to ██████████ the Nurse Manager at Middlemore ██████████ and ██████████ have already worked with an ICU nurse paired together with a COVID patient and ██████████ and ██████████ have requested to. At ADHB this has not come up. Are they allowed to do this with the agreement I've attached updated list. ██████████ was only available for 10 days so the team did not want to take her.

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board
██████████

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU nurses Rapid response
Date: Monday, 20 September 2021 15:59:44

From: Jo Wright (Nursing Director) (ADHB)
Sent: Thursday, 09 September 2021 11:17 a.m.
To: Jacqui Wynne-Jones (CMDHB); COVID Response; Janine Rouse (ADHB); Sandra Durrell (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB)
Cc: Margaret Dotchin (ADHB); Michael Shepherd (ADHB)
Subject: RE: ICU nurses Rapid response

Hi Jacqui I'll pass you onto Vaughn from HR, he has been in touch with Elizabeth Jeffs regarding paperwork from HR. the only nursing is the orientation package.
Jo

From: Jacqui Wynne-Jones (CMDHB)
Sent: Thursday, 09 September 2021 11:15 a.m.
To: Jo Wright (Nursing Director) (ADHB); COVID Response; Janine Rouse (ADHB); Sandra Durrell (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB)
Cc: Margaret Dotchin (ADHB); Michael Shepherd (ADHB)
Subject: RE: ICU nurses Rapid response

Hi Jo. Just had a question from our IMT. Is there any paper work for the DHB to do? Thanks, Jacqui.

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 08 September 2021 4:15 p.m.
To: COVID Response; Janine Rouse (ADHB); Jacqui Wynne-Jones (CMDHB); Sandra Durrell (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB)
Cc: Margaret Dotchin (ADHB); Michael Shepherd (ADHB)
Subject: ICU nurses Rapid response

Hi Rose and everyone

Hope this is the same or almost as the spreadsheet you were sending me!

I've spoken to

██████████, ██████████, ██████████, ██████████ and this represents what we discussed regarding dates and duration that they are able to release for. It is fairly evenly spread across ICU's and we still have another 7 profiles to come back to you at TAS. Lessons learnt really knowing how many nurses out of the profiles they can release at one time would be good to know and dates when available. Questions from talking to a few whom are coming

- Food I know you said a \$75 day allowance what facilities are there
- Transport some wanting to drive up so car parking, HOP card etc

Lovely to work with you today Rose

Jo

Jo Wright (ADHB)
Nurse Director
Cardiovascular



From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU nurses Rapid response
Date: Monday, 20 September 2021 16:00:50
Attachments: ICU Rapid Resonse.docx

From: Jo Wright (Nursing Director) (ADHB)
Sent: Thursday, 09 September 2021 9:03 a.m.
To: Andrew McKee (ADHB)
Subject: FW: ICU nurses Rapid response

Keeping you up to date Andrew, 7 more profiles in the pipeline form Cap coast Mid central
Jo

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 08 September 2021 4:16 p.m.
To: COVID Response
Subject: FW: ICU nurses Rapid response

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 08 September 2021 4:15 pm
To: 'COVID Response' <[REDACTED]>; Janine Rouse (ADHB) <[REDACTED]>; Jacqui Wynne-Jones (CMDHB) <[Jacqui.Wynne-\[REDACTED\]](#)>; Sandra Durrell (ADHB) <[REDACTED]>; Vaughn Wood (ADHB) <[REDACTED]>; Jane Speirs (ADHB) <[REDACTED]>; Wendy Stanbrook-Mason (ADHB) <[REDACTED]>
Cc: Margaret Dotchin (ADHB) <[REDACTED]>; Michael Shepherd (ADHB) <[REDACTED]>
Subject: ICU nurses Rapid response

Hi Rose and everyone

Hope this is the same or almost as the spreadsheet you were sending me!

I've spoken to

[REDACTED], [REDACTED], [REDACTED], [REDACTED] and this represents what we discussed regarding dates and duration that they are able to release for. It is fairly evenly spread across ICU's and we still have another 7 profiles to come back to you at TAS. Lessons learnt really knowing how many nurses out of the profiles they can release at one time would be good to know and dates when available. Questions from talking to a few whom are coming

- Food I know you said a \$75 day allowance what facilities are there
- Transport some wanting to drive up so car parking, HOP card etc

Lovely to work with you today Rose

Jo

Jo Wright (ADHB)
Nurse Director
Cardiovascular



From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU nurses support form other DHB's
Date: Monday, 20 September 2021 15:57:20

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 15 September 2021 3:12 p.m.
To: 'COVID Response'; Fenia Kalantzi (ADHB); Jane Speirs (ADHB)
Cc: Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Wendy Stanbrook-Mason (ADHB); Fiona Sinclair
Subject: RE: ICU nurses support form other DHB's

Thank you Rose

Jo

From: COVID Response [<mailto:>]
Sent: Wednesday, 15 September 2021 1:48 p.m.
To: Jo Wright (Nursing Director) (ADHB); Fenia Kalantzi (ADHB); Jane Speirs (ADHB); COVID Response
Cc: Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Wendy Stanbrook-Mason (ADHB); Fiona Sinclair
Subject: RE: ICU nurses support form other DHB's

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Just confirming that the five people below are flying into Auckland on Sunday 19 September and have been advised to report to their allocated ICU at 7am – everyone is staying at the – people allocated to Middlemore have been advised to take the 6.20am train from Britomart
Rose

From: Jo Wright (Nursing Director) (ADHB) < >
Sent: Wednesday, 15 September 2021 1:22 pm
To: Fenia Kalantzi (ADHB) < >; Jane Speirs (ADHB) < >; COVID Response < >
Cc: Janine Rouse (ADHB) < >; Sapna Sheth (ADHB) < >; Chelsey Mayson (ADHB) < >; Vaughn Wood (ADHB) < >; Wendy Stanbrook-Mason (ADHB) < >
Subject: RE: ICU nurses support form other DHB's

Hi can you get back re who's meeting and what time please

Thanks

Jo

From: Fenia Kalantzi (ADHB)
Sent: Wednesday, 15 September 2021 12:55 p.m.
To: Jane Speirs (ADHB); Jo Wright (Nursing Director) (ADHB); COVID Response
Cc: Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)
Subject: RE: ICU nurses support form other DHB's

Hi all,

Could you please confirm what time will the nurses be arriving at ADHB on Monday and who's meeting them?

We are happy to do it if no one else is available 😊

Also, please let us know who will communicate this with them?

Update on what's been done so far:

Datix training booked - 8:30-9:00am

IT Training booked - 9:00-11:00am

Logins and access to applications granted for Dom and requested for the rest.

Date of secondment	Name of Nurse	Length of Secondment	Host ADHB and area	Manager at ADHB area
Monday, 20 September 2021		6 weeks	ADHB CVICU	
Monday, 20 September 2021		21 Days	ADHB CVICU	
Monday, 20 September 2021		21 Days	ADHB DCCM	
Monday, 20 September 2021		14 days	ADHB DCCM	

Kind regards,

Fenia Kalantzi

Business Support Advisor

Manawa Awhi /Nursing Development Unit

📞 [redacted] | ext: [redacted] | ✉ [redacted]

Te Toka Tumai | Auckland District Health Board | Level 15 | Building 1 | Auckland City Hospital

From: Jane Speirs (ADHB)

Sent: Wednesday, 15 September 2021 10:20 a.m.

To: Jo Wright (Nursing Director) (ADHB); COVID Response

Cc: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB); Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)

Subject: RE: ICU nurses support form other DHB's

Thank you Jo

Confirming Lesley Everett should read last name Everest.

Jane

Jane Speirs

Human Resources Consultant | Human Resources Department
Auckland District Health Board | Level 4 | Building 31 | Auckland City Hospital
Mobile: [REDACTED] | Email: [REDACTED]

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 15 September 2021 10:18 a.m.
To: COVID Response
Cc: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB); Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)
Subject: RE: ICU nurses support form other DHB's

With attachment

Jo

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 15 September 2021 10:16 a.m.
To: COVID Response
Cc: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB); Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)
Subject: ICU nurses support form other DHB's

Hi everyone updated list, I've colour coded arrived Green, next week Orange and red in the pipeline. Thanks Rose for your help and support, Chelsey would like contact details for Dom Gauthier and Fernah Peacey please.

Thanks

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board
[REDACTED]

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU nurses support form other DHB's
Date: Monday, 20 September 2021 15:57:41
Attachments: ICU Rapid Resonse.docx

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 15 September 2021 10:18 a.m.
To: COVID Response
Cc: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB); Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)
Subject: RE: ICU nurses support form other DHB's

With attachment

Jo

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 15 September 2021 10:16 a.m.
To: COVID Response
Cc: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB); Janine Rouse (ADHB); Sapna Sheth (ADHB); Chelsey Mayson (ADHB); Vaughn Wood (ADHB); Jane Speirs (ADHB); Wendy Stanbrook-Mason (ADHB); Fenia Kalantzi (ADHB)
Subject: ICU nurses support form other DHB's


Hi everyone updated list, I've colour coded arrived Green, next week Orange and red in the pipeline.

Thanks Rose for your help and support, Chelsey would like contact details for Dom Gauthier and Fernah Peacey please.

Thanks

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board


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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU nurses to Auckland
Date: Monday, 20 September 2021 16:02:02

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 08 September 2021 11:44 a.m.
To: COVID Response; Vaughn Wood (ADHB)
Subject: ICU nurses to Auckland

Hi Rose and Vaughn I have talked to Taranaki nurse manager [REDACTED] and here is the plan

[REDACTED] for Middlemore CMDHB Monday 20th for 21 days

Then

[REDACTED] following Janes return for 21 days

Thanks

Jo

Jo Wright (ADHB)
Nurse Director
Cardiovascular
Auckland District Health Board
[REDACTED]

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU profiles
Date: Monday, 20 September 2021 16:03:05
Attachments: image002.png

From: Jo Wright (Nursing Director) (ADHB)
Sent: Tuesday, 07 September 2021 2:56 p.m.
To: 'Allison Plumridge'
Cc: Cecilia Lynch (NRA); Vanessa Aplin (WDHB); COVID Response; Vaughn Wood (ADHB)
Subject: RE: ICU profiles

Hi Alison thank you so much we will take all 12 nurses, we have allocated across CMDHB and ADHB in 2 tranches

In the flow chart it say *Host DHB to send Secondment agreement paperwork to TAS*, do you have a template for this please. We have some for a Monday start.

All very fantastic

Thanks

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board
[REDACTED]

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From: Allison Plumridge [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Tuesday, 07 September 2021 8:23 a.m.
To: Jo Wright (Nursing Director) (ADHB)
Cc: Cecilia Lynch (NRA); Vanessa Aplin (WDHB); COVID Response
Subject: RE: ICU profiles

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Great – thanks for the update Jo.

Re [REDACTED], we can confirm that her VCA check is current, until 2023. She also noted that “I would

only be happy going to DCCM as I left in December so can walk straight back in.
They would be happy to have me back”.

Will send more profiles through as we receive them and will continue contacting the ICU nurses today.

Ngā mihi
Allison

Allison Plumridge
Director, Workforce

M: [REDACTED]
<https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=12856f9b-2e00-4954-ab23-436ab02b0cc3&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-a633937681e189d9d84ee6ec15c4ed313b4bb8b0>

From: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>
Sent: Tuesday, 7 September 2021 8:02 AM
To: Allison Plumridge <[REDACTED]>
Cc: Cecilia Lynch <[REDACTED]>; Vanessa Aplin <[REDACTED]>; COVID Response <[REDACTED]>
Subject: RE: ICU profiles

Hi Allison
Thank you, we are meeting CMDHB and ADHB today so can make some decisions. [REDACTED] arrived yesterday to CVICU and has commenced her orientation all good so far
Thanks
Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board
[REDACTED]

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From: Allison Plumridge [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Monday, 06 September 2021 6:13 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Cc: Cecilia Lynch (NRA); Vanessa Aplin (WDHB); COVID Response

Subject: ICU profiles

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Hi Jo

Attached are an initial 6 profiles for you to review. We have discovered that some nurses are currently are working visa's and cannot work at another location. We are following up with INZ on this but no ETA for resolution. This affects 2 potential ICU nurses from Sothern.

We are continuing to contact and source the profiles from the remaining ICU nurses on the list. Will continue to send through profiles once received.

Please let us know who you would like us to contact from the attached profiles. Please also let us know when you would like them to start, which DHB they will be working at and who will be their contact.

Ngā mihi

Allison



Allison Plumridge
Director, Workforce

M: [REDACTED]

69 Tory Street, PO Box 23075, Wellington 6140

<https://smex12-5-en->

[ctp.trendmicro.com:443/wis/clicktime/v1/query?](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?)

[url=www.tas.health.nz&umid=a2b13cee-e0a6-4df3-a427-](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=a2b13cee-e0a6-4df3-a427-053c74921e6e&auth=4208f9d292d4bb72367c9cdb6e8d9affc9f9dfab-e916eb5d88513cc7a5a0907a7b0ad474e805a003)

[053c74921e6e&auth=4208f9d292d4bb72367c9cdb6e8d9affc9f9dfab-](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=a2b13cee-e0a6-4df3-a427-053c74921e6e&auth=4208f9d292d4bb72367c9cdb6e8d9affc9f9dfab-e916eb5d88513cc7a5a0907a7b0ad474e805a003)

[e916eb5d88513cc7a5a0907a7b0ad474e805a003](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=a2b13cee-e0a6-4df3-a427-053c74921e6e&auth=4208f9d292d4bb72367c9cdb6e8d9affc9f9dfab-e916eb5d88513cc7a5a0907a7b0ad474e805a003)



From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU Rapid Response ADHB & CMDHB deployments
Date: Monday, 20 September 2021 15:52:31

From: Rose Laloli [mailto: [REDACTED]]
Sent: Monday, 13 September 2021 7:56 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: RE: ICU Rapid Response ADHB & CMDHB deployments

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Ok will progress

From: Jo Wright (Nursing Director) (ADHB) < [REDACTED] >
Sent: Monday, 13 September 2021 6:04 pm
To: Rose Laloli < [REDACTED] >
Subject: Re: ICU Rapid Response ADHB & CMDHB deployments

Hi Rise Janine from DCCM confirms they will take [REDACTED] for 2 weeks
Jo

Sent from my iPhone

On 13/09/2021, at 5:25 PM, Rose Laloli < [REDACTED] > wrote:

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Hi Jo

Attached is an updated list with cell ph nos for RNs

Please note:

- Travel and accommodation to be booked by TAS for additional 4 assignments
- Midcentral RNs ([REDACTED]) both only available for 2 weeks – Auckland to accept or decline
- 3 Taranaki RNs to be confirmed/declined by Auckland
- We have another pool of RNs that need initial screen – I'm doubtful whether

Tairawhiti and Whanganui DHBs both with L1 ICU RNs would be the right skill-set (welcome to advise that not suitable and I'll manage accordingly)

- I've left a message with [REDACTED] to confirm if [REDACTED] can be released for 6 weeks (Sarah commenced today)

Thanks Jo and speak tomorrow no doubt
Rose

Rose Laloli

Team Leader, Integrated Community Services

Interim Team Leader, Business Support Services

M: [REDACTED]

69 Tory Street, PO Box 23075, Wellington 6140

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<image001.jpg>

<ICU Rapid Response ADHB Confirmed Assignment.docx>

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU Rapid Response ADHB & CMDHB deployments
Date: Monday, 20 September 2021 15:52:53
Attachments: ICU Rapid Response ADHB Confirmed Assignment.docx

From: Rose Laloli [mailto: [REDACTED]]
Sent: Monday, 13 September 2021 5:25 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: ICU Rapid Response ADHB & CMDHB deployments

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Hi Jo

Attached is an updated list with cell ph nos for RNs

Please note:

- Travel and accommodation to be booked by TAS for additional 4 assignments
- Midcentral RNs ([REDACTED]) both only available for 2 weeks – Auckland to accept or decline
- 3 Taranaki RNs to be confirmed/declined by Auckland
- We have another pool of RNs that need initial screen – I'm doubtful whether Tairāwhiti and Whanganui DHBs both with L1 ICU RNs would be the right skill-set (welcome to advise that not suitable and I'll manage accordingly)
- I've left a message with Carla Snow to confirm if [REDACTED] can be released for 6 weeks ([REDACTED] commenced today)

Thanks Jo and speak tomorrow no doubt

Rose



Rose Laloli

Team Leader, Integrated Community Services

Interim Team Leader, Business Support Services

M: [REDACTED]

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU Rapid Response FROM TAS for Assignment to Auckland
Date: Monday, 20 September 2021 15:53:15
Attachments: FINAL ICU Employee Profile - Conrad McCaffrey.docx
FINAL ICU Employee Profile - Natasha McMillan.docx
FINAL ICU Employee Profile Georgia Purcell.docx
Final ICU Employee Profile Sarah Bridges.docx
FINAL ICU Employee Profile v1 - Holly Brindle.docx
ICU Rapid Response FROM TAS for Assignment.docx
FINAL ICU Employee Profile - Fernah Peacey.docx
FINAL ICU Employee Profile - Gurudev Singh.docx
FINAL ICU Employee Profile - Kim Kimpay.pdf

From: Rose Laloli [mailto: [REDACTED]]
Sent: Thursday, 09 September 2021 11:46 a.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: ICU Rapid Response FROM TAS for Assignment to Auckland

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Hi Jo

As discussion on phone – here is the next batch of 7 ICU profiles and summary of names.
Please note Sarah Bridges profile is attached as I don't think you had received – Sarah is scheduled on your roster for 13 Sept ADHB – Sarah's travel is being processed

Regards

Rose



Rose Laloli

Team Leader, Integrated Community Services
Interim Team Leader, Business Support Services

M: [REDACTED]
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<https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=3ca04c62-b2da-4c42-8144-f0462907e93c&auth=9b524f228cf218be85c76e75f89997ec2caa72a4-cab45fce5d34cca678f073b5bbd8e6c4fcaa98e8>

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU Rapid Response FROM TAS for Assignment to Auckland
Date: Monday, 20 September 2021 15:59:13
Attachments: FINAL ICU Employee Profile - Conrad McCaffrey.docx
FINAL ICU Employee Profile - Natasha McMillan.docx
FINAL ICU Employee Profile Georgia Purcell.docx
Final ICU Employee Profile Sarah Bridges.docx
FINAL ICU Employee Profile v1 - Holly Brindle.docx
ICU Rapid Response FROM TAS for Assignment.docx
FINAL ICU Employee Profile - Fernah Peacey.docx
FINAL ICU Employee Profile - Gurudev Singh.docx
FINAL ICU Employee Profile - Kim Kimpay.pdf

From: Jo Wright (Nursing Director) (ADHB)
Sent: Thursday, 09 September 2021 12:18 p.m.
To: Jacqui Wynne-Jones (CMDHB); Janine Rouse (ADHB); Sandra Durrell (ADHB); Kathleen Devoy (CMDHB)
Subject: FW: ICU Rapid Response FROM TAS for Assignment to Auckland

Hi Everyone more profiles should I set up a quick zoom for tomorrow or do you want to do an email round of preferences etc

██████████ is already allocated to Middlemore

Jo

From: Rose Laloli [<mailto:██████████>]
Sent: Thursday, 09 September 2021 11:46 a.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: ICU Rapid Response FROM TAS for Assignment to Auckland

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Hi Jo

As discussion on phone – here is the next batch of 7 ICU profiles and summary of names.

Please note ██████████ profile is attached as I don't think you had received – ██████████ is scheduled on your roster for 13 Sept ADHB – Sarah's travel is being processed

Regards

Rose



Rose Laloli

Team Leader, Integrated Community Services
Interim Team Leader, Business Support Services

M: ██████████

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU RNs to Auckland
Date: Monday, 20 September 2021 15:51:22
Attachments: FINAL ICU Employee Profile - John Balucas.docx
ICU Rapid Response ADHB Confirmed Assignment v3.docx

From: Rose Laloli [mailto: [REDACTED]]
Sent: Thursday, 16 September 2021 1:43 p.m.
To: Jo Wright (Nursing Director) (ADHB); Vaughn Wood (ADHB)
Cc: COVID Response
Subject: ICU RNs to Auckland

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Good morning Jo

ICU RN Profile:

- [REDACTED] attached – please note John has been approved by Immigration for relocation of assignment to Auckland, and we are required to provide them with dates of assignment one week out from commencement. John is very keen to come
- Profile emailed yesterday and resending – [REDACTED], [REDACTED]
- Still waiting for one profile to be returned from DHB

We are thinking about booking return flights for ICU RNs and expect that their rosters will mean staggered finish dates within the end date week. Our plan is to book flights the following day after their last duty to ensure people have time to rest and pack before day of travel.

Would you please provide the last day of rostered duty on assignment in the attached form and we can organise the return flights and adjust accommodation accordingly.

Jo I'm very happy to be advised on any other way of finding out last rostered duty date if the attached form doesn't work.

Vaughn I know you are onto the essential travel letters for Auckland and forwarded to Middlemore

Regards
Rose



Rose Laloli

Team Leader, Integrated Community Services

Interim Team Leader, Business Support Services

M: [REDACTED]

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[9b7ef2fa980c&auth=9b524f228cf218be85c76e75f89997ec2caa72a4-](https://www.tas.health.nz&umid=4bcb1401-bda8-4513-befb-9b7ef2fa980c&auth=9b524f228cf218be85c76e75f89997ec2caa72a4-590b123134e724bbae7ec76d21446c0908d8e53a)

[590b123134e724bbae7ec76d21446c0908d8e53a](https://www.tas.health.nz&umid=4bcb1401-bda8-4513-befb-9b7ef2fa980c&auth=9b524f228cf218be85c76e75f89997ec2caa72a4-590b123134e724bbae7ec76d21446c0908d8e53a)

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: ICU surge
Date: Monday, 20 September 2021 16:02:40
Attachments: Welcome Letter.doc
Surge Induction timetable.docx
Surge Orientation competencies.docx
Marcell Mafi.docx
Health and Safety Handbook.pdf
CVICU Orientation Resource Manual 2021.pdf
Survival guide 2016.pdf

From: Jo Wright (Nursing Director) (ADHB)
Sent: Tuesday, 07 September 2021 3:43 p.m.
To: Jacqui Wynne-Jones (CMDHB); Kathleen Devoy (CMDHB)
Subject: FW: ICU surge

Hi Jacqui and Kathleen

This is the orientation plan that CVICU are using an abbreviated version , Our nursing development unit Manawa Awhi have picked up the mandatory on line learning I'll send you separately what our HR have done in the process lanes

1. CVICU Welcome Letter
2. Health and Safety Workbook
3. A-Z Survival Guide
4. CVICU Resource Book
5. Surge Nurse Orientation Competencies
6. Tikanga Best Practice Policy (only have a printed version)

I have made a timetable for the 1st two shifts and also made a roster for the first two weeks with allocated preceptors. Could someone give me [REDACTED] contact details so I could ask about shift preferences following the two week supernumerary shifts.

Wendy I have allocated all the ADHB on boarding to Manawa Awhi in the morning on Monday if that is ok? I've allocated 4 hours to complete. Please let me know if you would need more or less than what I have given?

Jo

Manawa Awhi Level 15

- Staff ID collection
- Uniforms
- IT training (Emails, RCP, Koawatea Learn, Datix, Trendcare, WFC)
- Mandatory training

From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: Rapid response ICU nurses
Date: Monday, 20 September 2021 16:01:25

From: Jo Wright (Nursing Director) (ADHB)
Sent: Wednesday, 08 September 2021 12:42 p.m.
To: COVID Response; Vaughn Wood (ADHB)
Cc: Kathleen Devoy (CMDHB); Jacqui Wynne-Jones (CMDHB); Janine Rouse (ADHB); Sandra Durrell (ADHB)
Subject: Rapid response ICU nurses

Hi can we add the following

Start on the 13th September

██████████ for 21 days to DCCM please

██████████ to CMDHB for 21 days please

██████████ to CMDHB for 21 days please

20th September

██████████ to CMDHB for 21 days

Thaks Jo

Jo Wright (ADHB)

Nurse Director

Cardiovascular

Auckland District Health Board

██████████

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [David Resoli \(WDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: FW: Regional coordination plan
Date: Saturday, 28 August 2021 07:48:59
Attachments: Regional coordination plan.docx
image003.png

Kia ora – please see yesterday evening update and Regional coordination plan for the weekend

From: Stacey Wilson (CMDHB)
Sent: Friday, 27 August 2021 7:20 p.m.
To: Jo Brown (ADHB)
Cc: Margie Apa (CMDHB); Peter Watson (CMDHB)
Subject: Regional coordination plan

Evening,

Attached is draft version 1 of a regional coordination plan for the weekend. This could change rapidly however it will assist us over the coming weekend. I am on as the regional coordinator this weekend.

As an FYI it has been a very busy evening so far,

ADHB has 10 patients x2 enroute (husband and wife who didn't want to separate)
WDHB has 3
CMDHB has 12 (1 in ICU, 1 in ED has just had a medical emergency and there are 3 patients for discharge so space is limited)

We will need to escalate the need for either more shuttles or longer working hours for more efficient discharging. We are currently having to discharge 2 patients home via ambulance as the shuttle service cannot help. There have also been long delays in getting patients out to JP and Novotel and specifically around the shuttle service.

Jo can you please send this around the RPG group, I would hate to miss someone and I will send it through to JP and the ARIQCC.

Stacey Wilson

COVID-19 Response Manager | Middlemore Central
Ratonga Kakawa Tārū, Ratonga Pūtake
Acute Critical and Central Services (ACaCS)

T: 09 [REDACTED] Ext: [REDACTED] | M: [REDACTED]
[REDACTED]

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From: [Ailsa Claire \(ADHB\)](#)
To: [Nick Chamberlain \(NDHB\)](#)
Subject: FW: Request for Resource Form v1 1.docx ED
Date: Thursday, 02 September 2021 14:18:00
Attachments: image001.png
image002.png
image003.png
image004.png

Ngā mihi

Ailsa Claire (she / her)

Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Ailsa Claire (ADHB)

Sent: Thursday, 02 September 2021 2:17 pm

To: Dale Bramley (WDHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>

Subject: RE: Request for Resource Form v1 1.docx ED

I think that's the point. we should not be asking for staff to do this sort of separation as we will all need to do that.

Ngā mihi

Ailsa Claire (she / her)

Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Dale Bramley (WDHB)

Sent: Thursday, 02 September 2021 2:16 pm

To: Ailsa Claire (ADHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>

Subject: RE: Request for Resource Form v1 1.docx ED

Yes they are COVID related – re are seeking additional nursing for the COVID blue stream separation - just speaking with Jo about this – I'll just include her

Dr Dale Bramley

Chief Executive Officer

Waitemata District Health Board

Private Bag 93 503, Takapuna 0740

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From: Ailsa Claire (ADHB)
Sent: Thursday, 02 September 2021 2:13 p.m.
To: Dale Bramley (WDHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>
Subject: RE: Request for Resource Form v1 1.docx ED

They went through the COOs.
They have to be clearly covid escalation response and not staff shortages due to covid.

Ngā mihi

Ailsa Claire (she / her)
Chief Executive
P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Dale Bramley (WDHB)
Sent: Thursday, 02 September 2021 2:03 pm
To: Margie Apa (CMDHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Subject: RE: Request for Resource Form v1 1.docx ED

Folks can I check with you.
Ailsa – you had mentioned to send this direct to TAS the other day, when I asked, so I think this is how that happened.
What process did ICU go through? I don't remember that coming to us collectively?

Our current needs are ED/Resp nurses and IPC nurses.

Thanks
Dale

Dr Dale Bramley
Chief Executive Officer
Waitemata District Health Board
Private Bag 93 503, Takapuna 0740
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From: Keriana Brooking [mailto: [REDACTED]]
Sent: Thursday, 02 September 2021 1:29 p.m.
To: Margie Apa (CMDHB) < [REDACTED] >; Dale Bramley (WDHB) < [REDACTED] >; Ailsa Claire (ADHB) < [REDACTED] >
Subject: Fwd: Request for Resource Form v1 1.docx ED

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Kia Ora koutou

Before I ask the team to progress further can I confirm this is in line with the intent that a national request for resources is required on behalf of a region. Has this request been promulgated through a regional process. My colleagues will expect this level of regional review.

No disrespect to you Dale, I would ask this of any DHB and associated region.

Ngā mihi

**Keriana Brooking | Chief Executive Officer
Hawke's Bay District Health Board**

Private Bag 9014, Hastings 4156

T: ++64 [REDACTED] | F: ++64 [REDACTED] | M: ++ [REDACTED]

Email: [REDACTED]

W: www.hawkesbaydhb.govt.nz

From: Sue Lamb (WDHB) < [REDACTED] >
Sent: Thursday, 2 September 2021 10:32 AM
To: COVID Response < [REDACTED] >
Subject: Request for Resource Form v1 1.docx ED

As requested

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: FW: RN Profile
Date: Monday, 20 September 2021 15:51:44
Attachments: FINAL ICU Employee Profile v1 - Yvette White.docx

From: Rose Laloli [mailto: [REDACTED]]
Sent: Wednesday, 15 September 2021 9:02 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Subject: RN Profile

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Hi Jo

Profile for [REDACTED]

RE: Auckland based ICU RN - Janice Barrett [REDACTED] [REDACTED] we don't have any detail on her scope of practice or preference for ICU

I'm waiting for another profile for [REDACTED] who is available from 26 Sept – 21 Oct. [REDACTED] has previously working in ACH ICU and currently at Nelson Hospital ICU – I'll chase his profile up in morning

Rose

From: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>
Sent: Wednesday, 15 September 2021 3:57 pm
To: Rose Laloli <[REDACTED]>
Cc: Fiona Sinclair <[REDACTED]>; COVID Response <[REDACTED]>
Subject: RE: Akld RN

Hi Rose yes it sits outside of the process do you know if she would like CMDHB or ADHB?
I'll follow up with Margaret and Mike
Jo

From: Rose Laloli [mailto: [REDACTED]]
Sent: Wednesday, 15 September 2021 3:52 p.m.
To: Jo Wright (Nursing Director) (ADHB)
Cc: Fiona Sinclair; COVID Response
Subject: Akld RN

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Hi Jo

We have an Auckland based ICU nurse who is interested in an assignment -

Do you want to follow up with Janice because she doesn't fit our criteria because she is not employed by a DHB. Wondering if she was suitable whether it would be worth offering her a causal contract?

We don't have any other information for

Regards

Rose

From: [Ailsa Claire \(ADHB\)](#)
To: [Pat Snedden \(ADHB\)](#); "[Robyn Shearer](#)"
Cc: [Tama Davis \(ADHB\)](#)
Subject: FW: Starship and PICU
Date: Wednesday, 07 July 2021 15:25:00

Ngā mihi

Ailsa Claire
Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Michael Shepherd (ADHB)
Sent: Wednesday, 07 July 2021 12:02 pm
To: Ailsa Claire (ADHB) <[REDACTED]>
Subject: Starship and PICU

Kia ora Ailsa

Sorry for this concerning summary

Starship Hospital and PICU is currently so significantly over capacity that we are implementing a series of measures which we recognise will have significant other health system effects and would like this to be communicated with our colleagues across DHBs, at MoH and ADHB Board. It is of course likely that this will result in some adverse publicity also.

PICU has 28 patients currently, with usual resourcing being 20 beds and physical capacity being 22 spaces.

Currently we have additional patients placed between usual bed spaces and 2 patients in a single side room. We also have a number of patients in ICUs around the country who we have been unable to accept.

We also have a full hospital with significant staffing deficit and NICU is overfull (and we note that NICU capacity is full nationally).

We have both physical space and staffing constraints.

Of course this is in the setting of very high ED demand and ongoing generally high acute workload.

The duration of this peak is very uncertain but we have been under extreme pressure for 2 weeks now. Our best guess is that this will be for another 6-8 weeks and be extreme for 3-4 weeks.

From a facility perspective, we have, as you know, a plan for a further 10 PICU beds which we anticipate will come on line for next winter.

We are recruiting nursing and medical staff, however this is very challenging currently.

We are therefore proposing the following actions (some of which are continuations from the last couple of weeks)

- Cancelling all non-time critical planned care – noting the dissatisfaction and lost capacity

that results

- o Including cancelling all Day Surgery – noting the dissatisfaction and lost capacity that results. This is to free up DSU and OR nurses to help elsewhere in the hospital.
- Developing a satellite PICU in our the preop area of the SS ORs. To do this we will need to shift to a “covid” model of nursing care, using non-PICU nurses to look after PICU patients, being supervised by PICU nurses –noting that this creates risk across both areas due to skills dilution and staff working beyond usual scope of practice
- Reviewing all Cardiac surgery to re-prioritise and monitor high risk cancelled patients – noting that cardiac surgery waits are a significant safety risk. We are currently unable to do urgent cardiac surgery (needing surgery within the next 3-7 days) which has high risk and is why we also need to expand PICU capacity where possible.
- Continuing to work with other DHBs to minimise ICU admissions – noting that this also carries patient risk
- Reviewing other planned care wait lists to monitor evolving risk

We will be of course reviewing these actions frequently and continuing to communicate via our usual clinical channels

It is probably worth noting that we have similar staffing and overall capacity challenges through our Adult Hospital which are affecting patient safety, experience and impacting on planned care delivery. Of particular concern are our Cardiac Surgery wait lists, primarily due to ICU and OR staffing constraints. However, these issues are being managed in more of a business as usual type approach currently and are less critical than the PICU/Starship situation.

Thank you

Mike

Mike Shepherd

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: [Margaret Dotchin \(ADHB\)](#)
To: [0365.DHB - Lead DoNs; Maree Sheard \(NDHB\); Becky Hickmott](#) [REDACTED]
Cc: [Alex Pimm \(ADHB\); Jo Wright \(Nursing Director\) \(ADHB\); Joanne Bos \(ADHB\)](#)
Subject: FW: Workforce request - ADHB ITU nurses
Date: Friday, 27 August 2021 17:00:51
Attachments: Request for ICU Nurses 27-08-21.docx
image002.png

Kia ora koutou

As you will be aware we have a number of COVID patients currently in hospital within metro Auckland. The Metro Auckland ICU network is looking for additional ICU nursing support.

This request has been approved through the national process. Please see attached request. It will have been sent to your COO's or equivalent.

We would welcome any ICU nurses who can be released.

Ngā mihi

Marg

Margaret Dotchin (she/her)

Chief Nursing Officer

09 [REDACTED] ext [REDACTED] | [REDACTED] | [REDACTED]

Auckland District Health Board | Level 12 | Building 1 | Auckland City Hospital



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



<https://careers.adhb.govt.nz/covid-19-vaccination-and-immunisation/>

From: Alex Pimm (ADHB)

Sent: Friday, 27 August 2021 4:16 PM

To: Margaret Dotchin (ADHB) <[REDACTED]>; Margaret Wilsher (ADHB) <[REDACTED]>

Subject: FW: Workforce request - ADHB ITU nurses

FYI

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

From: Alex Pimm (ADHB)
Sent: Friday, 27 August 2021 15:10
Subject: Workforce request - ADHB ITU nurses

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ITU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:
Up to 30 trained/experienced ITU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]
Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,
Alex

Alex Pimm
Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team
Te Toka Tumai (Auckland District Health Board)
Level 4 | Building 1 | Auckland City Hospital
Mob: [REDACTED]
E-mail: [REDACTED]

From: Keriana Brooking [mailto:[REDACTED]]
Sent: Wednesday, 25 August 2021 15:18
To: Alex Pimm (ADHB) <[REDACTED]>; Tricia Sloan <[REDACTED]>; Health System Readiness & Response Planning <[REDACTED]>
Subject: Please send National Request for Assistance here

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From: [Ailsa Claire \(ADHB\)](#)
To: [Jo Brown \(WDHB\)](#)
Subject: Fwd: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 12:44:01

Nga mihi
Ailsa Claire
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: Allison Plumridge <[REDACTED]>
Date: 1 September 2021 at 12:29:57 PM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: Rosemary Clements <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

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Thanks for this. Keriana also sent out a request to CEs last evening asking that all regions provide 10 ICU nurses each. The Auckland region CEs were not copied into this to reduce emails for you.

I will link up with Jo so that she is aware of this and to ensure that all requests are aligned.

Ngā mihi
Allison

Allison Plumridge
Director, Workforce

M: [REDACTED]
<https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=a3a9ec20-0073-48e6-b1f3-2e00c5388f5a&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-200cd683532939c51a2841e24866c33e346a89c5>

From: Ailsa Claire (ADHB) <[REDACTED]>
Sent: Wednesday, 1 September 2021 11:44 AM
To: Rosemary Clements <[REDACTED]>; Allison Plumridge <[REDACTED]>

Subject: Fwd: ICU nurses + Cardiac Surgery

Nga mihi

Ailsa Claire

Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: 1 September 2021 at 11:18:34 AM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, Jess Smaling <[REDACTED]>
Subject: ICU nurses + Cardiac Surgery

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

- All DHBs are to send 5 x ICU nurses to Auckland region (1 x ICU bed requires 5.2 FTE) **excluding the Cardiac Centres** who need to prioritise taking:
 - The Waikato Band 2 (3-10 days) patients who are waiting outside the clinical waiting time guideline (n= 9)
 - The ADHB Band 3 (11-30 days) patients who are waiting outside the clinical waiting time guideline (n = 29)

Southern DHB have already offered to take the Waikato patients or send 3 ICU nurses to Auckland

If each DHB sends 5 nurses this is equivalent to them losing 1 x bed and they will need to adjust their Planned Care scaling up accordingly

Northland DHB is to be excluded from this request because:

- Any loss of ICU capacity may lead to increased demand on Auckland metro ICU bed capacity
- Their capacity is included in the Northern region COVID bed management response

Where there are DHBs requesting an exception to this requirement, then we propose that that needs to be considered and approved on a case by case basis by MOH CMO and this exception should be considered only for those smallest DHBs such as Whanganui, West Coast, Wairarapa where the impact on local ICU capacity has a flow on effect to their tertiary centres

Jess is getting an update from her team re ICU

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



From: [Ailsa Claire \(ADHB\)](#)
To: [Robyn Shearer](#)
Subject: Fwd: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 11:57:17

Sent from my iPhone

Begin forwarded message:

From: "Ailsa Claire (ADHB)" <[REDACTED]>
Date: 1 September 2021 at 11:43:44 AM NZST
To: "Margie Apa (CMDHB)" <[REDACTED]>, "Dale Bramley (WDHB)" <[REDACTED]>
Subject: Fwd: ICU nurses + Cardiac Surgery

Nga mihi
Ailsa Claire
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: 1 September 2021 at 11:18:34 AM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, [REDACTED] Jess Smaling <[REDACTED]>
Subject: ICU nurses + Cardiac Surgery

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

- <!--[if !supportLists]-->• <!--[endif]-->All DHBs are to send 5 x ICU nurses to Auckland region (1 x ICU bed requires 5.2 FTE) **excluding the Cardiac Centres** who need to prioritise taking:
 - <!--[if !supportLists]-->○ <!--[endif]-->The Waikato Band 2 (3-10 days) patients who are waiting outside the clinical waiting time guideline (n= 9)
 - <!--[if !supportLists]-->○ <!--[endif]-->The ADHB Band 3 (11-30 days) patients who are waiting outside the clinical waiting time guideline (n = 29)

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Jess is getting an update from her team re ICU

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



From: [Michael Shepherd \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Subject: Fwd: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 22:57:12

Just FYI

Got to the point where

Waikato - keeps their nurses and tries to fix their cardiac problem

Rest send us nurses

We will see how many

We will monitor cardiac and other wait lists to make sure we are all going as 'well' as each other

We will of course send nurses back if not needed

Cheers

Mike

[REDACTED]

Begin forwarded message:

From: Jess Smaling <[REDACTED]>
Date: 1 September 2021 at 12:33:06 PM NZST
To: "Andrew Connolly (CMDHB)" <[REDACTED]>, "Jo Brown (ADHB)" <[REDACTED]>, "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

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Hi Andrew – we've had that very conversation with Southern, who are engaging with Waikato too. We'll pick this up nationally with our usual tertiary leads late this afternoon, following the receipt of the workforce plans at 4pm.

From: Andrew Connolly (CMDHB) <[REDACTED]>
Sent: Wednesday, 1 September 2021 12:28 pm
To: Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Cc: Michael Shepherd <[REDACTED]>; Jess Smaling <[REDACTED]>
Subject: Re: ICU nurses + Cardiac Surgery

Great – agree

Options re cardiac seem to only be around Southern taking some from Waikato. I'll obviously support whatever is most effective solution for all parts of the system

Key question would be how soon SDHB could do this – it was to say take a week to really organise then SDHB can send three ICU nurses to Auckland immediately and always send them back in a week if that was also an option?? – communication to me from COO at SDHB

(Patrick Ng).

Seems Waikato are in the proverbial re cardiac so need to consider if they have to keep their ICU nurses or if they can do cardiac, limit other planned care and still send nurses.

Seems CDHB can supply 5 nurses and still do their own urgent ICU stuff including cardiac.

Unsure re CCDHB.

Andrew

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: Wednesday, 1 September 2021 at 12:22 PM
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, 'Jess Smaling' <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

Kia ora

Update to the below following a discussion with Jess and John Hazeldine:

There is evidently a Northern region CE discussion at 1330 today and this will be discussed

There is also a national meeting led by Keriana with the Regional CE's to identify what workforce support has been identified in those regions

We need to confirm communication channels and process following that 4pm call with a couple of things to note:

- National process to support with transport and accommodation is in place to facilitate the volunteers being in action in the Auckland region
- Process to address shortfall/gap in request for ICU nurse volunteers
- NRHCC/RPG coordination of the deployment within Auckland metro of ICU nurse volunteers

MOH (Jess/John) to bring forward meeting of Tertiaries to agree a plan and timeframes to get Band 2 (Waikato) and 3 (largely ADHB) Cardiac patients distributed to Cardiac centres nationally

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[REDACTED]

From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)
Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'
Subject: ICU nurses + Cardiac Surgery
Importance: High

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

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Jess is getting an update from her team re ICU

Ngā mihi

Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB



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From: [Ailsa Claire \(ADHB\)](#)
To: [Vanessa Aplin \(WDHB\)](#)
Subject: Fwd: Nurses coming to Auckland
Date: Friday, 03 September 2021 11:59:55

Nga mihi
Ailsa Claire
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: "Nicole Hillis (ADHB)" <[REDACTED]>
Date: 3 September 2021 at 11:50:08 AM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: [REDACTED]
Subject: FW: Nurses coming to Auckland

Kia ora Ailsa,

Please see below from Pat.

Thanks

Ngā mihi,

Nicole Hillis
Senior Communications Advisor

From: Pat Snedden [mailto:[REDACTED]]
Sent: Friday, 03 September 2021 10:50 a.m.
To: Dellwyn Stuart; CEO News (ADHB)
Subject: Re: Nurses coming to Auckland

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Dellwyn

Thanks for this. I will push this on. Let's see if it fits with the rules. We will come back to you. I have copied Ailsa Claire our ceo into this.

Cheers

Pat

Sent from my iPhone

On 3/09/2021, at 9:25 AM, Dellwyn Stuart <[REDACTED]> wrote:

Hello there. I hope your managing your juggle with work and life. Frank shared that Jo's sister died and I know that is tough when you can't share in the normal rituals with family and friends. We are doing fine – although a little over this lockdown life. But the sun is out, spring is here and its Friday.

Frank mentioned the DHB was looking for accommodation for the incoming nurses. See below the note from my Hostel manager. We'd be very happy to have them if the accommodation suits. Let me know who to connect with.

<image001.png>

Dellwyn Stuart she/her
Chief Executive Officer

From: Kerry Barnett <[REDACTED]>
Date: Friday, 3 September 2021 at 9:14 AM
To: Dellwyn Stuart <[REDACTED]>, Grace Ting <[REDACTED]>
Subject: RE: Nurses coming to Auckland

Morning

We certainly have room. In fact I could house 20 female nurses and 10 male nurses all in single rooms. More than happy to help where we can, even if it means bursting our bubble of 90.

A few questions to ask before going ahead:

- Do they realise it is all shared facilities (bathrooms, kitchens and lounges) ~ Our current nurses that reside here have been moved into different accommodation by the ADHB as they are working with covid patients in the hotels and hospitals.
- What nursing are they doing? (Covid wards, ICU, etc) If they are on Covid wards they unfortunately can't stay here due to lack of facilities in our rooms

<image002.png>

Kerry Barnett
Hostel Manager

From: [Jo Brown \(ADHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#); [Andrew Connolly \(CMDHB\)](#); "[Jess Smaling](#)"
Subject: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 11:18:34
Importance: High

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

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Jess is getting an update from her team re ICU

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB



From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Margaret Dotchin \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Alex Pimm \(ADHB\)](#)
Subject: ICU nurses from around the Regions
Date: Monday, 20 September 2021 11:48:32


Hi everyone

We have taken 6 nurses to ADHB and 4 to CMDHB with another 5 processed and ready to start on the 27th September and 4th October, there are 3 profiles to review today. I talked with Margaret last week with a view to see how we are placed this week. With 3 patients in 7a COVID positive should we continue with the people in the pipeline? CMDHB had a few in ICU and were valuing being able to swap out nurses with having the extra support. I'm mindful that the DHB's have been generous to us. What should we do?

Thanks for your input

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board


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From: [Dale Oliff \[WRDHB\]](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: ICU Nurses
Date: Monday, 30 August 2021 08:46:35

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Dear Alex

Unfortunately Wairarapa will be unable to help as we do not have an ICU but and HDU and all our folk needing this care go to CCDHB

I hope that you get enough to give your team a rest

I have been thinking of you in Auckland such a bust and demanding time

Hope that you take care of yourself as I can imagine that your days are pretty hectic

Go well

Dale Oliff

CE WRDHB

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From: [Jo Wright \(Nursing Director\) \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Date: Monday, 20 September 2021 16:13:24
Attachments: ICU Rapid Resonse.docx

Hi Alex bombarded you with emails,
Process

- We receive the profiles from TAS
- I send profiles to ICU managers and Jacqui ND at CBDHB
- We set up a zoom between the 2 DHB's and allocate based on experience and fairness
- Get back to TAS with names
- Some negotiating if dates aren't clear
- TAS get back to me when travel arrangements completed

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board


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From: [Michael Shepherd \(ADHB\)](#)
To: [Tess Mann \(ADHB\)](#)
Cc: [Ailsa Claire \(ADHB\)](#); [Margaret Dotchin \(ADHB\)](#); [Jennie Montague \(ADHB\)](#); [Jenny Parr \(CMDHB\)](#); [Jo Brown \(ADHB\)](#); [Jo Wright \(Nursing Director\) \(ADHB\)](#)
Subject: Metro Auckland ICU nurse request
Date: Thursday, 02 September 2021 16:06:46

Hi Tess

Can you please send to National COOs

Hi

Sorry if the messaging around Metro Auckland's request for ICU nurses has been a little unclear. We thank you for the work you have already been doing on this.

We fully recognise that everyone across NZ is under great pressure and we are all unable to deliver as much planned care as we would like

Why are we asking?

Yes we 'only' have 10 ICU/HDU COVID patients currently

-

But

- these are resource intensive patients, with PPE protocols requiring additional resource and it includes 1 ECMO patient
- we also have a significant number of unwell ward patients who need HDU level care - single organ failure with NIV
- they have a significant cumulative bed day impact
- we continue to have staff vacancies due to COVID contacts in community
- we had staff vacancies prior to this
- we need to maintain ability delivery of number of other acute and national services eg burns, neurosurgery, transplant, complex cardiac surgery
- we need to be able to continue to deliver time critical planned care for the Northern region

And

- we know some of these patients are likely to have very long lengths of stay
- we anticipate further COVID patients will require ICU
- we want to plan for worst case scenario
- we know that any staff will require orientation and so we considered it prudent to proceed with this request sooner in preparation.

There is a reasonable chance that we will not need as much support, in which case of course we will not retain the nurses in Auckland.

We also know that complex planned care needs to be monitored across New Zealand to make sure that the situation is equitable. We are working with the Ministry of Health and the COO group to monitor this.

There have been a number of questions about more of the detail about how it will actually work for our nurses. We will be sending around further information around this soon and TAS are helping with the coordination.

Thanks again

Cheers

Mike [Shepherd](#)

On behalf of the Metro Auckland DHBs

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: [Alex Pimm \(ADHB\)](#)
To: [COVID19 Admin \(ADHB\)](#); [Abby Donaldson \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Anthony Hawke \(ADHB\)](#); [Carly Orr \(ADHB\)](#); [Debra Ellis \(ADHB\)](#); [Emma Maddren \(ADHB\)](#); [Greg Williams \(ADHB Paediatrician\)](#); [Hineroa Hakiha \(ADHB\)](#); [Ian Costello \(ADHB\)](#); [Ian Dittmer \(ADHB\)](#); [Jane Lees \(ADHB\)](#); [Jennie Montague \(ADHB\)](#); [John Beca \(ADHB\)](#); [Kieron Millar \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Margaret Dotchin \(ADHB\)](#); [Margaret Wilsher \(ADHB\)](#); [Marina Reyes \(ADHB\)](#); [Mark Edwards \(ADHB\)](#); [Maxine Stead \(ADHB\)](#); [Mel Dooney \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Minnie Fuangkajornfung \(ADHB\)](#); [Sarah Horn \(ADHB\)](#); [Sonu Anand \(ADHB\)](#); [Taylor Carter \(ADHB\)](#); [Tess Mann \(ADHB\)](#); [Vanessa Duthie \(ADHB\)](#); [Vicki Nuttall \(ADHB\)](#); [Wendy Stanbrook-Mason \(ADHB\)](#)
Subject: RE: 20210827 COVID-19 IMT Response Team Meeting Agenda
Date: Friday, 27 August 2021 10:31:31
Attachments: Request for ICU Nurses.docx
image001.png

Another paper attached for this morning's meeting regarding our national request for ITU trained nurses.

A

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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

From: COVID19 Admin (ADHB)

Sent: Friday, 27 August 2021 10:27

To: [Abby Donaldson \(ADHB\)](#) <[REDACTED]>; [Ailsa Claire \(ADHB\)](#) <[REDACTED]>; [Alex Pimm \(ADHB\)](#) <[REDACTED]>; [Anthony Hawke \(ADHB\)](#) <[REDACTED]>; [Carly Orr \(ADHB\)](#) <[REDACTED]>; [Debra Ellis \(ADHB\)](#) <[REDACTED]>; [Emma Maddren \(ADHB\)](#) <[REDACTED]>; [Greg Williams \(ADHB Paediatrician\)](#) <[REDACTED]>; [Hineroa Hakiha \(ADHB\)](#) <[REDACTED]>; [Ian Costello \(ADHB\)](#) <[REDACTED]>; [Ian Dittmer \(ADHB\)](#) <[REDACTED]>; [Jane Lees \(ADHB\)](#) <[REDACTED]>; [Jennie Montague \(ADHB\)](#) <[REDACTED]>; [John Beca \(ADHB\)](#) <[REDACTED]>; [Kieron Millar \(ADHB\)](#) <[REDACTED]>; [Liz Boucher \(ADHB\)](#) <[REDACTED]>; [Margaret Dotchin \(ADHB\)](#) <[REDACTED]>; [Margaret Wilsher \(ADHB\)](#) <[REDACTED]>; [Marina Reyes \(ADHB\)](#) <[REDACTED]>; [Mark Edwards \(ADHB\)](#) <[REDACTED]>; [Maxine Stead \(ADHB\)](#) <[REDACTED]>; [Mel Dooney \(ADHB\)](#) <[REDACTED]>; [Michael Shepherd \(ADHB\)](#) <[REDACTED]>; [Minnie Fuangkajornfung \(ADHB\)](#) <[REDACTED]>; [Sarah Horn \(ADHB\)](#) <[REDACTED]>; [Sonu Anand \(ADHB\)](#) <[REDACTED]>; [Taylor Carter \(ADHB\)](#) <[REDACTED]>; [Tess Mann \(ADHB\)](#) <[REDACTED]>; [Vanessa Duthie \(ADHB\)](#) <[REDACTED]>; [Vicki Nuttall \(ADHB\)](#) <[REDACTED]>; [Wendy Stanbrook-Mason \(ADHB\)](#) <[REDACTED]>

Subject: 20210827 COVID-19 IMT Response Team Meeting Agenda

Kia Ora

Please find attached agenda and papers for today's meeting.

Papers:

- [REDACTED]

Requests for decision:

- [REDACTED]

Please let me know if you have any questions.

Ngā mihi,

Marina Reyes

Team Admin Support | Overseas Referrals Coordinator | COVID-19 Response Team

Te Toka Tumai (Auckland District Health Board)

Building 1 | Level 12 | Office 12.065 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

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From: Keriana Brooking
To: Ailsa Claire (ADHB); Tricia Sloan
Cc: Dale Bramley (WDHB); Margie Apa (CMDHB)
Subject: RE: COVID Rapid Response EOI Report 17/09/2021
Date: Monday, 20 September 2021 17:41:54
Attachments: image002.png

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Kia ora Ailsa

Thanks – Tricia and the team have been working with Mike so we will make sure this is scaled down

Ngā mihi

Keriana Brooking (she/her)
Te Tumu Whakarae (Chief Executive Officer)

Hawke's Bay District Health Board

Private Bag 9014, Hastings 4156

T: ++64 6 [REDACTED] | F: ++64 6 [REDACTED] | M: ++64 [REDACTED]

Email: [REDACTED]

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From: Ailsa Claire (ADHB) [REDACTED]
Sent: Monday, 20 September 2021 5:29 PM
To: Keriana Brooking [REDACTED]; Tricia Sloan [REDACTED]
Cc: Dale Bramley (WDHB) [REDACTED]; Margie Apa (CMDHB) [REDACTED]
Subject: FW: COVID Rapid Response EOI Report 17/09/2021

Can we stop any further secondment of ICU nurses please unless they want (or their DHB wants) them to gain experience working with covid positive patients. We have a reduced need for them.

Ngā mihi

Ailsa Claire (she / her)

Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: National DHB Executives [mailto:[REDACTED]]
Sent: Monday, 20 September 2021 9:37 am
To: O365.DHB - CEOs [REDACTED]
Cc: O365.DHB - CEO EAs [REDACTED]
Subject: COVID Rapid Response EOI Report 17/09/2021

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Tēnā koutou

Please find attached a report on the number of DHB people deployed to Auckland as of 17 September.

Thank you for your ongoing support in the redeployment of your people.

Nga mihi,

Tricia



Tricia Sloan
GM – Services Group

M: [REDACTED]
69 Tory Street, PO Box 23075, Wellington 6140

<https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=50bf08e9-d524-4545-9216-c9f8a5aa0776&auth=9b524f228cf218be85c76e75f89997ec2caa72a4-cd711a4a5d026aca54c78ff8f6aa387d0f8cdae0>



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From: Margaret Dotchin (ADHB)
To: Jo Wright (Nursing Director) (ADHB); Michael Shepherd (ADHB)
Cc: Ailsa Claire (ADHB)
Subject: RE: COVID Rapid Response EOI Report 17/09/2021
Date: Tuesday, 21 September 2021 12:31:29
Attachments: image004.png
image006.png

Hi Mike

Jo and I have just spoken. We think the best way forward is for the three additional people scheduled to ADHB (2x Monday 27th Sept and 1x Monday 4th October) to still come to ADHB for induction and orientation to our ICU environment only. They will therefore be ready to step up again if we get a surge of ICU cases in the future. Jo is going to discuss with Janine if we split their time (3 weeks) across DCCM and CVICU so they are orientated to both departments. Counties will be status quo.

Jo will liaise with TAS. Are you able to talk to the COOs so they understand the slight change in focus to induction and orientation to support any future outbreak? This will enable us to have a pool of inducted ICU nurses from across the regions for the future.

Ngā mihi

M

Margaret Dotchin (she/her)
Chief Nursing Officer

09 [REDACTED] ex [REDACTED] | [REDACTED]
Auckland District Health Board | Level 12 | Building 1 | Auckland City Hospital



<https://careers.adhb.govt.nz/covid-19-vaccination-and-immunisation/>

From: Jo Wright (Nursing Director) (ADHB)
Sent: Tuesday, 21 September 2021 9:16 AM
To: Michael Shepherd (ADHB) <[REDACTED]>; Margaret Dotchin (ADHB) <[REDACTED]>
Subject: RE: COVID Rapid Response EOI Report 17/09/2021

Hi Mike and Margaret

Need a bit of help here please

I've attached the list the green nurses are already here and those in the pipeline

Could we stop or hold the ADHB ones from next. MMH have 3 COVID patients and their next nurses are from the 4th October maybe keep them in the pipeline. Scale back the other ADHB ones to 2 weeks orientation so instead of going back to home DHB on the 11th October go on the 4th October instead of the 11th. Leave MMH as is as they have active cases in ICU.

How does that sound?

Jo

From: Michael Shepherd (ADHB)
Sent: Tuesday, 21 September 2021 8:03 a.m.
To: [REDACTED]; Jo Wright (Nursing Director) (ADHB)
Subject: RE: COVID Rapid Response EOI Report 17/09/2021

Hi Tricia

I think this message has become a little confused

I think we thought the plan was

- No more new CVs
- Ones that are planned should continue but we will plan a shorter attachment with orientation

Can you please liaise with Jo and make sure we are all on the same page ☺

Sorry for confusion

Cheers

Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: [REDACTED] | Mob [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Ailsa Claire (ADHB)
Sent: Tuesday, 21 September 2021 7:59 AM
To: Michael Shepherd (ADHB) <[REDACTED]>
Subject: FW: COVID Rapid Response EOI Report 17/09/2021

Can you make sure our unit is aware?
I have said we will induct these nurses

Ngā mihi

Ailsa Claire (she / her)
Chief Executive

P: 09- [REDACTED] ext: [REDACTED] M: [REDACTED]

From: Tricia Sloan [mailto:[REDACTED]]
Sent: Monday, 20 September 2021 7:51 pm
To: Keriana Brooking [REDACTED]; Ailsa Claire (ADHB) [REDACTED]
Cc: Dale Bramley (WDHB) [REDACTED]; Margie Apa (CMDHB) [REDACTED]
Subject: RE: COVID Rapid Response EOI Report 17/09/2021

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Kia ora

We have 3 ICU nurses ready for deployment this Sunday coming. I will arrange to stand those nurses down. I assume the Auckland teams are aware of the scaling down of ICU requirements.

Tricia



Tricia Sloan

GM – Services Group

M: [REDACTED]

69 Tory Street, PO Box 23075, Wellington 6140

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[url=https://www.tas.health.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-cf7adcd49e60150e46b61a4032a7e73c7db7c036](https://www.tas.health.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-cf7adcd49e60150e46b61a4032a7e73c7db7c036)

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[url=https://www.tas.health.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-cf7adcd49e60150e46b61a4032a7e73c7db7c036](https://www.tas.health.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-cf7adcd49e60150e46b61a4032a7e73c7db7c036)



From: Keriana Brooking [REDACTED]
Sent: Monday, 20 September 2021 5:42 PM
To: Ailsa Claire [REDACTED]; Tricia Sloan [REDACTED]
Cc: Dale Bramley [REDACTED]; Margie Apa (CMDHB) [REDACTED]
Subject: RE: COVID Rapid Response EOI Report 17/09/2021

Kia ora Ailsa

Thanks – Tricia and the team have been working with Mike so we will make sure this is scaled down.

Ngā mihi

Keriana Brooking (she/her)

Te Tumu Whakarae (Chief Executive Officer)

Hawke's Bay District Health Board

Private Bag 9014, Hastings 4156

T: ++64 6 [REDACTED] | F: ++64 6 [REDACTED] | M: ++ [REDACTED]

Email: [REDACTED]

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[url=https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https://www.hawkesbaydhb.govt.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-6e664bcd8084bad856ac698fb15091094fc30c20](https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https://www.hawkesbaydhb.govt.nz&umid=c69946c0-7d12-47a1-b68b-a8a7540975fb&auth=bb7c7bbf7acee6ae97e29073e34f3e8b1808c238-6e664bcd8084bad856ac698fb15091094fc30c20)

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From: Ailsa Claire (ADHB) [REDACTED]
Sent: Monday, 20 September 2021 5:29 PM
To: Keriana Brooking [REDACTED]; Tricia Sloan [REDACTED]
Cc: Dale Bramley (WDHB) [REDACTED]; Margie Apa (CMDHB) [REDACTED]
Subject: FW: COVID Rapid Response EOI Report 17/09/2021

Can we stop any further secondment of ICU nurses please unless they want (or their DHB wants) them to gain experience working with covid positive patients. We have a reduced need for them.

Ngā mihi

Ailsa Claire (she / her)
Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: National DHB Executives [mailto:[REDACTED]]

Sent: Monday, 20 September 2021 9:37 am

To: O365 DHB - CEOs <[REDACTED]>

Cc: O365 DHB - CEO EAs <[REDACTED]>

Subject: COVID Rapid Response EOI Report 17/09/2021

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Tēnā koutou

Please find attached a report on the number of DHB people deployed to Auckland as of 17 September

Thank you for your ongoing support in the redeployment of your people

Nga mihi,

Tricia



Tricia Sloan
GM – Services Group

M: [REDACTED]

69 Tory Street, PO Box 23075, Wellington 6140

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From: [Andrew Connolly](#)
To: [Jo Brown \(ADHB\)](#); [Jess Smaling](#); [Michael Shepherd \(ADHB\)](#)
Subject: Re: ICU nurses
Date: Tuesday, 07 September 2021 16:41:44

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Excellent - thanks Mike

Andrew Connolly
Chief Medical Officer
Ministry of Health
Mobile [REDACTED]

From: Michael Shepherd (ADHB) <[REDACTED]>
Sent: Tuesday, September 7, 2021 4:38:03 PM
To: Jo Brown (ADHB) <[REDACTED]>; Andrew Connolly <[REDACTED]>; Jess Smaling <[REDACTED]>
Subject: FW: ICU nurses

FYI

From: Michael Shepherd (ADHB)
Sent: Tuesday, 07 September 2021 4:37 PM
To: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>; Margaret Dotchin (ADHB) <[REDACTED]>
Subject: RE: ICU nurses

That is really great
Well done and Thanks

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Jo Wright (Nursing Director) (ADHB)
Sent: Tuesday, 07 September 2021 3:27 PM
To: Margaret Dotchin (ADHB) <[REDACTED]>; Michael Shepherd (ADHB) <[REDACTED]>
Subject: ICU nurses

Hi Margaret and Mike

We have received 12 expressions via nurse profile forms, met with ADHB CVICU and DCCM and

CMDHB ICU and divided the nurses into 3 tranches 1 nurse here 2nd day

- Tranche 1.0 Monday next week 4 nurses
- Tranche 2 20th 3 Nurses
- Tranche 3 29th 4 nurses

Split

CMDHB x 5

ADHB across 2 ICU's x7

We have orientation programmes and process in place.

I've shared with CMDHB

Kept WDHB up to date

Jo

Ngā mihi

Jo Wright

Nurse Director

Cardiovascular Directorate

Auckland District Health Board



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From: [Andrew Connolly \(CMDHB\)](#)
To: [Jo Brown \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#); "[Jess Smaling](#)"
Subject: Re: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 12:27:49

Great – agree

Options re cardiac seem to only be around Southern taking some from Waikato. I'll obviously support whatever is most effective solution for all parts of the system

Key question would be how soon SDHB could do this – it was to say take a week to really organise then SDHB can send three ICU nurses to Auckland immediately and always send them back in a week if that was also an option?? – communication to me from COO at SDHB (Patrick Ng).

Seems Waikato are in the proverbial re cardiac so need to consider if they have to keep their ICU nurses or if they can do cardiac, limit other planned care and still send nurses.

Seems CDHB can supply 5 nurses and still do their own urgent ICU stuff including cardiac.

Unsure re CCDHB.

Andrew

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: Wednesday, 1 September 2021 at 12:22 PM
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, 'Jess Smaling' <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

Kia ora

Update to the below following a discussion with Jess and John Hazeldine:

There is evidently a Northern region CE discussion at 1330 today and this will be discussed

There is also a national meeting led by Keriana with the Regional CE's to identify what workforce support has been identified in those regions

We need to confirm communication channels and process following that 4pm call with a couple of things to note:

- National process to support with transport and accommodation is in place to facilitate the volunteers being in action in the Auckland region
- Process to address shortfall/gap in request for ICU nurse volunteers
- NRHCC/RPG coordination of the deployment within Auckland metro of ICU nurse

volunteers

MOH (Jess/John) to bring forward meeting of Tertiaries to agree a plan and timeframes to get Band 2 (Waikato) and 3 (largely ADHB) Cardiac patients distributed to Cardiac centres nationally

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)
Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'
Subject: ICU nurses + Cardiac Surgery
Importance: High

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

- All DHBs are to send 5 x ICU nurses to Auckland region (1 x ICU bed requires 5.2 FTE) **excluding the Cardiac Centres** who need to prioritise taking:
 - The Waikato Band 2 (3-10 days) patients who are waiting outside the clinical waiting time guideline (n= 9)
 - The ADHB Band 3 (11-30 days) patients who are waiting outside the clinical waiting time guideline (n = 29)

Southern DHB have already offered to take the Waikato patients or send 3 ICU nurses to Auckland

If each DHB sends 5 nurses this is equivalent to them losing 1 x bed and they will need to adjust their Planned Care scaling up accordingly

Northland DHB is to be excluded from this request because:

- Any loss of ICU capacity may lead to increased demand on Auckland metro ICU bed capacity
- Their capacity is included in the Northern region COVID bed management response

Where there are DHBs requesting an exception to this requirement, then we propose that that needs to be considered and approved on a case by case basis by MOH CMO and this exception should be considered only for those smallest DHBs such as Whanganui, West Coast, Wairarapa where the impact on local ICU capacity has a flow on effect to their tertiary centres

Jess is getting an update from her team re ICU

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



From: [Margaret Dotchin \(ADHB\)](#)
To: [Michael Shepherd \(ADHB\)](#); [Jess Smaling](#); [Andrew Connolly \(CMDHB\)](#); [Jo Brown \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#)
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 15:53:51
Attachments: image002.png

Mike

Please involve Jo Wright and Mel Dooney in this call so we are co-ordinated with conversations and plans that are already under development.

Ngā mihi

Margaret Dotchin (she/her)

Chief Nursing Officer

09 [REDACTED] ext [REDACTED] | [REDACTED] | [REDACTED]
Auckland District Health Board | Level 12 | Building 1 | Auckland City Hospital



<https://careers.adhb.govt.nz/covid-19-vaccination-and-immunisation/>

From: Michael Shepherd (ADHB)

Sent: Wednesday, 01 September 2021 3:50 PM

To: Jess Smaling <[REDACTED]>; Andrew Connolly (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>

Cc: Margaret Dotchin (ADHB) <[REDACTED]>

Subject: RE: ICU nurses + Cardiac Surgery

Hi Guys

Look forward to discussing this at 5

We are shaping up Metro Auckland clarity about how we will manage ICU nursing offers – led by Jo Wright – CV nurse director ADHB

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Cheers
Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: Jess Smaling [mailto:[REDACTED]]

Sent: Wednesday, 01 September 2021 12:33 PM

To: Andrew Connolly (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>

Cc: Michael Shepherd (ADHB) <[REDACTED]>

Subject: RE: ICU nurses + Cardiac Surgery

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Sent: Wednesday, 1 September 2021 12:28 pm

To: Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>

Cc: Michael Shepherd <[REDACTED]>; Jess Smaling <[REDACTED]>

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Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, 'Jess Smaling' <[REDACTED]>
Subject: RE: ICU nurses + Cardiac Surgery

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Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[REDACTED]

From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)
Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'
Subject: ICU nurses + Cardiac Surgery
Importance: High

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From: [Michael Shepherd \(ADHB\)](#)
To: [Jess Smaling](#); [Andrew Connolly \(CMDHB\)](#); [Jo Brown \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#)
Cc: [Margaret Dotchin \(ADHB\)](#)
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 15:49:48

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NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

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Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'

Subject: ICU nurses + Cardiac Surgery

Importance: High

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From: [Jess Smaling](#)
To: [Andrew Connolly \(CMDHB\)](#); [Jo Brown \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#)
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 12:33:15

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Date: Wednesday, 1 September 2021 at 12:22 PM
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)"

<[REDACTED]>, 'Jess Smaling' <[REDACTED]>

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Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

[REDACTED]

From: Jo Brown (ADHB)

Sent: Wednesday, 1 September 2021 11:19 a.m.

To: Ailsa Claire (ADHB)

Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'

Subject: ICU nurses + Cardiac Surgery

Importance: High

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Joanne Brown
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From: [Allison Plumridge](#)
To: [Ailsa Claire \(ADHB\)](#)
Cc: [Rosemary Clements](#)
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 12:29:57

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Thanks for this. Keriana also sent out a request to CEs last evening asking that all regions provide 10 ICU nurses each. The Auckland region CEs were not copied into this to reduce emails for you.

I will link up with Jo so that she is aware of this and to ensure that all requests are aligned.

Ngā mihi
Allison

Allison Plumridge
Director, Workforce

M: <https://ddec1-0-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=a3a9ec20-0073-48e6-b1f3-2e00c5388f5a&auth=bf59cb4520f38a31222422d8c17c158c7849ac86-200cd683532939c51a2841e24866c33e346a89c5>

From: Ailsa Claire (ADHB) <[REDACTED]>
Sent: Wednesday, 1 September 2021 11:44 AM
To: Rosemary Clements <[REDACTED]>; Allison Plumridge <[REDACTED]>
Subject: Fwd: ICU nurses + Cardiac Surgery

Nga mihi
Ailsa Claire
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: "Jo Brown (ADHB)" <[REDACTED]>
Date: 1 September 2021 at 11:18:34 AM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: "Michael Shepherd (ADHB)" <[REDACTED]>, "Andrew Connolly (CMDHB)" <[REDACTED]>, Jess Smaling <[REDACTED]>
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NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



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To: [Ailsa Claire \(ADHB\)](#)
Cc: [Michael Shepherd \(ADHB\)](#); [Andrew Connolly \(CMDHB\)](#); "[Jess Smaling](#)"
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 12:22:06

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From: [Jo Brown \(ADHB\)](#)
To: [Michael Shepherd \(ADHB\)](#)
Subject: RE: ICU nurses + Cardiac Surgery
Date: Wednesday, 01 September 2021 16:02:31
Attachments: ADHB Request for ICU Nurses 27-08-21 (2).docx

Hi Mike

FYI – the original request included this statement (page 2) so don't know if nurses already asked to volunteer are expecting NOT to have to deal with COVID patients:

These nurses will not be asked to nurse COVID-positive patients, unless the Auckland DHBs are not able to do this with their current ICU nursing workforce. This is unlikely

From: Michael Shepherd (ADHB)
Sent: Wednesday, 1 September 2021 3:50 p.m.
To: Jess Smaling; Andrew Connolly (CMDHB); Jo Brown (ADHB); Ailsa Claire (ADHB)
Cc: Margaret Dotchin (ADHB)
Subject: RE: ICU nurses + Cardiac Surgery

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From: Jess Smaling [[mailto:\[REDACTED\]](mailto:[REDACTED])]

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To: Andrew Connolly (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>

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- National process to support with transport and accommodation is in place to facilitate the volunteers being in action in the Auckland region
- Process to address shortfall/gap in request for ICU nurse volunteers
- NRHCC/RPG coordination of the deployment within Auckland metro of ICU nurse volunteers

MOH (Jess/John) to bring forward meeting of Tertiaries to agree a plan and timeframes to get Band 2 (Waikato) and 3 (largely ADHB) Cardiac patients distributed to Cardiac centres nationally

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

From: Jo Brown (ADHB)
Sent: Wednesday, 1 September 2021 11:19 a.m.
To: Ailsa Claire (ADHB)
Cc: Michael Shepherd (ADHB); Andrew Connolly (CMDHB); 'Jess Smaling'
Subject: ICU nurses + Cardiac Surgery
Importance: High

Kia ora Ailsa

Since we spoke I have spoken to Andrew Connelly and Jess Smaling.

Andrew and I propose the following:

- All DHBs are to send 5 x ICU nurses to Auckland region (1 x ICU bed requires 5.2 FTE) **excluding the Cardiac Centres** who need to prioritise taking:
 - The Waikato Band 2 (3-10 days) patients who are waiting outside the clinical waiting time guideline (n= 9)
 - The ADHB Band 3 (11-30 days) patients who are waiting outside the clinical waiting time guideline (n = 29)

Southern DHB have already offered to take the Waikato patients or send 3 ICU nurses to Auckland

If each DHB sends 5 nurses this is equivalent to them losing 1 x bed and they will need to adjust their Planned Care scaling up accordingly

Northland DHB is to be excluded from this request because:

- Any loss of ICU capacity may lead to increased demand on Auckland metro ICU bed capacity
- Their capacity is included in the Northern region COVID bed management response

Where there are DHBs requesting an exception to this requirement, then we propose that that needs to be considered and approved on a case by case basis by MOH CMO and this exception should be considered only for those smallest DHBs such as Whanganui, West Coast, Wairarapa where the impact on local ICU capacity has a flow on effect to their tertiary centres

Jess is getting an update from her team re ICU

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB



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From: Keriana Brook ng
To: Margie Apa (CMDHB)
Cc: Ailsa Claire (ADHB); Dale Bramley (WDHB)
Subject: RE: Morning update 10 September
Date: Friday, 10 September 2021 14:46:52

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Kia ora

Yes this morning Allison and Dale O discussed a short list of things that need to be in place before they arrived (at TAS) and needed to be in place when they arrived (TAS and NRHCC) I think the process is improving at speed

Ngā mihi

Keriana Brooking (she/her)
Te Tumu Whakarae (Chief Executive Officer)

Hawke's Bay District Health Board

Private Bag 9014, Hastings 4156

T: ++64 6 [redacted] | F: ++ 64 6 [redacted] | M: + [redacted]

Email: [redacted]

W: <https://smex12-5-en-cto.trendmicro.com:443/wis/clicktime/v1/query?url=www.hawkesbaydhh.govt.nz&umid=d6da58a4-ec12-43f2-afa6-a9411a7c87a8&auth=ae5df323da80597a92aaa0a8b5168c30a6db536c-cc270821dd82d9d50a67e4e848ed04919533d815>

Tauwhiro Rāraanga te tira He kauanuanu Ākina

More information on personal pronouns:

<https://smex12-5-en-cto.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fwww.publicservice.govt.nz%2four%2dwork%2fdiversity%2dand%2dinclusion%2fpronoun%2duse%2din%2demail%2dsignatures%2f&umid=d6da58a4-ec12-43f2-afa6-a9411a7c87a8&auth=ae5df323da80597a92aaa0a8b5168c30a6db536c-2a9c8c46d60e6f6592784bec4e7b1c95650e295>

This email may be sent to you outside your normal working hours I do not expect a reply until you are "back at work" Mauriora

From: Margie Apa (CMDHB) - [redacted]
Sent: Friday, 10 September 2021 2:27 PM
To: Keriana Brooking <[redacted]>
Cc: Ailsa Claire (ADHB) <[redacted]>; Dale Bramley (WDHB) <[redacted]>
Subject: Re: Morning update 10 September

Thanks Keriana, hope we've ironed a few things to make it easier to get people work ready e.g. fit testing before they come up

Sent from my iPad

On 10/09/2021, at 2:25 PM, Keriana Brooking <[redacted]> wrote:

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Kia ora koutou

Firstly it is a mystery why #VALUE! Appears for you Ailsa – to me you are always valuable.....

Just to show you the information I receive every day It is a rolling mail of bullet points so they change based on what's happening on the day

Ngā mihi

Keriana Brooking (she/her)
Te Tumu Whakarae (Chief Executive Officer)

Hawke's Bay District Health Board

Private Bag 9014, Hastings 4156

T: ++64 6 [redacted] | F: ++ 64 6 [redacted] | M: + [redacted]

Email: [redacted]

W: <https://smex12-5-en-cto.trendmicro.com:443/wis/clicktime/v1/query?url=www.hawkesbaydhh.govt.nz&umid=83111632-ddf9-445d-9af5-24af7d661408&auth=92832370a92c0cfff5ff7e7d2be25089679458981-3bfc1aa428bc37da413d16e6ee5174ee11aaa350>

Tauwhiro Rāraanga te tira He kauanuanu Ākina

More information on personal pronouns:

<https://smex12-5-en-cto.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fwww.publicservice.govt.nz%2four%2dwork%2fdiversity%2dand%2dinclusion%2fpronoun%2duse%2din%2demail%2dsignatures%2f&umid=83111632-ddf9-445d-9af5-24af7d661408&auth=92832370a92c0cfff5ff7e7d2be25089679458981-7d3857f5568fef5a148b55fc536ae8b7dc5a373d>

This email may be sent to you outside your normal working hours I do not expect a reply until you are "back at work" Mauriora

From: Tricia Sloan <[redacted]>
Sent: Friday, 10 September 2021 10:08 AM
To: Keriana Brooking <[redacted]>
Subject: FW: Morning update 10 September

UNCLASSIFIED

Kia ora Keriana,
Today's morning report,

Thanks

Tricia

From: Tricia Sloan
Sent: Friday, 10 September 2021 10:07 AM
To: Toni Gutschlag <[REDACTED]>; 'Health System Readiness & Response Planning' <[REDACTED]>
Subject: Morning update 10 September

UNCLASSIFIED

Hi Toni,,

This am:

- 3 ICU nurses ready to be deployed on Sunday
- An updated reconciliation from the NRHCC of deployed staff brings the total EOIs to 170
- 2 assignments are complete, 5 are scheduled to end between now and 18/09
- Working on MIQ/MIF allocations for Tues 14/09 and/or Thursday 16/09
- Working with MBIE on visa issues which have impacted a few people's ability to move

Category	Count
EOIs received	170
On assignment	48
Assignment Completed	2
Withdrawn	21
In the pipeline	99

Category	Count
EOIs received	170
EOIs received from suitably qualified (i.e. CNS, ICU RN, PHN, HCA, RN)	157
On assignment:	48
CNS:	1
HCA:	10
ICU RN:	2
IPC RN:	7
RN:	25
PHN:	3
Withdrawn Suitably qualified:	21
Suitably qualified remaining in the pipeline:	88

Tricia

<image001.jpg>

Tricia Sloan
GM – Services Group

M: [REDACTED]
69 Tory Street, PO Box 23075, Wellington 6140
<https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.tas.health.nz&umid=83111632-ddf9-445d-9af5-24af7d661408&auth=92832370a92c0cff5ff7e7d2be25089679458981-c568b27467dbca713a1250a381c6616e5c68dd7a>
<image002.png>

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From: [Tess Mann \(ADHB\)](#)
To: [Alex Pimm \(ADHB\)](#)
Subject: RE: Nurse request
Date: Thursday, 23 September 2021 11:46:06
Attachments: Combined Emails.pdf
image001.png

Let me know if you want anything else.

Ngā mihi,
Tess

Tess Mann

Executive Assistant to Mike Shepherd | Interim Director Provider Services

Ph: 09 [REDACTED] Ext: [REDACTED] Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board) Level 12 | Building 01 | Auckland City Hospital



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From: Alex Pimm (ADHB)
Sent: Thursday, 23 September 2021 10:18 a.m.
To: Tess Mann (ADHB)
Subject: RE: Nurse request

If you can turn into a PDF, I'm happy to read and redact – I've got a quite a few others to do

thanks

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

Welcome Haere Mai | Respect Manaaki | Together Tuhono | Aim High Angamua

From: Tess Mann (ADHB)
Sent: Thursday, 23 September 2021 10:17
To: Alex Pimm (ADHB)
Subject: FW: Nurse request
Importance: High

Morning Alex,

Some of this will need redaction – do you want me to do this? Or turn them into a PDF

Let me know

Tess

From: Michael Shepherd (ADHB)
Sent: Wednesday, 25 August 2021 10:15 PM
To: Jo Wright (Nursing Director) (ADHB) <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>
Cc: Anne-Marie Pickering (ADHB) <[REDACTED]>; Alex Pimm (ADHB) <[REDACTED]>; Kerry Benson-Cooper (ADHB) <[REDACTED]>; Andrew McKee (ADHB) <[REDACTED]>; John Beca (ADHB) <[REDACTED]>
Subject: Nurse request

Hi Jo and Jo

Tomorrow can we have a 1 pager requesting ICU trained nursing staff from around the country

Rationale

- Moving patients is hard in COVID environment
- There is a bunch of stuff that we have to do anyway - quaternary
- ICU nursing is our biggest pitfall
- We have physical space and have enough of other workforce

Maybe 1 month secondment ideal

(Would take 2 weeks)

Pay for transport

Would put them up in accommodation (we would need to sort a suitable spot)

Ideally local DHB would keep paying them

Seek ADHB Occ Health exemption

I personally think we should take them now to orientate etc

We can always use them in other ways

Welcome other components – no doubt I have missed plenty

Cardiac expertise particularly helpful I would imagine but I'm not sure we should be picky 😊

Sooner we can get this sent around the country the better I think

Cheers

Mike

Mike Shepherd (he/him)

Interim Director of Provider Services

Ph: 09 [REDACTED] Ext: | Mob: [REDACTED]

Te Toka Tumai (Auckland District Health Board)

Level 12 | Building 01 | Auckland City Hospital

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

From: [Vanessa Aplin \(WDHB\)](#)
To: [Ailsa Claire \(ADHB\)](#)
Subject: RE: Nurses coming to Auckland
Date: Friday, 03 September 2021 14:12:20

Thanks I'll share with Tas who are organising the accommodation of incoming staff.

From: Ailsa Claire (ADHB)
Sent: Friday, 03 September 2021 12:00 pm
To: Vanessa Aplin (WDHB) <[REDACTED]>
Subject: Fwd: Nurses coming to Auckland

Nga mihi
Ailsa Claire
Chief Executive of Te Toka Tumai (Auckland District Health Board)

Begin forwarded message:

From: "Nicole Hillis (ADHB)" <[REDACTED]>
Date: 3 September 2021 at 11:50:08 AM NZST
To: "Ailsa Claire (ADHB)" <[REDACTED]>
Cc: [REDACTED]
Subject: FW: Nurses coming to Auckland

Kia ora Ailsa,

Please see below from Pat.

Thanks

Ngā mihi,

Nicole Hillis
Senior Communications Advisor

From: Pat Snedden [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Friday, 03 September 2021 10:50 a.m.
To: Dellwyn Stuart; CEO News (ADHB)
Subject: Re: Nurses coming to Auckland

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Dellwyn

Thanks for this. I will push this on. Let's see if it fits with the rules. We will come back to you. I have copied Ailsa Claire our ceo into this.

Cheers

Pat

Sent from my iPhone

On 3/09/2021, at 9:25 AM, Dellwyn Stuart <[REDACTED]> wrote:

Hello there. I hope your managing your juggle with work and life. Frank shared that Jo's sister died and I know that is tough when you can't share in the normal rituals with family and friends. We are doing fine – although a little over this lockdown life. But the sun is out, spring is here and its Friday.

Frank mentioned the DHB was looking for accommodation for the incoming nurses. See below the note from my Hostel manager. We'd be very happy to have them if the accommodation suits. Let me know who to connect with.

<image001.png>

Dellwyn Stuart she/her
Chief Executive Officer

From: Kerry Barnett <[REDACTED]>
Date: Friday, 3 September 2021 at 9:14 AM
To: Dellwyn Stuart <[REDACTED]>, Grace Ting <[REDACTED]>
Subject: RE: Nurses coming to Auckland

Morning

We certainly have room. In fact I could house 20 female nurses and 10 male nurses all in single rooms. More than happy to help where we can, even if it means bursting our bubble of 90.

A few questions to ask before going ahead:

- Do they realise it is all shared facilities (bathrooms, kitchens and lounges) ~ Our current nurses that reside here have been moved into different accommodation by the ADHB as they are working with covid patients in the hotels and hospitals.
- What nursing are they doing? (Covid wards, ICU, etc) If they are on Covid wards they unfortunately can't stay here due to lack

of facilities in our rooms

<image002.png>
Kerry Barnett
Hostel Manager

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#); [NRHCCINTELLIGENCE1 \(ADHB\)](#); [Cecilia Lynch \(NRA\)](#)
Subject: RE: Regional Provider Group - notes of meeting 6 September
Date: Monday, 06 September 2021 12:40:23
Attachments: Daily hospital Stats 06092021 1000 post RPG.docx

Regional Provider Group 06 September 2021

[Redacted]

Workforce

- ICU nurses – work with TAS to get profiles of IC nurses in South Island, Cecilia following up
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Need to confirm if DHB staff currently deployed across rest of system are being released or need to extend arrangement – DHBs not asking them to be returned rather that they are informed if rosters need extending **Cecelia to follow up**
- **Workforce proposals – DHB staff national request**
 - Stacey to follow up but CMDHB not considering a national request at this time
 - WDHB –respiratory and IPC nurses an ongoing - requests may need strengthening if we wish to pursue
 - There are delays with the national process; WDHB not going to proceed with requests at this time
- [Redacted]

From: [Jo Brown \(ADHB\)](#)
To: [Dale Bramley \(WDHB\)](#); [Ailsa Claire \(ADHB\)](#); [Margie Apa \(CMDHB\)](#)
Cc: [Mark Shepherd \(WDHB\)](#)
Subject: RE: Request for Resource Form v1 1.docx ED
Date: Thursday, 02 September 2021 14:23:49
Attachments: image001.png
image002.png
image003.png
image004.png

Thanks Dale – will do

From: Dale Bramley (WDHB)
Sent: Thursday, 2 September 2021 2:22 p.m.
To: Ailsa Claire (ADHB); Margie Apa (CMDHB); Jo Brown (ADHB)
Cc: Mark Shepherd (WDHB)
Subject: RE: Request for Resource Form v1 1.docx ED

Ok let put this into the regional process to see if it stacks up – no problem if we think it doesn't.

Just have Jo on the line now and she will take this via RPG to test it.

Mark - FYI

Thanks

Dr Dale Bramley
Chief Executive Officer
Waitemata District Health Board
Private Bag 93 503, Takapuna 0740
www.waitematadhb.govt.nz



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From: Ailsa Claire (ADHB)
Sent: Thursday, 02 September 2021 2:17 p.m.
To: Dale Bramley (WDHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>
Subject: RE: Request for Resource Form v1 1.docx ED

I think that's the point. we should not be asking for staff to do this sort of separation as we will all need to do that.

Ngā mihi

Ailsa Claire (she / her)
Chief Executive

P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Dale Bramley (WDHB)

Sent: Thursday, 02 September 2021 2:16 pm

To: Ailsa Claire (ADHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>; Jo Brown (ADHB) <[REDACTED]>

Subject: RE: Request for Resource Form v1 1.docx ED

Yes they are COVID related – re are seeking additional nursing for the COVID blue stream separation - just speaking with Jo about this – I'll just include her

Dr Dale Bramley

Chief Executive Officer

Waitemata District Health Board

Private Bag 93 503, Takapuna 0740

www.waitematadhb.govt.nz



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From: Ailsa Claire (ADHB)

Sent: Thursday, 02 September 2021 2:13 p.m.

To: Dale Bramley (WDHB) <[REDACTED]>; Margie Apa (CMDHB) <[REDACTED]>

Subject: RE: Request for Resource Form v1 1.docx ED

They went through the COOs.

They have to be clearly covid escalation response and not staff shortages due to covid.

Ngā mihi

Ailsa Claire (she / her)
Chief Executive
P: 09 - [REDACTED] extn [REDACTED] M: [REDACTED]

From: Dale Bramley (WDHB)
Sent: Thursday, 02 September 2021 2:03 pm
To: Margie Apa (CMDHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Subject: RE: Request for Resource Form v1 1.docx ED

Folks can I check with you.
Ailsa – you had mentioned to send this direct to TAS the other day, when I asked, so I think this is how that happened.
What process did ICU go through? I don't remember that coming to us collectively?

Our current needs are ED/Resp nurses and IPC nurses.

Thanks
Dale

Dr Dale Bramley
Chief Executive Officer
Waitemata District Health Board
Private Bag 93 503, Takapuna 0740
www.waitematadhb.govt.nz



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From: Keriana Brooking [[mailto:\[REDACTED\]](mailto:[REDACTED])]
Sent: Thursday, 02 September 2021 1:29 p.m.
To: Margie Apa (CMDHB) <[REDACTED]>; Dale Bramley (WDHB) <[REDACTED]>; Ailsa Claire (ADHB) <[REDACTED]>
Subject: Fwd: Request for Resource Form v1 1.docx ED

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Kia Ora koutou

Before I ask the team to progress further can I confirm this is in line with the intent that a national request for resources is required on behalf of a region. Has this request been promulgated through a regional process. My colleagues will expect this level of regional review.

No disrespect to you Dale, I would ask this of any DHB and associated region.

Ngā mihi

**Keriana Brooking | Chief Executive Officer
Hawke's Bay District Health Board**

Private Bag 9014, Hastings 4156

T: ++64 6 [REDACTED] | F: ++ 64 6 [REDACTED] | M: ++ [REDACTED]

Email: [REDACTED]

W: www.hawkesbaydhb.govt.nz

From: Sue Lamb (WDHB) <[REDACTED]>

Sent: Thursday, 2 September 2021 10:32 AM

To: COVID Response <[REDACTED]>

Subject: Request for Resource Form v1 1.docx ED

As requested

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From: [Alex Burton](#) on behalf of [Health System Readiness & Response Planning](#)
To: [Alex Pimm \(ADHB\)](#); [Health System Readiness & Response Planning](#)
Cc: [Tricia Sloan](#); [Keriana Brooking](#); [Covid 19 \(ADHB\)](#); [Michael Shepherd \(ADHB\)](#); [Joanne Bos \(ADHB\)](#); [Jo Wright \(Nursing Director\) \(ADHB\)](#)
Subject: RE: Workforce request - ADHB ITU nurses
Date: Friday, 27 August 2021 15:19:36

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Kia ora Alex,

I can confirm that this request has been received.

We will be in touch again shortly.

Ngā mihi,

Alex Burton (she/her)
Principal Advisor, National Services | System Flow
Waea pūkoro [REDACTED]

At the Ministry we value flexible working and have sent this email at a time convenient for me. I do not expect you to read, respond, or action this email message outside of your preferred hours of working, or if you need to prioritise work relating to the recent COVID-19 outbreak.

From: Alex Pimm (ADHB) <[REDACTED]>
Sent: Friday, 27 August 2021 3:10 pm
To: Health System Readiness & Response Planning <[REDACTED]>
Cc: Tricia Sloan <[REDACTED]>; Keriana Brooking <[REDACTED]>; Covid 19 (ADHB) <[REDACTED]>; Michael Shepherd <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>; Jo Wright (Nursing Director) (ADHB) <[REDACTED]>
Subject: Workforce request - ADHB ITU nurses

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ITU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:

Up to 30 trained/experienced ITU registered nurses, available to work in Auckland for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]

Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,
Alex

Alex Pimm

Director | Patient Management Services
Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

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

From: Keriana Brooking [mailto:[REDACTED]]
Sent: Wednesday, 25 August 2021 15:18
To: Alex Pimm (ADHB) <[REDACTED]>; Tricia Sloan <[REDACTED]>; Health System Readiness & Response Planning <[REDACTED]>
Subject: Please send National Request for Assistance here

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From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Shared Mailbox – IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [David Resoli \(WDHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - notes of meeting 1 September
Date: Wednesday, 01 September 2021 13:16:20
Attachments: Daily hospital Stats (2) 01092021 1200 updated.docx
Regional Adult inpatient patient COVID flow Wednesday 1st Sept (00000002) updated 01092021.docx

Note 1: 1330 call in diary to discuss bed management due to increased demand

Note 2: 1630 call in diary to discuss (1) bed management and (2) regional plan for the national deployment to Auckland of ICU nurses – regional coordination plan needed

Regional Provider Group

01 September 2021

[REDACTED]

Workforce

- Critical need is in MIQ; very short of RNs and HCAs
- 2 HCAs and an RN from NDHB provided; need to confirm redeployment process, flights and accommodation etc.
- CTCs are going fine, more than enough swabbers
- People being trained today for symptom checking contact tracing for ARPHS
- ARPHS still have vacancy for Charge Nurse Manager and Ops Manager; rostering specialist was supplied by NRA last night
- If there are competing requests amongst DHBs, we need to work out where they go and who should be prioritised
- Vanessa to forward request to Jo to share
- Southern Cross nurses, only one has up taken MIQ role; Mercy Ascot have 9 saying they are interested for MIQ
- **Urgently need staff today at MIQ;** If there aren't enough nurses, the risk will be with higher chance of hospital referrals due to lack of capacity for RNs to do health checks and provide care

Action: DHBs to identify 3 RNs each for rostering over the next week: advise names to Vanessa ASAP

COVID inpatients and capacity

- ADHB undertaking critical building work to increase negative pressure spaces – wards, Critical care and ED to improve patient flow and manage red patients
- WDHB assessing air flows to identify additional IP capacity
- CMDHB doing additional negative pressure work in CCC

- Confirmed Adult IP capacity: **ADHB** 13, **WDHB** 10, **CMDHB** 17

Action: update Bed Capacity Plan for today (attached), JB update NRHCC bed status (attached)

[REDACTED]

Staffing and other care

- Hesitancy around clinical staff being deployed
- Mercy Ascot and Southern Cross agreed to planned care advice; refer to DHB if there is concern about deteriorating patients
- Cardiac surgery; likely to worsen for Auckland as other regions improve
 - Think about moving these out of region for P2s, they have the most impacted waitlist and will take up the most in the way of ICU capacity
 - Give other regions a heads up before they start to do their P3s and P4s **Post meeting update: escalated to MOH – zoom meeting end of day**

Hospital status

- CMDHB – **orange** still, no other issues
- ADHB – **orange** due to ITU patients and expected increase in patients, not had much response to national request for staff
- WDHB – **yellow**; sorting workforce to stand up all negative pressure capacity, ED picking back up over the week; lost a lot of sterile stock and have two theatres closed with remedial work being undertaken following floods
- NDHB – **yellow**; will stay there even as we go to level 3 to have more control over restrictions; busier hospitals than they have been in the past few weeks; focus on urgent P1 non-deferrable cases

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

[REDACTED]

From: [Jo Brown \(ADHB\)](#)
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Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - notes of meeting 2 September
Date: Thursday, 02 September 2021 13:55:51
Attachments: NRHCC RPG update re Planned Care services in private facilities .msg
Daily hospital Stats 02092021 1000 (4).docx

Note: Daily bed stats updated post 1000 RPG discussion, note have included + 3 CMDHB yesterday and + 3 ADHB capacity coming online this pm

Regional Provider Group 02 September 2021

[REDACTED]

Workforce

- Securing workforce for MIQ
 - RNs coming up today from South Island
 - WDHB sent through a charge nurse + another 5 RNs
 - 9 from ADHB
 - 3 from CMDHB and another 2/3 potentially
 - 4 from NDHB
- Vaccination – unregulated people for RNs and nurse vaccinators to be released
- Swabbers; monitoring CTC requirements and if possible can move staff into vaccinations
- ARPHS – working with them around staff that will be released back into DHBs and how to replace them
- Respiratory physicians and RMOs an area of concern for CMDHB, for watching at this time but no action as yet
- NRHCC workforce to lead/coordinate out of region workforce for wider response, RPG to coordinate out of region workforce for DHBs

[REDACTED]

DHB

- CMDHB – orange, 16 IP, 3 in ICU and 1 ventilated; may have 1/2 discharges today
- ADHB – orange, 16 IP, 3 ICU, 2 ventilated 1 is no longer infectious; 3 more adult beds coming online at 3pm today
- WDHB – yellow, 9 IP, capacity for 2, potentially 3 more; building damage post flooding, maintenance occurring – has impact endoscopy capacity

- NDHB – yellow and intend to stay yellow if we move to L3, have potential endoscopy capacity – WDHB/NDHB to discuss offline

[Redacted]

[Redacted]

decide if needed

[Redacted]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

[Redacted]

From: [Jo Brown \(ADHB\)](#)
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Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - notes of meeting 3 September
Date: Friday, 03 September 2021 13:31:54

Note: 1630 bed management meeting in diaries for today if needed

Regional Provider Group 03 September 2021

[REDACTED]

Workforce

- 30 RNs and 40 HCAs still required; doing a reconciliation today on who has come in
 - Request to TAS to get 5 RNs a day every day
 - 1 day orientation required for MIQ nurses that don't have MIF experience
- DHB guidance and support being provided to incoming staff
- Vanessa to follow up on the '112' staff the DG mentioned 1pm yesterday had volunteered; confirm if it is intel that we do not yet have
- ARPHS – working out when to release people; critical requirement for DHB staff trained in contact tracing
 - Justin followed up with William; detail with the ask is experienced case interviewers – they urgently need 5 each day over the weekend
 - If the requirement is just for this weekend we could/may find them but noted ARPHS requirement extends beyond the weekend
- National requests for workforce – WDHB submitted a request and was questioned on whether it went through a regional process
 - DHB that requires staffing need to get the form through this forum to confirm that the issue cannot be resourced within the region
 - If there is a need for national support, complete the form and send to Jo so it can be reviewed/agreed at RPG **CMDHB and WDHB to complete form for each of the staff category request**

[REDACTED]

[REDACTED]

[REDACTED]

- 3 [REDACTED]
[REDACTED]
[REDACTED]

DHB

- Bed status update 0900 today has been circulated
- Note for mums in hospitals for COVID care, babies not included in inpatient counts unless identified as unwell
- **CMDHB** – orange; 18 IP, 13 on ward, 5 in ICU (2 ventilated); planning for the weekend
- **ADHB** – orange; 14 IP, 4 in ICU, (2 ventilated incl 1 x ECMO) one likely to be stepped down into ward today; new negative pressure rooms are functioning well, number of adult IP negative pressure rooms in process of being increased – ADHB to advise how many/when after final signoff complete
- **WDHB** – orange; 12 IP, 2 in ICU (0 ventilated), 2 adult IP pending discharges
- **NDHB** – yellow/green; not opening up visitors and screening is taking place at the front doors; bringing back more planned care and clinics but will not operate at green due to alert level 3
- [REDACTED]

COVID patient bed management

- Note ICU demand at CMDHB remains at upper limit of capacity, need ICU contingency plan for weekend
- Negative pressure ICU capacity; none in WDHB, 1 in CMDHB and 5 in ADHB (9 in total for COVID patients)
- **Bed plan today: ADHB to take admissions today, need to ensure CMDHB retain ICU capacity for National Burns and deteriorating patients**
- ICU leads are meeting today to discuss contingency plan for weekend – Peter W/Mike S to attend
- NDHB have 4 negative pressure rooms in ICU – **Sarah to have a preliminary discussion within NDHB about ICU capacity/staffing for the weekend, Sarah to lead on any discussion required with NRHL**
- Sarah to discuss with teams to see if feasible
- Mark to explore NSH ICU airflow and **provide update to Mike offline**

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

[REDACTED]

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Jennie Montague \(ADHB\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#); [Stephanie Doe \(WDHB\)](#); [David Resoli \(WDHB\)](#); [Mark McGinley \(NDHB\)](#)
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Subject: Regional Provider Group - notes of meeting 4 September
Date: Saturday, 04 September 2021 10:41:51
Attachments: Daily hospital Stats 04092021 1000.docx

4 September 2021

Regional Provider Group



Workforce

- **ARPHS request – Maori workforce**
 - 10 RNs, 5 Social Workers, 5 Allied Health Professionals
 - 5.0 FTE is not for CCM, it is for Kai Manaaki so social workers will be suitable
 - Can look to source externally via Alpha, ARPHS refocusing teams to respond to increased number of Maori cases
 - Looking to hold training mid next week, currently stretched to provide training
 - DHBs need to support this as a priority, DHBs agreed pathway for requests is through local iMT workforce lead/ Maori Health leadership
 - Follow up Monday; hold on national request until we have fully explored regionally
- MIQ staffing; still high priority RNs and HCAs
 - Reconsolidate who is coming in and what they need; still actively searching for HCAs, will confirm numbers and further requirements tomorrow
- Vanessa to follow up with TAS Re national volunteers including ICU nurses
- WDHB workforce requests circulated, need to review these alongside CMDHB requests – noting national threshold needs to be met noting challenges with current requests already made **Review RPG when CMDHB and WDHB requests received (?Monday)**

DHB

- **CMDHB** – orange 11 on ward, 3 on ward 6; 4 in ICU, 1 ventilated
- **ADHB** – orange 15 in total, 3 in ICU; 12 IP, busy evening with 3 critical patients through OR
- **WDHB** – orange; 10 IP; 9 IP, 1 ICU
- **NDHB** – yellow; occupancy 82%; 1 patient in ICU so plenty of capacity to take ICU COVID patients
- **Bed plan today: WDHB, ADHB, CMDHB**
- St Johns: Justin follow up with St Johns, Stacey to send details to Justin of latest issue, escalate to Ailsa if required
- **Sarah Hoyle covering RPG tomorrow**

- Bed status to be updated (attached)

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB



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Subject: Regional Provider Group - notes of meeting 7 September
Date: Tuesday, 07 September 2021 17:28:43
Attachments: Daily hospital Stats 07092021 0900.docx

Regional Provider Group 7 September 2021

Workforce

- TAS has sent through 12 ICU nurse profiles for deployment in Auckland metrow – sent to Jo Wright directly
 - Jo Wright to liaise with the relevant ICU charge nurses at each DHBs
 - TAS have indicated there are more to come
 - Some visa issues for some nurses has contributed to delay in identifying volunteers – Vanessa working with TAS
- MIQ had 17 nurses arrive; additional 9 nurses and 7 HCAs; still at a critical point and still requiring big numbers but feeling more comfortable with pipeline - still getting about 5 flights a day from overseas
- DHBs have received advice re extensions to current deployments
- Had a meeting with MoH RE ARPHS critical requirements and training
 - Cases may increase if we go into level 3 so more workforce will be required
 - 34 FTE is needed; need to go nationally to request staff now (NRHCC/ARPHS)
 - Ability to stand up training on Mon/Tuesday next week – timing of training requires review as ARPHS needs resource now
 - Already trained staff need to be released back rather than training up new people – DHBs already done this
 - Long hours will not help keeping people at ARPHS, concern that long hours will discourage staff taking up the function, ARPHS advise this situation is improving
 - Surge plan identified need for training function alongside outbreak response, was expected experience could only be provided in response
- No staff deployed to MIQ from WDHB – **Mark to follow up**
- CMDHB still working through workforce plan requirements to support current situation, ADHB preference is to take patients rather than send staff

DHB update

- **CMDHB**; 29 staff stood down as a result of close contact; 4 wards currently closed but expect this to change; one COVID ward open to gen med
 - 11 ward, 3 ICU, 2 ventilated; **orange**
- Once admission pending MIQ (HI)
- St John's issue/miscommunication – further issue yesterday, **Vanessa T to follow up, Jo/VT to review if further escalation via CEs needed**
- **ADHB** – 16 IP, 2 ICU, 2 ventilated (incl 1 ECMO); **yellow**; hospital/gen med is quite busy

- Unvaccinated contractors – prepare something in writing and will **bring back to RPG**
- **WDHB – yellow**, 7 IP, 1 ICU, good capacity; busy hospital, have about 70 beds closed
 - Mixed messages RE white stream transferring to ADHB – no swab is required for these patients **Alex to email Tamzin to confirm**
- **NDHB – 92% occupancy**; needing to RV planned surgery due to IP capacity constraints; BOI one bed only; **yellow** and reviewing that in light of moving to level 2 given the new guidelines
- CTAG update re HIS + abdominal pain – mixed views, CTAG advice pending
- Saliva testing – building expectations
 - Nasal can be processed on rapid, saliva cannot, high false negative rate with saliva testing and multiple tests needed
 - MOH – looking to use for MIQ and MIF workers, not DHB staff
 - Essential workers –responsibility of employers to implement, details around surveillance and essential worker testing is still being refined

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[REDACTED]

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Subject: Regional Provider Group - notes of meeting 10 Sept
Date: Friday, 10 September 2021 17:21:03
Attachments: Daily hospital Stats 10092021 0900.docx

Regional Provider Group 10 September 2021

[Redacted content]

Workforce

- TAS are reporting that a lot of staff in pipeline are now declining due to other regions now being in level 2; no impacts on our workforce so far

[Redacted content]

DHB

- NDHB** – 80% occupancy
- WDHB** – yellow, 5 IP, plenty of capacity

- **ADHB** – yellow; 10 IP, 2 ICU (both ventilated)
- **CMDHB** – orange; high occupancy and very few isolated wards; working with ARPHS on how to classify patients and staff RE EE – likely to be 36 patients but this may change; divert for MIQ transfers
- [REDACTED] **WDHB to take the next 3 patients, ADHB and WDHB to then alternate next 24 hours**

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

[REDACTED]

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Subject: Regional Provider Group - notes of meeting 16 Sept
Date: Thursday, 16 September 2021 16:01:58
Attachments: Daily hospital Stats 16092021 1000.docx

Regional Provider Group 16 September 2021

[REDACTED]

Workforce

- Working with TAS to source Maori and Samoan RNs, still need 7, supply an ongoing challenge
- Level 2 and 3 pool availability looking good following survey
- Current priority is staffing for vaccination buses
- Available supply of trained provisional vaccinators that we want to get into centres; NRHCC has gone to workforce leads to determine if there are some bureau staff that can be released back for DHB pool from vaccination centres
- Following up re Northland RNs for MIQ
- Working with ADHB around vaccination staff whose contracts are due to finish in Dec – look at other opportunities for them
- ICU nurses from around the region or any other resourcing needed
 - ADHB to follow up but understanding is that we are ok for now

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DHB

- **ADHB** – 6 IP, 1 in ICU on ECMO
- **CMDHB** – 9 IP; 3 in ICU, one in maternity and 5 on ward
- **WDHB** – 3 IP, 1 potential discharge today
- **NDHB** – experienced heavy rain last night so working through any implications
- **MOH planned care** information request this morning – Mike S clarified COO discussion centred on non Northern region DHB status – if Northern region needs to respond, we'll do this regionally
- **MIQ** – no pending admissions although child of concern, CMDHB Paeds involved in discussions, as previously agreed all paed admissions are to Starship. Nominated ADHB Paediatrician should be involved at initial discussions – **ADHB to confirm named paediatrician**
- **Bed management:** WDHB, ADHB alternating, maternity plan as agreed yesterday with any transfer from MIQ in labour to go to ADHB

Ngā mihi

Jo

Joanne Brown

NRHCC Lead – Regional Provider Capacity Planning and Response

Funder Hospitals – Auckland DHB

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Subject: Regional Provider Group - notes of meeting 20 Sept
Date: Monday, 20 September 2021 12:48:10
Attachments: Daily hospital Stats 20092021 1000.docx
Waitemata DHB Asymptomatic patient testing (2).docx

Regional Provider Group 20 September 2021

[REDACTED]

Workforce

- Working on Pacific RNs supply; social workers are being accepted if we cannot source RNs
- Required 2 X charge nurse managers for ARPHS – asked to go to TAS now as the second position hasn't been filled, potential for RN to assume senior duties
- Over the weekend when trying to find vaccinators, some who had previously said they were available at L3 have identified they can be only on weekends – impacts on ongoing available surge workforce over next few weeks which is of concern
- Staff availability in different (national) alert levels can change very quickly – need to have plan to be able to respond with increased delivery of planned care expected by DHBs
- Strategy is to keep building vaccinators and keep getting swabbers practical experience
- **NRHCC/Vicki to set up workforce surge planning meeting with ICS/workforce leads**

Pla [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

DHB

- **NDHB** – hospitals are stable, rural are a bit busier; **yellow**
- **WDHB** – potential EE, case located and on way for swab which will be put on rapid; **yellow**; 1 IP; reduced footprint inpatient negative pressure beds (2+2); cleaning and maintenance for ESC ward; hoping to open ward 11 as new COVID ward next week (go/no go day is Thursday)
- **ADHB** – 6 IP, 1 in ICU; **orange**
- **CMDHB** – 10 IP, 3 in ICU, 2 ventilated; **orange** working through EEs; note link with WDHB potential case
- [Redacted]
- **Bed management plan – WDHB & ADHB alternating**

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

[Redacted]

From: [Jo Brown \(ADHB\)](#)
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Cc: [Matt Hannant \(CMDHB\)](#); [Donna Neal \(ADHB\)](#); [Brenda Howard \(ADHB\)](#); [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Brant \(WDHB\)](#); [Nicky Plant \(ADHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Sue Waters \(ADHB\)](#)
Subject: Regional Provider Group - notes of meeting 24 August
Date: Tuesday, 24 August 2021 19:27:43

Regional Provider Group 24 August 2021

[REDACTED]

Workforce

- New workforce deployment process worked well last night and NRHCC workforce team filled all vacancies in CTCs
 - On-boarded 132 students via Alpha
 - Bottleneck is training capacity – some ADHB trainers have been pulled to do urgent CTC work so capacity has reduced
 - 95 EOI responses to MIQ recruitment team
 - Unable to return DHB staff deployed to ARPHS to home DHB clinical services
 - National DHB CE discussion re offers of help, other DHBs identifying staff who have previously worked in Auckland
 - National Tertiary/Quarternary discussion to date identified options (1) move workforce in (2) move patients out (3) use of other tertiary providers in lieu of Auckland Tertiary services – further national discussion this pm (MOT + Tertiaries), need to ensure we can maintain capacity for services only able to be provided by tertiary providers in this region
 - DHBs reviewing internal redeployment arrangements
 - Proposed that national workforce deployment process used in ChCh/Kaikoura quakes and Chch mosque event be adapted and adopted to support national deployment to Auckland DHB and other services **Action: Alex to take to national IMTs call this pm to get process agreed**
 - First priority is to take up offers of national assistance to take some work off ARPHS, confirmed ARPHS doing what only they can do
 - DHBs unable to identify further clinical workforce to help with CCM
 - CMDHB still have some names coming through for people that can't backfill any roles on the wards, making these names available to NRHCC workforce
 - Sue Waters is leading the training for Contact tracing
- [REDACTED]

hospitals ok

Regional bed capacity planning

Clinical leads in attendance: Peter Watson, Vanessa Thornton, Michael Shepherd, Mark Edwards, Jonathan Christiansen

- Andrew Old pulling together regional data leads to establish real time regional hospital dashboard – underway
 - Regional bed management planning discussion context based on Gary Jackson modelling of:
 - **1000 COVID patients, 100 hospital admissions, 20 ICU**, over next six weeks, ALOS 4 days approx. for inpatients.
 - Focus was on inpatient ward capacity with ICU conversation pending
 - **Regional Bed Management** – the following principles and approach agreed:
 - To maintain optimal staff safety, **in first phase** it is agreed to maximise use of regional negative pressure bed (NPB) capacity for COVID positive patients (not COVID probable).
 - This applies to Adult inpatient beds only (not paed, not ICU and not ED/Acute Assessment)
 - Each DHB has NPB capacity in ED (ADHB = 4, CMDHB = 2, NSH = 2)– these to be used to hold COVID +ive patients overnight and where inter hospital transfer needed to make use of regional NPB capacity, transfers to occur during daytime hours only.
 - **Second phase:** DHBs to move to cohorting COVID +ive patients in designated wards at each DHB when numbers of inpatients exceed adult inpatient NPB capacity regionally. As experienced during the ACH inpatient ward location of interest response, it has been demonstrated that full implementation of IP&C measures including full PPE can mitigate risk
 - There will be no cohorting in a single DHB regionally of COVID +ive patients due to range of issues including:
 - i. Subspecialty requirements for patients will not be able to be met
 - ii. Practicality - often patients will become positive through their stay
 - iii. Whanau needs
 - iv. Staffing issues
 - v. Transportation issues
 - vi. Likelihood of a deterioration in care quality when diverging from standard pathways of care
 - Daily regional coordination of NPB capacity and decisions to move to cohorting patients in wards as demand requires, to occur through daily RPG meeting, and as required ICs will coordinate through end of day call (to be stood up when demand requires this) and will agree any plans for overnight bypass of COVID +ive patient admissions
 - Regional escalation plan for ICU to be agreed at scheduled RPG discussion tomorrow with ICU leads in attendance
- Action: JB to draft REF paper once ICU plan confirmed tomorrow, to be reviewed by COOs + CMOs prior to submitting to REF,**
- **Inpatient adult medical Negative Pressure Bed capacity:**

CMDHB 6

- ADHB 13
- WDHB 4

- **NDHB regional capacity management**

- further discussion to be held regionally regarding how NDHB supports an escalating Auckland metro demand including both transfer of patients and deployment of staff
- further discussion to be held regarding the management of escalating demand in NDHB hospitals and how Auckland metro supports that scenario

- **Regional bed management related issues**

- Need to confirm IHT transport arrangements with St Johns including the potential for a dedicated PTS service for COVID +ive patients **Action: Stacey to liaise with St Johns contact**
- Noted that many COVID +ive patients requiring acute assessment do not need to be admitted
- Jet Park clinical infrastructure very limited which means extending care in this environment not possible
- Jet Park unable to take admissions overnight due to shuttle service arrangement, CMDHB working through option to extend to 24/7 admissions for patients returning from DHBs **Action: CMDHB follow up re extending Jet Park shuttle**



Ngā mihi
Jo

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Subject: Regional Provider Group - notes of meeting 25 August
Date: Wednesday, 25 August 2021 21:14:37

Regional Provider Group 25 August 2021



Workforce

- Good pipeline for swabbing and admin staff
- Focusing today on additional vaccination workforce as two new sites opening
- Risk is in getting NMF (MIQ) in CIR
- Inconsistent stand down advice across various work settings so need to get this clarified
Action: Chris to followup
- Contact tracing – there are a few being deployed that have experience; big pipeline for those that have volunteered to be trained
 - ARPHS sorting training, need to determine if staff will be required to be released if change in alert levels
- LOIs – there is about 40 that are now about 2 weeks old; MOH will be removing these from their published list
- DHB nursing workforce requires re-prioritisation alongside other elements of response, coordination cant be managed within NRHCC function, need to establish prioritisation and coordination process **Action: Ailsa/Jo follow up with VA**

ICU Capacity *Dan Owens (NDHB), Kerry Benson-Cooper (ADHB), Peter Watson, Vanessa Thornton, Jonathan Christiansen, Mike Shepherd in attendance*

- **NDHB** – 4 x negative pressure beds, some modification to last year’s ICU plan, plan to split to two beds RED and two beds GREEN, as demand for Red beds increases, decant green patients to surgical admissions unit. Transport plans will need consideration particularly if we need to consider NDHB providing capacity to support Auckland metro, transport likely to be challenging.
- **ADHB** – 3 x negative pressure rooms (DCCM = 3, CVICU = 1), additional engineering work underway to enable CVICU to become COVID ICU setting – noting this will have knock on effect to Cardiac Surgery. Significant nursing staff issues – regional support for national approach to request ICU nursing staff in near term
- **WDHB** – no negative pressure rooms in ICU; 2 in HDU; have 2 additional HDU beds that could extend capacity - consider “ pseudo” negative pressure; however shared facilities with ICU would compromise the ability for BAU use of ICU
- **CMDHB** – 4 x negative pressure rooms plus 2 x positive pressure rooms that can shift to

negative pressure separately enabling one to remain positive pressure for major burns. Engineering work underway to increase negative pressure bed capacity. ICU surge capacity to 13 but would not be able to accommodate other patients in ICU/HDU. Nursing staff an issue, will move to changed model of care including use of PACU/Anaesthetic Techs/other.

Need to explore options for major burns management in event of significant COVID ICU numbers. Longterm (> 4 weeks) ICU inpatient, tests positive for COVID at each swab (previous similar case in excess of 6 weeks). Need to establish plan for management of longstay COVID ICU patients, to seek advice of international colleagues as to how this has been managed, consider request for CTAG advice

- **ICU Negative pressure capacity: CMDHB 4 (+ 2), ADHB 3, WDHB 2, NDHB 4**
 - **Auckland metro 9 (+ 2)**
 - **Northern region 13 (+2)**
- Need to maintain ADHB ICU capacity to enable access to Neuro/Cardiac/Thoracic acute/P1
- Current impact on workforce associated with contacts of contacts, staff testing turnaround 24 hours, reasonable in the circumstances
- Further discussion needed re phasing and timing of next steps taking into account CMDHB National Burns obligations, ADHB tertiary (Neuro + Cardiac + Thoracic) and Quarternary/National obligations
- Expecting increasing hospitalisations to impact next week, further discussion Friday to check in and agree weekend plan

Actions:

- **ADHB to put up request nationally for ICU nursing staff on behalf of region**
- **ADHB to follow up with MA re deployment of their ICU nursing staff or Cardiac Surgery outsourcing**
- **CMDHB to further develop contingency plan for major burns in event of high COVID ICU demand**
- **VT/KB-C follow up with Australasian ICU network/other colleagues re the management approach to longstay ICU COVID patients**
- **Mike to draft up and share for feedback , table on proposed phasing of admissions**
- **Regional Bed Management update to REF with interim advice re ICU (Jo)**

DHB Updates

- **CMDHB – AL yellow** but IMT considering move to orange, occupancy 76%; reduced ED demand following media coverage of ED staff +ive; 5 COVID, some may be discharged today; Child COVID + mother COVID (37/40); 2 patients pending at Jet Park
 - Need to clarify what the thresholds are for transfers, get some comms to the clinical teams at Jet Park and clinical teams at ED, if there is any doubt they should be assessed at ED; need to provide additional clinical support/deployment to support Jet Park colleagues **Action: CM to link in with MIQ lead to identify additional support requirements**
 - Need strong links between Jet Park and hospitals, need to support Jet Park to ensure timely transfer of care to DHBs
 - Jet Park admissions to be evenly distributed across region
 - Discussion initiated and ongoing with St Johns about dedicated COVID PTS
- **ADHB – AL yellow/leaning towards amber**, > 95% occupancy adult, 83% paed, staffing

pressures; reducing non face to face activity to support acute delivery, 1 x COVID, **ADHB on divert for Jet Park COVID patients for the next 24 hours**

- **WDHB – AL yellow** , 1 x COVID, 93-94% resourced beds; ED staffing short
- **NDHB – AL yellow** , 80% occupancy, yellow; good capacity in rural and paediatrics
- Regional dashboard to support bed management, RPG to review/confirm right metrics

Action: Jo f/u with data colleagues/ICs

Ngā mihi

Jo

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Funder Hospitals – Auckland DHB



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Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - notes of meeting 28 August 2021
Date: Saturday, 28 August 2021 10:57:14
Importance: High

Regional Provider Group 28 August 2021

[REDACTED]

Workforce

- MIQ staffing – external pool, have 5 HCAs being inducted on Monday and 58 to process
 - 1 RN and more to come; they will be drip-fed but worried about not having enough staff
 - Had 10 RNs from Waikato
 - 35 HCAs and 20 RNs still required
- CTC workforce – filling all the shifts
- ARPHS – getting 30 more people booked for training next week
- Vaccination – going to external pool for students to be trained as provisional vaccinators
- Daily call with other MIQ regions and had a few deployed for the weekend
 - Positive feedback from nurses out of region so hoping to get more
 - National staffing request process in place, not a streamlined process for responses, ADHB have identified 2 key contacts to manage responses from rest of NZ
 - ITU request was warmly received through this mechanism, likely yield uncertain

[REDACTED]

o [REDACTED]

DHB Update

- **Current occupancy negative pressure Adult IP beds 1000hrs: 8 (CM) + 12 (A) + 1 (W) = 21**
- CMDHB – orange; 68% occupancy and staffing is good for today; 2 in ICU, 8 COVID Adult IP + 1 in specialty bed
- ADHB – yellow; tight staffing but going ok; 12 COVID patients
- WDHB – yellow; staffing is better; 90% occupancy of resourced beds (+ 65 + 20 unresourced)
- NDHB – yellow, reviewing on Monday; 75% capacity in adult; only 1 patient in ICU

[REDACTED]

Ngā mihi
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Funder Hospitals – Auckland DHB

[REDACTED]

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Subject: Regional Provider Group - notes of meeting 30 August 2021 1000 hours
Date: Monday, 30 August 2021 17:38:30

Regional Provider Group 30 August 2021 1000hrs

[REDACTED]

Workforce

- MIQ staffing; RNs and HCAs still needed, NDHB has offered staff – to be followed up (Vanessa to make contact with Denise Murray NDHB)
- ARPHS workforce requests; BA, Logistics manager, rostering staff etc.
- Pacific RN offers from WLG; ARPHS have agreed to pay for their accommodation; they aren't trained in contact tracing so will get them into training on Wednesday. Confirmed there is a national process for accommodation managed by TAS and these arrangements don't need to be managed by DHBs/ NRHCC Action **Alex to provide details to NRHCC to follow up**
- SX and MA nurses – should they be deployed to DHBs rather than elsewhere, RPG believe they are a timelimited resource and as such not helpful right now to DHBs and support them continuing to be used in rest of system

[REDACTED]

DHB

- **CMDHB** – orange; 16 patients on ward; 4 in ICU, 2 ventilated
 - Ward 6 being prepared for next step of escalation process
 - Discussion re CMDHB ICU capacity, capacity for acute SCI and burns
 - Regional support to transfer ICU COVID patients to ensure capacity available at CMDHB for national/supraregional roles Agreed to transfer one ICU patient to WDHB
- **ADHB** – yellow; 14 in hospital with COVID; discussion re ongoing challenges defining

“infectious” status of COVID positives – internal standard is two negative tests, further consideration may be needed at some point to cohorting these patients

- **WDHB** – yellow; occupancy is high; working to stand up 8 more beds tomorrow, to be considered by WDHB IMT 4pm, update 4.30pm **WDHB will accept next 2 COVID admissions then bypass to ADHB**
- **NDHB** – yellow, will review following alert level announcement; ED presentations are down but number of admissions is the same

Short line up RPG this pm at 1630 hours to discuss bed status and confirm overnight admission arrangements

Ngā mihi

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Funder Hospitals – Auckland DHB



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Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - notes of meeting 31 August
Date: Tuesday, 31 August 2021 11:47:26

Note – agreed no afternoon stand up needed re regional bed management today

Regional Provider Group

31 August 2021

[REDACTED]

Workforce

- More than enough swabbers trained and on-boarded by Alpha; 478 workers assigned and have already done 4,976 hours
- Focus on MIQ requirements
- Linked with Tricia at TAS – supporting accommodation from a national perspective
- DHBs have exhausted all requests for MIQ support
- 30 people to be booked for contact tracing tomorrow – progressing
- Looking to increase vaccination workforce
- CMDHB – ICU, IPC and respiratory nurse specialists needed
- WDHB – IPC, respiratory and ED nursing needed
- ADHB – ICU staff needed
- **DHB ICs to confirm staff requests including staff type and number direct to Vanessa by 1pm who will send to TAS**

DHB Update

- **CMDHB** – AL orange; 13 inpatients + 5 ICU +1 maternity (**19 total**); 2 x on ventilators; exposure with staff member; notification from police about having to close down kitchens – **Vicki to follow up**
- **ADHB** – AL yellow, 13 patients; 1 in ICU (ventilated) (**13 total**)
- **WDHB** – 2 patients, 1 on ward and 1 in ICU not ventilated; 85-90%; flooding at Waitakere; **WDHB on divert for COVID admissions – 2 + 6 (then potential for further 4 subject to workforce)**
- **MIQ update:** 4/5 being monitored but no pending admissions, 69 in community – 4 have received exemptions, the rest are awaiting transfer to MIQ
- **NDHB** – hospitals at 75%; resourced bed capacity down a bit; preparing for level 3

[REDACTED]

- [REDACTED]
 - MA have shared proposed approach to standing up planned care noting transfer risk to DHB ICUs if they are stepping up P1
 - Increased clinical concern around delaying planned care – surgery and interventional cardiology
 - [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Ngā mihi
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Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB
[REDACTED]

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Cc: [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Jonathan Christiansen \(WDHB\)](#); [Vanessa Aplin \(WDHB\)](#)
Subject: Regional Provider Group - POST MEETING UPDATE
Date: Saturday, 28 August 2021 11:00:50
Importance: High

Post meeting update from Mike Shepherd

From Friday 27 August 0800, ADHB had stopped any non-COVID patient transfers to CMDHB in preparation for potential increased workload at CMDHB this weekend

From: Jo Brown (ADHB)
Sent: Saturday, 28 August 2021 10:57 a.m.
To: NRHCC Administration; ADHB IMT Controller (ADHB); Ailsa Claire (ADHB); Alberto Areias (HealthSource); Alex Pimm (ADHB); ARPHS Emergency Incident Controller (ADHB); Donna Neal (ADHB); Incident Control Centre (WDHB); John Cartwright (CMDHB); Justin Rawiri (ADHB); Liz Boucher (ADHB); Major Disasters Only - Incident Controller (CMDHB); Mark Shepherd (WDHB); Michael Shepherd (ADHB); NRHCC Incident Controller; Paula Martin (NDHB); Pauline McGrath (CMDHB); Sarah Hoyle (NDHB); Shared Mailbox - IMT Incident Controller (NDHB); Stacey Wilson (CMDHB); Tamzin Brott (WDHB); Jonathan Wallace (WDHB); Emma McDowall (ADHB); Stephanie Doe (WDHB); David Resoli (WDHB)
Cc: Vanessa Thornton (CMDHB); Peter Watson (CMDHB); Andrew Old (WDHB); Debbie Holdsworth (WDHB); Jonathan Christiansen (WDHB); Vanessa Aplin (WDHB)
Subject: Regional Provider Group - notes of meeting 28 August 2021
Importance: High

Regional Provider Group 28 August 2021

[REDACTED]

Workforce

- MIQ staffing – external pool, have 5 HCAs being inducted on Monday and 58 to process
 - 1 RN and more to come; they will be drip-fed but worried about not having enough staff
 - Had 10 RNs from Waikato
 - 35 HCAs and 20 RNs still required
- CTC workforce – filling all the shifts
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- Daily call with other MIQ regions and had a few deployed for the weekend
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DHB Update

- **Current occupancy negative pressure Adult IP beds 1000hrs: 8 (CM) + 12 (A) + 1 (W) = 21**
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- ADHB – yellow; tight staffing but going ok; 12 COVID patients
- WDHB – yellow; staffing is better; 90% occupancy of resourced beds (+ 65 + 20 unresourced)
- NDHB – yellow, reviewing on Monday; 75% capacity in adult; only 1 patient in ICU

Other

- Sarah Hoyle covering Jo tomorrow; be mindful of keeping COVID response discussions confidential within DHBs/NRHCC

Ngā mihi
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Funder Hospitals – Auckland DHB

[REDACTED]

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To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [Amber Mander \(NRA\)](#); [Andrew Old \(WDHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Chris Hutton \(CMDHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [Jodie Moselen \(NDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Sarah Prentice \(NRA\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#)
Subject: RPG notes of meeting 12 August 2021
Date: Thursday, 12 August 2021 18:42:54

NRHCC Regional Provider Group
12 August 2021

- [Redacted]
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- [Redacted]
- [Redacted]
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- | [Redacted]

[REDACTED]

Hospital preparedness – ICU & staffing

- Need to confirm surge workforce plans in hospitals particularly ICU – physical capacity and equipment not considered to be an issue
- Need to review local DHB plans for identifying and training ICU surge nursing workforce
- Need a plan for immediate term to December when vaccination rollout expected to be complete then need to consider modelling of future demand (as per Gary Jackson paper) post December
- need to consider how we free up existing workforce to be ICU trained in the context of the current vacancies – may need to consider standing down planned care to allow for nurses to be released
- National ICU conversation – immigration piece has been raised in this forum to push that and getting nursing and other workforce in from other countries
- Reassurance to REF; Justin to confirm if escalation plans need to be revised; ICU workforce plans needs to be a priority
- The surge response needs further work; link with ARPHS and vaxx to identify how they will support a surge
- Need to figure out how big the surge pool is; scenario would be 10,000 swabs a day, staff will be needed to increase capacity at CTCs and then stand up an additional 4 CTCs – looking at around an additional 100 FTE a day to supplement our existing workforce (keeping in mind we can link in with other providers too)
- **ICs to discuss internally and bring views back to RPG Monday to discuss how we refine/confirm the hospital surge plans locally and regionally**

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

[REDACTED]

From: [Jo Brown \(ADHB\)](#)
To: [NRHCC Administration](#); [ADHB IMT Controller \(ADHB\)](#); [Ailsa Claire \(ADHB\)](#); [Alberto Areias \(HealthSource\)](#); [Alex Pimm \(ADHB\)](#); [Amber Mander \(NRA\)](#); [Andrew Old \(WDHB\)](#); [ARPHS Emergency Incident Controller \(ADHB\)](#); [Chris Hutton \(CMDHB\)](#); [Donna Neal \(ADHB\)](#); [Incident Control Centre \(WDHB\)](#); [Jodie Moselen \(NDHB\)](#); [John Cartwright \(CMDHB\)](#); [Justin Rawiri \(ADHB\)](#); [Liz Boucher \(ADHB\)](#); [Major Disasters Only - Incident Controller \(CMDHB\)](#); [Mark Shepherd \(WDHB\)](#); [Michael Shepherd \(ADHB\)](#); [NRHCC Incident Controller](#); [Paula Martin \(NDHB\)](#); [Pauline McGrath \(CMDHB\)](#); [Sarah Hoyle \(NDHB\)](#); [Sarah Prentice \(NRA\)](#); [Shared Mailbox - IMT Incident Controller \(NDHB\)](#); [Stacey Wilson \(CMDHB\)](#); [Tamzin Brott \(WDHB\)](#); [Jonathan Wallace \(WDHB\)](#); [Emma McDowall \(ADHB\)](#)
Cc: [Matt Hannant \(CMDHB\)](#); [Donna Neal \(ADHB\)](#); [Brenda Howard \(ADHB\)](#); [Vanessa Thornton \(CMDHB\)](#); [Peter Watson \(CMDHB\)](#); [Andrew Brant \(WDHB\)](#); [Nicky Plant \(ADHB\)](#); [Andrew Old \(WDHB\)](#); [Debbie Holdsworth \(WDHB\)](#); [Sue Waters \(ADHB\)](#)
Subject: Regional Provider Group - notes of meeting 23 August
Date: Monday, 23 August 2021 12:38:48
Attachments: FW AMENDED - EXEMPTION SPECIFIC TO USE OF P2N95 for General Practice and Urgent Care Clinics.msg

Regional Provider Group 23 August 2021

COVID update

- Regional Modelling Session this pm **Action: DHBs to check invitees to ensure right people present**
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- Update from DHBs on current capacity; NSH on bypass for Jet Park as they have 4 COVID inpatients, reviewing capacity and will update later today re status, ADHB to remain on bypass for NSH in the meantime
- CMDHB also have 4 COVID patients, all DHBs have plans to cohort patients into single ward, negative pressure capacity may need to be refocused for us in probable COVID or other clinical scenario
- All DHBs planning to move to next stage of establishing COVID ward

Workforce

- Hard to keep across all competing workforce requirements
- Need for staff across testing, contact tracing, vaccination, MIFs and DHBs
- Daily swabbing training underway via ADHB, 20 medical students trained this morning, being held for deployment today **Action: Need to identify CTC locations for them to be deployed to today (VA)**
- Working with ARPHS and Healthline to do a rapid online training course for contact tracing
- Approval from MoH for drive through vaccination to use untrained vaccinators can do vaccine administering (not draw up or consenting though)
- Daily requirements with 5 day forward view to be communicated to Vanessa – forms have been created for both requesting assistance and providing assistance Action VA to send link to Jo for sharing with RPG (DONE)

- CMH need swabbers, have trainers but unable to be released
- Vaccination requirements for further discussion **Action Matt and VA to follow up offline**
- Workforce requirements to be notified by 1000 for deployment on the day – include 5 day requirement if possible
- Immediate request for the drive through for vaccinators; DHBs cannot release any vaccinators today
- Some private providers are keen to assist with swabbing
- Request for Dental assistants and dental therapists to be cohorted into training for swabbing
- If the DHBs identify people that could be trained for swabbing, their training can be prioritised we can prioritise those people
- DHBs reviewing lists of staff no longer working, ADHB are updating list, other DHBs starting to do same **Action: DHBs to send lists of these people to VA when able, Mike to share ADHB list end of day**
- **Action: ARPHS workforce lead to be invited to RPG (Jo)**

[Redacted text block]

Ngā mihi
Jo

Joanne Brown
NRHCC Lead – Regional Provider Capacity Planning and Response
Funder Hospitals – Auckland DHB

[Redacted text block]

From: [Nadine Mackintosh](#)
To: [Alex Pimm \(ADHB\)](#)
Cc: [Tricia Sloan](#)
Subject: Whanganui DHB Response: COVID - ADHB Workforce request - ICU nurses
Date: Monday, 30 August 2021 12:10:25

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to [healthalliance.co.nz](#)

Good afternoon Alex

Unfortunately at this stage Whanganui DHB are not in a position to release experienced ICU registered nurses, we hope you are able to receive assistance from other DHBs.

Kind regards
Nadine

Nadine Mackintosh | Executive Officer | Office of the Chief Executive
Whanganui District Health Board

m [REDACTED] | <https://smex12-5-en-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=www.wdwb.org.nz&umid=e5e62786-6bb2-459c-8ac8-5ac2322b3318&auth=b8880051a5968406de874aba71898a20c6add7f1-354d13bb3a1e32f38146d719e531ca1036fb4b88>

He Hāpori Ora - Thriving Communities

From: Alex Pimm (ADHB) <[REDACTED]>
Sent: Friday, 27 August 2021 3:10 PM
To: Health System Readiness & Response Planning <[REDACTED]>
Cc: Tricia Sloan <[REDACTED]>; 'Keriana Brooking' <[REDACTED]>; Covid 19 (ADHB) <[REDACTED]>; Michael Shepherd <[REDACTED]>; Joanne Bos (ADHB) <[REDACTED]>; Jo Wright (Nursing Director) (ADHB) <[REDACTED]>
Subject: Workforce request - ADHB ICU nurses

Kia ora,

As discussed, we are requesting national assistance to support Auckland DHBs with trained ICU nurses.

The attached document provide more detail on the request and background information. In summary, we are asking for:

Up to 30 trained/experienced ICU registered nurses, available to work in Auckland

for the next six weeks.

To discuss the request further, please contact:

Joanne Bos, Interim Associate Director, Cardiovascular Services – [REDACTED]

Joanne Wright, Nurse Director, Cardiovascular Services – [REDACTED]

Ngā mihi,

Alex

Alex Pimm

Director | Patient Management Services

Incident Controller | COVID-19 Response & Vaccination Team

Te Toka Tumai (Auckland District Health Board)

Level 4 | Building 1 | Auckland City Hospital

Mob: [REDACTED]

E-mail: [REDACTED]

Working in partnership, enabling self-management, promoting independence.

Welcome Haere Mai | Respect Manaaki | Together Tuhono | Aim High Angamua

CONFIDENTIALITY NOTICE: *This message (and any associated files) may contain confidential and/or privileged information. If you are not the intended recipient or authorized to receive this for the intended recipient, you must not use, copy, disclose or take any action based on this message or any information herein. If you have received this message in error, please advise the sender immediately by sending a reply e-mail and delete this message. Thank you for your cooperation, Whanganui District Health Board.*

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Debra Ellis	Report date: Monday, 23 August 2021 SitRep #2 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 24 August 2021	
SitRep released to: ADHB COVID-19 IMT, Executive Leadership Team, Senior Leadership Team	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 9am)

- 2 COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 0900hrs 23 August 2021) source MoH:

- Total of new community cases 35 and 3 new cases from the border in last 24 hours.
- Total of 2,698 (confirmed) cases, since first case in NZ, of which there are:
 - 107 active cases from the community
 - 47 active cases from managed isolation
 - 2,874 recovered cases
 - Total of 26 deaths nationwide since first case in New Zealand



COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- ADHB COVID -19 response and resurgence formally escalated to IMT since 19 August 2021 with daily meetings taking place.
- Full Coordinated Incident Management System (CIMS) structure in place.
- Update to escalation controls and triggers to reflect increased community prevalence.
- Amount of COVID in our community has changed; barometer dial has been changed to 'medium' from 'low' (see above). The triggers used to determine the increase include - community prevalence and focus to support staff wellbeing.
- [Redacted]
- [Redacted]
- [Redacted]
- ICU capacity work stream in place since 20/8/21, work is focussing on escalation planning.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Operations

- Capacity planning in progress, measures to consolidate resources, including closing beds.
- [REDACTED]
- Reduction in service delivery to prioritise key services and COVID-19 response.

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Welfare/People

- Responding to workforce requests to support the regional COVID-19 response

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]

ADHB COVID-19 IMT Situation Report

New information in red

- [Redacted]
- [Redacted]
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- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: **23** August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Tuesday, 24 August 2021 SitRep #3 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 25 August 2021	
SitRep released to: ADHB COVID-19 IMT, Executive Leadership Team, Senior Leadership Team	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 9am)

- 2 COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 0900hrs 24 August 2021) source MoH:

- Total of new community cases 41 and 1 new cases from the border in last 24 hours.
- 137 active cases in Auckland and 11 in Wellington. Total of 148 active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- ADHB COVID -19 response and resurgence formally escalated to IMT since 19 August 2021 with daily meetings taking place.
- Update to escalation controls and triggers to reflect increased community prevalence.
- [REDACTED]

Planning

- [REDACTED]
- [REDACTED]
- [REDACTED]
- Refreshing hospital plan for any potential increases in COVID-19 positive patients.

Operations

- Capacity planning in progress, measures to consolidate resources, including closing beds.
- Reduction in service delivery to prioritise key services and COVID-19 response. Further Comms being shared.
- [REDACTED]
- [REDACTED]
- [REDACTED]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Welfare/People

- Responding to workforce requests to support the regional COVID-19 response
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Significant staffing issues in some areas, including hospital wards, ARPMS and community testing centres.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

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- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 24 August 2021

Prepared by: Tess Mann	Report date: Wednesday, 25 August 2021 SitRep #4 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 26 August 2021	
SitRep released to: ADHB COVID-19 IMT, Executive Leadership Team, Senior Leadership Team	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 13.00pm)

- 2 COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 0900hrs 24 August 2021) source MoH:

- Total of 62 new community cases and 1 new case from the border in last 24 hours.
- 198 active cases in Auckland and 12 in Wellington. Total of 210 active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- ADHB COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning in progress to maintain service levels as a high number of staff isolating, are unwell or unable to work.
- [REDACTED]
- Refreshing hospital plan for any potential increases in COVID-19 positive patients.

Operations

- Capacity planning in progress, measures to consolidate resources, including closing beds.
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[Redacted]

Welfare/People

- Responding to workforce requests to support the regional COVID-19 response
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Significant staffing issues in some areas, including hospital wards, ARPHS and community testing centres.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 26 August 2021

Prepared by: Tess Mann	Report date: Thursday, 26 August 2021 SitRep #5 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 27 August 2021	
SitRep released to: ADHB COVID-19 IMT, Executive Leadership Team, Senior Leadership Team	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 3.00pm)

- 6 COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 1500hrs 26 August 2021) source MoH:

- Total of 68 new community cases and 1 new case from the border in last 24 hours.
- 263 active cases in Auckland and 14 in Wellington. Total of 277 active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- ADHB COVID-19 response IMT meetings taking place daily.

Planning

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Regional Lead placement and admission plan agreed.

Operations

- Capacity planning in progress, measures to consolidate resources, including closing beds.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Managing admissions of COVID positive patients in line with agreed plan.

[Redacted]

- [Redacted]

ADHB COVID-19 IMT Situation Report

New information in red

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Welfare/People

- Responding to workforce requests to support the regional COVID-19 response. **Regional workforce prioritisation plan agreed.**
- [Redacted]
- [Redacted]
- [Redacted]
- Significant staffing issues in some areas **continue** including hospital wards, ARPHS and community testing centres.

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: **27** August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Friday, 27 August 2021 SitRep #6 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 28/29 August 2021	
SitRep released to: ADHB COVID-19 IMT, Executive Leadership Team, Senior Leadership Team	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at **3.00pm**)

- **10** COVID-19 patients in Auckland City Hospital.

National Cases: (data as at **1300hrs 27 August 2021**) source MoH:

- Total of **70** new community cases and **0** new case from the border in last 24 hours.
- **333** active cases in Auckland and **14** in Wellington. Total of **347** active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- ADHB COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning in progress to maintain service levels as a high number of staff isolating, are unwell or unable to work.

- [REDACTED]

- Regional **bed** placement and admission plan agreed.

- [REDACTED]

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources.

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Welfare/People

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed. **Staffing challenges remain – redeployment has worked well.**
- [REDACTED]
- [REDACTED]
- [REDACTED]
- **Request for national assistance with ITU nursing submitted.**
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: **28/29** August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Saturday 28th August 2021 SitRep #7 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 29 August 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at **3.00pm**)

- **12** COVID-19 patients in Auckland City Hospital.

National Cases: (data as at **1300hrs 27 August 2021**) source MoH:

- Total of **82** new community cases and **1** new case from the border in last 24 hours.
- **415** active cases in Auckland and **14** in Wellington. Total of **429** active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- **Te Toka Tumai (Auckland DHB)** COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning **continuing to maintain service levels.**
- [REDACTED]
- Regional bed placement and admission plan agreed **and being enacted.**
- [REDACTED]

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources.
- [REDACTED]
- [REDACTED]
- Managing admissions of COVID-19 positive patients in line with agreed regional plan. **Hospital admissions increasing as expected – 12 in Auckland DHB. None in ADHB ICU.**
- [REDACTED]
- [REDACTED]

ADHB COVID-19 IMT Situation Report

New information in red

- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed. Staffing challenges remain – redeployment working well.
- [Redacted]
- [Redacted]
- Request for national assistance with ITU nursing submitted – **awaiting response**.

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: **29** August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Sunday 29 th August 2021 SitRep #8 @1730
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 30 August 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

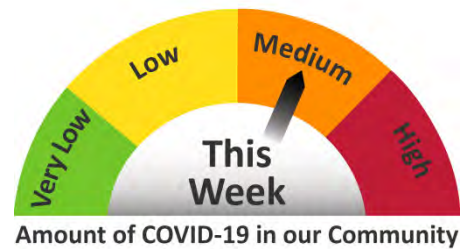
Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 14.00)

- 13 COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 1300hrs 28 August 2021) source MoH:

- Total of 83 new community cases and 2 new cases from the border in last 24 hours.
- 496 active cases in Auckland and 15 in Wellington (excluding MIQF). Total of 511 active cases from the community



COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- Te Toka Tumai (Auckland DHB) COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning including internal redeployment continuing to maintain service levels.
- [REDACTED]
- Regional bed placement and admission plan agreed and being enacted – further advice provided to clinical team today.
- [REDACTED]

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources.
- [REDACTED]
- [REDACTED]
- Managing admissions of COVID-19 positive patients in line with agreed regional plan. Hospital admissions increasing as expected – 13 in Auckland DHB. Internal bed capacity plan activated in line with regionally agreed plan.
- [REDACTED]
- [REDACTED]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed. Staffing challenges remain – redeployment working well.
- [Redacted]
- [Redacted]
- Request for national assistance with ITU nursing submitted – awaiting response.
- Directorate redeployment list ('where are our staff?') to be updated daily by directorate teams with any changes.
- [Redacted]

[Redacted]

- [Redacted]

[Redacted]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 30 August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Tuesday 31st August 2021 SitRep #9 @ 1600
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 1st September 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 14.00)

- **13** COVID-19 patients in Auckland City Hospital.

National Cases: (data as at 1300hrs 31 August 2021) source MoH:

- Total of **48** new community cases and **1** new case (**+1 reclassified as border case**) from the border in last 24 hours.
- **594** active cases in Auckland and **15** in Wellington (**excluding MIQF**). Total of **609** active cases from the community



Amount of COVID-19 in our Community

COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- Te Toka Tumai (Auckland DHB) COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning including internal redeployment continuing to maintain service levels.

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources. **Staff absence rate reduced today.**

- [Redacted]
- [Redacted]
- Managing admissions of COVID-19 positive patients in line with agreed regional plan. Hospital admissions increasing as expected – 13 in Auckland DHB. Internal bed capacity plan activated in line with regionally agreed plan.
- [Redacted]
- [Redacted]

- [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
- [Redacted]
- [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed.
 - [Redacted]
 - Request for national assistance with ITU and MIQF nursing submitted – awaiting responses.
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]
- [Redacted]
- [Redacted]
 - [Redacted]
 - [Redacted]
- [Redacted]
- [Redacted]
 - [Redacted]
 - [Redacted]
 - [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 31 August 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Wednesday 1st September 2021 SitRep #10 @ 1600
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 2 nd September 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

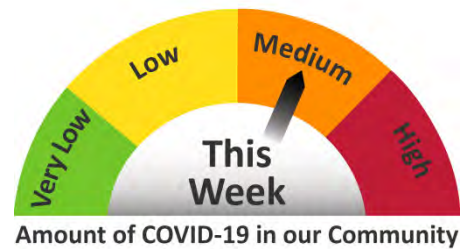
Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 14.00)

- 15 COVID-19 patients in Auckland City Hospital (4 in ITU).

National Cases: (data as at 1300hrs 1 September 2021) source MoH:

- Total of 76 new community cases and 1 new case from the border in last 24 hours.
- 665 active cases in Auckland and 16 in Wellington (excluding MIQF) and 1 in Mid Central. Total of 682 active cases from the community.



COVID-19 Alert Levels	
Regional	National
Level 4	Level 4

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- Te Toka Tumai (Auckland DHB) COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning including internal redeployment continuing to maintain service levels.
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources.
- Managing admissions of COVID-19 positive patients in line with agreed regional plan. **Anticipating increased admissions across the region over next 48 hours.**
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation Report Approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 1 September 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Friday 3 rd September 2021 SitRep #12 @ 1600
Approved by: Jennie Montague– Auckland DHB Incident Controller	
Next SitRep due: 4 th September 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

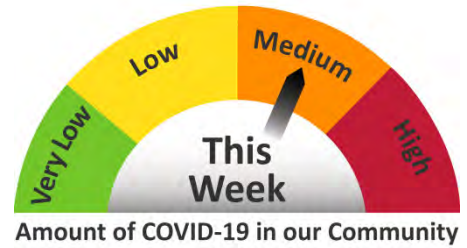
Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 14.00)

- 14 COVID-19 patients in Auckland City Hospital (3 in ITU, 1 ECMO patient & 1 Intubated patient).

National Cases: (data as at 1300hrs 3 September 2021) source MoH:

- Total of 28 new community cases and 4 new cases from the border in last 24 hours.
- 715 active cases in Auckland and 16 in Wellington. Total of 731 active cases from the community.



COVID-19 Alert Levels	
Regional	National
Level 4	Level 3

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- Te Toka Tumai (Auckland DHB) COVID-19 response IMT meetings taking place daily.

Planning

- Safe staffing planning including internal redeployment continuing to maintain service levels.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- Regional agreement in place – for Covid-19 hospital admissions and ICU escalations, especially from MIQ.

Operations

- Capacity planning in progress, measures to consolidate resources, including managing inpatient beds resources.
- Managing admissions of COVID-19 positive patients in line with agreed regional plan.
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed.
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation Report Approved by: Jennie Montague – Auckland DHB Incident Controller

Date: 3 September 2021

ADHB COVID-19 IMT Situation Report

New information in red

Prepared by: Tess Mann	Report date: Tuesday 7 th September 2021 SitRep #16 @ 16.00
Approved by: Alex Pimm – Auckland DHB Incident Controller	
Next SitRep due: 8 th September 2021	
SitRep released to: ADHB COVID-19 IMT; Senior Leadership Team; available on Hippo	
Mission objective: Maintain essential health services for the preservation of life.	

COVID-19 national and local statistics

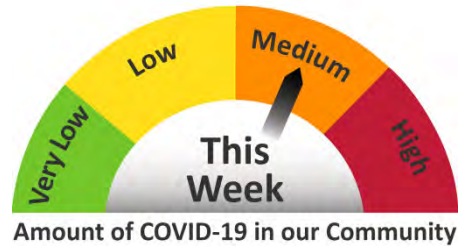
Lead agency: Ministry of Health

Auckland DHB catchment: (data as at 16.00, 7th September 2021)

- 16 COVID-19 patients in Auckland City Hospital (2 in ITU)

National cases: (data as at 09.00 7th September 2021) source MoH website:

- Total of 21 new community cases and 0 new cases from the border in last 24 hours (1 case under investigation to determine source).
- 686 active cases in Auckland and 9 in Wellington. Total of 695 active cases from the community and 25 border-related.



COVID-19 Alert Levels	
Auckland	Outside Auckland
Level 4	Level 3

Summary of critical issues and actions

COVID-19 Delta Outbreak IMT response

- Te Toka Tumai (Auckland DHB) COVID-19 response IMT meetings taking place daily.

Planning

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Operations

- [Redacted]
- Hospital occupancy and staffing is manageable.

- Continuing to manage admissions of COVID-19 positive patients in line with agreed regional plan.

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]

Welfare/people

- Responding to workforce requests to support the regional COVID-19 response. Regional workforce prioritisation plan agreed. *Continuing to work across the region to support COVID-19 response to testing/swabbing, ARPHS and MIQFs, with deployments requested to extend for at least a further week.*

- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Situation report approved by: Alex Pimm – Auckland DHB Incident Controller

Date: 7th September 2021

From: [Michael Shepherd \(ADHB\)](#)
To: [Jo Wright \(Nursing Director\) \(ADHB\)](#); [Margaret Dotchin \(ADHB\)](#); [Alex Pimm \(ADHB\)](#)
Subject: RE: ICU nurses from around the Regions
Date: Monday, 20 September 2021 18:21:53

Thanks Jo

As we agreed at CCB – suggest no new CVS, will inform national process we have enough names, complete orientation for the names we have accepted so far

Cheers

Mike

From: Jo Wright (Nursing Director) (ADHB)
Sent: Monday, 20 September 2021 11:49 a.m.
To: Margaret Dotchin (ADHB); Michael Shepherd (ADHB); Alex Pimm (ADHB)
Subject: ICU nurses from around the Regions

Hi everyone

We have taken 6 nurses to ADHB and 4 to CMDHB with another 5 processed and ready to start on the 27th September and 4th October, there are 3 profiles to review today. I talked with Margaret last week with a view to see how we are placed this week. With 3 patients in 7a COVID positive should we continue with the people in the pipeline? CMDHB had a few in ICU and were valuing being able to swap out nurses with having the extra support. I'm mindful that the DHB's have been generous to us. What should we do?

Thanks for your input

Jo

Ngā mihi

Jo Wright
Nurse Director
Cardiovascular Directorate
Auckland District Health Board

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