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9(2)(a)



RE Official Information Act request CDHB 10692

I refer to your email dated 23 August 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

1. **Since March 2020 and by each month thereafter, the number of fully staffed/operational ICU beds available, ICU capacity.**

I refer you to our response to Official Information Act request CDHB 10698 which covers ICU Occupancy, resourced beds and % Occupancy 2018 – 5/09/2021 at midnight by day. This response will be posted on our website within the next two weeks. We are therefore declining a response to this part of your request pursuant to section 18(d) of the Official Information Act i.e. “...that this information is or will soon be publicly available.

https://www.cdhb.health.nz/about-us/document-library/?_sft_document_type=official-information-act-response

- a. **A breakdown of all ICU staff (such as numbers of ICU nurses) and any vacancies, and**

Please refer to **Appendix 1 Table one** (attached) for a breakdown of ICU staffing – FTE by month since March 2020 and **Table two** for ICU advertised vacancies FTE by month since March 2020. **Note** Vacancies are ‘advertised’ vacancies only as these are the only ones we hold information for.

- b. **How many surgeries were rescheduled or postponed/cancelled.**

Please refer to **Appendix 1: Table three** for ICU deferments from March 2020 to December 2020 and **Table four** for ICU deferments from January 2021 to July 2021.

2. Since March 2020, copies of any reports, documents or briefings that include information about ICU capacity, including (but not limited to) in relation to Covid-19, such as contingency plans to scale up capacity.

To provide you with this information going back to March 2020 would take a substantial amount of time and resource, we are therefore declining to do this pursuant to section 18(f) of the Official Information Act.

However, we can provide you with an excerpt from our Covid-19 Resurgence/Response Plan, Appendix B, CDHB Hospital Response Framework (updated August 2021) . which includes information pertaining to ICU. (attached as **Appendix 2**)

We also refer you to our response to Official Information Act request CDHB 10684 which deals with 'readiness for another Covid outbreak' and specifically Questions 7 and 8. This response will be posted on our website within the next two weeks and will be publicly available. (Section 18(d) of the Official Information Act.

3. Since March 2020, copies of all correspondence with the Ministry of Health regarding critical care and ICU, in relation to Covid-19, such as confirmation of current capacity and plans to scale up capacity.

We are declining to provide copies of all correspondence with Ministry of Health as outlined above pursuant to section 18(f) of the Official Information Act i.e. *".... To provide this information going back to March 2020 would entail a substantial amount of time and resource"*.

I trust that this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Tracey Maisiey
Executive Director
Planning, Funding & Decision Support

Appendix 1 – CDHB 10692

Table one: ICU staffing – FTE by month since March 2020

Occupation	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Administrative employee	4.0	4.0	5.0	5.0	6.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.0
Health service assistant	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	3.0	3.0	4.0	4.0	3.0	3.0	3.0
Registered nurse	150.8	151.8	153.3	153.5	155.9	153.5	154.5	155.3	156.5	157.7	157.8	156.0	154.6	153.1	151.2	149.4	150.4	151.4
Registrar	19.0	17.0	17.0	24.0	21.0	20.0	20.0	20.0	20.0	19.0	21.0	18.0	18.0	18.0	19.0	20.0	17.0	20.0
Scientific officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.1	6.1	6.3	6.3	6.3	6.3	6.3	6.3	8.3
Senior nurse and midwife	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	17.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Specialist medical officer	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	13.0	12.8	12.8	12.8	12.8	12.8	13.2	13.2	13.2
Support employee	4.1	4.1	3.5	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.1	3.7
Technician	7.5	8.5	8.5	9.5	9.5	9.5	9.5	9.5	9.5	2.4	2.4	2.2	2.2	2.2	2.2	2.2	2.2	0.0

Table two: ICU 'Advertised' vacancies – FTE by month since March 2020*

Occupation	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Administrator	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Clinical physiologist	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0
Health service assistant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0
Registered nurse	4.4	2.4	1.4	0.0	1.0	0.0	0.0	2.2	2.2	0.0	0.0	0.0	0.0	6.4	8.3	0.0	0.0	2.0
Registrar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0
Specialist medical officer	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	1.0	0.0

*Note: If a position wasn't filled within the month advertised, it will be counted in the subsequent months until filled.

Table three: ICU deferments from March 2020 to December 2020

Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Total	Nil	Nil	Nil	Nil	Nil	2	Nil	Nil	Nil	Nil
	-	-	-	-	-	1 x cardiothoracic 1 x ENT	-	-	-	-

Table four: ICU deferments from January 2021 to July 2021

Month	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Total	1	1	11	nil	2	1	15
	1 x vascular case	1 x cardiothoracic	4 x cardiothoracic 3 x vascular 1 x urology 2 x paediatric 1 x neuro	-	1 x cardiothoracic 1 x vascular	1 x General surgery	8 x cardiothoracic 3 x paediatric 4 x general surgery

APPENDIX B: CDHB Hospital Response Framework – updated August 2021

COVID-19 Alert Levels at Canterbury DHB				
Alert Level	Risk Assessment	Public Measures	Hospital Response ¹	CDHB Response
Level 4 – Lockdown RED ALERT	Sustained and intensive community transmission Widespread outbreaks	<ul style="list-style-type: none"> Stay home in own bubble, except for essential workers who cannot work from home Essential workers observe physical distancing of 2m from one another. Masks/face coverings must be worn in public places and if 2m not possible Recreational activity only in own area Travel severely limited. Masks must be worn on public transport by all people over 10 years All gatherings cancelled and all public venues closed Schools, pre-schools and tertiary education establishments closed except for children of essential workers Wash hands Track all movements outside own bubble Get tested if presenting with COVID symptoms – work with Healthline 	<ul style="list-style-type: none"> Emergency Department services limited to high acuity medical and trauma care Activate plans as described in Hospital Green, Yellow and Orange Alert Levels Work with palliative care and other providers to agree alternate end-of-life services for non-COVID-19 patients. Continue acute surgery as staffing and capacity allows, prioritising non-deferrable, life-saving surgery Cancel non-acute surgery to reduce transmission risk and reprioritise capacity. Activate additional streaming, including non-COVID-19 ICU/HDU to theatre complex or private provider if agreement reached As a last resort, move ventilated COVID-19 patients to repurposed ICU/HDU theatre complex for overflow. Aim is to not impact on ability to meet non-deferrable, life-saving acute surgery Continue with acute ambulatory assessments or virtual/telehealth assessments for urgent, non-deferrable cases only, as staffing allows Only accept urgent outpatient referrals, but ensure clinical risk is understood and managed. If other hospitals in the region are at the same Alert Level activate out of region management arrangements. 	<p>Key Messages:</p> <ul style="list-style-type: none"> Limited, if any, hospital visiting Masks and PPE mandatory (as appropriate) Only essential staff to work unless considered low risk Staff wellbeing paramount. <p>Tasks:</p> <ul style="list-style-type: none"> Exec P&F or CMO: Activates ECC with Clinical Lead, CEO, Equity Lead. CEO: Appoints ECC Controller. Service Continuity: Consult with CE/Controller for decision to contact ECC team, set up virtual meeting invitations, etc. Comms/P&C: Communications to employees in collaboration with Exec P&C, Exec P&F and CE. Update PRISM pages. Self-assessments reviewed. Comms: Monitor MoH comms and distribute/inform Controller and EMT and others as appropriate. Monitor CDEM, NEMA comms. Comms: Any measures that affect the general public should be communicated through the media, signage and the website. Update CDHB website, prep social media posts and media statements re change to Alert Level. Exec DoN: Liaise with nursing leaders across all facilities. Hospital: Communicate with patients re procedures, visitor policy. Review facility signage. Ensure QR posters in place. Vulnerable staff re-deployed if appropriate. Check PPE stock. ECCs activated.
Level 3 – Restrict ORANGE ALERT	Multiple cases of community transmission Multiple active clusters in multiple regions	<ul style="list-style-type: none"> Stay home in own bubble other than for essential personal movement – work, school, or for local recreation Physical distancing – 2 metres outside home or 1 metre in controlled environment like schools and workplaces People must stay within their household bubble but can include an isolated person in their bubble. Schools open for children of essential workers. Children should learn at home if possible. People must work from home unless it is not possible Businesses cannot offer services that involve close personal contact unless a supermarket, primary produce retailer, pharmacy, petrol station or hardware store or it is an emergency or critical situation. Business can be run if they can use contactless click and collect. Public venues closed Only gatherings of up to 10 permitted and only for weddings, funerals, and tangihanga. Physical distancing and public health measures must be maintained. Healthcare services virtual – non contact consultations where possible Inter-regional travel is not allowed except in extreme circumstances, eg essential worker Masks must be worn on public transport by all people over 10 years. Masks must be worn outdoors unless you can keep distance from others. 	<ul style="list-style-type: none"> Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert Activate plans as described in Hospital Green and Yellow Alert Levels Work with palliative care and other providers to agree alternate end-of-life services for non-COVID patients. Provide Emergency Department services with prioritisation on high acuity medical and trauma care. Provide advice in non-contact settings where possible Fully activate any agreements reached with other hospitals or providers, including private. Acute surgery to operate as usual, with priority on trauma cases, as staffing and facilities allow Prioritise urgent non-deferrable Planned Care cases not requiring ICU/HDU care Review and manage all non-urgent high risk Planned Care surgery requiring ICU/HDU, adjusting the prioritisation threshold for surgery with Senior Clinician for non-deferrable cases Increase ICU/HDU capacity as needed, retaining cohorting of known or suspected COVID-19 and non-positive patients, including moving non-COVID-19 ICU/HDU to theatre complex. Implement acute ambulatory assessments or virtual/ telehealth assessments for urgent, non-deferrable cases, as staffing allows Manage outpatient referrals to ensure clinical and equity risk is understood and managed. Activate regional management arrangements to support service delivery and minimise risk of patients waiting for services. 	<p>Key Messages:</p> <ul style="list-style-type: none"> Hospital visiting limited – generally one designated person but with discretionary exceptions Elective surgeries may be impacted – consult CDHB website Face masks mandatory in public and on public transport Physical distancing – 2 metres outside home or 1 metre in controlled environment Work from home if possible Stay home if unwell and get tested if symptoms are cold/flu-like No non-essential travel Use Tracer app and turn on Bluetooth Meetings of >10 people, or where it's not possible to maintain physical distancing, should be virtual. <p>Tasks:</p> <ul style="list-style-type: none"> Exec P&F or CMO: Activates ECC with Clinical Lead, CEO, Equity Lead CEO: Appoints ECC Controller. Service Continuity: Consult with CE/Controller for decision to contact ECC team, set up virtual meeting invitations, etc. Comms/H&S: Signage regarding the Alert Level and any actions required to be posted at appropriate places across the organisation. Comms/P&C: Communications to employees in collaboration with CMO, P&C, Exec P&F and CEO. Update PRISM pages. Comms: Monitor MoH, CDEM, NEMA comms and distribute/inform Controller, EMT and others as appropriate. Manage media queries. Comms: Any measures that affect the general public should be communicated through media, signage and the website. Update CDHB website, prep social media posts and media statements re change to Alert Level. Hospital: Communicate with patients, review visitor policy, review staff PPE policy and procedures, review surgery policy, review signage in each facility including QR code posters.

COVID-19 Alert Levels at Canterbury DHB				
Alert Level	Risk Assessment	Public Measures	Hospital Response ¹	CDHB Response
Level 2 – Reduce YELLOW ALERT	Limited community transmission could be occurring Active clusters in more than one region	<ul style="list-style-type: none"> People can connect with friends and family and socialise in groups of up to 100, go shopping, travel domestically if following public health guidance Keep physical distancing of two metres from people you don't know when out in public or in retail stores. Keep one metre physical distancing in controlled environments No more than 100 people at gatherings, including weddings, birthdays, and funeral and tangihanga Business open to public if following health guidance including physical distancing and record keeping. Alternative ways of working encouraged Hospitality business must keep groups of customers separated, seated and serviced by a single person. Maximum of 100 at a time Sport and recreation activities are allowed subject to conditions on gatherings, record keeping and where practical, physical distancing Public venues such as museums can open if they comply with public health measures Masks/face coverings must be worn by all people over 10 years on public transport and where physical distancing is not possible Stay home if you are sick and report flu like symptoms Wash and dry hands, cough into elbow, don't touch your face No restrictions on domestic transport No restrictions on workplaces or services they are encouraged to maintain records to enable contact tracing QR codes mandatory Face coverings required on public transport and aircraft. School buses and children under 12 are exempt along with passengers in taxis ride share services or people with disabilities or mental health conditions. 	<ul style="list-style-type: none"> Continue screening for COVID-19 symptoms and epidemiological criteria as per Green Alert Activate plans as described in Hospital Green Alert, as appropriate Activate Emergency Department triaging in a physically separate setting Activate streaming of known or suspected COVID-19 positive and non-positive patients as planned across Emergency Department, wards, theatres, ICU/HDU, and have dedicated COVID-19 capable theatre available Activate Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g., private aged residential care, community providers) Engage across other DHBs to appropriately discharge out-of-area patients back to domicile hospital or other setting (to be considered in conjunction with current Hospital Alert Level at other DHBs) Acute surgery, urgent elective, and non-deferrable surgery to operate as usual, with consideration given to repatriation processes if patient is non-domicile Maximise the provision of pre-op assessments and outpatient appointments to be undertaken virtually, or in an off-site setting as necessary Plan to defer non-urgent pre-assessments and non-urgent clinic patients if necessary, ensuring clinical and equity risk is managed. Activate any outsourcing arrangements, and engage on options for supporting 'cold trauma' cases and less complex urgent cancer surgery Planned Care surgery and other interventions to be prioritised based on urgency, and where ICU/HDU is not required, delivery should continue as much as possible, in accordance with agreed regional plan. Redeployment of staff as needed/available to ensure perioperative workforces are in place to run theatre including anaesthesia, anaesthetic technicians, nursing. Scale back delivery of non-urgent planned care as only as essential. 	<ul style="list-style-type: none"> EOCs may be activated. <p>Key Messages:</p> <ul style="list-style-type: none"> Hospital visitors limited Surgeries and Outpatients may be impacted Maintain physical distancing protocols Stay home if you are sick; ring Health Line if concerned Get tested if you have COVID-like symptoms Check in using the Tracer app, turn on Bluetooth Wash your hands Wear masks at meetings if unable to distance at least 1m Meetings by VC where possible. <p>Tasks:</p> <ul style="list-style-type: none"> Comms/P&C: Communications to employees in collaboration with CMO, CEO, and P&C. Update PRISM pages. Comms: Monitor MoH, CDEM and NEMA comms and distribute/inform EMT and others as appropriate. Manage media queries. Comms: Any measures that affect the general public should be communicated through media, signage and the website. Update CDHB website, prep social media posts and media statements re change to Alert Level. Comms/H&S: Signage regarding the Alert Level and any actions required to be posted at appropriate points across the organisation. Hospital: Facilities will be impacted and visitor numbers may be affected. Review visitor policy and entry/exit protocols. Review signage. Service Continuity: Team on high alert to activate an ECC if Alert Level changes and particularly if cluster in Canterbury/West Coast region. Service Continuity: Review Resurgence Plan.
Level 1 – Prepare GREEN ALERT	COVID-19 is uncontrolled overseas Sporadic imported cases Isolated local transmission could be occurring in New Zealand	<ul style="list-style-type: none"> Border entry measures to minimise risk of importing COVID-19 cases Testing available for symptomatic people only, to be scaled up in the event of a confirmed community case or an increase in demand Rapid contact tracing of any positive case Self-isolation and quarantine required Schools and workplaces open, and must operate safely No restrictions on personal movement but people are encouraged to maintain a record of where they have been No restrictions on gatherings but organisers encouraged to maintain records to enable contact tracing Stay home if you are sick, report flu-like symptoms Wash and dry hands, cough into elbow, try to avoid touching your face No restrictions on domestic transport 	<ul style="list-style-type: none"> Screen patients for COVID-19 symptoms and epidemiological criteria for any Emergency Department attendances, pre-op sessions, planned admission or clinic attendance Maintain ability to return, if necessary, to triage physically outside the Emergency Department (or outside the hospital building) Maintain a separate stream for COVID-19 suspected cases in Emergency Department Undertake training and exercises for management of a COVID-19 suspected case in the Emergency Department, wards, theatres, ICU/HDU Maintain PPE training for COVID-19 care in the Emergency Department, wards, theatres, ICU/HDU, outpatients, other relevant settings Maintain plan for isolation of a single case and multiple cases/cohorting Maintain capability for instigation, if necessary, of Early Supported Discharge, aggressive discharge and step-down arrangements, including with other partners as appropriate (e.g. private, aged residential care, community providers) 	<p>Key Messages:</p> <ul style="list-style-type: none"> Maintain physical distancing protocols Stay home if you are sick Get tested if you have COVID-like symptoms Check in using the Tracer app, turn on Bluetooth Wash your hands. <p>Tasks:</p> <ul style="list-style-type: none"> Comms/P&C: Communications to employees in collaboration with CMO, P&F, CEO, P&C. Comms: Update PRISM pages. Ensure all information re Alert Level Status on the website is updated/correct, especially regarding visiting protocols, Media release and social media posts will be necessary if we are changing down to Level 1. Service Continuity: Ensure Resurgence Plan is current and continue to work with key stakeholders across the organisation and externally to ensure robust contingency plans in place across the health system.

COVID-19 Alert Levels at Canterbury DHB				
Alert Level	Risk Assessment	Public Measures	Hospital Response ¹	CDHB Response
		<ul style="list-style-type: none"> Masks/face coverings must be worn by all people over 10 years on public transport and where physical distancing is not possible No restrictions on workplaces or services they are encouraged to maintain records to enable contact tracing QR codes mandatory for businesses and scanning is strongly encouraged 	<ul style="list-style-type: none"> Maintain ability to instigate, if necessary, separate streams for staffing, cleaning, supplies management and catering Plan for management of referrals, and increased workload on booking and call centre teams Plan to have a COVID-19 capable theatre for acute surgery for a known or suspected positive patient Maintain ability to instigate, if necessary, a dedicated COVID-19 ward Maintain engagement with alternative providers (such as private) regarding assistance during higher escalation levels, and to fast-track urgent, lower complexity care procedures. Maintain and further develop the provision of outpatients activity via telehealth and phone screening for virtual assessment and MDTs to videoconference wherever clinically appropriate and acceptable for patients. Planned Care surgery, acute surgery, urgent elective and non-deferrable surgery to operate as usual, National Services to operate as usual, NTA to operate as usual. Review patients on waiting list (surgery day case, other interventions) and group patients by urgency level. Prioritise Planned Care surgery and other interventions by focusing on those with the most urgent need, and where ICU/HDU is required. 	