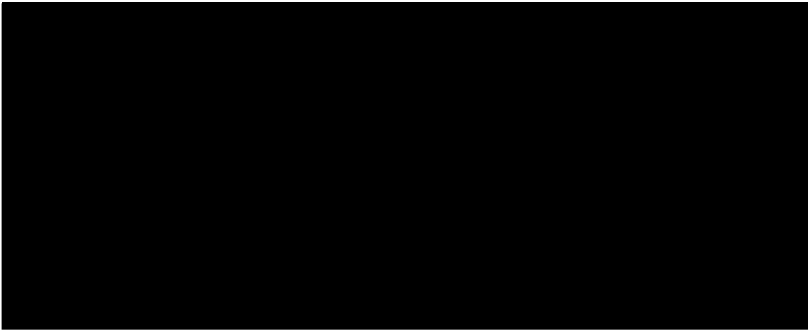


15 June 2020



Re Official Information Request – Staff working between COVID areas and Non COVID areas

I refer to your official information request dated 18 May 2020 requesting the following information:

This request should be processed in accordance with the Official Information Act, 1982.

- 1. I request copies of all submissions from all members of the Northern Regional Clinical Technical Advisory Group's (CTAG) (or submissions from external consultants) relating to the final decision by the group that hospital staff are permitted to work between COVID19 areas and non COVID19 areas. This should include but not be limited to any relevant emails between CTAG members about this issue, or between CTAG members and any staff at the Waitemata DHB.**
- 2. The decision to allow staff to work in non covid and covid areas was made on the basis that staff followed "meticulous use of all appropriate PPE" and "maintained good hand hygiene" . Did any CTAG members suggest taking these precautions alone were not enough to ensure a safe working environment?**
- 3. Were any members of the Northern Region CTAG group at any stage provided with any information about issues with staff access and or suitability of PPE at Waitakere Hospital ? If so, please provide all emails, reports or memos from the DHB staff relevant to this issue.**
- 4. Upon learning that nursing staff had contracted COVID19, and some patients in non-covid wards were being treated as 'close contacts', did the Northern Regional CTAG group change it's position on staffing arrangements at Waitakere Hospital, and or agree with the DHB's decision to change staffing arrangements so staff would not work between COVID**

and non-COVID areas? I request any correspondence (emails, reports etc) sent by members of the CTAG to DHB managers or executives, or correspondence received from DHB managers or executives by members of the CTAG group which relate to this change in policy.

Response:

1. This question is about a final decision about hospital staff being permitted to work between COVID-19 areas and non-COVID-19 areas. The response below provides information about the nature and role of CTAG as context for the response to that question.

The purpose of the NRHCC Clinical Technical Advisory Group is to provide advice regarding clinical decision making related to COVID-19, outside of business as usual operations, or where these operations are significantly impacted by COVID-19. In particular the NRHCC CTAG considers questions where a consistent or aligned regional approach is necessary or desirable. The nature and purpose of CTAG has evolved over the time of the pandemic.

There are seven member organisations/clinical groups that constitute the CTAG – the four Northern Region DHBs, public health units, primary health care, and emergency services. There are several representatives from each participating service on the listed membership and only one is required to attend each meeting. The membership includes clinicians from/with expertise in public health, infection prevention control, infectious diseases, clinical microbiology/laboratory, primary care, secondary care including paediatrics, ICU, respiratory medicine, emergency services. More latterly, occupational medicine clinicians have also joined the membership, and key personnel in other areas may be co-opted as required. Secretariat support is provided by the Planning & Intelligence Team, NRHCC.

CTAG provides principle-based advice, in this instance about staff working between sites. In some instances CTAG has 'produced papers' where the CTAG secretariat has held the pen on behalf of CTAG and the content is agreed by CTAG before being finalised, or CTAG 'signs off' papers where the content has been reviewed and minor changes are made as requested before distribution. Once the advice is distributed, DHBs then respond according to their local circumstances. In other instances, CTAG have given technical clinical advice into papers drafted by others which are signed off through other processes (e.g. the regional CEs group). In giving advice, CTAG acknowledges that the dynamic and rapidly evolving nature of the COVID-19 pandemic and advice is therefore considered interim and may change in the future as viral transmission risks are better understood.

In early April CTAG provided feedback on a paper regarding health care workers working between several community sites, in the context of COVID-19 planning liaison across various community providers regarding their COVID-19 response and contingency plans. The reality, that many health care workers work at more than one site and those working on a single site often

see multiple patients and work in multiple parts of that site, was described in the paper as the context of the situation at the time. The advice was therefore based on an assumption that people would be working across sites and focused on providing advice to reduce the risk of transfer of COVID-19 to vulnerable patients and to other healthcare workers. I.e. there was not a decision to 'permit staff' to work between areas, that situation was a given.

This paper was signed off through CTAG and was distributed in the usual manner for CTAG to Incident Management Teams across the region. It was also incorporated in guidance for Aged Residential Care providers which went out from NRHCC over Easter. This paper and the CTAG minute from the sign-off discussion are provided, attached.

Subsequently, as per the email trail provided, the NRHCC lead for the Workforce TAG (the Director for HR at WDHB) worked with the national Occupation Health Group to build on the initial NRHCC paper to develop a paper for national use and more broadly across the healthcare sector, titled the 'Movement Between Sites' paper. CTAG provided some review of this paper and technical advice by email, along with discussion at the CTAG meeting of 1 May. As above, the principle about staff working between areas was taken as a circumstance that would happen and the discussion was focused on best practice advice to mitigate risks. At the meeting of 1 May, as in attached email from the secretariat to the Welfare lead, the group agreed that to enable rostering, there is a need to accept that staff may need to work at different sites from day to day but changing site in mid shift should be avoided.

Over the weekend of 2&3 May the CTAG Chair had email correspondence with WDHB which resulted in the media release attributed to the CTAG Chair Dr Vanessa Thornton on 3 May referred to in Q2.

Correspondence related to these aspects of the CTAG work are attached in chronological order, and need to be read in light of the above context.

2. CTAG were agreed that best practice principles, which apply across a range of infectious conditions that are managed in NZ healthcare settings, were being recommended to minimise risk of COVID-19 transfer by staff working between different sites. In addition to the principles you have cited, other principles for infection prevention and control are important to minimise risks; some of these were mentioned in the media release - physical distancing within the workplace, daily self-monitoring for any potential symptoms by staff and not attending workplace if unwell, and others were included in the advice being discussed at CTAG (as in the paper attached to emails provided).
3. As noted, CTAG provides principle based advice, in this instance about staff working between sites. CTAG were not asked specifically about the Waitakere situation and issues about access to or suitability of PPE at Waitakere were not circulated to the CTAG members.

4. CTAG was not involved in operational decisions about staffing arrangements. Any further questions on putting policy advice into operation decisions should be directed to WDHB.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. 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 Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive ADHB