

# Health Report

## MIQF health workforce update

<b>Date due to MO:</b> N/A	<b>Action required by:</b> N/A
<b>Security level:</b> IN CONFIDENCE	<b>Health Report number:</b> 20210510
<b>To:</b> Hon Chris Hipkins, Minister for COVID-19 Response	

### Contact for telephone discussion

Name	Position	Telephone
<b>Sue Gordon</b>	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)
<b>Shona Meyrick</b>	Group Manager, COVID-19 Border and Managed Isolation	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# MIQF health workforce update

## Purpose of the report

1. The Managed Isolation Quarantine Facility (MIQF) workforce continues to play a vital and effective role in supporting the government's interagency COVID-19 strategy. The Ministry of Health (the Ministry) has an ongoing work programme to provide policy guidance and practical support to DHBs.
2. This report provides you with an update on progression of our action points from the workforce plan outlined in March 2021 briefing (HR20210510). Specifically, this document reports on actions relating to supporting DHBs to:
  - a. optimise models of care
  - b. monitor and manage workload demand
  - c. manage risks and challenges to sustaining an adequate MIQF health workforce until it is no longer required.

## Summary

3. Changes within the MIQ context that are having time-limited impacts on the health workforce since our last report include:
  - a. temporary hotel closures or capacity reduction following transmission incidents, for ventilation revision and for maintenance resulting in decreased occupancy
  - b. temporary suspension of travel from India
  - c. the establishment of the vaccination workforce
  - d. vaccination of the border workforce
  - e. transition to cohorting
  - f. reduced options for MIQ transfer flights between Auckland and Wellington/Christchurch.
4. Recent changes within the MIQF environment that have sustained impact on the workforce include:
  - a. introduction of weekly testing for healthcare workers
  - b. increased focus on reducing within-facility transmission of COVID-19 resulting in operational changes to how work is conducted, and returnee movement is managed
  - c. cohorting, resulting in changes to the flow of workload
  - d. opening of Quarantine Free Travel (QFT) with Australia resulting in an overall reduction in occupancy but an increase in the risk profile of returnees

- e. ongoing evolution in the profile of returnees including the refugee intake and other specialty groups.
5. Potential changes identified that would significantly impact the MIQF workforce:
  - a. any decision taken to decommission facilities.
6. Current actions being taken by DHBs in collaboration with the Ministry and MBIE are targeting areas of concern identified in the previous report on the health workforce including; high and evolving workload demands, recruitment and retention issues, and community stigma and discrimination.
7. The Ministry's development and implementation of an IT clinical management system (BCMS) has now been implemented across all five regions. The system has had a positive impact on reducing workload and improving management of the healthcare needs of returnees. It has been reported that the administrative load has been reduced by several hours across nursing team shifts.
8. The Auckland region is developing capability to capture workload through the introduction of a method of categorising returnee's health status. We are working with them to identify options to coordinate this initiative across other regions.
9. DHBs have been reviewing opportunities for workload delegation to relieve pressure on the registered nurse workforce. The Auckland region is currently implementing a combined health care assistant/administration role and is actively recruiting from within the Māori and Pacific communities. We are encouraging all regions to consider introducing non-RN roles and/or to extend the scope of the health care assistant (HCA) role (for example routine swabbing and routine health checks).
10. Reduction in MIQF hotel capacity as a result of Trans-Tasman quarantine free travel, and scheduled hotel maintenance, has temporarily relieved some of the pressure on health workforce shortages, particularly in the Auckland region. This has enabled deferred leave to be taken, has reduced reliance on agency staff and allowed a training catch-up. Christchurch MIQ staff have been supporting airport staff with health screens for QFT arrivals and vaccination training, and are sending 8 people to Auckland MIQ on short-term secondment.
11. There are issues with ensuring a regular flow of returnees to Christchurch and Wellington via domestic transfer. Christchurch has been most impacted by these changes as they have larger hotels than Wellington, but both have experienced lost productivity. MBIE are hoping this issue can be resolved by end of May 2021.
12. By mid-May 2021, a cohorting process of filling hotels will be in place at all MIFs. This means that MIFs will only receive arrivals over a 96-hour period, after which there will be no further new arrivals until the cohort has departed. MBIE is currently working on how this will work operationally, and DHBs were given the opportunity to raise any risks associated with this new system. In Auckland, it has been identified that there will be a higher workload for health staff over the first four and last four days, with lower workload in the middle of the stay. Overall MBIE expects that it will give them ability to plan hotel utilisation up to three months in advance. This will support workforce planning.

13. Workforce losses due to vaccine refusal have been low due to a high uptake supported by proactive DHB strategies. A small number of staff have been deployed out of frontline duties (Christchurch 1, Hamilton 0, Rotorua 0, Auckland 7-8, Wellington 2). This has not been reported to have exacerbated workforce shortages.
14. Concerns that MIQF workforce personnel would move into the vaccination workforce have not eventuated at a significant scale but this remains an active area of risk. Regions are proactively taking steps to be able to deploy workers across both areas which should help to address making better use of 'down-time' resulting from variability in MIQ occupancy and utilisation. The Ministry is scoping a review of the dedicated workforce policy to identify where amendments may be required to support this flexible use of the COVID-19 response workforce.
15. Concerns raised by the workforce (for example community discrimination relating to access to healthcare and issues relating to the work environment) are being worked through as they arise. Senior Ministry and DHB representatives met with the New Zealand Nurses Organisation (NZNO) to discuss their concerns. DHBs provided a response to NZNO's wellness package for MIQ nurses. DHBs are taking individual actions to address instances of discrimination.
16. In response to concerns raised about staff being denied rental accommodation due to perceived infection risk, we are reviewing the scope of the Temporary Accommodation Fund in collaboration with the Ministry's Workforce Team. We will be making recommendations by the end of May regarding any required changes to better support workforce needs.
17. DHBs have been provided with a standardised workforce data reporting template. This is part of an ongoing project to create a data dashboard that will provide greater visibility and better track workforce deployment and vacancies.
18. A review of models of care across the five regions will be completed by May 10. The review has focused on the nursing and Infection Prevention and Control (IPC) workforce; examining approaches, local innovation, and different regional challenges. Once completed, we will be working with DHBs to collaborate on identifying what 'good practices' look like and to support review and continued refinement of MIQF health service delivery and investment of resource. Key recommendations include:
  - a. reviewing, and strengthening (where necessary) IPC capacity at the facility and governance level
  - b. reviewing and maximising opportunities for delegation of activities both from RNs to HCAs, and from the core health team to other teams (where appropriate)
  - c. clearly delineating the management of public health risk and supporting returnees' health and well-being needs
  - d. reviewing opportunities to better match staffing to fluctuations in workload demand
  - e. identifying and implementing minimum staffing levels appropriate to each facility
  - f. ensuring staff have access to appropriate resources to support their work
  - g. identifying standards for monitoring MIQF health workforce capacity/sufficiency.
19. Health workforce capacity / capability / demand has been added to MBIE's risk register ensuring ongoing monitoring of this area of risk.

20. The Ministry is aware that the New Zealand Nurses Organisation (NZNO) may initiate industrial action in pursuit of claims relating to the DHB Collective Employment Agreement. An agreement has been negotiated with NZNO that in the event of industrial action, health services would be continued within MIQ Facilities and at the border. We are continuing to monitor this risk.
21. The Ministry is providing input into the cabinet paper on options for the future of the Wellington MIQ Facilities (Options for MIQ). This will include advice around the workforce and public health implications of if these facilities were to be decommissioned.
22. Priorities for the next two months include:
  - a. working with DHBs to review and refine their models of care
  - b. undertaking a review of the dedicated workforce policy and making recommendations on changes to improve workforce flexibility across MIQFs, vaccination and border
  - c. investigating and reporting on the need to recruit from outside New Zealand to support workforce sustainability
  - d. identifying and sourcing the data required to undertake an analysis of the workforce costs of providing MIQF health services and review the associated DHB service specification and contract.

### Next steps

23. Interim reporting of actions against progress will be included in the weekly updates. The next full report outlining progress and future planned actions will be provided by 30 June 2021.

### Recommendations

We recommend you:

- a) **Note** the report

**Yes/No**



Sue Gordon  
Deputy Chief Executive,  
**COVID-19 Health Systems Response**

Date: 6/5/21

Hon Chris Hipkins

**Minister for COVID-19 Response**

Date:

ENDS.

## Appendix 1

**Table of actions**

<b>Actions currently underway</b>	<b>Start date</b>	<b>Completion date</b>
Complete a needs and utilisation assessment of the Temporary Accommodation Fund in collaboration with the Ministry's Workforce Team and make recommendations for changes that will meet the existing and projected future need (16)	08 March 2021	31 May 2021
Continue work with DHBs to maximise use of the Border Clinical Management System to streamline and reduce workload, improve returnee health management, and capture workload data (7,8)	February 2021	Complete
Continue to incorporate and improve data modelling to support medium term workforce strategy and planning to allow maximum lead-in times to prepare the workforce and adapt policy and practice (17)	March 2021	Ongoing
Completion of the Model of Care review (18)	March 2021	May 07 2021
Continuing to monitor the environment for changes that impact the MIQF health workforce		Ongoing
<b>Planned actions (start &amp; complete within three months)</b>	<b>Start date</b>	<b>Completion date</b>
Working with DHBs on the recommendations from the Model of Care review (18)	14 May	End of June 2021
Undertake a review of the dedicated workforce policy to identify and make recommendations on amendments to ensure best utilisation of the workforce and integration with other parts of the COVID-19 response (14)	01 May	End of May 2021
Respond to the MBIE facility review to identify opportunities to improve the environmental working conditions.	08 March 2021	End of June 2021
Establish whether the MIQF Health workforce can continue to be resourced from within the current health workforce or whether recruitment from outside NZ will be required (22)	01 June 2021	End of June 2021
Identify and source the data required to undertake an analysis of the workforce costs of providing MIQF health services and review the associated DHB service specification and contract (22)	14 May 2021	End of June 2021
Investigate, and provide advice on the workforce and public health implications if the Wellington MIQ Facilities were de-commissioned (21)	05 May 2021	10 May 2021