Community and Public Health Advisory Committee and Disability Support Advisory Committee Agenda

Waikato District Health Board

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON		
Date:	24 February 2021	Time:	9am

Commissioners:	Emeritus Professor M Wilson, Deputy Commissioner (Chair) Ms T P Thompson-Evans (Deputy Chair) Dame K Poutasi, Commissioner Mr A Connolly, Deputy Commissioner Mr C Paraone, Deputy Commissioner Ms R Karalus Dr P Malpass Mr J McIntosh Mr F Mhlanga Ms G Pomeroy Ms J Small Mr D Slone Mr G Tupuhi
In Attendance:	Mr K Whelan, Crown Monitor Dr K Snee, Chief Executive Other Executives as necessary

Next Meeting Date:	28 April 2021	
Contact Details:	Phone: 07 834 3622	Facsimile: 07 839 8680
	www.waikatodhb.health.nz	

Our Vision: **Healthy People. Excellent Care**

Our Values:

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**

Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

Item

2. APOLOGIES

3. INTERESTS

3.1 Schedule of Interests

3.2 Conflicts Related to Items on the Agenda

4. MINUTES AND MATTERS ARISING

4.1 Minutes 18 November 2020

5. COMMITTEE MEMBERS UPDATES

The Chair will invite members to provide updates as they relate to Waikato DHB

6. PRESENTATIONS TO BE PROVIDED AT THE MEETING

6.1 COVID Vaccination Rollout

7. INFORMATION

7.1 Q1 MoH Reporting Results 2020-2021

7.2 IMT Response – Hamilton COVID Event Waitangi Weekend

8. GENERAL BUSINESS

NEXT MEETING: 28 April 2021

Apologies

Schedule of Interests

SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO FEBRUARY 2021

Dame Karen Poutasi

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Network for Learning	Non-Pecuniary	None	
Daughter, Consultant Hardy Group	Non-Pecuniary	None	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Kapiti Health Advisory Committee	Non-Pecuniary	None	
Co-Chair, Kāpiti Community Health Network Establishment Governance Group	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	
Chair, COVID-19 Vaccine and Immunisation Governance Group	Non-Pecuniary	None	

Mr Andrew Connolly

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Member, Health Workforce Advisory Board	Non-Pecuniary	None	
Crown Monitor, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.
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Mr Chad Paraone

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Independent Chair, Bay of Plenty Alliance Leadership Team	Non-Pecuniary	None	
Independent Chair, Integrated Community Pharmacy Services Agreement National Review (stepped down from role from December 2020 to March 2021)	Non-Pecuniary	None	
Strategic Advisor (Maori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None	
Maori Health Director, Precision Driven Health (stepped down from role from October 2020 to March 2021)	Non-Pecuniary	None	
Committee of Management Member and Chair, Parengarenga A Incorporation	Non-Pecuniary	None	
Director/Shareholder, Finora Management Services Ltd	Non-Pecuniary	None	
Member, Transition Unit (Health & Disability System Reform), Department of Prime Minster and Cabinet)	Non-Pecuniary	None	

Emeritus Professor Margaret Wilson

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Deputy Commissioner, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Waikato Health Trust	Non-Pecuniary	None	
Co-Chair, Waikato Plan Leadership Group	Non-Pecuniary	None	

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Ms Te Pora Thompson-Evans

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Attendee, Commissioner meetings, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Finance Risk and Audit Committee, Waikato DHB	Non-Pecuniary	None	
Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Iwi Maaori Council, Waikato DHB	Non-Pecuniary	None	
Member, Te Manawa Taki Governance Group	Non-Pecuniary	None	
Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB	Non-Pecuniary	None	
Iwi: Ngāti Hauā	Non-Pecuniary	None	
Maangai Maaori:			
○ **Community Committee**	Non-Pecuniary	None	
○ **Economic Development Committee**	Non-Pecuniary	None	
Director/Shareholder, Haua Innovation Group Holdings Limited	Non-Pecuniary	None	
Director, Whai Manawa Limited	Non-Pecuniary	None	
Director/Shareholder, 7 Eight 12 Limited	Non-Pecuniary	None	

Dr Paul Malpass

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Fellow, Australasian College of Surgeons	Non-Pecuniary	None	
Fellow, New Zealand College of Public Health Medicine	Non-Pecuniary	None	
Trustee, CP and DB Malpass Family Trust	Non-Pecuniary	None	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	

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Mr John McIntosh

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)	Non-Pecuniary	None	
Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_	Non-Pecuniary	None	
Trustee, Waikato Health and Disability Expo Trust	Non-Pecuniary	None	

Ms Rachel Karalus

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Chair, Aere Tai Pacific Midland Collective	Non-Pecuniary	None	
Member, Waikato Plan Regional Housing Initiative	Non-Pecuniary	None	
Chief Executive Officer, K'aute Pasifika Trust	Non-Pecuniary	None	

Ms Gerri Pomeroy

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Co-Chair, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Trustee, My Life My Voice	Non-Pecuniary	None	
Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly	Non-Pecuniary	None	
Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development	Non-Pecuniary	None	
Member, Machinery of Government Review Working Group, Ministry of Social Development	Non-Pecuniary	None	

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Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health	Non-Pecuniary	None	
Member, Enabling Good Lives National Leadership Group, Ministry of Health	Non-Pecuniary	None	

[a]Mr Fungai Mhlanga

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities	Non-Pecuniary	None	
Trustee, Indigo Festival Trust	Non-Pecuniary	None	
Member, Waikato Sunrise rotary Club	Non-Pecuniary	None	
Trustee, Grandview Community Garden	Non-Pecuniary	None	
Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross	Non-Pecuniary	None	
Volunteer, Ethnic Football Festival	Non-Pecuniary	None	

Mr David Slone

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Director and Shareholder, The Optimistic Cynic Ltd	Non-Pecuniary	None	
Trustee, NZ Williams Syndrome Association	Non-Pecuniary	None	
Trustee, Impact Hub Waikato Trust	Non-Pecuniary	None	
Employee, CSC Buying Group Ltd	Non-Pecuniary	None	
Advisor, Christian Supply Chain Charitable Trust	Non-Pecuniary	None	

[a] *The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic communities/Department of Internal Affairs).*

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Ms Judy Small

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Consumer Council, Waikato DHB	Non-Pecuniary	None	
Director, Royal NZ Foundation for the Blind	Non-Pecuniary	None	

Mr Glen Tupuhi

Interest	**Nature of Interest** *(Pecuniary/Non-Pecuniary)*	**Type of Conflict** *(Actual/Potential/Perceived/None)*	**Mitigating Actions** *(Agreed approach to manage Risks)*
Member, Community and Public Health Advisory Committee, Waikato DHB	Non-Pecuniary	None	Refer Notes 1 and 2
Member, Hospitals Advisory Committee, Waikato DHB	Non-Pecuniary	None	
Member, Iwi Maori Council, Waikato DHB	Non-Pecuniary	None	
Board member, Hauraki PHO	Non-Pecuniary	None	
Board member , Te Korowai Hauora o Hauraki	Non-Pecuniary	None	
Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster	Non-Pecuniary	None	

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Conflicts Related to Items on the Agenda

Previous Minutes

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Community and Public Health Advisory Committee (Including the Disability Support Advisory Committee Meeting) held on 18 November 2020 commencing at 9am

Present: Professor M Wilson (Chair)
Mr A Connolly
Dr P Malpass
Mr J McIntosh
Mr C Paraone
Dame K Poutasi
Ms J Small
Mr F Mhlanga
Mr G Tupuhi
Ms T Thompson-Evans

In Attendance: Dr K Snee, Chief Executive
Ms T Maloney, Executive Director – Strategy, Investment and Transformation
Ms S Hayward, Chief Nurse & Midwifery Officer
Mr N Hablous, Company Secretary
Ms C Tahu, Chief Advisor – Allied Health
Mr R Nia Nia, Executive Director – Māori, Equity and Health Improvement
Ms L Singh, Executive Director – Hospital and Community Services (from 9.25am)
Dr G Hopgood, Chief Medical Officer
Dr R Lawrenson, Population Advisor, Strategy & Funding
Dr R Nair, Clinical Director – Cardiology
Mr D Nicholson, Director – Operations
Mr D Thomas, Manager – Public Health Advisory and Development

Apologies: Ms R Karalus
Mr D Sloan
Ms G Pomeroy
Mr G Tupuhi (for late arrival at 10.50am)

ITEM 2: APOLOGIES

Resolved
THAT the apologies from Ms R Karalus, Mr D Sloan, Ms G Pomeroy and Mr G Tupuhi are accepted.

ITEM 3: INTERESTS

3.1 Register of Interests
There were no changes made to the interests register.

3.2 Conflicts relating to items on the Agenda
No conflicts of interest relating to items on the agenda were foreshadowed.

ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

4.1 Waikato DHB Community and Public Health and Advisory Committee: 23 September 2020

Resolved
THAT
The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 23 September 2020 are confirmed as a true and correct record.

Moved: Mr J McIntosh
Seconded: Mr F Mhlanga

4.2 Matters Arising
Nil

ITEM 5: MEMBERS UPDATES

Committee members were invited to provide updates on any matters in their community relevant to Waikato DHB:

Members provided feedback:

- ***Mr J McIntosh*** – he had delivered two copies of the Life in a Pandemic book to Waikato DHB. The book published stories in the words of people with disabilities of how the first lockdown impacted their lives and was launched last month in Hamilton and Wellington. Mr McIntosh has been involved in disability awareness training with Hamilton City Council and regional councils, as well as for other public agencies. The training courses have now finished for the year. Ms Wilson advised that a fuller discussion on the disability profile will be had next year.
- ***Ms J Small*** – attended the disability forum on Friday in the community and had been able to support Council work on accessibility. Ms Small has also been involved in making Ward, Anglesea and Rostrevor Streets more pedestrian friendly. She is involved with Houchens Wellness Village being run through Momentum Waikato. They have contracted a design thinking group to work with the community to develop what they think a wellness centre could look like. People can walk through it from afternoon through to Wednesday. If anyone is interested, email Judy and she will send an invite to register. Issues with rubbish will be discussed at non public part of Hamilton City Council infrastructure meeting tomorrow. An age friendly day will be held on 30 November at Celebrating Age, and all are welcome to attend.
- ***Mr F Mhlanga*** – has been working with new migrant settler communities in Hamilton and Waikato. Some needs have emerged, for example mental health and wellbeing – a lot of community members raise this constantly as an issue. Many have lost small businesses eg speciality foods, taxi drivers, etc. Some visitors have been unable to leave the country. Institutions like the University and Wintec are supporting students in that situation. Where they would have previously paid fees, money is not coming from parents as before and they can't look after themselves.
  There are some exciting developments coming up – the Settlement Centre has been given go ahead to expand and develop into a one stop shop. Consultation has started with community leaders. In the next few years, it is hoped that there will be an expanded centre that will cater towards the needs of new migrants at one location.
- ***Dr P Malpass*** – the Taumarunui District Healthcare Governance Group which has been lead by the mayor has continued for 8 years. The group met last week and it was suggested that this would be an ideal relationship for locality development. Dr

DRAFT

Malpass raised concerns with situations where if a patient is taken to local hospital in ambulance and treated and then needs to get home, some have difficulty as they have no means of getting home – there is often no local transport or local ambulance service. Solutions could be considered as part of the transport plan.

Resolved
THAT
The updates from around the table are noted.

ITEM 6: PRESENTATIONS

6.1 Cardiovascular Disease Overview
MR R Lawrenson presented the cardiovascular disease overview, including population health and equity views.

Ms T Maloney presented the cardiac investment 20/21 overview.

6.2 Cardiology
Dr R Nair and Dr D Nicholson presented the Cardiology overview – Heart Health 2020 and beyond.

Break: 10.25am
Resumed: 10.45am

ITEM 7: INFORMATION

7.1 Locality Development Update
Report noted. The same information has been to the Commissioners meeting providing an update on each locality activity.

Resolved
THAT
The report is received.

7.2 Whānau Hauā Disabled Peoples Health and Wellbeing Profile
Report noted.

Mr D Thomas advised that due to the delays in publishing the profile, the data now needs updating and the team are in the process of doing that. Once it is reviewed and finalised, the profile will be provided in accessible versions, eg sign language video and text format. It will then be ready for launch in the New Year.

Mr R Nia Nia acknowledged the consumer council who have been the backbone of developing the report. We need to ensure that we have response plan ready to go in New Year as well.

Dr P Malpass commented that it would be nice to have a rural aspect to it and understand what disability means in the rural sector.

Resolved
THAT
The report is received.

Moved: Mr J McIntosh
Seconded: Dr P Malpass

DRAFT

ITEM 8: GENERAL BUSINESS

8.1 2021 Meeting Dates
The 2021 meeting dates were Included in agenda for information.

There was no other general business.

ITEM 9: DATE OF NEXT MEETING

9.1 24 February 2021

Chairperson: Professor Margaret Wilson

Date: 18 November 2020

Meeting Closed: 10.50am

DRAFT

Matters Arising from Minutes

Members Updates

Presentations

Covid-19 Vaccination Programme for Waikato DHB

Marc ter Beek (SRO)
Maree Munro (programme lead)

Covid vaccination

- Instructions from MoH
- Role of DHB
- Waikato DHB approach
- Status
- Questions to shape community approach
  - Approach for rural, Pacifica
  - Communications
  - Vaccine hesitancy mitigation

Overall approach and timeline

- 16 Feb: first vaccine arrival in NZ
- 20 Feb: start in Auckland
- 26 Feb: start in Waikato district
- Tier -1: Border, MIF workers and their household contacts
- Tier -2: Frontline healthcare, urgent response workers (high risk of Covid exposure first), and their household contacts
- Tier -3: General population, starting with vulnerable and high needs populations.

Roles & Responsibilities (Tier 1): Teamwork

MoH

- Vaccine procurement
- DHB order fulfilment
- sequencing
- Distribution to local site,
- Immunisation register,
- Guidance on operations, workforce
- Communications messaging

DHB

- Planning & scheduling of appointments
- Local engagement and communications
- Run vaccination sites
- Local distribution
- Recruit/manage workforce

Other key parties

Immunisation advisory centre

- Develop training materials
- Track training completion
- Support, frequently asked questions

HCL

- Vaccine storage
- Vaccine transport
- Vaccine and immunisation consumables delivery

Key considerations for approach

- Cold chain (ULT)
- Short vaccine shelf life
- Second dose requirement
- Cost/wastage minimisation

→ Need to have all appointments booked and planned in advance → no walk-in clinics or opportunistic vaccination possible with Pfizer vaccine

Te Tiriti / equity considerations

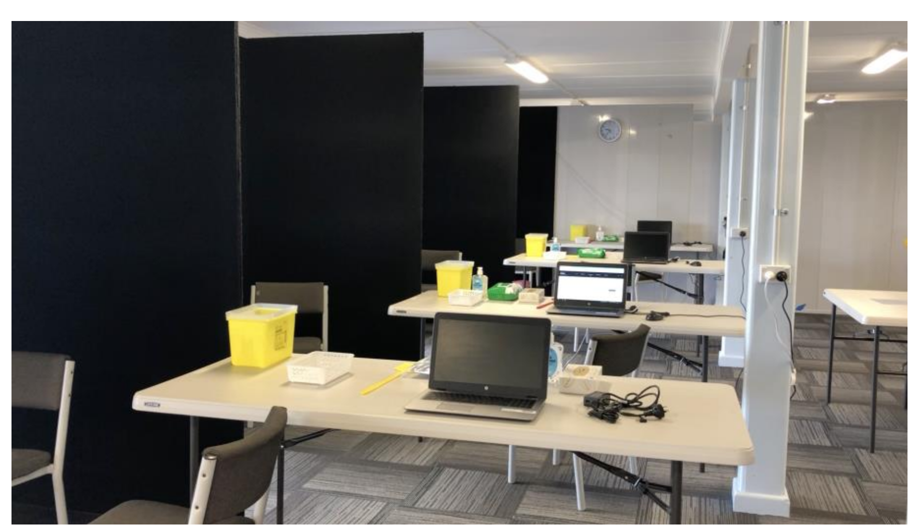
- Engaging with iwi to plan for population roll-out
- Leveraging learnings and approaches that proved successful during Influenza vaccination 2020, to tailor:
  - Communications
  - Workforce
  - Enrolment
  - Location
  - Sequencing and targeting
- Equity based data and reporting
- *We need to do something different to address the usual equity gaps in Maaori vaccination rates*

Approach Tier-1

- Immunisation on-site in Managed Isolation Facilities
- Community Vaccination Centre in Hamilton
- Dedicated contact centre for bookings

Sneak preview – Community Vaccination Centre

Sneak preview – Community Vaccination Centre



Sneak preview – Community Vaccination Centre

Waikato DHB programme structure

- Planning & intelligence
- Workforce
- Consumer engagement
- Site operations
- Distribution
- Digital
- Communications
- Te Tiriti / equity
- Clinical
- Provider engagement

Questions to shape approach

- How do we approach rural communities to have equitable access?
- How do we ensure disabled communities have equitable access?
- How do we address vaccine hesitancy?
- How do we integrate and leverage the unique Covid vaccination effort to shift the dial in health outcomes more broadly?

Risk management

- Covid resurgence
- Public sentiment
- Workforce contention

Next steps

- Dry-runs experience this week
- Vaccinate the vaccinators
- Go-live on Friday
- Commence planning work for Tier-2, Tier-3…
- Adjust and tailor approach to needs and incorporate learnings

Information

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE
24 FEBRUARY 2021

AGENDA ITEM XXX

Q1 MINISTRY REPORTING RESULTS

Purpose

The purpose of this report is to provide an update on how Waikato DHB performed in Quarter 1.

Recommendations

It is recommended that the Committee:

1) Note the content of this report.

MARC TER BEEK
ACTING EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION (Acting)

APPENDICES

N/A

REPORT DETAIL

Each quarter Waikato DHB completes a suite of non-financial reports for the Ministry. The reports are completed by service managers with oversight from the relative Executive Director. The Ministry reviews each report and provides a rating. We use these ratings to track our progress over the financial year. As part of the reporting process we also track the progress of the activities in the Annual Plan, where an activity is off track or delayed a solution or reason is provided.

Most measures have a Maaori equity component and Pacific breakdown where data sources allow. At this time there is little in the way of specific measures or breakdowns for disability.

Some of the key reports of particular interest include:

- Immunisations; 8 months, 5 years and influenza
- Planned care
- Shorter stays in ED (SSED)
- Faster cancer treatment (31 and 62 days)

The reports for each of these have been included in this paper along with a summary table that shows how we performed across the full suite of Q1 performance measures.

Equity

Mana Whakahaere (Article 1)
Equity Outcome Actions (EOA) are included throughout the annual plan and progress towards achievement is monitored.

Mana Motuhake (Article 2)
Iwi Maaori Council are involved in the development of the annual plan and receive progress updates on the EOA. The Chair of Iwi Maaori Council is signatory to the Annual Plan.

Mana Taangata (Article 3)
Reporting is completed by ethnicity to highlight any equity gap that exist and to monitor progress against the same.

Mana Maaori (Declaration/Article 4)
Planning and reporting processes incorporate the Treaty of Waitangi Principles and is aligned with Whakamaua Maaori Health Action Plan 2020-2025.

Efficiency

Reporting ensures progress towards our agreed priorities and highlights any areas that require early intervention to get back 'on-track.'

Quality and Risk

Quality & Risk activities are woven throughout the Annual Plan and reporting requirements as well as a specific section on Improving Quality.

Strategy

All planning and reporting is aligned to both national and local strategies.

Future Reporting

Reporting will be as requested

Waikato DHB Quarter One Reporting Results 2020/2021 - summary

Number of reports submitted	Achieved	Partially Achieved	Not Achieved
45	**27**	**14**	**4**

Code	Deliverable	Final Q1 Rating	Previous rating	Notes
-	**Care capacity demand calculation**			
CW05(1)	**Immunisation coverage at age eight months**			
CW05(2)	**Immunisation coverage at age five years**			
CW05(4)	**Immunisation coverage influenza**			
CW06	**Child health - Breastfeeding**		-	
CW07	**Newborn enrolment with GP**			
CW08	**Immunisation coverage at age two years**			
CW09	**Better help for smokers to quit - Maternity**			
CW10	**Raising Healthy Kids**		+	
CW12	**Youth Mental Health Initiatives**			
MH02	**Improving mental health services using discharge planning and employment**			
MH03	**DHBs report alcohol and drug service waiting times and waiting lists**			
MH04(2)	**Mental Health and Addiction Service Development - District Suicide Prevention and Postvention**			
MH04(3)	**Mental Health and Addiction Service Development - Improving crisis response services**			
MH04(4)	**Mental Health and Addiction Service Development - Improve outcomes for children**		+	
MH04(5)	**Mental Health and Addiction Service Development - Improving employment and physical health needs of people with low prevalence conditions**			
MH05	**Reduce the rate of Maaori under the Mental Health Act: section 29 community treatment orders**		**NR**	
MH06	**Mental health output delivery**			
MH07	**Improving mental health services using discharge planning and employment**		-	New report
SS01	**Faster Cancer Treatment 31 days**			

SS02	**Delivery of Regional Service Plans**	🟢	🟢	
SS03	**Ensuring delivery of Service Coverage**	🟢	🟢	
SS04	**Implementing the Healthy Ageing Strategy**	🟢	🟢	
SS07	**Planned care measures**	🟠	🟠	
SS09(1)	**Improving the quality of identity data within the NHI**	🟢	🟢	
SS09(2)	**Improving the quality of data submitted to National Collections**	🟢	🟢	
SS09(3)	**Improving the quality of the programme for the integration of mental health data (PRIMHD)**	🟢	🟢	
SS10	**Shorter stays in Emergency Departments**	🔴	🟠	
SS11	**Faster Cancer Treatment - 62 days**	🟢	🟠	
SS13(4)	**Improved management for long term conditions - Acute heart health**	🟠	🟠	
SS13(5)	**Improved management for long term conditions - Stroke**	🟠	🟠	
SS15	**Improving waiting times for diagnostic services - Colonoscopy**	🟠	🟠	
PP01	**Delivery of actions to improve system integration and SLMs**	🟢	🟢	
PH04	**Better help for smokers to quit – Primary Care**	🟠	🟠	
CFA	**B4 School Check**	🟢	🟢	
CFA	**SUDI**	**NR**	**NR**	
CFA	**Primary Health Care Services**	🟢	🟢	
-	**Annual Plan Status Update - Child Wellbeing**	🟢	🟠	
-	**Annual Plan Status Update - Mental Wellbeing**	🟠	🟠	
-	**Annual Plan Status Update - Prevention**	🟢	🟠	
-	**Annual Plan Status Update - Health System**	🟢	🟢	
-	**Annual Plan Status Update - Primary Care**	🟢	🟠	
-	**Annual Plan Status Update - Sustainability**	🟢	**-**	New report
-	**Annual Plan Status Update - He Korowai Oranga**	🟢	**-**	New report

CW05(1) Immunisation coverage at age eight months / 2 years / 5 years

Target definition: Percentage of eligible children fully immunised at eight months/2 year olds/5 year olds of age for total DHB population, Maaori and Pacific; achievement requires that the target is met for the total population and significant progress for the Maaori population group (and where relevant) Pacific population group has been achieved.

Summary of results: coverage at age eight months			
	Maaori	Pacific	Total
Target	95%	95%	95%
Quarter two	86%	94%	90%
Quarter three	81%	88%	87%
Quarter four	82%	93%	90%
Quarter one	77%	91%	86%
Summary of results: coverage at age two years			
	Maaori	Pacific	Total
Target	95%	95%	95%
Quarter two	84%	94%	90%
Quarter three	86%	97%	90%
Quarter four	85%	94%	89%
Quarter one	81%	82%	87%

Summary of results: coverage at age five years			
	Maaori	Pacific	Total
Target	95%	95%	95%
Quarter two	85%	81%	88%
Quarter three	82%	99%	88%
Quarter four	83%	87%	88%
Quarter one	83%	86%	85%

Waikato DHB has not met the immunisation targets for Maaori, Pacific or total population.

The recent COVID-19 alert level rises seems to have increased anxiety within our communities, particularly in Tokoroa where there were confirmed cases due to the travel of some members of the Auckland cluster. This naturally takes community focus away from everyday activities like immunisation and on to COVID-19 and increases pressures on the health system, particularly general practice.

During the quarter Waikato DHB has continued to support collaborative engagement with secondary, community and primary care partners to improve rates for both childhood immunisation and wider MMR vaccination coverage.

Tamariki Maaori Immunisation Case Review

This group continues to bring together staff involved in providing or supporting immunisation provision from Waikato DHB, PHO's, WCTO providers and Family Start to work collaboratively, share knowledge and resources to support tamariki Maaori who are engaged with our services to achieve timely immunisations. Meetings are held four weekly and the number of cases reviewed each meeting has varied (between 25-37).

For the first quarter outcomes from this initiative include;

- Within four weeks of the meeting on average 40 percent of cases are up to date with immunisations.
- A further five percent of cases have received additional immunisations but are not yet up to date for age.
- The Tamariki Maaori Case Review meeting process has provided a forum that has strengthened collaborative working relationships, strengthening efficacy and effectiveness.

Supporting tamariki Maaori to access six week immunisations

This project was initiated in 2019 to support tamariki Maaori to access their first immunisations on time. All tamariki Maaori eight weeks of age who have not accessed their first immunisations are sent a text message with a welcoming greeting reminding them of six week immunisations and offering support to access this service if required. We text between 60-80 whaanau each month.

For the first quarter the numbers of text messages has increased month on month (range 75-85). For the same period the numbers of whaanau proactively contacting us after receiving the message has also increased. Whaanau are seeking support to get an appointment for immunisations, we work with each whaanau to achieve this.

Supporting and strengthening primary care immunisation systems

Initial planning has begun to bring together a practice level support network to share information, ideas and to strengthen the practice level systems and support that will improve our immunisation system.

CW05(4): Immunisation coverage influenza

Waikato DHB has not met the target but has significantly improved on previous years in all ethnicities, and reduced the equity gap.

Our data shows we sit at the average for national coverage rates. The Waikato DHB 2020/21 System Level Measures (SLM) Improvement Plan key activity, to improve demand for acute care, through general practices targeting Maaori patients eligible for the influenza vaccination with the aim of reaching the seasonal target of 75 percent.

We will continue to work with our PHOs, Maaori and Pasifika NGOs, pharmacy and Aged Residential Care Services to promote and encourage influenza vaccination uptake in this age group.

There will be strong engagement with our primary care partners to support increased uptake in general practice through recall and reminder texts and letters as well as updated information on their websites prior to and during the next influenza vaccination season.

Total	Maaori	Pacific
69 percent	61 percent	65 percent

SS07 Planned Care

Component	Quarter Result	Actions to achieve compliance
ESPI 1	59.3%	ESPI 1 is monitored fortnightly at service level as part of the recovery plan monitoring with a focus on achieving clinical triage within six days. A process automation pilot that was planned to commence before end 2020 has been delayed. An additional 2 FTE fixed term employed to support current workload. Processes are to be reviewed and streamlined in Q3.
ESPI 2	**13.6%**	The Improvement Action Plan has been agreed with the Ministry of Health with a focus on a sustainable solution to waitlist management and wait times over the next three years. Progress is being made against the recovery plan and the DHB is on track with the targets within this.
ESPI 5	**15.5%**	The Improvement Action Plan has been agreed with the Ministry of Health with a focus on a sustainable solution to waitlist management and wait times over the next two years. The Waikato DHB trajectory shows compliance achieved in September 2021. Additional theatre sessions will be in place from March in line with the plan.
ESPI 8	93.4%	The Recovery plan is being monitored fortnightly at service level with all services showing an improvement and a number of services achieving compliance post COVID 19.
CT	**88.6%**	Waitlist trajectory approved by MoH. FTE Radiologist Vacancies of 2.1 and MRT Vacancies of 10 FTE and we continue to actively recruit. CT hours on 2 scanners at Waikato increased to 9pm, however these extended hours have already been taken up with acute work. Radiologists are struggling to keep on top of the reporting and we are outsourcing reporting each week to try and keep on top of all targets. On average we are receiving approx 700 CT referrals each week with over 400 of those being for acute and inpatients 300 for outpatients. The ED and inpatient acute demand and HSCAN demand still continues to grow and as a result outpatients are waiting longer to have CT scans. MRI are scanning on average over 1000 patients per month, however inpatient and outpatient demand is still high in this area also. We continue to keep promoting choosing wisely throughout our organisation. Under the planned care funding we are outsourcing 400 outpatient CT's per month and last month (October) we reached 92%. Weekend lists in CT and after hours lists in MRI still continue, however this is on the goodwill of staff who are already feeling stretched covering additional shifts due to vacancies and increased referral numbers. Waikato are in the business case process for an additional CT (April/May 2021) and if approved will greatly assist all patients throughput in a timely manner. Midland MRI have recently indicated that they will be installing an additional MRI scanner (5th) to assist with the outpatient referrals in May 2021.
MRI	**75.2%**	

Angiography	**84.2%**	Waikato has not achieved the expectation of delivery of 95% for the 1st quarter of 2020/21 as a result of increased acute demand over the winter period. We are addressing this by increasing cath lab capacity and working to not cancel elective angiograms. The ability to increase capacity is in part reliant on new consultant staff arriving which has added complexity currently due to COVID-19.
Ophth F/U > 50% over time	3.2%	The Improvement Action Plan for Ophthalmology has been agreed with the Ministry of Health. A key focus is to address all overdue follow ups over the next three years, including weekday additional clinics, locum engagement, weekend and evening clinics. Waikato DHB recovery trajectory for Ophthalmology, shows a concerted effort to reach 258 overdue follow ups by July 2021, which will address all 50% overdue follow ups. Full compliance for all overdue follow ups by February 2022. Additional weekday clinics, locum engagement, weekend and evening clinics are continuing.
Cardiac Wait Times (Nos > 90 Days)		The number of patients waiting over timeframes has been steadily decreasing over the last year and we continue to focus on ensuring that patients are scheduled within the clinical timeframes. The majority of patients waiting outside the timeframes are waiting for TAVI and we are working to increase the cath lab capacity available for Structural Heart procedures to ensure that targets are met. The ability to increase capacity is in part reliant on new consultant staff arriving which has added complexity currently due to COVID-19. All patients requiring cardiac surgery waiting outside of the clinically indicated timeframes have dates for surgery. A business case is being developed to support the resourcing of ICU to 16 beds 24/7. This will support cardiac surgery throughput and volumes.

SS10: 2020-21 Shorter Stays in Emergency Departments

Shorter Stays in ED Indicator: 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours.

Quarterly results

- Please use the ethnicity provided at the time of the ED presentation. Where that is not available, please use the ethnicity listed on the patient's NHI

	Total Population			Maori ethnicity			Pacific ethnicity		
Name of facility	Number stayed less than 6 hours	Total Presentations	% managed within 6 hours	Number stayed less than 6 hours	Total Presentations	% managed within 6 hours	Number stayed less than 6 hours	Total Presentations	% managed within 6 hours
Waikato	15183	20257	75	4548	5905	77	504	648	77.8
Taumarunui	1200	1251	95.9	535	561	95.4	12	12	100
Thames	3600	4034	89.2	717	796	90.1	48	52	92.3
Tokoroa	2688	2761	97.4	1034	1059	97.6	234	240	97.5
DHB total	22671	28303	80.1	6834	8321	82.1	798	952	83.8

Actions to improve SSED

Measure	Actions, activities, issues
1. Actions undertaken this quarter to maintain or improve the indicator	• The Waikato Hospital Emergency Department are still running two patient streams through their ED following COVID. One area (YZ) is for respiratory like +/- Covid 19 suspect cases illnesses and the other (main) is for all other patients. • Timely and responsive actions from specialities, to Waikato ED patients is an ongoing opportunity across all specialities. A standard operating procedure agreed by all specialities will provide a mechanism for highlighting improvements at a service level with relevant clinical leadership for action. • Appointment of a dedicated Director of Integrated Operations who is responsible for patient flow throughout the organisation. • Emergency Q continues and has now successfully been operating for over a 12 month period. • Development of a report which enables, in real time, a clear breakdown of the 3-2-1 model. This will ensure better clarity when identifying where the issues are and what response is required to resolve. • Providing an additional Mental Health Assessment area in Waikato ED.

	• Service Level Agreements are currently being developed with Radiology and Laboratories to reduce flow issues and access block, but also to enable a commitment to timely and appropriate access. Completion of these SLA is targeted for October 2020. • Breach reporting and review is in place. • Tokoroa and Taumarunui ED's have reviewed staff triage skills and nursing iPM knowledge and gaps in staff knowledge.
2. Planned work for next quarter	• Work continues around implementation of Patient Flow Manager (PFM) programme, which provides hospital clinical teams with consolidated operational and clinical information to help improve patient flow and enhance clinical care from admission to discharge. PFM is already in operation throughout the DHB. The second phase is to bring this to Waikato ED in the future. • Waikato Hospital wide development of alternative pathways for the undifferentiated triage three and frail patients presenting to Waikato ED. • 'Trendcare' implementation to Waikato ED is planned for the third quarter of this financial year. This will give better visibility of acuity and our ability to match resource to demand effectively. • The escalation plan for Waikato ED will be reviewed to ensure the ED has appropriate actions and responses to escalating issues within the department. • The Waikato Hospital ED team will meet with Oranga Tamariki and Psychiatry to discuss options for fostered children who need to move home urgently due to behaviour issues and transfers to Starship for mental health patients after hours. These children currently present to Waikato ED. • Tokoroa ED has commenced and will continue triage education and development for ED nurses. • Learnings for the Tokoroa ED breech review will be progressed • Thames ED patient flow improvement plan continues (staff attitude, resourcing, documentation process and leadership). • An assessment of improvements to date and effectiveness of these will be undertaken in the next quarter and the work program then reviewed to continue to support an improvement in access and flow
3. Barriers to achieving or maintaining the indicator	• Continued challenges in accessing beds in a timely manner for admitted patients. The opportunity is one of ensuring that flow through the hospital is achieved in order to meet predicted numbers of presentations to Waikato ED requiring inpatient cares. • The undifferentiated triage three patient and the frail elderly remain in Waikato ED a greater period of time than all other triage and age categories. The solutions for these patients is urgently required. • Currently, the Assessment Units, ASU and AMU and Paediatric Assessment units are not operating 24/7 or able to fulfil their purpose. These units have potential to reduce Waikato

	ED presentations by enabling GP referred presentations to go directly to the assessment units. • MHAS patients continue to present to Waikato ED with behavioural issues, e.g. suicidal ideation, psychosis. Ongoing conversations with our MHAS colleagues needs to continue to determine the right service, right time, and right place for this very specific client group. • Thames ED medical staff resourcing and high use of locum staff versus attendance volumes, i.e. negative mismatch.

SS11 Faster Cancer Treatment (FCT) 62 day indicator

SS01 Faster Cancer Treatment (FCT) 31 day indicator

Q1 has again shown an increase in performance with a provisional result of 100% meeting target.

A number of operational measures have been undertaken to maintain performance:

- Creation of a Cancer Clinical Equity Leadership Group post Covid 19 to recognise and identify access barriers to clinical or hospital care
    - A focus on achieving equity through ongoing monitoring of FCT achievement by ethnicity; this involved investigating any patients who had breached the recommended timeframes to identify any opportunities for improvement.
    - Engagement with Te Puna Oranga to minimise inequity in FCT, including addressing DNAs and identifying barriers to improve better outcomes for Maori and Pasifika communities. Daily reports were generated to highlight any FCT patients who Did Not Attend appointments relating to their FCT pathway. The CNS for equity and access monitored this report and pro-actively facilitated patient management and reviewed the overall system to mitigate delays where possible.
- FCT Business Manager and FCT Nurse Tracker continue to work very closely with the clinical nurse specialists to monitor patient pathways from the initial date of referral to assist (where possible), patients to not breach.
- Weekly coordinated meeting with Gynaecology Clinical Nurse Specialists to discuss individual patients and tracking pathways to ensure patients are discussed at Auckland multi-disciplinary meetings in a timely manner continue
- Ongoing monitoring of respiratory triaging and time to first specialist appointment.
- Ongoing monitoring of time taken to initial FSA for all services, ideally should be within 14 days of referral.
- Ongoing Weekly urology waitlist meeting to discuss any patients triaged onto 62 day pathway.
- Weekly general surgery waitlist meetings between FCT business manager, nurse tracker, CNS, elective care co-ordinator and booking clerk to ensure patients have a theatre operation date prior to breaching the health target.
- Fortnightly meetings with interventional radiology to improve timely access to CT biopsies and Ultrasound fine needle aspirations (FNA)
- A locum has been recruited for Maxillo Facial service and commenced in December. This should enable the service to continue until permanent surgeons are recruited.

REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE 24 FEBRUARY 2021

WAIKATO DHB IMT RESPONSE, HAMILTON COVID EVENT WAITANGI WEEKEND

Purpose

The purpose of this report is to outline the DHB emergency management response to a Hamilton resident returning a Covid positive test on 5 February 2021 after spending time in managed isolation.

This case and resulting response followed a long period of inaction for the Covid-19 response process and served as a good rehearsal of the DHB incident response process.

Recommendation

THAT

The Committee

1) Note the contents of this report.

BEVAN CLAYTON-SMITH - DIRECTOR PUBLIC HEALTH
DHB INCIDENT CONTROLLER COVID-19

MARC TER BEEK
EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION (Acting)

APPENDICES

n/a

SUPPORTING DOCUMENTS

n/a

Background

Initial Presentation

Covid positive result identified at approximately 3pm 05 February 2021 in an asymptomatic Hamilton resident. Case returnee from Dubai ex Pullman with two previous negative tests

during isolation (16th Jan – 30th Jan). Case living in house with two friends and observing high levels of hygiene.

Medical Officer of Health review after contact and initial case interview indicated a likely acute case. Further test conducted once they transferred into Distinction Hotel to affirm or review status. Request with labs for urgent result/ notification. Plans were in place in anticipation of the next result as well as understanding current and future needs and requirements of the resident.

05/02/21
Meeting established 1630 hours to discuss current events and to establish Incident Management Team (IMT) in response to events.

- Summary of information to date
- Immediate actions concerning Case and requirements
- Discussion of events and prior recent Covid events in Waikato, Northland and Auckland to be cognisant of
- Waitangi three day weekend and potential implications, internal migration
- Establishment of IMT and structure, roles and responsibilities
- Initiation and mobilisation/ establishment of CBACs for potential surge in testing.
- Liaison with primary care
- Liaison with CDEM/ HCC IC for situational awareness, secure Claudelands site and other considerations.
- Public Health expertise, support and management ongoing
- Communications with Iwi, Kiingi and tribal leaders, Hamilton Mayor
- Pre-prepared messaging for media release/s to community/ MOH/ internal staff and enhance consistency
- Operations within DHB via emergency operations
- Review of logistics and supplies to support response
- Equity considerations Maaori and Pacific Peoples
- Next meeting 10pm once next result come through and update from IMT members

Subsequent 10pm IMT meeting

- Reconfirmed test Covid positive stronger than previous (based on CT count)
- Further case details of resident via MOOH
- Zero exposure events at this time
- Updates on flatmates/ close contacts and testing
- Transfer of resident into MIQ facility
- Progress updates-Public health, primary care, operations, Maaori, Executives, Communications-good progress made with establishment of site and informing wider DHB partners
- CDEM and HCC IC and Anglesea presence for updates and support within IMT
- Planning in place across IMT to reinforce efforts and response in anticipation of surge in testing and resources
- Other considerations for weekend-staffing capacity and requirements dependent on developments and further testing
- Next meeting established

06/02/21
10am meeting

- MOOH updates, progress notes
- Progress updates and feedback from partners
- Planning for the day based on above considerations
- MOH liaison and updates via MOOHs for their updates and media 1pm stand-up
- Consideration of wider (DHB/ non DHB) risks across Waikato

- Ongoing communications and liaison with ministry
- Flatmate results negative
- Next meeting 4pm

4pm meeting

- Progress updates –MOOH, MOH, CBACs, COMMS, CDEM/HCC, Iwi, Primary Care
- Awaiting serology
- Quiet community response in terms of testing response at Claudelands and Founders
- Decision to scale back stand down CBACs in anticipation of remaining test results
- 10 am meeting to confirm

07/02/21

10am meeting

- Confirmation of PCR and serology indicative of historical case
- Standing down of CBAC site by 12 midday
- Internal and external communications
- Ongoing liaison with MOH regarding case

Discussion

As with previous responses encountered in 2020, the experience of this event and the proactive nature of the response within the DHB partners within the Waikato aligned with a number of Covid-19 response elements:

1. Scalable despite the timing on late Friday afternoon, personnel were contacted to establish an emergency response IMT team to take action was appropriate and proportionate to the facts known at the time and subsequently throughout the weekend.
2. Fast- from an initial case notification at 3pm to the 10pm evening IMT meeting there was the establishment of an IMT framework and planning and preparedness had occurred for a second testing centre to be open before midday in anticipation of a potential surge in the morning as experienced recently in Northland. The overall response could be considered swift in initiation, planning and execution of tasks as the weekend progressed. Swift and timely lab sampling and results notification was another feature.
3. Effective-the collective efforts of the team and the actions taken were planned and delivered tailored to the context of the situation. The team members worked tirelessly and with purpose over this period. As with emergency responses and CIMS principles of command and control, the ability for each IMT function to be autonomous and to execute their plans enabled and facilitated the overall response and outcomes.
4. Equitable-there was early active membership, engagement and participation within the IMT team and in the response to account for Maaori and vulnerable populations. Maaori Iwi leaders were informed promptly and kept up to date with developments.
5. Acceptable. Feedback to the IMT indicated that the level and extent of the response was acceptable both within the IMT, the DHB executive, primary care providers, Kiingitanga, Civil Defence Emergency Management, and the Ministry of Health. That there was no perceived disruption to the Waikato community adds weight to this.
6. Continuity of care. The relationships established by the Medical Officers of Health with the Case maintain a level of trust, cooperation and compliance with their requests throughout the event. Partnership with Civil Defence, Hamilton City Council and the Ministry of Health provided continuity with respect to governance and operations.

7. Efficiency. The response was stood up and scaled down only as was required based on the circumstances and as more information came to hand. The use of communications ensured that the community were made aware of progress and minimised disruption in terms of testing locations and opening hours. The introduction of Civil Defence and liaison with the council enabled and facilitated a prompt response for additional resource and expertise (Traffic management, security).
8. Agility-the IMT was able to adapt and account for the changing nature of information and details promptly and proactively to account for risk mitigation. Relationships established over Covid outreach in 2020 enhanced the agile nature of this response. The ability to contact team members as required

There were a range of opportunities to enhance and improve upon from this event. The majority were operational in order to account for the unpredictable timing and nature of Covid presenting in the Waikato:

- An up-to-date directory IMT roles and contacts, emails
- A current 'roster' document and IMT structure and leads to account for potential events after hours/ weekends
- The importance of points of contact, roles versus the person with back-ups if required at the initiation stage
- IMT modes of communication after hours/ weekends accounting for variability in on-site, off site, and access to internet
- Administration staff for off-site support at testing centres
- Communications resourcing/ capacity due to initial information paucity and demands
- Initial IMT representation and meeting presence-keeping it tight based on the sensitive nature of presenting details of Case/s
- IS Support and availability for off-site support as required
- CIMS training to account for new members and refreshment of skills
- Continuous quality improvement and review of documentation and filing

Overall there was a sense that the actions and activities accounted for the initial stages as well as prepare for any potential developments dependant on the developing situation. More importantly the health and safety of the Waikato community was accounted for though the DHB's actions and adoption of CIMS principles and responsibilities.

Equity

Mana Whakahaere (Article 1)
The Executive Director for Maaori, Equity and Health Improvement, the current Director for Te Puna Oranga and Director Maaori and Equity Strategy and Funding were actively involved in the IMT and the actions at the onset and throughout the event.

Mana Motuhake (Article 2)
Iwi Maaori Council Chair, Maaori Tribal leaders and Kiingi were informed of the initial developing situation as well as updates. Maaori kaimahi were involved in establishment and design of CBAC at Claudelands.

Mana Taangata (Article 3)
A Maaori IMT was established to account for issues and considerations arising from the developments that were occurring and fed back through the IMT meetings.

Mana Maaori (Declaration/Article 4)
As for the first three articles the collective activities of Maaori presence, considerations and active participation accounted for maintaining mana Maaori and whakapiki Maaori.

Efficiency

This event highlighted that the response was efficient in terms of time and resource through utilisation of the relevant expertise and roles established from previous encounters as well as the early engagement with other expertise external to the DHB.

Quality and Risk

The events have led to a range of learnings and enhancements for future Covid response relating to operational quality and risk mitigation.

Strategy

The contents of this paper will inform the strategic direction of future COVID response within the DHB to enhance the health and well-being of the Waikato DHB region/ rohe.

Future Reporting

If required future reporting can be provided dependant on future events.

General Business

Next Meeting: 28 April 2021