Hospital Advisory Committee Agenda

Location:	Board Room Level 1 Hockin Building Waikato Hospital Pembroke Street HAMILTON And Via Zoom		
Date:	23 September 2021	**Time:**	10.45am

Commissioners:	Mr A Connolly, Clinical advisor to the Commissioner (Chair) Dame K Poutasi, Commissioner Mr C Paraone, Deputy Commissioner Emeritus Professor M Wilson, Deputy Commissioner Ms T P Thompson-Evans, Chair Iwi Māori Council 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 Mr K Snee, Chief Executive Other Executives as necessary

Next Meeting Date:	25 November 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 – **Kotahita**

Item

1. APOLOGIES

2. INTERESTS

2.1 Schedule of Interests
2.2 Conflicts Related to Items on the Agenda

3. MINUTES AND MATTERS ARISING

3.1 Minutes 24 June 2021
3.2 Matters arising from the minutes

4. EXECUTIVE DIRECTOR HOSPITAL AND COMMUNITY SERVICES

4.1 Cyber Security impact
4.2 COVID response

5. INFORMATION

6. GENERAL BUSINESS

NEXT MEETING: 25 November 2021

Apologies

Waikato District Health Board

Interests

SCHEDULE OF INTERESTS FOR HOSPITALS ADVISORY COMMITTEE MEETINGS TO SEPTEMBER 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	
Son, Health Manager, Worksafe	Non-Pecuniary	None	
Chair, Wellington Uni-Professional Board	Non-Pecuniary	None	
Chair, COVID-19 Vaccine and Immunisation Governance Group	Non-Pecuniary	None	
Chair, Taumata Arowai	Non-Pecuniary	None	
Chair, Transition Programme Assurance 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)*
Clinical Advisor to the 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	
Acting Chief Medical Officer, Ministry of Health (secondment to 31 December 2021, part-time)	Non-Pecuniary	None	
Board member, Health Quality and Safety Commission (position non-active whilst Acting Chief Medical Officer, Ministry of Health)	Non-Pecuniary	None	
Employee, Counties Manukau DHB	Non-Pecuniary	None	
Clinical Advisor to Chair, Southern DHB	Non-Pecuniary	None	
Member, MoH Planned Care Advisory Group	Non-Pecuniary	None	

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

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	
Strategic Advisor (Maaori) to CEO, Accident Compensation Corporation	Non-Pecuniary	None	
Maaori Health Director, Precision Driven Health (stepped down from role from October 2020 to December 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	
Daughter registered nurse employed by Taupo Medical Centre	Non-Pecuniary	None	
Daughter employed by Access Community Health	Non-Pecuniary	None	
Eldest son employed by Presbyterian Support, Northern	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	
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	

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[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	

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	

[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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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 Maaori 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	

Note 1: Interests listed in every agenda.

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Waikato District Health Board

Minutes
and
Matters Arising

WAIKATO DISTRICT HEALTH BOARD

Minutes of the Hospitals Advisory Committee held on 24 June 2021 commencing at 11am.

Present:
Mr C Paraone (Chair)
Dame K Poutasi
Emeritus Professor M Wilson
Mr D Slone
Dr P Malpass
Ms T Thompson-Evans
Mr F Mhlanga

In Attendance:
Ms D Chin
Dr K Snee, Chief Executive
Ms L Gestro, Executive Director – Strategy, Investment & Transformation
Mr R Nia Nia, Executive Director – Māori, Equity & Health Improvement
Mr M Foley, Executive Director – Digital Enabling
Ms J Sewell, Operations Director – Community & Rural Health
Mr N Hablous, Company Secretary
Mr N Wilson, Director – Communications
Dr J Carr, Senior Medical Officer – Primary and Community

Apologies:
Mr A Connolly
Ms G Pomeroy
Mr J McIntosh
Ms J Small

ITEM 2: APOLOGIES

Resolved
THAT the apologies from Mr A Connolly, Ms G Pomeroy, Mr J McIntosh and Ms J Small are accepted.

ITEM 3: INTERESTS

3.1 Register of Interests
No changes were required to the register of interests.

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 Hospitals Advisory Committee: 29 April 2021

Resolved
THAT
The minutes of the Waikato DHB Hospitals Advisory Committee held on 29 April 2021 are confirmed as a true and correct record.

Moved: Ms M Wilson
Seconded: Dr P Malpass

4.2 Matters Arising
Nil

ITEM 5: Executive Director – Hospital and Community Services

5.1 Waikato DHB Cybersecurity Incident May 2021
Ms C Lowry presented the Waikato DHB Cybersecurity Incident overview.

An incident occurred on 18 May 2021 that took down all of our systems and meant that the organisation had to revert to a fully manual process. There were wide ranging impacts and the system has been down since then. A small number of systems have come online since 11 June, however this has been in a limited capacity. The initial response included setting up the Coordinated Incident Management System (CIMS) and the Incident Management Team (IMT) teams. An assessment of all the risks across organisation was completed and initial contingencies were put in place to mitigate the risks.

A high level response was implemented initially to understand what happened, provide IT forensic analysis and allow restoration of systems. As part of wave 2, a prioritisation process takes into account core clinical and corporate systems. The DHB moved into business recovery from 11 June 2021.

Service delivery impacts were experienced both internally and externally across communities, primary care and other providers. The Emergency Department continued to operate but there were delays with checking in patients and triaging, as well as delays with lab and radiology results. A strategy was developed to reduce demand on the emergency department and to encourage the community to access GP or other urgent care services, where appropriate. Operating theatres and interventional suite had reduced capacity – the types of cases being operated on and patients going through interventional suites were reviewed daily. Outpatient services continued in limited capacity, however there was uncertainty from one day to the next as to who was going to turn up, as there was no access to booking schedules. Some clinics were cancelled initially until other process were in place. There were severe impacts on labs and diagnostics due to the manual processes involved.

The Privacy Commissioner was notified and updated regularly due to possible privacy impacts. A notification plan is in place for those affected by any disclosures. The 24/7 help line has had 65 calls to date. The investigation is ongoing to assess the data that may be been disclosed.

Equity impacts were managed as best they could be, although the unavailability of data impacts on the evaluation of the full affects. General delays across services will increase clinical risk to Māori and Pasifika and may exacerbate the equity gap.

Mr Paraone acknowledged the huge effort from the teams and peers in keeping the organisation running.

5.2 Community and Rural Services

Ms J Sewell presented an introductory korero on community and rural health.

The directorate aims to eliminate health equities, futureproof services, ensure equity and access across the continuum of care and communities, increase the value proposition for our patients and communities we serve, facilitate and support strong governance and leadership.

This can be achieved by aligning to organisational strategies and priorities, support and empower locality development, partnerships, collaboration, kotahitanga, service quality enhancement, strengthen the role of the community services and rural hospitals within the wider DHB.

Strengths and enablers are agile teams able to respond quickly, embedded and part of the community, with intersectoral expertise and relationships.

Challenges include workforce, change management, relationships, managing expectations and diversity of need.

Action: Ms Gestro to present a paper on the locality approach to the next HAC meeting.

ITEM 6: INFORMATION

Nil

ITEM 7: GENERAL BUSINESS

Ms C Lowry is to revisit the list of reports to HAC going forward.

ITEM 8: DATE OF NEXT MEETING

26 August 2021

Chairperson: Mr Chad Paraone

Date: 24 June 2021

Meeting Closed: 12.08pm

Waikato District Health Board

Executive Director Hospital and Community Services

REPORT TO HOSPITALS ADVISORY COMMITTEE
23 SEPTEMBER 2021

AGENDA ITEM 4.1

HOSPITAL & COMMUNITY SERVICES MONTHLY REPORT - CYBER SECURITY IMPACT

Purpose
The purpose of this report is to provide an update on the impact of the cyber-attack on clinical services within the Hospital and Community Services and progress against the recovery from this. There have been ongoing challenges that have continued to place pressure on services over the last four months. Plans are in place to mitigate the potential risks resulting from the cumulative impact of these pressures and to support access to planned care services.

Recommendations
It is recommended that the Committee:

1) **Note** the content of this report.
2) **Note** that the number of patients waiting for services have increased a result of these events
3) **Note** service plans are in place to assist with the recovery from these events and performance against these plans will be actively managed

CHRIS LOWRY
EXECUTIVE DIRECTOR - HOSPITAL AND COMMUNITY SERVICES

Cyber Security Recovery – Impact on Clinical Services

Introduction
A major Cybersecurity event occurred at 0240 hours on 18 May 2021. This resulted in a complete shutdown of all systems and impacted on the functionality of a wide range of DHB services. Full manual processes had to be implemented across all departments and services in Waikato DHB. Some urgent treatments had to be diverted to other DHBs.

The DHB's initial response was to initiate the emergency management response, complete a risk assessment to inform the contingency planning to ensure services were able to continue, and to communicate the extent of the problem both internally and externally.

Service delivery impact
All services had to revert to full paper based systems and manual processes. The Emergency Departments continued to operate across all sites, capacity was reduced in the operating theatres and interventional suites given their reliance on clinical systems and diagnostics, and outpatient services were limited as there was no access to clinical records

Laboratory and Diagnostics had to adopt manual processes which had a significant impact on capacity and Radiology services were reduced to critical imaging only. There were no radiation therapy services as the service is dependent on clinical systems to support treatment.

As a result of the significant impact of the outage there was an emphasis on the redirection of non-urgent presentations to ED, activity was reduced to high priority only, a trauma management plan was put in place, planned care lists where reviewed and deferred where appropriate, plans were put in place across the region and with other tertiary providers to support access for tertiary referrals and outsourcing to private was arranged where needed.

Response to service impacts

The recovery work programme has transitioned from an IT system restoration approach into a business-led restoration of business processes. Four months on from the cyber attack the DHB is in the final stages of the restoration of IT systems. The majority of systems required to support the delivery of clinical and corporate services have now been restored and are in production in the services. Services are now close to the level of functionality prior to the attack.

The focus of the clinical services is now on managing the impact of the outage. The impact on access to clinical services has been identified and plans are progressing to support the recovery in these areas.

- Cancer and Chronic conditions – Clinical systems supporting the delivery of Radiation therapy services are now close to fully functional and the service is operating at pre cyber-attack levels. The main impact for the services in this Directorate has been an increase in wait times for clinics. Plans are progressing and wait lists are now close to pre cyber-attack levels.

- New referrals to services – a manual process was put in place during the outage to ensure that urgent patient referrals were identified and triaged to ensure any potential clinical risk was managed. The services have now caught up with all referrals and are managing these within the timeframes as defined by the elective services performance indicators.

- Outpatients – all clinics are now running as they were prior to the attack. A significant number of patients continued to be seen during the outage despite the limitations however the numbers seen were lower than what would normally have been seen. This has resulted in an increase in the total number of patients waiting for a first specialist assessment by 15%. Plans are progressing to reduce the number of patients waiting to be seen with a focus on clinical priority, equity and length of time waiting. Additional clinics are being run where possible to assist with reducing the number of patients waiting for an appointment.

- Planned Surgery and Procedures – 80% of planned care was able to be completed following the initial period of the outage. The increase in the number of patients waiting for treatment has increased by less than 1%. While the increase is not as high as it might have been, the length of time waiting for some of the more complex procedures has increased. Plans are progressing to reduce the number

of patients waiting including additional theatre sessions and some outsourcing where this is possible and appropriate.

- Radiology and Laboratory Services – these services were significantly affected by the attack and reduced to urgent services only. Systems have now been restored close to pre cyber-attack functionality. Referrals to radiology are being actively managed with some outsourcing of CT scans continuing.

- Data restoration – work is progressing on the back entry of data into the patient management systems and clinical workstation and has almost been completed. Manual clinical records that were kept during the outage are all being scanned into the appropriate clinical system to ensure patient information and the clinical record is complete.

- Rural and Community Services – Lack of remote access for community staff that resulted from the outage increased the workload for the teams. The backlog of paper-based records created during the outage is now being addressed.

  The clinical systems supporting the dental services have been restored. The data backlog that resulted from consultations seen during the outage is now being entered. Patients are being recalled for Imaging that could not be undertaken during the outage.

  Screening programs – systems are now close to fully functional and work on progressing the management of any backlog is close to complete.

  Rural hospitals – are back to pre cyber-attack functionality.

- Mental Health and Addiction Services – Access to services was maintained during the outage. All systems have been restored. The service is progressing the scanning of clinical records in to the system and addressing the backlog of data entry.

Ongoing Clinical Services Challenges.

Soon after the cyber-attack and at a time when the majority of systems had been restored, the RSV outbreak occurred. This resulted in a significant number of acutely unwell paediatric admissions putting pressure in the child health services and the Intensive Care unit. This together with the high level of sick leave at the time resulted in postponement of surgery further compounding the wait time for patients.

With the recent outbreak of COVID the DHB's COVID response plan was initiated. This resulted in services reducing to acute and urgent services only. We are now operating close to normal capacity.

An assessment of the further impact of these outbreaks is currently being undertaken and will be incorporated into our service delivery plan going forward.

Despite the challenges experienced over the last four months, the staff have pulled together well and managed exceptionally well through what has been a very difficult time. Access to acute services have been maintained across all of the DHB sites and

our community partners and patients have been very understanding of the situation and the impact this has had on access to planned care in particular. The focus will continue to be on patients with the highest clinical priority, equity impact and patients with the longest wait times are addressed first to ensure any potential clinical risk is managed.

Waikato District Health Board

Information

General Business

Waikato District Health Board

Next Meeting
25 November 2021