

CONTINGENCY PLANNING

DIRECTORATE: Child and Women's Health

Key Contacts:
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Service / Date	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
Child Health						
19-May-2021 All Child Health. Updated 25 May	Referrals sent to RCC cannot be accessed	Non urgent to wait. Urgent ones to be printed and sent to service. 25 May update: RCC back online all urgent referrals sent through. 26 May contingency put in place for referrals to come via fax in Paeds Admin to ensure that any referrals are not missed. Update 28 May all referrals to come direct to child health in paper form via RCC	[Redacted]	Team administrators	non urgent to wait. Review in 5 days.	Update: 25 May RCC back online Urgent referrals coming through to service. 26 May contingency for all referrals to come via fax update 28 May all referrals coming direct from Child Health in paper format. Continue until recovery.
19-May -2021 All Child Health	POCT errors cannot be updated in CWS	Complete a paper error form and save to be scanned and sent in recovery	Nurse Director	CNMs	process for keeping forms	Contingency until recovery
19-May -2021 All Child Health	Reduced capacity of labs service	Critical samples only	CUL	Clinical Directors	Relay communication to Team	Contingency until recovery
19-May -2021 All Child Health	Lab results not accessible on CWS	Results being returned in hard copy via lampson for clinician review, and document in clinical record	CUL	Clinical Directors	Process in place to ensure results are acknowledged	Contingency until recovery
19-May -2021 Child Health	Inability to complete large reports for clinically complex children or reports for CPASS children	Plan in place with clinical typing team if continuation of no access to Winscribe.	CUL	Operations manager	work with typist team to find a solution	contingency until recovery
19-May -2021 NICU	No access to Plato	Complete manually for upload later, file in clinical record	CUL	NICU doctors and Nurses	Update medical and nursing team with process	Contingency until recovery
19-May -2021 All Child Health	Rosters for medical team and phone numbers online	Amion accessed by workforce coordinator. Hard copies provided to all areas	Director of Operation's	Workforce Coordinator's	provide hard copies to each area	Contingency until recovery
19-May -2021 All Child Health	Cannot record on imp - all functions including referrals / admissions / transfer / clinic appointments / location of patients / patient alerts etc	Enter onto paper forms	Director of Operations	Clinical Directors / Midwife Director / Administration Team Leaders	Communicate to the team	Contingency until recovery
19-May -2021 All Child Health	PFM not sending patient food menu requests	Enter on form - fax to food services	Director of Operations	CNMs	Ensure process is happening on the ward	Contingency until recovery
19-May -2021 All Child Health	Referrals can't be graded online	complete on a paper based form	CUL	Clinical Directors	Ensure process are in place with team	Contingency until recovery
19 May 2021 - NICU	No access to Plato	complete manual form	cnm	Admin team leader	process in place	contingency until recovery
19-May -2021 All Child Health	Internal referrals not sent via PFM	Use manual referral process. Collection arranged by EOC 3 x day	Director of Operations	Clinical Directors / Administration Team	Ensure process are in place with team	Contingency until recovery
20-May -2021 Child Health	No access to policies and guidelines for complex care	Hard copy to be accessed. Update - guidelines available on teams in electronic format via app	Operations Manager	CNMs	Ensure printed copies available in areas	Contingency until recovery
21 May 2021 All Child Health	Unable to complete datix for incidents	Moved to a paper based form to record incidents and investigation. All forms to be reviewed by Operations Director	Operations Director	CD / CNM	Ensure that Datixs are collected and investigated on paper formats	contingency until recovery

21 May 2021 NICU	Some Regional DHBs blocked Waikato DHB emails, some have also axed the fax. Difficult to contact outside DHBs to give weekly updates about their patients in NICU	If email is blocked and no fax - staff to do a phone updated	CD	CD / CNM	update staff regarding process for contacting other DHBs	Contingency until recovery
21 May 2021 Child Health	Patients from other regional areas leaving Waikato - inadequate discharge information to send with patient	Update as much as possible with limited information. Send full discharge information when systems are back on line. Risk issue.	CD	CD / CNM	update staff regarding process for contacting other DHBs	Contingency until recovery
21-May -2021 CAPE	No visibility of patients. For enquiries about children they need NHI to look up paper notes.	Use laptop that is available in Delivery Suite to look up NHIs	Operations Manager	CNS CAPE	inform child protection team of process	Contingency until recovery
25-May -2021 All Child Health	Unknown eligibility Status of patients	staff given phone number of eligibility team to check	Operations Director	CMM's / CNN	follow up with EOC	tbc
25-May -2021 Paeds outpatient Clinic	Unknown patients attending clinic as no IPM	Now have access to Midland Portal to see NHI and other information.	Administration Team Lead	CNN	Ensure staff can login to the Portal	Contingency until recovery
26 May 2021 All child health	Oracle requests cannot be processed online	Requisition forms can be completed manually and delivered	operations Manager	CMMS / CNMs	Create process for manual requisitions and deliver in person	Contingency until recovery
26 May 2021 All child health	Daily news updates sent via email are not being distributed throughout the service when people do not have phones. Plus not all staff getting the paper communication	Printed copy disseminated through the service on a daily basis	operations manager	operations coordinator	distribute information updates to all areas	operations manager
26 May 2021 Child protection team	Unable to upload alerts to the national system	Contact national lead for advice	CD	CAPE Clinical Nurse Specialist	contact national alert lead	Update: National lead advised Oranga Tamarki to add Waikato Alerts
26 May 2021 Vulnerable Unborn	No access to local alerts for vulnerable unborn	Social worker referral when admitted if team have concerns	?	Clinical Midwife Specialist	Communicate to social work team to highlight concerns for vulnerable women admitted to maternity services	Contingency until recovery
26 May 2021 Child protection team	No visibility of our Oranga Tamariki cases (ROC) entered prior to the shutdown	OT has sent reports to Cape team with names of referral	CD	CAPE Clinical Nurse Specialist	follow up with oranga tamarki	Contingency until recovery
26 May 2021 Child protection team	Unable to see who is booked into violence intervention training	Email comms asking who is booked to attend	CD	Social Work Team	email communication to the DHB	Contingency until recovery
27 May 2021 Child Health	Clinic attendances reduced and cannot follow up DNA	Manage backlog in recovery phase	Operations Director	Operations coordinator	plan for recovery	
27 May 2021 Child Health	Theatre booked 3 weeks in advance. As outage goes on a new list is required	Continuing to book to Theatre list up to 18 June	operations director	Administration Team Leader	Continue booking	Contingency until recovery
27 May 2021 Child Health	Unable to determine patients who missed Telehealth appointments while the telehealth system was down	Requested a communication to go out on social media to alert parents of children who were booked for a telehealth appointment from 18 May - 26 May that the telehealth system was down. They can ring and rebook telehealth appointment.	communications team	Administration Team Leader	prepare a communication to be approved by Director	posted up 27 May
27 May 2021 Child Health	Unable to share Paeds Onc info in shared care cases	Requested and received green laptop	CD	CNM	Put process in place	contingency until recovery

30 May 2021 Child Health	NICU - admin team constantly busy not enough time to check the lampson for lab results in a timely way and get them distributed across the service.	Request additional admin support. Additional support has been given and the lampson is now checked a consistent intervals.	operations Manager	NICU CMM	Request additional admin support	Additional admin in place
30 May 2021 Child Health	Number of errors reported with hand written NHI Labels	Label printers have been added in some areas. Preference is always to use a label printer. System in place to always check any handwritten label against patients notes / printed label NHI on the system	operations Director	CMM / CNN / CUL /CDs teams	request teams use a double checking process for hand written patient labels	contingency until recovery
31 May 2021 Child Health	Special Authority requests	Primary care to access SA numbers for Paed	operations Director	CUL	update team	contingency until recovery
9 June NICU	No radiology meetings regarding patients	on hold	CUL	CD NICU	plan for recovery	recovery
9 June NICU	MDT meetings not taking place as no access to information	on hold	CUL	CD NICU	plan for recovery	recovery
9 June Paeds Surgery	MDT meetings not taking place as no access to information	on hold	CUL	CD NICU	plan for recovery	recovery
Women's Health						
19-May-2021 Maternity urgent / acute: WAU	Acute referrals sent to service cannot be accessed	Move to fax based system	Referrers, Admin Team, Graders	Midwife Director	inform referrers to the service	immediately
19-May-2021 Obs and Gyna outpatients	Referrals sent to RCC cannot be accessed	Non urgent to wait. Urgent ones to be printed and sent to service: Update: 25 May RCC back online Urgent referrals coming through to service	CD Obstetrics	Team administrators	non urgent to wait. Review in 5 days.	updated 25 May urgent referrals coming through.
19-May-2021 Maternity urgent / acute	Unable to access previous labs and rads for current patients	Request referrer to fax with referral	CD Obstetrics	Midwife Director	Send communication to LMCs and GPs	immediately
19-May -2021 All women's Health	POCT errors cannot be updated in CWS	Complete a paper error form and save to be scanned and sent in recovery	Midwife Director	CMMS / CNMs	process for keeping forms	Contingency until recovery
19-May -2021 All women's Health	Reduced capacity of labs service	Critical samples only	CUL	Clinical Directors / Midwife Director	Relay communication to Team	Contingency until recovery
19-May 2021 all Gynecology Clinics	Clinic List available	Women were contacted and told not to come to clinic. Appointment to be rescheduled. Any woman who did not get the cancellation message - they were seen if they presented if the appointment required further follow up because of lack of information they were rebooked. UPDATE 24 May - stopped cancelling appointments all women were seen - GPs contacted for further information about patient if required.	CUL	Clinical Directors / Midwife Director	Relay communication to Team	Contingency until recovery
19-May 2021 Antenatal Clinic	Appointments not visible for some clinics	Continue with planned clinics. On arrival ask for NHI of woman and call chart of chart room. No women are turned away - they are all seen if they present. All ultrasound scans for appointments continued. Unable to save image, however hand written report in place on findings.	CUL	Administration Team Leader	Process in place in clinic for each day	Contingency until recovery
19 May 2021 - Maternity	Bookings for elective c-section and IOL not visible	Go through every womans clinical records in the chart room and identify date and time for procedure. As a backup send communication to LMCs and request they contact admin team with information about any of their clients booked in for c-section or IOL.	CD Obstetrics	administration Team Leader	Admin team / communication to LMCs	Completed in one day closed
19 May 2021 - Maternity	Access to NHI for newborns	Use ED temporary NHI system	Administration Team Lead	Administration	Educate the maternity team about the process	Contingency until recovery
19-May -2021 All Women's Health	Lab results not accessible on CWS	Results being returned in hard copy via lampson for clinician review, and document in clinical record	CUL	Clinical Directors	Process in place to ensure results are acknowledged	Contingency until recovery
19-May -2021 All Women's Health	No online discharge summaries	Complete manually for upload later, file in clinical records	CUL	Clinical Directors	ensure medical staff completing discharge summaries	Contingency until recovery
19-May -2021 All Women's Health	No access to Plato	Complete manually for upload later, file in clinical record	CUL	Clinical Directors / Midwife Director	Update medical and midwifery team with process	Contingency until recovery

19-May -2021 All Women's Health	Rosters for medical team and phone numbers online	Amion accessed by workforce coordinator. Hard copies provided to all areas	Director of Operations	Workforce Coordinators	provide hard copies to each area	Contingency until recovery
19-May -2021 All Women's Health	Cannot record on iPM - all functions including referrals / admissions / transfer / clinic appointments / location of patients / patient alerts etc	Enter onto paper forms	Director of Operations	Clinical Directors / Midwife Director / Administration Team Leaders	Communicate to the team	Contingency until recovery
19-May -2021 All Women's Health	PFM not sending patient food menu requests	Enter on form - fax to food services	Director of Operations	CMMs / CNMs	Ensure process is happening on the ward	Contingency until recovery
19-May -2021 All Women's Health	Referrals can't be graded online	complete on a paper based form	CUL	Clinical Directors	Ensure process are in place with team	Contingency until recovery
19-May -2021 All Women's Health	Internal referrals not sent via PFM	Use manual referral process. Collection arranged by EOC 3 x day	Director of Operations	Clinical Directors / Administration Team	Ensure process are in place with team	Contingency until recovery
19 May Women's Health Colposcopy	No visibility of waiting list / High priority patients	All high priority referrals up to 17 May recorded manually. These patients have been contacted to ascertain whether they have been seen or if they have an appointment scheduled in the next week. Update 8 June noted that colposcopy clinic appointments are down by 10 per week	Colposcopy lead	clinic administrator	process to contact high priority referrals	contingency until recovery
20 May Womens Health Colposcopy	Unable to use Gynae+ software	Paper Gynae plus tempate put in place	Colposcopy lead	clinic adminstrator	paper process in place	contingency until recovery
21 May 2021 All women's health	Unable to complete datix for incidents	Moved to a paper based form to record incidents and investiation. All forms to be reviewed by Operations Director	Operations Director	CD / CNM	Ensure that Datixs are collected and investiagated on paper formats	contingency until recovery
24 May 2021 Antental clinic	Unknown what patients will attend clinic	Admin and CMM went through the antenatal clinic bookings and identified women requiring ultrasound. A paper booking system for ultrasound has been put in place. Empty slots are being kept each day for any "unknown" booked patients attending	Midwife Director / CD	CMM	Ensure clinic staff are aware of paper based ultrasound booking system	Contingency until recovery
25 May Womens Health Colposcopy	avoid missing results	Colp nurse to photocopy SCL specimen book record. Send to courier to SCL. Paper results returned. Lead Colp nurse to collate and give to SMO. SMO to action via telephone	Colposcopy lead	Colposcopy nurse and admin	results process in place	contingency until recovery
25 May 2021 Lactation Clinic	Booking for clinic	Paper system in place - bookings all known as in paper diary for May. Information to LMCs to text referral to lactation service	CMM	Lactation clinic	communicate to LMC community to text referrals	Contingency until recovery
25-May -2021 All Women's Health	Unknown eligibility Status of patients	staff have been given the phone number of the eligibility team to phone and check.	Operations Director	CMM's / CNN	follow up with EOC	tbc
25 May Womens Health Colposcopy	MDM review system	MDM postponed as data is not available. Colposcopy nurse working on collating information via email. Delay MDM until June	Colposcopy lead	Colposcopy lead	prepare for paper based MDM in June	contingency until recovery
26 May 2021 All women's health	Oracle requests cannot be processed online	Requisition forms can be completed manually and delivered	operations Manager	CMMs / CNMs	Create process for manual requisitions and deliver in person	Contingency until recovery
26 May 2021 All women's health	Photocopies not automatically ordering toner	phone number available for reorder	operations manager	Administration Team	Check photocopies for low tonner and order via phone	Contingency until recovery
26 May 2021 All women's health	Daily news updates sent via email are not being distributed throughout the service when people do not have phones. Plus not all staff getting the paper communication	Printed copy disseminated throughthe service on a daily basis	operations manager	operations coordinator	distribute information updates to all areas	operations manager
26 May 2021 Vulnerable Unborn	No access to local alerts for vulnerable unborn	Social work referral when admitted if team have concerns	?	Clinical Midwife Specialist	Communicate to social work team to highlight concerns for vulnerable women admitted to maternity services	Contingency until recovery

26 May 2021 Vulnerable Unborn	No referrals from Integrated Response Service	Contact referrers to encourage ongoing referrals and not to create a backlog	midwife Director	Clinical Midwife Specialist	Contact Service regarding non electronic format to send information	Contingency until recovery
27 May 2021 Women's Health	Clinic attendances reduced and cannot follow up DNA occurred during outage period as unable to know DNA patients	Manage backlog in recovery phase	Operations Director	Operations coordinator	plan for recovery	in recovery phase
27 May 2021 Women's Health Gynae	Theatre booked 3 weeks in advance on iPM - However also booked in paper diary for the year and then information transferred into iPM for each 3 month period.	Continued to book theatre using paper system	operations director	administration	put in place paper theatre list system	update iPM in recovery
30 May 2021 Women's Health	Number of errors reported with hand written NHI Labels	Label printers have been added in some areas. Preference is always to use a label printer. System in place to always check any handwritten label against patients notes / printed label NHI on the system	operations Director	CMM / CNN / CUL /CDs teams	request teams use a double checking process for hand written patient labels	contingency until recovery
30 May 2021 Womens Health Colposcopy	Delayed response to MoH audit	inform MoH audit team	Colposcopy lead	Colposcopy lead	Inform MoH regarding delayed	contingency until recovery
1 June Gynae	Local Gynae MDM	On hold as no imaging available. Restarted last week with pathology and radiology support with measures in place to discuss limited cases. Catch up with be required during the recovery period	CD Gynae	CD Gynae	Limited MDT	contingency until recovery
8 June 2021 Obs	High risk pregnancy meeting is continuing each week	As well as MDT discussion about management of women with high risk pregnancies this forum is also the place were decisions are made about transferring out any complex woman who requires additional imaging / labs than the DHB can currently provide.	CD Obs	CD obs	decisions about complex patients	contingency until recovery
8 June Gynae	Regional Gynae Oncology MDM	Continues with Auckland DHB with pathology and radiology support	CD Gynae	CD Gynae	Continuation of Gynae Oncology MDT	ongoing
9 June Maternity	NE MDT meeting on hold	unable to pull together information. To recommence when IS up and running	CUL	CD Obs	NE review process on hold	on hold
9 June 2021 BFHI	Collection of data and completing tasks in preparation for BFHI audit put on hold	inform BFHI national lead of situation - request delay for Waikato Audit in order to collect information.	Midwifery Director	CMM	inform national lead	plan for recovery
9 June 2021 Breastfeeding Clinic	Referrals down by 70% on normal weeks.	Move back from texting referrals to email referral system	Midwifery Director	CMM	Communicate with LMCs about referral to Breastfeeding Clinic	send communication 10 June
9 June 2021 Antental Clinic	RAND available for time during the outage	analysis show only 3 women missed appointments during this time who have been contacted to book appointment. Noted that referrals to the service are down	operations manager	CMM	Communicate with LMCs about referrals	send communication 10 June
9 June 2021 Gyne Clinic	RAND available for time during the outage	Contacting all women who had a missed appointment - prioritising patients using an equity lens	operations manager	CMM	put process in place	contingency until recovery

Service	Impact	Response	Who to Inform	<60 days)	
				What	When
New Starter Proccessing -ID Cards, Fob Access	Unable to provide Service	Recruitment to defer start dates. Maintain manual lists for clinical starts	Employees/ Managers	Contacting Employees. Managing Starters	M / W / F Ongoing
VCA Reminders	Less time for notification (<60 days)	Data Capture for Recovery	Recovery Plan	Collating List of current respondees	
VCA - Processing	Delay VCA / emp may not be permitted to work	Can only be completed during recovry	Recovery Plan	Collating List of current respondees	
Leave Buyouts	Unable to provide Service	Defer until systems are running / ASK HR to contact	Recovery Plan	Contacting requestors to advise delays	Ongoing
Gratuity Documentation/ Processing	Unable to provide Service	Defer until systems are running / ASK HR to contact	Recovery Plan	Contacting requestors to advise delays	Ongoing
Reminders - Fixed Term, Contractors	Unable to Process	Meed to maintain lists, terminations/last day where advised	Recovery Plan	Maintain lists	Ongoing
ASK HR Mailbox Queries	Some queries incomplete, systems information required	E-mails & Out of Office for delays	Recovery Plan	Maintain spreadsheet of unanswered queries for recovery	Track Daily
Vmware Confirmations	Low priorities 120 - process after 20 days. High priority 081 - Contingent, Visitor stars	No new contingent workers, delayed processing current	Recovery Plan		
Credentiailling	Unable to scan information	Manually processing	CMO	Delivering hardcopy, copying informaiton	Ongoing
Taleo Onboarding	Unable to load documents for processing/ filing	Defer processing	Recovery Plan		
Verifications Compliance Updates - COI, APR, PD & VCA	Unable to Update	Defer processing	Recovery Plan		
Employment Change Forms (ECF)	Unable to collate/ process changes	Contact managers about dates	Payroll re role changes. Recovery Plan	Collate and advise PayHelp	Daily Updates. Friday to Payhelp

CONTINGENCY PLANNING - RISKS

DIRECTORATE: CANCER & CHRONIC CONDITIONS

SERVICE	IMPACT	RESPONSE	WHO TO INFORM?	KEY RESPONSIBILITIES	
				WHAT	WHEN
Radiation Therapy	Unable to provide radiation therapy	Proposal to CEO/Commissioner for Aria solution (SAAS) Software via global supplier Varian.	CEO & Commissioner	Proposal	23/05/2021
Radiation Therapy	Update National Cancer agency	National Cancer agency update re: inability to provide radiation treatment at Waikato DHB	Service	Discussion	20/05/2021
Radiation Therapy	Discussion with Rad Onc Working Group (ROWG)	Teleconference to understand capacity at National centres.	Service & ROWG	Discussion	24/05/2021
Radiation Therapy	Discussion with Rad Onc Working Group (ROWG)	Declare national crisis and discuss national support	Service & ROWG	Discussion	26/05/2021
Radiation Therapy	Cat A/urgent patients to Auckland	Transfer to Auckland Public	WDHB/Auckland DHB	Liaison & Discussion	ongoing
Radiation Therapy	Increase risk Car B patients	Transfer to Auckland Public	WDHB/Auckland DHB	Liaison & Discussion	ongoing
Radiation Therapy	Transfer patients to KKC	19 transferred to KKC 1.0 FTE (SMO), 5.0FTE (RT)	Service/RT/SMO	Liaison & Discussion	week of 24/05/2021
Radiation Therapy	Transfer patients to Bowen Icon	approx 10 transferred to Bowen - 2.0FTE (SMO), 1.0FTE (RN)	EOC/KKC/Bowen	Liaison & Discussion	week of 31/05/2021
Radiation Therapy	Transfer patients to Bowen Icon	1 transferred to Bowen - Physisist, 6 FTE (RT)	Icon/Auckland	Liaison & Discussion	week of 24/05/2021
Radiation Therapy	Further transfer of patients	Discussion with Auckland private (ARO) St Georges ChCh and Wellington Public	DHB	Liaison & Discussion	week of 24/05/2021
Radiation Therapy	National Capacity Review	Discussion between CCA & National centres to discuss capacity		Liaison & Discussion	27/05/2021
Radiation Therapy	Reprioritise patients	Ongoing to review patients on treatment and transfer care to available capacity		Ongoing review	ongoing
Radiation Therapy	Equity & Cultural Support	Due to the potential impact on our Moari patients it is vital they and whanau are supported during this time. Working with Te Puna Oranga - list from MOH with	TPO, Cancer Service	Liaison	commenced and ongoing
Clinics	Clinic notes	Paper based template created to document clinic notes x 1 to GP, x 1 to patient, x 1 to file for scanning, all collated in file at each clinic area	Booking clerk and admin teams, SMOs	Educate teams and monitor	ongoing
Clinics	BPAC referrals	Urgent & HCANs all printed via HealthShare- RCC - booking	RCC/booking clerk/SMOs	Ensure agreed process followed	ongoing
Clinics	Follow up appointments	Development of generic letter using current template to s	Medical team	Development of template	ongoing
Rheumatology & Renal	Building Clinics	Rheumatology & renal - R/V all referrals e.g. urgent etc an	Booking clerk	Oversight and support	ongoing
Rheumatology & Renal	RCC	Request all rheumatology referrals are printed and sent to	RCC/HealthShare	Notify	27/05/2021
MOMs - Lung, lower GI, Upper GI, Gyne, Breast, Urology, Lymphoma, Sarcoma, Nero,	No onsite access to lab results	CNSs accessing lab results verbally via phone or collecting	CNS/Med teams	Trouble shoot any issues	ongoing
MOMs - Lung, lower GI, Upper GI, Gyne, Breast, Urology, Lymphoma, Sarcoma, Nero,	Decreased ability to share documents	Teams set up to share documents for - lung, gyne, to supp	CNS/Med teams	Oversight re teams	26/05/2021
MCP & Éclair	Request access for clinical tea	Collate all required information and send to to rec	IS	Collate and send information	COB 01/06/2021

CONTINGENCY PLANNING

DIRECTORATE: CLINICAL AND OPERATIONAL SUPPORT

Updated: 27/05/2021

Key Contacts:	Role	Mobile Number
	Operations Director	[REDACTED] <i>On leave until 31 May.</i>
	Acting Operations Director Operations Manager, Attendants, Security and Parking	[REDACTED]
	Acting IMT Logistics Project Manager, Space Planning and Allocation	[REDACTED] 9
	Operations Manager, Nutrition and Food	[REDACTED]
	Operations Manager, Biomedical Engineering	[REDACTED]
	Acting Operations Manager, Hospital Administration Team Leader Referral Coordination Centre	[REDACTED]
	Operations Manager, Pharmacy	[REDACTED]
	Operations Manager Laboratory	[REDACTED]
	CNM, MCC Nursing	[REDACTED]
	Operations Manager, Radiology	[REDACTED]

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
Attendants	Staff unable to ring coordinators number for sick and bereavement leave	Notify staff to ring coordinators mobile number until further notice. Coordinators to use paper slips for assigning jobs. Assign attendants to critical areas.	Coordinators			
	Potential overstaffing due to reduced work load	All staff have been offered the option to take annual leave or other entitlement until things stabilise	[REDACTED]			
Security	CCTV is down and no recording since Tuesday 19/5/21.	Respective departments, T-sites and other external sisters e.g. Hallagher Dr, informed. 19/5/21.	[REDACTED]			
	Duress - All Gallagher duress alarms are offline.	All affected edeparmtnets and sites have been advised to ring 99777 for emergency support. Communicated to all on 18/5/21	[REDACTED]			
	Intercom system is down.	External intercoms are covered by security guards after hours, internal intercoms are covered by the respective wards. Wards advised. The interim arrangement is working well as of 21/5/21.	[REDACTED]			
	Tellen Security system for HRBC is working as normal. There was initial concern of malfunctioning.	Organised for the system to be tested by the vendor. Confirmed there were no issues. Will continue to monitor.	[REDACTED]			
	Gallagher security system / FOB access is full operational. However, due to the network outage, we are unable to generate new access cards or disable lost cards.	Site technicians are monitoring door status. After hours, we have guards stationed on the main entrances. Arrange for extra guards and conduct urgent guard induction.	[REDACTED]			
Parking	Parking pay stations are not working.	All public car park barriers are up - free parking. Free parking notices displayed at key locations. No issues raised as at 21/5/21.	[REDACTED]			
Waikato Emergency - Mindray and Phillips Monitoring	Risk – High	Mindray CMS shutdown	[REDACTED]			
	No Mindray central monitoring	Mindray workstation shutdown	[REDACTED]			
	Bedside monitoring only	On IS Network (ASB BI)	[REDACTED]			
Acute Services - GE Patient Monitoring & Telemetry	Risk – High	Disconnected from IS Switch (Fiberlink)	[REDACTED]			
	Bedside monitoring only	Central Stations Shutdown	[REDACTED]			
	No Telemetry	On IS Network (ASB L3)	[REDACTED]			
Ward M18 - GE Monitoring	Risk – Low	Ensure not on IS Network	[REDACTED]			
	BAU		[REDACTED]			
Ward M8 - GE Monitoring	Risk – Low	Ensure not on IS Network	[REDACTED]			
	BAU		[REDACTED]			

Ward M14 - GE Telemetry and Patient Monitoring	Risk – Med	Ensure not on IS Network				
	BAU	On BME Network switches (Menzie's L5)				
CCU - GE Patient Monitoring & Telemetry	Risk – Med	Re-deploy GE Telemetry				
	BAU	On BME Network switches (Menzie's L5)				
	Reduced Telemetry Capacity					
CCU Mindray Telemetry	Risk – High	Mindray Workstation Shutdown				
	No Mindray Telemetry in CCU	Mindray Telemetry work in local mode				
	No Comm/Network	On IS WIFI				
ICU Monitoring	Risk – High	Central station shutdown				
	Bedside monitoring only	Disconnect x1 Network				
	No printing	On IS Network (MCC L4)				
HDU GE Monitoring	Risk – High					
	Bedside monitoring only	Central station shutdown				
	No Printing					
PACU GE/Datex Monitoring	Risk – Med	Printer disconnected from Network				
	BAU	On IS Network (MCC)				
Cath Lab GE Monitoring	Risk – Med	Central station shutdown				
	Bedside Monitoring only	On IS Network (MCC)				
Delivery Suite - GE/Philips Monitoring	Risk - High	On IS Network				
NICU Philips Monitoring	Risk - High	On IS Network				
Ward E4 - GE Monitoring & Telemetry	Risk – Med	Central station shutdown				
	No Telemetry	On IS Network				
	Bedside Monitoring only					
OPR4 GE Monitoring	Risk – Med	Disconnect from Network				
	Bedside Monitoring only	On IS Network				
	No central monitoring					
Laboratory						
	Microbiology under heavy workload - comms sent out.	Staffing for weekend planned plus a list of extra staff availability. Managers to share on-site support.				
	Non-urgent tests not being tested and/or reported - plan for testing and reporting. Non-urgent referred work returned to Pathlab for storage.	Plan to reduce registration workload during recovery.				
	Have exhausted National supply of toner for Biochem result printing. IS and Roche sourcing more.	Plan and templates to be developed for reporting of routine work and microbiology. Coping with priority testing but there is a large backlog of non-urgent specialist tests. As now expecting an extended outage, we are working on plans to test and report backlogged tests.				
	Locations not being received on request forms or location not where the patient is located. Comms sent out.					
	Drew Henderson highlighted that there is no process for acknowledgement or filing of paper results we are sending to wards.	Arrange meeting with Drew and Maggie for the result acknowledgement process.				
		Meet with Pathlab to decide on the process for backlogged non-urgent referral work.				
	Severely restricted in ability to test and produce results due to manual processes	Restrict incoming requests and prioritise testing.	Clinical areas		Memo to requestors to restrict requests	18/05/2021. Repeats sent 20/5 and 21/5
	Constant stream of clinicians in laboratory looking for laboratory results	Very difficult to locate results due to manual processes. Need a system in place	Clinical areas Lab staff		Memo to clinicians - list of contact mobile numbers. Interim request not to ask for results unless critical.	18/05/2021
	Phoning of results not being documented	Process needed for auditability	Laboratory staff		Hardcopy template provided and distributed.	19/05/2021
	No manual process for rural labs to send specimens.	Develop process and decide on level of processing at rural sites vs Waikato.	Rural charge scientists Specimen registration staff		Rural labs to label and keep a copy of request forms for retrospective registration. Manual worklist to be sent to Waikato with specimens	18/05/2021
	Pre-printed numbers will run out quickly	Need urgent supply. Need to order more rolls and print. Supply needed for rural labs too.			More labels ordered. 3x staff trained to print.	18/05/2021
	No process for ordering of supplies	DHB process required	Department managers		Raised at CIMS Use temporary order numbers in the interim. 19/5 DHB process in place. Anita Casbolt to be central point.	18/05/2021
	Biochemistry printer toner in heavy demand and out of ink requiring manual transcription of results.	Need a constant supply	IT dept Biochemistry staff		Urgently sourced with help by IS department. Urgent driver sent to Auckland to retrieve. Ensure steady supply going forward.	19/05/2021

	Results being sent by lamson therefore large demand for lamson cannisters and often unavailable to send results	Need faster return of cannisters and increased supply	Clinical areas		CIMs request to clinical areas Order more cannisters	19/05/2021
	No ability to send electronic Covid reports	Process needed for MIF and community reports	MIF Anglesea Clinic and GPs		Manual reporting system in place	19/05/2021
	Microbiology are overloaded	Request requestors to restrict where possible	Clinical areas including Rural GPs		Memo sent. Streamlining of reporting processes Consider outsourcing of GP work.	20/05/2021
	Significant Microbiology interim reports are not readily available	Microbiologists and Infectious Disease Clinicians to notify wards of updated significant results on a daily basis.	Clinicians		Process for review of significant results and notification of results in place 7 days a week.	20/05/2021
	Microbiologist going on leave 31/5-14/6	Need to cover notification of significant results with extra resource	CMO		Request for locum sent out nationally 24/5	21/05/2021
	Storage of non-urgent tests has created a large backlog	Non-urgent tests initially held as expecting a 2 day outage. Process all hospital requests and return community referred testing back to Pathlab for onsending to CHL and LabPlus	Laboratory staff Pathlab CHL LabPlus		Process in place for stored tests to be processed on site or referred back to Pathlab. Ongoing process for Pathlab tests will be for Pathlab to send via Waikato DHB courier system to LabPlus and CHL. Pathlab to receive results directly.	21/05/2021
	Unable to send referral tests to CHL and LabPlus as no electronic system for receiving reports	Work with CHL and LabPlus to develop a process	CHL LabPlus		Manual process set up. Hardcopy results to be couriered back.	21/05/2021
	Histology processes are slow due to manual transcription and the need to check carefully.	Histology throughput is limited. Theatre worklist have not been significantly reduced and volumes are greater than the departments ability to process Histology samples safely.	CIMS		Some Histology to be outsourced to Pathlab	21/05/2021
	Locations not being recorded on request forms or patient location changes before report is issued. No visibility over patient locations	Process being developed for patient location census 20/5.	CIMS CMO		Data entry team for patient location set up in lab admin area. Lab staff to use census to check location. Admin staff provided to help sort out reports with unknown locations.	24/05/2021
	Staff work overload	Need to be mindful of staff stress and overload	Managers Health and Safety		Remind staff of EAP, Managers to monitor. Remind staff to recognise limits and inform staff if feeling unsafe. Use deployed admin staff where possible for clerical assistance. Discussed at Lab CIMS	24/05/2021
	No business rules for acknowledgement of results in the absence of CWS. Lack of responsibility for results is causing results to be returned to the laboratory.	Some request forms don't state location. There is no visibility over patients being seen in ED and discharged or admitted. Patient movement is often not visible. A large number of lab results are being returned as the patient is no longer in that location. Clinical business rules for result acknowledgement need to be developed.	CIMS CMO		Process developed - awaiting clinical feedback 25/5 Proposed process is: Haem/Biochem stat results to go out to named location. Older results (non Histology) to have location checked against census by admin and sent to latest location. Clinical areas to take responsibility for results regardless of whether or not patient is still in their location. Histology to be sent back to requesting clinician. Current backlog to be acknowledged by assigned Dr (pending)	25/05/2021

	All lab reports are only stored electronically. Histology often need to provide reports for MDM, patient review post biopsy etc. Pathologists need to rework reports by re-examining slides.	Histology slides cannot be found as filed by accession number	Pathologists Histology staff		Admin staff to file all request forms alphabetically by patient name.	25/05/2021
	Results have been received from LabPlus and CHL of specimens that were referred prior to the outage. The requesting clinician and location are not recorded	Unable to send results out as no clinician or location. Many of these are likely to be community referred.	Pathlab CIMS		Investigate use of MCP for data	26/05/2021
	Specimens processed prior to the outage cannot be tested or reported as we do not know what they are for.	Need a stocktake			Investigate use of MCP for data	26/05/2021
	Can't identify every patient booked for clinic ahead of time. If we can identify we may not have contact details	Have asked at IOC Meeting 11am for contact Outside DHB we can ring to get patient information				
	Challenged to understand what is happening with clinic	Dr Saying they don't want to see patient see clinician vulnerability				
	Isolated from community – people trying to make contact who can't	Need a call center				
	Ongoing Risk – Patients who don't get on wait list/rescheduling	Booked 2 weeks – 1 month out				
	Staffing – not sending anyone home, main hospital may need help	Skeleton staff tomorrow. Approval of annual leave if appropriate				
	Payroll is an issue.					
	MCC Booking has not received Phones /laptops.					
	Any patient who wants to be reimbursed for travel is being given a feedback form, asked to put service on form and send to Quality & Patient Safety.					
	Collecting MCC outpatient data across all services is challenging. From tomorrow onward there are no clinic "rands" for almost every clinic (Ortho excluded), meaning information coming from the Booking team is inconsistent and inaccurate. They are not able to identify patients who have been booked to pull any contact information or to pass on to nurses to triage or plan clinics.	We need patients to call in, identify themselves, provide name, DOB, NHI if have it, what speciality they have an appointment for and confirm whether their clinic is going ahead.				
	FSA's need to be cancelled because there is no information to begin a patient's clinical journey. Follow-ups are important for many and should be timely to prevent complications (is an identified clinical risk).					
	When patients do come for a follow-up, we need them to bring any paperwork such as a discharge summary because referral info, operation dictation and discharge summary's & clinic progress notes are all digital for clinics.					
	Reception team are being very good with recording patient attendance and clinic outcome information for rescheduling but this doesn't account for all patients.					
	All this is contributing to clinical risk because patients will be lost to follow up.					
	The lack or inaccuracies of clinic data is now going to hamper service recovery planning. This is a Service Risk we can only minimise by providing best guess/approximate data.					
	Working manually with multiple workarounds.	We are planning for our manual systems to still be required well into next week.				
	Managing within current resources and with extra help from managers, dietitians and clerical.	Work directly with nurses where possible.				
	Team has done a fantastic job at adapting to manual systems.	Extend current arrangement.				
	Most wards providing accurate and timely patient information before each meal deadline.	Please liaise with us for transition back so we can test and plan for reintroduction (noting this was not well planned or communicated at last outage).				
	Potential issue regarding lack of ward receptionists in some wards at weekend, and not usual CNM, to coordinate getting patient information from nurses.					
	Need mobile EFTPOS units to be in place until the system is back up.					
	My Kai is a category one system which is integrated with iPM and PFM.					
Patient Services	Priority 1					

My Kai Impact 1	My Kai system is unable to be used at all - This is a Category 1 system interfaced with IPM and PFM and responsible for all back of house and patient facing meal ordering.					
					Print out blank template 2 x /day and send to each ward with -breakfast (for 10am Deadline) - Lunch (for 3pm deadline) Give to receptionist /CNM each ward for completion	
					Fill out template everyday. Fill out room, Bed #, Patients name and age	By 10 am for lunch By 3 pm for Dinner and Breakfast
					Fill out patients diet requirement for next meal including any food allergies e.g. Full , allergy to fish	
					Collect completed report from each ward and return to Diet Techs office	by 10.15 for lunch by 3.15 for dinner
					For Lunch and Dinner : To check each wards NFS report and :	
					Add in meal ticket for any new patients according to diet requirements	
					Remove any meal tickets from any discharged patients or those on NBM	
					Change meal tickets for any patient that have changed diet requirements	By 10 minutes before each ward is due to be served on tray line
					Change over any meal tickets to new ward for patient transferers	
					Manually process each patient menu to ensure all food complies with diet codes for each patient found in contingency processing manuals	
			All inpatient charge nurse managers including HBC		Contact Diet Techs office for any changes required after 10am and 3pm deadline	
					Contact Number now that phone lines are working is 98114	Preferably before meal time
My Kai Impact 2	Unable to access information from IPM and PFM to know which patients are in which wards and what their diet requirements are. This information is required to be up to date 3 X per day for Breakfast, Lunch and Dinner to enable the right meal to get to the right place. This is a patient safety risk. It is a nursing/ clinician responsibility to complete diet requirements as NFS does not know any clinical information about the pt. e.g. Food allergies'- Textures (Choking for any difficulty swallowing e.g. Stroke, young children, head and neck surgery)'- NBM, gastroscopy	Manual completion of Nutrition and Food Report				
		Photocopy contingency menus form relevant day . 14 day cycle so patients can select food but compliancy is done manually after menu collection rather automatically before	CNMs		Photocopy enough menus for each ward to go with breakfast for the following day meal	e.g. Wednesday menus to be copied on Monday to go out with breakfast or Tuesday for selection and processing ready for Wednesday meal service .
	Unable to print customised menu for each patient that is compliant for their Diet code(s)				Hand out menus	at breakfast
					Assist patients that need help to complete menu selections	
					Collect completed menus and return to diet techs office. Ensure name and ward on bottom of menu	by 10.00am for same day wards. By 12.00 midday for next day
					Process menus to ensure compliancy with diet requirements including allergy restrictions etc Clarify with dieticians if not sure	by 19.00hours
		Generic menus '- Adults'- HBC'-Paediatric'-Medinotel			Complete manual special request forms needed for each area - cooks , sandwich area, salad, tray line,	
My Kai Impact 3	Unable to print list of patients requiring nutritional supplements, tube feeds and made up formula	Compile manual list each day with Patients name, Feed (s) required, amounts required and when	Clinical Dietitians Language Therapists	Speech	Compile daily list by ward of: Patient name, Feed (s) required, Amount required , when required, special recipe if required. Take to Fluids Room along with labels	4pm daily for next day

	Unable to print labels to put on each feed with patient name, ward ,name of feed, time of dose and discard date	Handwrite labels for each feed required	Clinical Dietitians		Handwrite labels for patients requiring oral nutritional supplements, feeds, formulas and any generic ward requirements e.g. "hypo juice" One label for each container. Include ward, patient name, name of product, time to be given. Deliver to fluids room	By 4pm each day for next day and any time during the day for urgent feeds.
My Kai impact 4	Unable to generate list of individual snack requirement for patients	Continue with "generic" snack programme in wards such as OPR	NFS			
		Send packets of biscuits to wards for any individuals that need simple snack	Clinical Dietitians NFS			
	Unable to generate patients labels to go on individual snacks for patients	Handwrite specialised snack labels	Clinical Dietitians NFS		Handwrite labels for any specialised meal snacks required for particular patients. Take to supervisors in production kitchen	by 5pm for next day morning tea By 10am for afternoon tea By 2pm for supper
My Kai Impact 5	Inability to automatically produce and create food orders for external suppliers of food for patients, meals on wheels, cafes Risk - Too much food, not enough food, wrong food	Use previously printed contingency orders based on 750 beds being occupied usual patient , staff, MOW volumes for relevant days of 14 day cycle	Production Manager		copy contingency orders with suppliers for Fruit and vegetables, Meat, Fish, poultry and eggs. Take photo and manage to send to relevant supplier via mobile phone	1 week in advance
Hand write order on contingency template for milk /dairy products and give to milkman					1 day in advance	
Hand write order on contingency template for grocery orders to Bidfood and other suppliers. Give to managers to take photo and send to supplier via mobile phone					2 days in advance	
My Kai Impact 6	Inability to scale up recipes to required volumes and print labels with relevant ingredients/ amounts for weighing up food for production	Use previously printed contingency scaled up recipes and labels based on 'normal' volumes for each ingredient for each dish for each meal for each day	Production manager Supervisor	IR	Adjust receipts and labels if necessary from current menus Copy receipts for each day Copy labels for each day Weigh up food from labels	4 days in advance
Meals on Wheels Priority 2	1.Inability to access the following information	MOW laptop is stand alone, so can access information independently of network and is backed up onto an iron key			Update information on stand alone and back up daily on Iron key	Daily
	a) Clients					
	b) Addresses					
	c) Meal days					
	d) driver lists					
	e) allergies or special diets					
	f) clients selection/Preferences					
	2.Inability to print labels to put on each meal so that right meal for right client	Use stand alone laptop with computer cable to printer			Print labels from stand alone laptop to printer	Daily
	3.Inability to print drivers list	Use stand alone laptop			Print Drivers list from stand alone laptops to printer	Daily
	4.Inability to create fortnightly direct debit file for MOW clients to pay WDH B Risk is that \$ will never be recovered from external clients as they generally live week to week	Can't create fortnightly direct debit file without a clean laptop	Accounts Receivable	?	?	?
Staff and Retail Cafes Priority 3	1.Inability to use point of sale system after about 28 days when memory runs out of current system working	Investigate hire or purchase of simple cash registers - push button -limit range of food -simple pricing structure Note that if we cannot find alternative non network cash register, will need to close apart from free tea/coffee -Financial impact -staff dissatisfaction	CIMS team Waikato DHB staff and Visitors		a)Inform CIMS of risk well in advance so have 18 days to prioritise to get back up running before 28 day expiry . b) find some manual cash registers, limit range of food and pricing & limit outlets. Close short ordered - impact - no cash reconciliations.	by day 10
	2.Inability to use Eftpos	Hire 6 mobile Eftpos machines (\$ implications)			Uninstall network Eftpos machines and deploy mobile machines. Teach café supervisor to teach cashiers how to enter Eftpos \$ manually. Order different paper rolls (or receipts)	
	3.Inability to link with RMO rosters for voucher system	Process transaction to record sale but cancel as a 'no payment' so no cash expected	RMO Manager		Inform café supervisors and cashiers of altered process for RMOs	
		RMOs sign form				

Administration	Priority 3	1. Inability to receipt supplies into oracle for payment to suppliers NFS buys a large amount of perishable food supplies each day. These come with packing slip & invoices which need to be reconciled before	Do physical match of packing slip and invoice (if available) Otherwise hold --- notify suppliers (Note risk of suppliers deciding not to supply if goes on too long			Contact suppliers to let them know delay and seek there co-operation.	After day 10
		2.Inability to update volumes and prices in my kai - required for financial modelling and decision making	Update manually once online				
		3.Inability to keep transaction records for RMOs	Put on hold				
		4.Inability for cashiers to process bank statements	Put on hold				
		5.Inability to process credits to suppliers	Put on hold - Tell suppliers				
Pharmacy - dispensary		Main system EPharmacy not available. No access to dispensing and compounding systems. No label printer. No access to previous dispensing history.	Have gained now gained two laptops with ePharmacy loaded. Able to process dispensing and compounding, but no label printing possible. Undertaking manual work arounds.				
		MedDispense system down. No profiling of medication charts possible.	Wards operating manually, by opening MedDispense cabinets. Pharmacy stocking drawers 2-3 x per day.				
		No access to Clinical Workstation.	Have access to MCP, but otherwise doing everything manually.				
		Cold chain / refrigeration and freezers - no centralised monitoring. No data logger down load possible.	Have organised data logger download via standalone computer. IS organising wireless monitoring of fridges however still not actioned. High risk for fridge contents as won't be aware of overnight outage if it occurs.				
		Blister packing - labelling system down					
Pharmacy - supply chain and procurement		Supply chain processes	Currently undertaking basic ordering in Procurement offices down in Hockin. EPharmacy not talking to Oracle so manual processes matching up ordering. Receipting undertaken manually.				
		Supply chain processes	Pharmacy supply to wards/ departments carrying on with manual processes.				
Pharmacy - cytotoxic compounding pharmacy		All manual processes	Now have one computer that has access to ePharmacy. Processing possible but no label printing possible. Labels being hand written.				
Pharmacy - clinical trials		All manual processes	Manual processes until system comes back up.				
Pharmacy - medicines information		All MI databases unavailable	Using personal computers, phones and work ipads to access internet to search for information. Manual record of information.				
Administration/ Management		All key processes put on hold. Recruitment processes on hold.	Will undertake all activities if and when systems up and running again.				
		One of the issues that has now arisen again is the IV pump consumable response - that is, the withdrawal of the BD pump consumables and the impact that is having. Pharmacy is in the middle of trying to develop a new medication safety data set for new "temporary" pumps however the lack of computers is proving tricky. The data set is for use by high risk areas. We may need to get access to one more computer for pharmacy and router if the outage goes into next week. Or Julie Vickers has a laptop that could be "cleansed" and used? How do we go about working out best option for IS?					
			Critical imaging only. All imaging will need to be reviewed in Radiology. Reports will be provisional handwritten.				
			Working from home.				

Referral Coordination Centre	No access to any systems e.g. BPAC, iPM, CWS. This means no referrals can be received, processed, queued for triage, updated in iPM, waitlisted, letters sent out, etc. Also means H scans, urgent s and all other referrals cannot be processed.	2 staff working from home, accessing BPAC via stand alone HTTPS address via internet explorer. This allows urgent and h scans to be moved straight to triage. A note will be added advising the referral has not been checked or loaded into iPM by RCC due to a network outage. If the outage continues, more staff can work from home accessing the website to move some of the 7000+ backlog to triage. To triage, clinicians will need to access off the DHB website - the link is https://bestpractice.org.nz			
	Team are assisting in the patient contact centre with sorting and delivery of messages.	Hourly roster put together for Friday and Monday. Asked for night and weekend admin support for clinical areas. TBC.			
Hospitality Support Services - Cleaning	Reduced calls for special/terminal cleans. No major impact BAU.	Duty Nurse Manager advised of cleaning. Key contacts for ally leaning requests, ISS emailing consumable orders to supply chain.			
Hospitality Support Services - Linen	Linen orders rely on public wifi, to use iPads for ordering. External / outer sites orders are being text through.	Data cards installed in iPads so orders can continue.			
Hospitality Support Services - BEC	Booking system down. No visibility of daily/future bookings or catering. Uniform orders still happening - no online ordering though.	Manual system in place. Limited communication via phone or face to face. No orders being placed via Oracle, but setting up phone ordering system.			
Hospitality Support Services - Enquiries	Limited landline use. No access to iPM. Limited patient info - lists available sporadically. Can't advise visitors/patients where to go.	Manual patient lists provided ad hoc. Advising visitors where to go based on information they are sharing.			
Hospitality Support Services - Washroom Services	No impact - BAU	DHB staff texting orders through.			
Hospitality Support Services - Chaplains	Phone referrals limited / reduced.	Duty Nurse Managers provided with Chaplains roster / contacts.			
Hospitality Support Services - Waiora CBD	Reduced staff occupancy in building.	Waiora / ISS team ensuring IS staff are being looked after. Running around doing other tasks.			
Hospitality Support Services - Volunteers	BAU No online sign-in.	Manual process in place.			
ED Receptionists	Risk – Afterwards	Will need staff to help eg Coders e.g. Linda Ritche, Helena Johnson			
	Backlog of data entry	Developing roster for additional admin support requirements over nights and weekends. TBC.			
	Risk of lost patient in Hospital				
Patient Service Centre	No 0800 number	Can't confirm appointment or reschedule			
Clinical Typists	Concern of Dr dictating into winscribe and it not saving/importing	Has informed Lisa at IS			
		Staff sent home			
Clinical Typists	Winscribe - methods of dictation safely able to be used by authors.	Discuss with Surgical Coordinator later this afternoon.			
Clinical Typists		Staff willing to do some work over the weekend if systems back up and running tomorrow.			
Outpatient Scheduling	Dependant on all others				
Outpatient Booking Clerks	Not booking				
	Wait times long term risk				
MCC Receptions	Risk – missing something due to manual system				
Inpatient Booking Clerk	Waiting to hear what surgeries for tomorrow	Will call			
Inpatient Receptionists					

	Mobile	Extension
Hospitality Support Servies		
Cleaning		
Cleaning		
Cleaners Duty Phone		98789
Linen and laundry		
Linen and laundry		
Washroom Services		
Chaplain		
BEC		98642
Waiora CBD		
Enquiries		96125
Enquiries		96824
Pharmacy		
Jan Goddard		

[Redacted]

Hospital Administration

[Redacted]

Radiology

0800 - 1630

- CT
- Ultrasound
- General Imaging
- Nuclear Medicine
- Interventional Radiology
- MRI
- PACS

Out of Hours

- General Imaging
- Radiology Reg
- PACS

Nutrition and Food

[Redacted]

Diet Techs Office

Laboratory

[Redacted]

[Redacted] n

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Service	Impact	Response	Who to Inform
External OIAs	Unable to provide information		Requestor if possible
Ad Hoc Reports	Unable to provide report		Employee Reps
Qlik Apps	Unable to complete/publish		Resume Work
Corporate Records	Unable to attend meetings		
Maori Equity	Unable to attend meetings		
Access Requests - PS Shared Folders	Available for Calls, HRBP BAU		
Datix Incident Review	Unable to provide informaiton		
Visa Audit	Unable to provide informaiton		
VCA Track Sheet	Unable to provide informaiton		
ECF Tracking Sheet	Unable to update		
Monthly Report	Unable to provide informaiton		
Covid Sick Leave Report	Unable to report		

Key Contacts:



<60 days)		
Who	What	When
[Redacted]	Email	
[Redacted]	Outlook tasks	
[Redacted]	Update Calendar	
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]		
[Redacted]	Dashboards to [Redacted]	
[Redacted]		

Service	Impact	Response	Who to Inform	<60 days)		
				Who	What	When
Complete Pre Employment	Delay in process due to unavailability of Taleo and PeopleSoft	Manual paper record	HS&W, Taleo, Laboratory and Recovery team	[REDACTED]	Preemployments	ASAP
Provide Data Stats	Unavailability of People Soft for Incidents, Outbreak of Diseases	Utilisation of manual files and verbal communication	Public Health, Department Heads	[REDACTED]	Delayed response in collating data and increased risk of spread of infection.	ASAP
Immediate Actions for Needlesticks	Risk of contracting HIV HBV due to no prophylactic treatment.	Lab contacting H&S of abnormal results, but may be unsure of which employee.	HS&W, Labs, Manager, Staff Member/Employee	[REDACTED]		ASAP
Print off Datix, Claim Information, or pre-employments	Lack of payment of accounts, Employees payroll incorrect due to claims.	Meeting daily with WorkAon	Work Aon, Health, Safety & Wellbeing, Recovery team	[REDACTED]		ASAP
Lab Results for Needlesticks, Exposures and pre-employment checks	Delayed response in obtaining BBS results	Manual process and communication between labs and Occupational Health	HS&W, Labs, Recovery team	[REDACTED]	Potential delayed response.	ASAP
Enter record data on computers, eg new starters, datix, preemployment, claims	Delay in contacting staff to initiate an initial needs assessment and actions	Attempt to contact staff manually.	HS&W, Work AON, Recovery team	[REDACTED]		ASAP
Enter Influenza Stats on NIR, PeopleSoft and MOH.	Large amount of data to input at a later stage	Data being collated manually and stored till system restoration	Karren Moss, MOH,	[REDACTED]		ASAP
Peoplesoft Data	New Starters to input. Unable to access employee records.	Collate records until systems come online	HS&W, Admin, Recovery Team	[REDACTED]		ASAP
Process Training Records	Inability to enter training records into PeopleSoft	Collate records until systems come online	HS&W, Recovery Team, Affected Staff	[REDACTED]		60-90 days
Access for Staff on Wellness Hub eg EAP	Support Information not readily available.	Distribution of various media to staff via posters, e-mail and welfare checks	Health, Safety and Wellbeing	[REDACTED]		ASAP
Update or Review Policy, Procedures	Unable to review Policies and Procedures until systems back online	N/A	Health, Safety and Wellbeing	[REDACTED]		
Mask Fit Testing	Inability to Roster staff for maskfit testing and use computer hardware and software	Service onhold until further notice	Recovery team and Affected Services	[REDACTED]		
Work Safe Reports		Handwritten reports and delayed responses to WorkSafe	WorkSafe, HS&W, Affected Services	[REDACTED]		ASAP
FRAC Reporting	Inability to draft reports and capture dashboards for FRAC meetings	Utilise handwritten reports without data	ELT, Recovery team	[REDACTED]		
Appointments for Meetings, eg Wellness Meetings, RTW Plans and ACC.	Inability to capture data for return to work plans, ACC and Staff	Reschedule meetings cancelled	Affected Services	[REDACTED]		

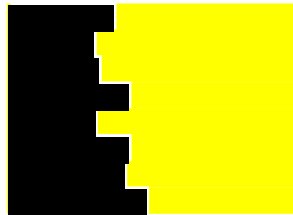
Non Compliance of legislative requirements	Potential loss of accreditation	Work in Partnership with WorkAON.	HS&W, WokAon, Recovery team	[Redacted]	Non Compliance	ASAP
Vaccination Clinics	Did not attends unable to input. Updating PeopleSoft. Downloading data logger for cold chain storage	Manual inputs and manual logging.	HS&W, Pharmacy, Recovery team	[Redacted]		

Key Contacts:



Service	Impact	Response	Who to Inform	<60 days)		
				Who	What	When
Employment Relations	Cannot proceed without available information	Reschedule/Defer	Employee / Reps	HRBP/HR Manager	Update ER Sheet	
Personal Grievances	Cannot respond	Seek Extension	Employee Reps	HRBP/HR Manager	Update ER Sheet	
Mediations	Cannot proceed	Reschedule	MBIE, Employee, Employee Reps	HRBP/HR Manager	Update Calendar	
Change Management	Hold	Defer/Reschedule	Employees if applicable, Managers, Employee Reps		Update Records	
HR Advisory	Meetings can't proceed	Communications via email options	Manager, Employees, Employee Reps	HRBP/HR Manager	Update Records	
Skeleton Staff	Available for Calls, HRBP BAU	Monitor Deployment & Hours	HRBPs		Keep Track	

Key Contacts:



Service	Impact	Response	Who to Inform	<60 days)		
				Who	What	When
Responses to Agencies: Privacy Comissioner, Office of Ombudman, Section 40 Coroner's Requests, OIA Requests	Unable to meet statutory and agreed dealines to respond to agencies	Using cellphones to contact people to advise responses will be delayed	Priva cy Commission, Ombudsman, Coroner's Office, OIA Requesters	[Redacted]	Keeping record of new deadline	Ongoing
Access to documents & information	Unable to access legal service shared drive folder for shared contract templates, letter templates and saved documents	Keeping records of outstanding work	staff who are wating for documents to be reviewed	[Redacted]	Waiting for clean laptops	Ongoing
Provision of legal services	Impacted by lack of access to files and information	Able to use cellphones and e-mail to provide legal advice. Plus to people dropping by. Assisting impacted services to procure / contract urgent goods & services	Requestors	[Redacted]	Waiting for clean laptops	Ongoing

Key Contacts:



CONTINGENCY PLANNING

DIRECTORATE: MEDICINE & OPR

Key Contacts:	
[Redacted]	Operations Director
[Redacted]	Operations Manager
[Redacted]	Nurse Manager OPRS
[Redacted]	Operations Manager Rehab Support
[Redacted]	Medical Director
[Redacted]	CD Respiratory- Interim MD



Service	Impact	Response	Who to inform?	Key Responsibilities			
				Who	What	When	
EMERGENCY DEPARTMENT	ENACT MANUAL PROCESS	Paper process in place		CNM/Dept		On Going	
		Replicable		Nurse Manager		01-Jun	
		To be documented		CNM/Dept		01-Jun	
	REDUCE FLOW IN	NP on desk			CNM		On Going
		Senior RN Triage			CNM		On Going
		Emergency Q	S&F		Dept		On Going
		Comms to Public			Comms		On Going
		Poster & Info			Comms		In place
		Comms to Primary Care	S&F		S&F/Comms		On Going
		ANGLESEA DECLINING - Non ACC X-Ray	Escalated to S&F	S&F		S&F	
	Non ACC X-Rays						[Redacted]
	SCREENING ON FRONT DOOR	HCA/CNS/RN/NP <i>[Dependant on demand]</i>			DEP		On Going
	BED MANAGER ACCESS	Located in ED			Bed managers		Continues
	ATTENDANTS	On site in ED			Attendants		Continues
	GP SUPPORT	Referral to S&F			OPS/Director/S&F		
		Continued Media			Comm		

CONTINGENCY PLANNING
DIRECTORATE: MEDICINE & OPR

Key Contacts:
Graham Guy
Andrea Coxhead
Christine Woolerton
Raewyn Dean
Graham Mills
Cat Chang

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
EMERGENCY DEPARTMENT <i>continued</i>	RESCUE HELICOPTER	Update Records				Complete
	DISCHARGE DOCUMENTS	Handwritten [x3 copies]		Admin		Ongoing
		x1 Patient				
		x1 Records				
		x1 G.P.				
		Collated & stored by Admin Need proces for reconciling Patient records				
	PATIENT NHIs	Temporary numbers allocated		Admin		Closed
		[20th May] Using NHIs now				Ongoing
		x3 laptops & printers in Department		IS/Admin		Ongoing
	MESSAGES /COMMS	Director → NM → CNM→CDs via text		Director		Ongoing
Posters for front doors			Comms		21-May	
GP CALLS TO SPECIALITY AREAS <i>cannot get through</i>	Request ED allocate to speacility				Raised at CD meeting 24/5	
LAB RESULTS TO WARDS & G.P.	Results left in ED		CIMS		Admin/post	
	Clinical list as patient left department & potentially the hospital				Stop resource requested 22/5 & 24/5	
	COM & STAFF	Collect numbers to admin				

CONTINGENCY PLANNING

DIRECTORATE: MEDICINE & OPR

Key Contacts:

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
MEDICINE & OPR						
BPAC	MANUAL BPAC PROCESS IN PLACE FOR:	Respiratory				Review 26/5
		Dermatology				Review 26/5
		All Gen Med, Gastro, ID & Neurology				Review 26/5
RADIOLOGY	CT - URGENT ONLY					
	ULTRASOUND - URGENT ONLY					
WINSCRIBE	UNABLE TO USE					Manual process
DIRECTOR COVER ROSTERS	OPS DIRECTOR PLANNER					
	RECOVERY					
	SUPPORT					
MDM - LUNGCA	CLINICAL CANCELLED [re prioritise]					
INTESTINAL DISEASE	NO VISIBILITY OF WHO IS ON LIST FOR CATCH UP					
	NO TECHNOLOGY					
OUTPATIENT CLINIC NEURO NURSING	RECORD OF PATIENTS SEEN	Records kept by MCC				Report to W. Keal
	DNAs, etc	Continue Infusions				
	UNABLE TO RUN CLINICS AT FULL CAPACITY	Thursday Clinics - Ruth continuing				
	≥ 5 patients not seen	Wednesday First Seizure Clinic				
NB ALL CNS' TO COMPLETE AND SUBMIT MONDAY PLAN TO NM by Friday						
OUTPATIENT CLINICS	BRONCHOSCOPY - NO RECORDING	SEEING ALL WHO TURN UP & KNOWN PATIENTS			CD	
		WHITEBOARDS PROVIDING VISIBILITY				
		LOOKING AT OLD ADAPTIVE SYSTEM				
	INFECTIOUS DISEASES	CANCELLED ALL				Clinics only
		CLINICS UNTIL WED 26/5				Weekly
		CONTINUE WEEKLY IDT CLINICS				
GEN MED	ALL CANCELLED					
	ENDO CANCELLED					
	CARDIOLOGY CANCELLED					

CONTINGENCY PLANNING

DIRECTORATE: MEDICINE & OPR

Key Contacts:
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
OUTPATIENT CLINICS [continued]	RESPIRATORY	Plans in place to continue until next week				Will continue BPAC Triage working
	LUNG FUNCTION	Defer most limited testing Looking at equipment hire				
	RESPIRATORY					
	SLEEP CLINIC	Defer most Nil overnight, but psychologist present if anyone turns up Continuing downloads				
REHABILITATION	DSL	Limited capacity				
	DSS	No online documents				
	START, DSL, INPATIENT, RnR	Bay Paper Admissions & Referrals [RO]				
	DSL/DSS	Complete referrals, as able				
	START	Manual process for receiving referrals implemented				
OPR OUTPATIENTS CLINIC	RAND ONLY: up to date for Wed&Thurs	All patients who turn up shall be seen		CDs		19/5 All cancelled
	NO RANDS: Thurs/Fri/Monday	Admin team keeping list of attended/not attended ? Thursday onwards Lists will be seen only				21/5 Proceeding Some Neuro Some Gym Dermatology Nurse Led, as able ALL OPR
NURSING LEADERSHIP	ONSITE WEEKEND COVER	OPR MEDICINE				SAT 22/5 SUN 23/05 MON 24/5
MATARIKI & RHODA READ	ISOLATED	USING CNM CELL PHONES PHONE INFO UPDATES AT 9:30 & 14:00 OPAL COORDINATING				NOW USING FAXES TO COMMUNICATE CENSUS
NURSING STAFF	ROSTER DEFICITS	REDEPLOYMENT OPTIONS		CNM/NM/HR		Meeting 19/5 @ 15:00
	RESOURCE NEEDED TO DO MEDICATIONS					Geriatric CNS redeployed
	ADMIN SUPPORT AT WEEKENDS & DURING BUSINESS HOURS	REDEPLOY AS ABLE FROM OPR ADMIN TEAM		OPAL CNM/HR		OPR Admin to help A3 [E] requested weekend assistance

CONTINGENCY PLANNING

DIRECTORATE: MENTAL HEALTH AND ADDICTIONS SERVICES

Key Contacts:	
[Redacted]	Operations Director
[Redacted]	Medical Director
[Redacted]	Director
[Redacted]	Clinical Director
[Redacted]	Director MH Corp Centre Administration

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
MHAS documentation	Unable to use clinical work station	1. All documentation handwritten. 2. Processes and flow charts in place to manage flow of information.	All clinical services in MHAS	Ops manager Admin manager	Teams aware of processes. Oversight of processes.	In Place In place
MH Act documentation	Unable to use clinical work station to view information.	1. Manual process in place. 2. MHA facilitator managing flow of paper work.	District Inspectors District Courts, DAMHS	Admin manager	Oversight of processes	In place
MHAS medication management	Unable to use clinical work station to view prescriptions.	1. Medication (incl IMI) prescriptions verified through MCP/GP/NGOs. 2. Community teams have moved to using a medication chart to prescribe and administer IMIs. 3. Process in place for all doctors to escalate any medication concerns to CDs.	All clinical teams	Ops managers, CDs	Teams aware of processes. Medication queries	In place, in place.
MHAS BPAC referral	Inability to access BPAC for referrals and outcomes communication.	1. Process in place, agreed with Healthshare. 2. Detailed in process document (by team)		Directors/Operation Manager	Inform teams of process	Ongoing
	Delay in processing with limited information.	1. GPs asked to provide more clinical detail in referrals to assist triage. 2. Communication to GPs for process if clinical concerns of urgency exist.		1. Health Share electronic prompt. 2. Director via PHO	Communication service to referrers	Completed
MH Inpatient seclusion	Unable to capture information in clinical work station	1. Continue to follow seclusion procedure using manual forms.	All inpatient CNMs	Operations manager	Inform teams of process	In place
MH Inpatient REN	Unable to capture information in clinical work station	1. Capture data on manual REN forms. 2. Keep forms in client's file.	All inpatient CNMs	Operations manager	Inform teams of process	In place
MH Inpatient AWOL	Unable to capture in clinical work station. Unable to scan/fax to police	1. Paper work completed manually. 2. Process in place with police. 3. Escalation of AWOL via phone	All Inpatient CNMs	Operations manager	AWOL packages on wards	In place

Discharge from Adult MH wards	Unable to use electronic referral system.	<ol style="list-style-type: none"> 1. Manual discharge summaries completed by medical team at time of discharge. 2. CNM to CNM/TL conversation to take place. 3. Process in place for d/c summary to get to community teams. 	All inpatient CNMs	Operations manager	Inform teams on wards	In place
MHAS Community	Unable to access caseload information	<ol style="list-style-type: none"> 1. Clinicians based in reception areas. 2. Clinicians out in the community doing 'cold calls'. 3. Caseload information as of 3/5, matching information to contacts and those yet to be contacted. 4. Contact details obtained via a number of means. 	All community clinicianas	Operations manager	Teams made aware	Ongoing
MHAS Community	Monitoring of DNAs and cancellation.	<ol style="list-style-type: none"> 1. Data manually captured daily. 2. Information escalated appropriately. 	All community clinicianas	Operations manager	Teams made aware	Ongoing

Service	Impact	Response	Who to Inform	<60 days)		
				Who	What	When
OD Leadership Training	Not Urgent	Postpone	Trhough CIMS	[Redacted]	Reschedule	Ongoing
Te hono Whakataka	14 June?	Cancel or go ahead	CIMS	[Redacted]	Cancel if necessary	4 th June
Soft Skills Training	Not Urgent	Postpone	CIMS	[Redacted]	Reschedule	Ongoing
Computer Training	No systems	Can do 1:1 training when live	CIMS	[Redacted]	Arrange urgent training	Ongoing
Ko Awatea Learn Access	No Impact	Business as usual, outside of DHB Systems	CIMS	[Redacted]	Inform CIMS	25-May
Staff Service Recognition	Delayed delivery	Delay until DHB is BAU	CIMS	[Redacted]	Arrange Delivery	Ongoing
Speaking up for Safety	Due 14th June	Cancel or go ahead	CIMS	[Redacted]	Cancel if necessary	4th June
Ko Awatea Learn Development	No systems	Delay until DHB systems BAU	Inform Internal customers	[Redacted]	Reschedule	Ongoing

Key Contacts:

[Redacted]

CONTINGENCY PLANNING

DIRECTORATE: ONCOLOGY AND RENAL

Key Contacts:
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
Radiation Therapy	Unable to provide radiation therapy	Proposal to CEO/Commissioner for Aria solution (SAAS) software via global supplies. Varian	CEO & Commissioner	[Redacted]	Proposal	23.05.2021
	Update national cancer agency	National cancer agency update re: inability to provide radiation treatment at Waikato DHB		[Redacted]	Discussion	20.05.2021
	Discussion with ROWG (Rad Onc Working Group)	Teleconference to understand capacity at national centres		[Redacted]	Discussion	24.05.2021
	Cat A / urgent patients to Auckland, increase risk Cat B patients	Transfer to Auckland public, transfer to Auckland public		[Redacted]	Liaison and discussion	Ongoing
	Transfer patients to KKC,	19 transferred to KKC - 1.0 FTE SMO, 5FTE RT.		[Redacted]	Liaison and discussion	Week of 24.05.2021
	Transfer patients to Bowen Icon	Approx 10 transferred to Bowen - 2 FTE SMO, 1FTE RN,		[Redacted]		Week of 31.05.2021
		1 transferred to Bowen - Physicst, 6FTE RT		[Redacted]		Week of 24.05.2021
	Further transfer of pts	Discussions with Auck private (ARO), St Georges CHCH & Wellingt n Public		[Redacted]	Liaison and discussion	Week of 24.05.2021
	Nation capacity review	Discussion between CCA, and national centres to discuss capacity.		[Redacted]	Liaison and discussion	27.05.2021

	Reprioritise patients	Ongoing to review patients on treatment and transfer care to available capacity		[REDACTED]	Ongoing review	Ongoing
	Equity and Cultural Support	Due to the potential impact to our Maori patients it is vital they and whanau are supported during this time - working with Te Puna Oranga. List from MoH with patients who identify as Maori, this will be passed to Te Puna Oranga to follow up with .	Te Puna Oranga	[REDACTED]	Liaison	Commenced and ongoing
	Clinic notes	Paper based template created to document clinic notes x1 to GP, x1 to patient, x1 to file for scanning. All collated in file at each clinic area	Booking clerk and admin teams, SMOs	[REDACTED]	Educate teams and monitor	Ongoing
	BPAC referrals	Urgent & HCANs - all printed via HealthShare to RCC to booking clerks to triage to usual process and files/collated by team. If decline with advice HealthShare will upload this information.	RCC/ Booking clerk / SMOs	[REDACTED] J)	Ensure agreed process followed	Ongoing
	Rheumatology & Renal	Rheumatology & renal - review all referrals eg urgent etc and trying to build future clinics	Booking clerk	[REDACTED]	Oversight and support	Ongoing
	RCC	Request all rheum referrals are printed and sent to service to triage and book patients	RCC / HealthShare	[REDACTED]	Notify	27.05.2021
MDMs - lung, upper GI, lower GI, Gyne, Breast, Urology, Lymphoma, Sarcoma, Nero, Head & neck	No onsite access to lab results	CNS accessing lab results verbally via phone or collecting from pathlab.		[REDACTED]	Trouble shoot any issues	Ongoing
	Decreased ability to share documents	Teams set up to share documents for lung, gyne, to support MDMs (cannot download images to share through Teams).		[REDACTED]	Oversight re Teams	26.05.2021

Radiation Therapy

Unable to provide radiation therapy	Proposal to CEO/Commissioner for Aria solution (SAAS) software via global supplier Varian.	CEO & Commissioner	[REDACTED]	Proposal	23.05.2021
Update national cancer agency	National cancer agency update re: inability to provide radiation treatment at Waikato DHB		[REDACTED]	Discussion	20.05.2021
Discussion with ROWG (Rad Onc Working Group)	Teleconference to understand capacity at national centres		[REDACTED]	Discussion	24.05.2021

Service	Impact	Response	Who to Inform	<60 days)		
				Who	What	When
Offers	Slows recruitment	Trying to get contract templates	Recovery Plan	[Redacted]		
Interview Setups	Slows recruitment, can't access Taleo	Trying to get hold of candidate lists	Recovery Plan	[Redacted]		
Create New Requisitions	Slows recruitment, can't access Taleo		Recovery Plan	[Redacted]		
Post Adverts	Slows recruitment, can't access Taleo		Recovery Plan	[Redacted]		
Pre Employment Vetting	Slows recruitment, can't access Taleo	Can't access e-mails	Recovery Plan	[Redacted]		
On Boarding New Employees	Slows recruitment, can't access Taleo	Can't access emails/Taleo Info	Recovery Plan	[Redacted]		
		Once we have access to network drives for offer templates, e-mails & Taleo we can start to progress things				
		Some access to Taleo via Healthshare & Lakes DHB but can do offers or onboarding				

Key Contacts:

[Redacted] [Redacted]

Service	Impact	Response	Who to Inform	Key Responsibilities		
				Who	What	When
SMO Rem Schedules (new, existing)	Unable to provide	Defer to Recovery, hold for action	Managers, SMOs	[Redacted]	Prioritise once On-Line	ASAP on Recovery
Gratuities (Calculation)	Unable to provide	Defer to Recovery, hold for action	Managers, Employees	[Redacted]	Prioritise once On-Line	ASAP on Recovery
Remuneration/ Pay Metrics	Unable to provide	Defer to Recovery	Recovery Plan	[Redacted]	Complete once On Line	Ongoing
SMO Job Sizing	Unable to provide	Defer to Recovery	Managers	[Redacted]	Complete once On Line	ASAP on Recovery
Merit or other Salary Increases	Unable to implement salary changes	Defer to Recovery, hold for implementation	Managers, Employees	[Redacted]	Prioritise once On-Line	ASAP on Recovery
Job Evaluation	Unable to provide service	Defer to Recovery	Managers, HRBPs	[Redacted]	Complete once On Line	ASAP on Recovery
Allied Pay Equity	Unable to provide information	Defer to Recovery	Recovery Plan	[Redacted]	Complete once On Line	Ongoing
OIAs	Cannot provide without systems, information available	Defer to Recovery	Recovery Plan	[Redacted]	Complete once On Line	Ongoing
ME/CA Implementation	Cannot implement without systems & information available	Defer to Recovery	Recovery Plan	[Redacted]	As required once On-Line	As required once On-Line
Bargaining Information	Cannot provide without systems, information available	Defer to Recovery	Recovery Plan	[Redacted]	Complete once On Line	ASAP on Recovery
Clerical Pay Equity	Limited Responses, no adjustments to uplift possible, no action on mapping information	Provide responses possible, maintain list of required actions	Recovery Plan	[Redacted]	Prioritise once On-Line	ASAP on Recovery
Queries/e-mails/advice	Limited response depending on query	Provide responses possible, maintain list of required actions	Recovery Plan	[Redacted]	As required once On-Line	ASAP on Recovery
Lists - Strike, Contingency	Cannot proceed without systems, information available	Defer to Recovery	Recovery Plan	[Redacted]	Complete once On Line	ASAP on Recovery
Section 43 Notices	Limited Responses	Provide notifications possible	Managers	[Redacted]	As required once On-Line	Ongoing
Holidays Act Compliance	Limited Responses	Provide respnses possible	Recovery Plan	[Redacted]	As required once On-Line	Ongoing
HRIS/Peoplesoft Queries	Limited Responses	Provide respnses possible	Recovery Plan	[Redacted]	As required once On-Line	Ongoing

Key Contacts:



CONTINGENCY PLANNING

DIRECTORATE: RMOSS

Key Contacts:
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
RMOSS	RMO unable to follow normal process for sick calls.	RMOs advised via Facebook group to call CNM on [Redacted] if unable to perform duty.	DNM to text RMOSS manager on [Redacted] RMOSS Manager to pass information onto RMO rosterers to direct relievers.			Ongoing
RMOSS	Unable to access and update RMO rosters	Record all changed via handwritten notes. RMO rosterers to meet daily with [Redacted] to update Amion - writing rosters on recovery plan.				Ongoing
RMOSS	RMO ARC National deadline for advertisements to go live 31 May 2020. (should this be 2021?)	Working with local DHBs (Rotorua and NRA) to load adverts via Taleo which is a cloud based application at alternative DHB. 25.05.2021 RMO recruitment staff at Rotorua with HR recruitment loading advertisements. New logins and passwords issued at Rotorua DHB - on recovery plan.				31.05.2021
RMOSS	RMO run reviews	Currently doing HO surgical run reviews. Agreed with COO and CMO run reviews that are already underway to continue and analysed later weeks, which are no reflective will be excluded from the review and additional weeks added - communicated with both STONZ and RDT. Run reviews due to commence 31 May (card HO & O&G registrars) will be delayed start. On recovery plan.				Ongoing
RMOSS	Changes to Drs scopes / general registration applications and APC reminders	Telephoned Nisha Patel (MCNZ) emailing list of Drs whose APCs are expiring. Received 25/05/2021. List printed followed up with all doctors on that list. Changes in scope done manually and submitted to MCNZ with handwritten letters.				Ongoing
RMOSS	RMO payroll	Advised unions 23/05/2021 of likely impact on RMOs pay as per communication. Additional duties submitted as normal but may need to be put through later - need to clarify.				
RMOSS	Paperwork / claims / leave	Hard to check entitlement/availability. Currently using judgement around MEL requests/additional duty claims/CME request for computers via STONZ. On recovery plan.				

CONTINGENCY PLANNING

DIRECTORATE: RURAL AND COMMUNITY

Key Contacts:	

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
Breast Screening	Unable to generate client detail forms from Report Manager	Subsites providing paper copies				
Breast Screening	Unable to access concerto for admin bookings	2 x admin staff sent to BOP site, 1 to Rotorua				
Thames OP	Unable to book DNA/cancelled patients	Identify alternative times and dates for additional clinics. Develop plan to indentify service resources.				
Gallaghers	Lost paper files	Notes returned to Gallaghers				
Rural Hospital	Inabiltiy to communicate	Two phones to Tokoroa. Clean laptops for rural health.				
Sexual Health	Staff unable to access emails.	Utilise phones of staff to read share emails.			Comms with staff	Ongoing
Allied Health	Alerts for child protection, allergies, aggression, home visit warnings, dogss all not available	Pre-visit screening phone call			Comms with staff	ASAP
Allied Health	AH staff unable to document OP or community appts in CWS progress notes.	Notes written on paper with name/NHI on top. When CWS available, stickers to be printed and added to paper and sort for scanning onto CWS. Staff to then add progress notes with appointment date/time, and notes scanned.	Recovery plan for backloading.			Ongoing

OT	OT staff unable to raise Oracle requests to rent non-stores equipment from invacare.	Email Ivacare directly with rental requests. Once back online to submit POs Recs retrospectively.				Ongoing
All	Retrospective loading of all patient data.	Extra shifts organised for staff and casuals starting work this week and will upload data.	Recovery plan			
Dental	Enrolling new patients online cannot be completed.	Storage of enrollments in a secure location until it can be uploaded.				
Thames	No access to Taleo to process recruitment.	CIMS approval requested to access Taleo web-based programme.				
All	Fax machines intermittent and unreliable	Staff to phone receiver of fax to determine if sent correctly.				Ongoing
Allied Health	ACC forms unable to be emailed	Team member to be identified to get ACC form to Janelle			Take paper copy to Janelle	Ongoing
Allied Health	Unknown outpatients appointments	Work flexibility, request pts (via comms) to bring along any documentation to appt.			Comms to staff	
Allied Health	Unable to access or send info to inhouse child protection team.	Email Gaye Andrew for urgent child				Ongoing
Allied Health	Outpatients and community patients unable to be booked for follow up appointment	Paper list kept of names and NHIs of all patients seen along with arrival and departure times, outcome of appointment. Will then be updated in IPM, reconciled with patients who were booked and arrange to reschedule who DNA or unable to attend.			Comms to staff	
Allied Health	On-call physio and dietetics unable to be contacted via operator.	On call mobile number identified and number distributed to wards, number given to operators				CLOSED
All	Staff taking and sharing photos of patient notes, contact details etc. Concerns going to cloud/public.	Organisational comms have been circulated, advising staff not to do this				
RH	No physical copies of BCP	Deliver BCP alongside Operations Manager				
Breast Care	HSCAN breast patients unable to be booked					
Breast Screening	Unable to store images	Storing locally. Source USBs to back up current imaging to avoid loss of images.				
Breast Screening	Unable to provide urgent imaging	Liaising with Ham Rad re availability. Triage/identification of patients who need urgent imaging.				
Breast Screening	Unable to read images	Send images to PACS to read				
Thames Radiology	Unable to provide x-rays for GP referrals.	BPAC to private providers. COO to approve BOP to complete these				Closed
Breast Screening	Delay to radiologist reads of mammogram	Refer to recovery plan				
Newborn Hearing Screening	Limited service provision	Screening resumed with clean laptops. Prioritised screening			Prioritising	
Audiology	Unable to provide ABR - hearing etc	Contacting Te Manawa Taki to loan equipment. Send patients to other DHB			Liaison, Identifying patients	
Sexual Health	Unable to determine pts booked	See pts as they arrive				
National, Immunisation Register	Unable to access NIR	Redeploying staff to PHOs in order to access NIR				
Dental	Unable to access Titanium	Contacted National Office who can email lists. Printer required			Procuring printer	
Breast Care	Primay referred diagnostics	Available forms reviewed, appts arranged with Ham Rad			Triage and Liaison	
Thames OP	Unable to review referrals	RCC to place any referrals (urgent) into tray for Thames. Checked 3x week by Katrina and sent across to Thames on PTS with RN and given to oncall SMO for triaging.				
All	Unable to access BPAC	Urgent referrals being printed by Health Share and delivered to services for triage.				

Allied Health	Unable to receive referrals for inpatients	Referrals to be made in person, or via mobile. Staff making sure mobile number available on ward and checking/visiting key wards if referrals required.			Comms to staff	ASAP
Dental	All complex dental procedures requiring GA and some nitrous procedures are cancelled.	Clinic spaces replaced by non-complex and any cancelled to be carried over. ROP protocols will be followed. Thames cancelled lists on the recovery plan.	Recovery plan			Ongoing
Dental	Reduced capacity in mobile units for complex work.	Centralise work force and do less complex work. Obtain parental consents where poss for more complex work.				
Allied Health	Dieticians and SLTs unable to request patient diet changes via PFM or MyKai.	Dieticians and SLTs phoning food services and fluid room with changes. Lists of current patients on modified diets and taking to food services.				Ongoing
Thames	Lists cancelled due to no radiology (#029)	Will need extra resource to see and treat acute patients ASAP. Utilise Waikato and Thames # clinics,appts	Recovery plan			
Allied Health	New or repeat nutritional supplement prescriptions unable to be sent to pharmacy by dieticians.	Dieticians to physically deliver prescriptions to pharmacy if urgently required. If rural location and urgent requirement, other staff member may drive script. Dietician to advise patient to go to GP for script (not possible for all scripts).				
Thames Radiology	No CT scanning available	Patients transferring to Waikato Hospital for private CT if required.				Ongoing
OT	OT staff unable to request equipment for patients	Email or phone requests to CECSSES (comm stores) to request equipment. Complete equipment request paper form.				
Allied Health	Unable to access previous clinical information for outpatient or community visits, and may be limited previous info for inpatients	Outpatients clinics and comm visits to continue unless there is a safety risk to the patient due to the lack of clinical info. These circumstances will be discussed with the manager.				
Screening	Bowel procedures following screening unable to complete ERCPs and EUs due to machines being unplugged.	Use facilities in interventional radiology.			Ongoing	
Audiology	Inability to programme hearing aids	High risk pts being indentified and investigating options - private. All other pts are being deferred.			Procure clean laptop with hearing aid software. Manage enquiries support pts	26/5, ongoing
Sexual Health	Unable to utilise system for special authority meds	MoH have given a waiver to sexual health to keep prescribing special authority medications				
Sexual Health	Unable to receive lab results	All samples going to Path Lab and reports sent - paper based				
Sexual Health	Unable to provide NHIs on lab samples	PathLab are accepting name only.				
Dental	GA dental procedures unable to go ahead in Thames & Waikato	Increase capacity in Alison St and Anglesea Clinic.			Triage/Prioritisation	Ongoing
Speech language therapy	Radiology unable to store images from UFSS studies	Clinically urgent UFSS being done without recording. All others de-prioritised.	NZ Speech - Lange Assoc. expert advisor, Radiology			
MIF	Unable to access BCMS & NBS data bare	Using ipads to enter data on BCMS & NBS				
MIF	Lab results not being transferred into Eclair therefore not feeding into BCMS and NBS and BWTR	CNM receiving hard copy of Lab results and reconciling against returnee, manifest and staff lists. CNM will approach MBIE to create electronic spreadsheet to assist manual reconciliation.	Recovery plan for lab needs to include transferring results into Eclair			
MIF	Lab results not being entered into Eclair means clearance for dlc from MIF unable to be approved in	Manual clearance for departure				
MIF	Positive results manually reconciled increased risk of error with similar names.	Double check against NHI and DOB to triple check identity.				

Ear Nurses and Admin	Unable to plan / book ear clinics in IPM and unsure who has a scheduled appointment	Running clinics and waiting for booked people to arrive. Running drop-in clinics so that new patients can be seen. Keeping hard copy lists of who attends each clinic.				
Vision Hearing Technicians (VHTs)	Can't send letters out to venues to confirm dates/times. Can't cross check data bases for previous results into B4SC. Don't know who your high dep children are and not able to contact them due to can't access details. Can't do prep work for out of town visits.	Enquire with Pinnacle as to whether we can get reports off them. 27/5 Two computers obtained for hot desk acces at Pinnacle 0900-1500. Ring on phone and advise visiting. Get the venue to print a lit of all 4 year olds and we will cross check against previous visit list.				
Thames	Limited access to radiology	Referrals for radiology to Ops Manager - Radiology, to triage to private radiology. Sc F monitoring and notify of any updates.				Ongoing
Thames	Potential for patients to be lost to follow up.	At discharge, medical team to identify follow up appointment requirements on the discharge summary.				Ongoing

CONTINGENCY PLANNING

DIRECTORATE: SURGICAL

Key Contacts:		UPDATES
		24/05/21. Published
		25/05/21 -Reviewed - No changes
		26/05/21 -Reviewed - No changes
		27/05/21 - Reviewed - No changes
		28/05/21 - Reviewed - No changes
		31/05/21- Reviewed - No changes
		01/06/21 - Reviewed. Updated. Elective theatres planned 48 hrs in advance.
		02/06/21 - Reviewed. No changes
		03/06/21 - Reviewed. No changes.
		04/06/21 - Reviewed. Updated to include Nursing strike impact on elective theatre lists, Interhospital Acute Transfers; and IS Stocktake info.
		08/06/21. Reviewed No changes
		10/06/21. Reviewed. No changes

Service	Impact	Response	Who to inform?	Key Responsibilities		
				Who	What	When
Theatre	Elective bookings:	Aileen and Leigh/Louise to review theatre list for following 48 hrs			Elective bookings	Daily
	Surgery limited to operations not requiring rad/lab support services 4 June 2021. Nursing strike 9 June 2021. Requiring reduction of services. Non complex electives with EDD prior to strike being planned.	CNSs to review list with SMOs to confirm safety to progress to surgery 4 June 2021. Last day of planned cardiac surgery 4 June 2021 until after strike day Neurosurgery: Acutes only until after nursing strike. Casemix has changed with no major cases to be completed with a LOS > 3 days	SMOs		Elective bookings	Daily
		Louise / admin to write up confirmed theatre list	Theatre, wards, EOC		Elective bookings	Daily

		Booking clerks to phone and confirm with patients that theatre going ahead or cancelled	Patients		Elective bookings	Daily
		Copy of theatre lists to be delivered to: theatre, nurse manager surgery, EOC, Kim Holt	Theatre, wards, Nurse Managers for each division, EOC		Elective bookings	Daily
		Copy of list of patients proceeding and patients being cancelled to be sent to EOC daily.	EOC		Pt lists	Daily
		All elective patients with potential requirements for ICU/HDU level care to be discussed with ICU SMO before ?	ICU SMO		Pt lists	Daily
	Acute patients	Jennie to monitor acute patients and in discussion with SMO schedule for theatre	SMOs		Acute listgs	Daily
		Copy of total patients operated on by service to be delivered to IOC daily	EOC		Pt lists	Daily
WARDS	Wards, lack of patient visibility across the hospital	Daily patient census at 0800 and 1700 to be delivered to EOC from each ward	EOC		Pt census	0800 & 1700 daily
	CCU. No centralised telemetry machines.	1-2 hourly rounding to monitor patients on telemetry. 12 lead ECG monitoring as required. Co-location of?	Pt records		Telemetry	1-2hourly
	Increased requirement for paper based processes	Team leader - Admin - to offer additional hours to staff to work. Workload requirements to be sent to Megan Scott.	CNMs		Admin support	Ongoing during incident
	Lack of visibility of clinical records location.	All areas to return clinical records to medical records as soon as possible after patient discharge	Clinical records		Clinical records	As soon as possible
	Follow up clinics: Potential for patients to be lost to follow up due to lack of computer?	At discharge, medical team to identify follow up appt requirements on the discharge summary	Discharge summary, receptionist		Follow up requirements	On discharge
		Ward receptionists to copy discharge summary and send to specialty clinic in MCC	MCC		Discharge summary	On discharge
		MCC admin to manually book patients for follow up appts	Patients		Discharge summary	On discharge
	Out of hours support: ensure of hours support for wards	Bed manager / duty manager first point of contact	CNMs		Contact DNM	As required
		EOC roster 24/7 in place	All areas		CIMS roster	Throughout incident
		Oncall support	CNM, EOC, CNM		Oncall roster for support for ward	Prior to weekend
CLINICS	Lack of visibility of patient bookings	Comms out to public identifying clinic update and requesting patients to take all documentation of clinical hs with them to appts	Public		Comms	Regularly
		Clinics Running: Schedule attached	EOC/Services		Clinic schedule	Daily
		Clinics Cancelled: Schedule attached	EOC/Services		Clinic schedule	Daily
		Daily schedules to be: on whiteboards in IOC, in EOC	IOC/EOC		Clinic schedule	Daily
	Limited ability to provide comprehensive care due to limited lab/rad/clinical history	Patients requested via comms to bring any relevant information with them to clinic.	Public, MCC, booking clerks		Outpatient clinic process	Ongoing
		All patients will receive a comprehensive nursing assessment	SMO and clinical records		Nursing assessments	Ongoing
		Medical teams to be in clinic as per usual schedule to provide medical advice / support as required	Medical teams		Clinical assessments	Ongoing as per schedule
ICU/HDU	Compromise to patient safety due to limited access to rad/lab/clinical history	Regional patients requiring critical care must be discussed with the oncall ICU SMO to determine level of care required.	ICU SMO		Regional referrals to ICU/HDU	As required
		ICU SMO to refer pts as required Taranaki/Gisborne to Wellington, Lakes/BoP to Auckland	ICU SMO		Regional referrals to ICU/HDU	As required
		All elective patients with potential requirements for ICU/HDU level care to be discussed with ICU SMO before proceeding.	ICU SMO		Elective pts for potential ICU/HDU	As required
	99777 - inconsistency of effective call tree	For chest reopening: call 99777, instigate ICU call tree	ICU team		Chest reopening 99777 call tree	Ongoing

TRAUMA/EMERGENCIES	Potential for compromise to patient safety	Trauma 1&2 to Waikato, Trauma 3&4 to Auckland	St John Ambulance, Air Ambulance	[REDACTED]	Trauma plan	During incident
	Management of mass casualty placement to ensure capacity not exceeded.	St Johns Operation to contact ICU SMO in event of mass casualties. ICU SMO to indentify WDHB ICU capacity. Pts to be placed in appropriate tertiary hospital based on capacity.	St John Ambulance, Air Ambulance	[REDACTED]	Mass casualty plan	During incident
	Emergency spines to be diverted	Divert to Middlemore and Tauranga	Regional hospitals	[REDACTED]	Emergency spines	As required during incident
	Cardiology pts: STEMI's if can't be sent to Waikato CathLab within 90 mins: to be assessed by Regional Clinics. Treat with thrombolytics. If require rescue angioplasty send to alternative tertiary hospital.	Taranaki pts to Wellington, Lakes to BOP, Gisborne to BOP, Complex to Auckland	Regional hospitals, Akld, Wellington, BOP	[REDACTED]	STEMI pts	As required
	Private capacity	TV and Raj to review and indentify pts appropriate to go private, then to liase with Joanne and Leigh to organise	[REDACTED] to organise	[REDACTED]	Cardiology pts	As required
	Interhospital transfers.	<p>3 June 2021. Memo from Christine Lowry and Maggie Fisher formalising arrangements for managing acute transfers to Waikato DHB from within the Midland Region.</p> <p>ICU - ICU transfers: The referring DHB will contact the ICU on call team. If we are unable to accept the patient the referring DHB will then need to approach Auckland or Wellington.</p> <p>Acute Spines: Transfer to Counties Manukau</p> <p>Tertiary Acute Referrals: The specialist from the referring hospital within the Midland region will contact the SMO of the relevant on call team at Waikato DHB and confirm the patient needs transfer for tertiary level care. The Waikato DHB SMO will notify the DNM of the requirement to transfer to tertiary level care. The DNM will assess the demands on radiology and other services and will confirm if the patient can be accepted. The Waikato DHB SMO is then informed and will confirm back to the referring DHB. If we are unable to accept the patient the referring DHB will then need to be advised to contact ADHB or Wellington.</p> <p>BOP and Lakes DHBs will refer to Auckland DHB in the first instance and Tairawhiti and Taranaki DHBs will refer to Capital and Coast DHB, Wellington</p>	All areas	[REDACTED]	All staff	04-Jun-21
	ICU diversions from regional hospitals	ICU to ICU transfers: regions to liase with ICU SMO to determine if ICU level care required. If so ICU SMO to rever as follows: Gisborne & Taranaki to Wellington, BOP & Lakes to Auckland		[REDACTED]		
GENERAL	Risk Plan for Directorate	Directorate Risk Plan completed and sent to Risk Team for collation.	CIMS	[REDACTED]	Risk Plan	Update regularly during incident
	Recovery Plan	Recovery Plan updated and saved in Recovery Folder in Teams	CIMS	[REDACTED]	Risk Plan	Update regularly during incident
	IS Stocktake	IS Stocktake document saved in Recovery Folder in Teams	CIMS	[REDACTED]	Risk Plan	Update regularly during incident