

Tuesday, 15 October 2019

[REDACTED]

Re: Official Information Act: Risk Register

Kia ora [REDACTED]

Thank you for your request for information under the Official Information Act 1982. You asked for a copy of Hauora Tairāwhiti's current risk register, and copies of any summary briefings, memos or correspondence related to the current risk register items.

Hauora Tairāwhiti's response is as follows:

Please find attached Hauora Tairāwhiti's Risk Register Report. The Executive of the organisation provide this report each quarter to the Board's Audit and Risk committee as part of Hauora Tairāwhiti's risk management processes. The report details the highest ranked risks and any changes in status or treatments in the prior three-month period, new risks added or risks that have new controls, which have reduced the risk rating to below the reporting level.

One risk has been redacted from the report because it contains information supplied in confidence to the DHB and disclosing the nature of that risk would jeopardise the future supply of that information, and hence management of the risk.

If you are not satisfied with this response you may contact the Office of the Ombudsmen, phone 0800 802 602.

Please note this response or an edited version of this response may be published on the Hauora Tairāwhiti DHB website. Your personal/identifying information will be redacted from any responses published. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Ngā mihi,

Jim Green
Chief Executive
Hauora Tairāwhiti

Finance, Audit & IT Committee



Title: Organisational Risk Management

Prepared By: Amelia Brown-Smith, Quality & Risk Systems Manager

Date: Thursday, 5 September 2019

Information Item

EXECUTIVE SUMMARY

1. HealthShare have completed their internal audit of risk mitigation controls of identified risks. A draft report has been provided to the Chief Executive.
2. A meeting with Te Kāhui Whakahaere was held on 4 September and the nature of risks, risk description and controls was discussed. This has been reflected in this report. Seven risks rated as “major” have been downgraded to “moderate” and reason for the downgrade is provided. Twelve risks rated as “major” remain as “major” and an update has been provided for you where appropriate. Four risks are rated as “extreme” and an update on these is also provided.
3. Three new risks have been added since the last report. These relate to mental health services and will be reviewed prior to inclusion on the register.

RECOMMENDATION

That the Finance, Audit & IT Committee :

ADOPTS the recommendation to:

- Accept the report

Detailed Risk Information

1. Risks either extreme or major reviewed since the last report (March 2019)

Risk #	Date Identified	Risk Description	Risk Controls	Further comments 4.9.2019
1718	8/5/2018	Inequity of Outcomes for Māori. Known differences in outcomes for Māori because of services unable to respond adequately to need. Also related to access to services.	Training, orientation, data capture, service and organisation plans, specific services, recruitment priorities. 3/9/19 Specific action plans in services. e.g. Saving 1000 lives project, child oral health improvement, Paediatric Advanced Trainee, Paediatric outpatients project, ASH reduction with primary care, SCR, FCT as examples.	Risk remains as extreme
2277	28/02/2019	The Intensive patient care area in Te Whare Awhiora has been deemed not fit for purpose by the Ombudsman and the DAMHS however, it continues to be the only option for a semi secure space available for our patients.	Policy updated and actioned. Monitoring of seclusion incidents weekly Zero seclusion monthly hui Rough order costings for facility refurb underway	Model of care work commenced that will drop into a business case for up to 20 million dollars for a rebuild. This is unlikely to be delivered inside 3 years and therefore this risk remains as an "extreme" risk rating as this area is critical for safe service delivery. The facility that is provided that is of extreme concern is broader than seclusion. This is the part of the facility where seclusion has been provided.
2637				

Risk #	Date Identified	Risk Description	Risk Controls	Further comments 4.9.2019
2748	24/04/2019	<p>Chronic Fatigue and burnout of staff.</p> <p>Clinical staff have raised the concern about staff chronic fatigue and burnout at the Clinical Governance Committee.</p> <p>Discussion with medical staff and CMO have identified the ASMS have validated their tool to measure burnout, and there would be baseline data as a comparison. More work is being done in this space to assess the issue across the varying health disciplines.</p>	<p>More work is being done to assess the issue across the varying health disciplines.</p>	<p>No change to this risk</p>
2695 and 2690	01/10/2018	<p>IS Disaster Recovery.</p> <p>Potential for physical disaster in the Tairāwhiti region e.g. earthquake in particular is relatively high. Damage to ICT infrastructure will affect service availability.</p>	<ol style="list-style-type: none"> 1. Disaster Recovery Plan documented and reviewed annually 2. Implementing and deploying redundant and distributed systems across multiple campus (and off site) locations. Maintain offline backup location separate from either primary/ancillary data centres 3. Streamline backup regime to support both online and offline modes to allow for the effective and efficient use 4. Insist on the inclusion of ICT related issues to the respective Service and Departmental Business Continuity Plans 	<p>The risk is extended to the damage/loss of service not only due to the natural/physical disaster but can originate from other sources as well, including but not limited to utility and infrastructure outage due to events beyond Hauora Tairāwhiti control, security incidents of the physical and cyber nature</p>
		<p>ICT Skills Dependency.</p> <p>Reliance on small staff numbers, sometimes single staff to maintain operations and systems. This affects ability to take staff leave and places the organisation at risk should staff be unavailable.</p>	<p>Documentation of SOPs and other relevant systems information. Upskilling of junior staff as quickly as possible. Structured change management to avoid systems changes during periods of absence of senior staff. Potential support arrangements with other DHBs for cover.</p>	<p>A difficult risk to manage given the relatively small staff complement, the high technical nature of operations, and the need for detailed knowledge of our systems being required in order to release staff for periods of leave, or cover unplanned absences. SOPs and system documentation in progress and increasing. Structured Change Management in place. Support from other DHBs not particularly realistic due in part to their being in similar position. Some relief when applications go "regional or national, but still a requirement to maintain a level of local capability across a large range.</p>
204	05/12/2003	<p>Medication Errors</p> <p>Medication errors reduce clinical safety</p>	<p>Incident reporting system in place, pharmacy QA system in place - Quality Use of Medicines group, training and education programme in place, standard defined for prescribing, dispensing and administration of medications. National medication chart implemented 9/5/13 monthly reporting and inclusion on provider dashboard to raise profile, feedback to prescribers on a monthly individual basis 3/6/15 Local Medication Safety Team has created an acute pain sticker aimed at improving prescribing of strong opioids in acute pain - this has not yet been launched</p>	<p>Resignation of team leader - recruitment in progress. QUM not occurring at the moment since resignation of Chair. Pharmacy team is short staffed and therefore this risk is high</p>

Risk #	Date Identified	Risk Description	Risk Controls	Further comments 4.9.2019
253	1/12/2011	<p>Non-achievement of violence intervention programme.</p> <p>Victims of violence may not be identified through standard screening programme resulting in risk of further harm and or violence.</p>	<p>Introduction of CYFs/DHB liaison position, 2 monthly meetings with CYF's/DHB.</p> <p>30/7/14 Introduction of the vulnerable pregnant women's MDT fortnightly.</p> <p>7/07/17 Staff education has commenced around Schedules 3 & 4 to the MoU which are specifically concerned with medical neglect and clandestine labs</p> <p>Regular staff training programme offered</p>	<p>VIP coordinator has arranged targeted individualised training with high risk areas - ED and Mental Health have dates during September and October 2019</p>
264	20/11/2013	<p>Risk of the specialist mental health and addictions service being unable to recruit appropriately qualified and skilled health professionals of all disciplines and therefore unable to provide a secondary service.</p>	<p>Work with recruitment/ human resources to ensure adverts and recruitment processes are efficient and that Job descriptions are updated to reflect the scope of the roles</p> <p>Utilise creative approaches to recruitment and different employment models that reflect the feedback about a growing desire for flexibility and work life balance by the workforce</p> <p>Promote student placements where possible and target local people who are more likely to stay in the area</p> <p>Be aware of the consequences of secondments and fixed term roles that create a solution in one part of the service and compromise another</p>	<p>This risk is related to others with other specific staff groups e.g. Pharmacy.</p> <p>Risk may be conjoined as similar actions to militate.</p>
265	21/11/2013	<p>Privacy Breach</p> <p>There is a risk that the privacy of a service user (patient/consumer) and staff may occur breaching the privacy act. This may lead to intensive resources both human power and financial to investigate internally and use of lawyers to manage the legalities of the complaint. Confirmed privacy breaches from internal investigation will require notification to some of the following bodies or all - the Health and Disability Commission, Privacy Commissioner, Medical Council NZ, NZ Nursing Council, Physio Council or other health professional governing body. The damage could impact negatively on the DHB as findings from these external bodies may be released to the media in which anonymity of the staff or patient may be intact the naming of the DHB may not be</p>	<ul style="list-style-type: none"> -Privacy policy reviewed as required. -Privacy Officer appointed. -Privacy training for all staff at generic orientation. -Staff asked to complete the Privacy Training Module Health 101 on the Privacy Commissioners website -Access control to departments/services and IT programs/software -Legal advice sought as required in discussion with our insurer -Privacy Commission informed when a confirmed patient privacy breach has been identified -Privacy Week established at Hauora Tairāwhiti to be in alignment with national privacy week 	<p>Risk has been elevated to moderate.</p> <p>Two privacy breaches regarding access to patient files have been confirmed and currently being managed. This has involved both a human and financial cost to the DHB and remains in effect.</p>
274	15/7/2015	<p>Young people admitted to Planet Sunshine or Te Whare Awhiora with mental health issues.</p> <p>There is no acute alternative for crisis respite for young people locally</p>	<p>No acute alternative for crisis respite for young people locally.</p>	<p>Provider identified for respite. Acute care now well established through Planet Sunshine with training and support. Risk reducing.</p>

Risk #	Date Identified	Risk Description	Risk Controls	Further comments 4.9.2019
1340	9/1/2017	DHB Financial Viability. The financial risk to the DHB being able to operate as a going concern and meet its current financial obligations without significant Treasury and MoH assistance. The viability of each service requires intense review and monitoring and recovery plans in place to correct the deteriorating financial performance.	Financial performance reviewed each month with CCMs/accountants/CFO Financial performance reviewed each month with CE/CFO Financial performance presented to the LT monthly and mitigation discussed	Reviewed and current management remains appropriate.
1357	4/10/2017	Safety of care in the hospital during the Out of Hours periods. An adverse event may occur due to historical systems and processes not meeting current care demands.	04/10/17 - Issue raised at CGC resulting in a paper to Te Kāhui Whakahaere. Working group to be set up to review systems and processes out of hours (OOHs). Group to be led by DoN with CD medical / mental health as deputy. First meeting arranged for 16/10/17. 23/7/18. Out of Hours Report received and recommendations all supported by Te Kāhui Whakahaere. Programme of progressive implementation under way. 3/9/19. Clinical Governance Committee has revitalised the review process for out of hours risks and actions. Forms regular reporting topic on agenda with actions ascribed and delegated leader. Timeframed reporting.	This risk has been reinstated as a major.
2276	28/02/2019	Risk of lack of clarity of pathways internal and external to Te Ara Maioha resulting in people not accessing appropriate clinical services	Some pathways have been clarified successfully Other pathways have work arounds as it is agreed these are unlikely to have clarification before the outcome of the Funder review	DHB services have formalised a series of handovers There has been improved consistency of doctor cover that has resulted in better communication between services where pathways are difficult
2280	01/03/2019	Patient and staff exposure to violence and aggressive behaviour.	- panic alarms - security doors - security staff on call - Police liaison and response - Change to security roster to increase number of guards on site 24/7 - Staff encouraged to use all security measure at all times - Support staff in wards eg HCA or Therapy assistant - staff training levels for calming and restraint - review of incidents to understand prompts for violence Te Whare Awhiora – duress alarms are used by staff members (not provided to doctors)	Risk still remains. For Te Whare Awhiora: - Improved monitoring of incidents with Restraint Committee bi monthly meeting and regular Police liaison - Potential for rebuild of Te Whare Awhiora to incorporate safety features e.g. night lighting, improved observations - Improved Court security at Te Whare Awhiora with the Court scanning patients and whānau - No smoking policy in place in Te Whare Awhiora - Clarity around use of cell phones in Te Whare Awhiora - Improved observations in ward
2691	01/10/2018	IS Security Management.	1. Access control - policy and associated authorisation processes in place to manage access to both systems and data.	Risk remains a major. This risk to consider amalgamation with 2695, 2690, 2692.

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		Increasing digitised information systems and information, increase the potential impact of IS security breaches either internal or external.	<p>2. Physical security - arrangements in place to control physical access to sensitive areas including the main Server Room and distribution points.</p> <p>3. Cyber Security, employing robust infrastructure and toolsets to mitigate the threats. Employ the security by design and the least privileges principles. Carry out security audits and action to address the identified issues. Perform vulnerability assessment.</p> <p>4. Train staff (IT and org wide) to recognise the security threats and issues and take appropriate actions encountering those</p>	<p>Managing information security has to respond to a variety of possible scenarios, with the new threats emerging constantly with no immediately available toolsets. It's important to keep security by design principles applied consistently across all systems and applications.</p> <p>The shift in where the data is stored and managed to the "in the cloud" model means the previously established security and privacy controls are no longer as effective. The advent and adoption of the social media services also add extra complexity to being able to respond to the threats originating from such sources, and this needs to be recognised on the organisation level.</p>
2692	01/10/2018	DHB Financial Viability. Increasing Globalisation, Nationalisation, Regionalisation of ICT is increasing the expense to Hauora Tairāwhiti, and decreases our flexibility to achieve efficiencies with localised or tailored solutions	<p>1. Implementation of formal governance structure "ISSG" to review requirements and examine proposed solutions</p> <p>2. Maximise functionality of existing core systems to decrease need for additional systems (and costs)</p> <p>3. Robust negotiations with vendors to obtain best pricings</p> <p>4. Explore shared services as and where possible and practicable"</p>	<p>Risk remains major. This risk to consider amalgamation with 2695, 2690, 2691.</p> <p>Governance structures in place, compliance with their requirements still needs improvement. Working with applications "owners" and services to examine where new/additional requirements can be met from existing systems, similarly with vendors</p>

2. Risks Downgraded since last report (March 2019)

Risk #	Date Identified	Risk Description	Risk Controls	Risk rating	Downgraded Risk rating	Reason for downgrade
249	8/11/2007	Lack of rehabilitation recovery focused community based services for people with severe and enduring mental illness challenging.	<p>Currently HCN persons are cared for in the acute inpatient unit if they are refused entry into the NGO sectors mainly due to their non-compliance for ongoing care and treatment and not complying with house rules.</p> <p>Maintain access to out of region to rehab beds (adequate)</p>	Likelihood = possible; consequence = moderate	Likelihood = possible; consequence = minor RISK IS NOW MODERTATE	There is no evidence for this risk
262	4/11/2013	Early Warning Scoring Pathway is not escalated when it should be. Patients will deteriorate when rescue could have been initiated sooner	EWS Policy; Resus/Deteriorating Patient Committee; EWS audit; HQSC EWS audit every quarter; SAC1 and 2 Committee; Staff education on EWS	Likelihood = possible; consequence = moderate	Likelihood = possible; consequence = minor RISK IS NOW MODERTATE	Stable operation of EWS and reporting on incidents.
1591	29/11/2017	Not Achieving Cold Chain Accreditation Requirements.	ED, Planet Sunshine, Occupational Health, Maternity, Community Sexual Health Clinic, Well	Likelihood = likely; consequence = moderate	Likelihood = unlikely;	Pharmacy fridge on site. Ongoing meetings

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		All Immunisation providers must hold Cold Chain Accreditation in order to offer immunisation programmes within their organisation. By 1 February 2018, all DHBs will be required by the Ministry of Health to have a documented local process for addressing provider non-compliance. Each DHB needs to review this process annually and make the documentation available to the ministry on request.	Child, TLAB to ensure these facilities who hold vaccines and have the appropriate fridges for these		consequence = moderate RISK IS NOW MODERATE	with immunisation coordinator to agree on individual area responsibilities. Agreed that walk in chiller in pharmacy is suitable as a backup for the immunisation fridge. Meeting this week to review policy and process.
1726	9/5/2018	Lift Status Lifts are in need of replacement as shown by increasing incidents, outages and need for repair.	Lift maintenance Incident reporting and action Lift replacement programme. Lift 1 replaced September 2019. Lift 2 replacement commences September 2019 - bariatric lift. Third lift booked for 19/20 year.	Likelihood = likely; consequence = moderate	Likelihood = unlikely; consequence = moderate RISK IS NOW MODERATE	Lift replacement programme well under way.
2693	01/10/2018	Communications Infrastructure. Geographical location and the availability of infrastructure e.g. fibre and communication networks is relatively limited in the region. Prescribed vendors and systems can exacerbate the issues of limited infrastructure and investment by vendors	Work with Comms vendors to obtain best services, and utilise regional and national agencies where possible to gain support	Likelihood = possible; consequence = major	Likelihood = possible; consequence = minor RISK IS NOW MODERATE	Risk is closed
2694	01/10/2018	Vendor Performance and Management. Increasingly vendors are being prescribed nationally and or regionally, removing Hauora Tairāwhiti's ability to influence vendor performance and behaviour and obtain fit for purpose applications and services	Take advantage of competition between vendors to obtain service and prices	Likelihood = possible; consequence = major	Likelihood = possible; consequence = minor RISK IS NOW MODERATE	Risk is closed
1655	9/4/2018	Te Whare Awhiora occupancy/ acuity. Te Whare Awhiora has been at over 100% occupancy for over 12 months. The building has been deemed not fit for purpose by the Ombudsman. There are a range of needs for whānau that it is difficult to meet in the environment. Base Staffing levels do not match acuity/ whanau needs.	Additional staffing approved by CE of 3 additional FTE RN Recruitment to casual pool Review of admission pathways and discharge pathways Review of community mental health service delivery Review of the needs of whanau who are repeatedly admitted to the ward	Likelihood = possible; consequence = major	Likelihood = possible; consequence = minor RISK IS NOW MODERATE	Acuity has lessened in ward. Plans in place are being actioned