Agenda

FINANCE, RISK AND AUDIT COMMITTEE

Meeting Date Tuesday, 22 June 2021 2:00 PM

Location Hauora Tairāwhiti Boardroom

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APOLOGIES

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INTERESTS

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2.2. Conflicts in Relation to Agenda Items

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CORRESPONDENCE

5.1. Nil

COMMITTEE WORK PROGRAMME

6.1. For review 14

FINANCE

7.1. Nil

AUDIT

8.1. Nil

SUBSIDIARY ENTITY/RISK MANAGEMENT

9.1 Organisational Risk – for review 16

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DECISION ITEMS

10.1. Nil

GENERAL BUSINESS

11.1 Nil

RESOLUTION TO EXCLUDE THE GENERAL PUBLIC

RESOLVED THAT:
In accordance with the provisions of Schedule 3, of the New Zealand Public Health and Disability (NZPH&D) Act 2000, that the public be excluded from the next part of the proceedings of this meeting.
The reason for passing this resolution and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public areas are as follows:

12	As shown on resolution to exclude the public in Minutes.
13-18	Negotiations or Commercial Activities – the disclosure of that information would not be in the public interest because of the greater need to enable Hauora Tairāwhiti to carry on, without prejudice or disadvantage, negotiations or activities. [Official Information Act 1982 S.9 (2) (j) & (i)]

Ground(s) under Clause 32 for Passing this Resolution:
That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under Section 6, 7 or 9 (except Section 9(2)(g)(i)) of the Official Information Act 1982.
[NZPH&D Act 2000 Schedule 3, S.32(a)]

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CORRESPONDENCE

13.1 Nil

FINANCE

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AUDIT

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16.2	Hauora Tairāwhiti – Valuation Report	75

SUBSIDIARY ENTITY/RISK MANAGEMENT

17.1	Te Puna Waiora Quarterly Report	102
17.2	Quality Service Report for May 2021	109

DECISION ITEMS

18.1	Nil

RESOLUTION TO READMIT THE PUBLIC

TO ADOPT:

1. That the public be readmitted to the meeting.
2. Recommendations be released unless further investigations are required prior to final resolution.
3. The Executive be delegated authority after the meeting to determine which items should be made publically available for the purposes of publicity or implementation.

PUBLIC RELEASE OF IN COMMITTEE ITEMS

Next Meeting: **Tuesday, 20 July 2021 2:00 PM**

FRAC Members' Interest Register

Member	Interest Declared	Role
Heather Robertson (FRAC Chair)	Hauora Tairāwhiti	Nurse Leader/Primary & Community
	Te Whare Hapara Medical Centre	Daughter/Clinical Nurse Specialist
	St John Area Committee (Gisborne)	Chair
	Te Puia Hospital	Nursing Clinical Advisor
	NZ Nurses Organisation	Member
Tony Robinson	Gisborne District Council	Councillor
	Tairāwhiti Laundry Services	Director
Gavin Murphy (Board Deputy Chair)	Tlab Limited	Director
	Trust Tairāwhiti	Chief Executive
	WET Gisborne Limited	Director
	Eastland Development Fund Limited	Director
Amy Wray	Mama Aroha	Director
	Puku Ora	Co-Director
	Commuity Lactation Consultant	Contracted to Breastfeeding Service
	NZ Breastfeeding Association - Maori Advisory Committee	Member
Kim Ngarimu (Board Chair)	Medical Council of NZ	Member
	Waitangi Tribunal	Member
	NZ Institute of Skills & Technology Board	Deputy Chair
	Heritage NZ	Board Member
	Māori Heritage Council	Council Member
	Te Mangai Pāho	Board Member
	EIT Ltd	Director
	Taina Ngarimu (Father)	Hauora Tairāwhiti Employee
	Northtec Ltd	Director
	Tairāwhiti Laundry Services	Director
Hiki Pihema	Hauora Tairāwhiti	Team Leader, Dietitians
	Dietitians Board	Board Member
	Otago University	Supervisor, Dietetics Programme
	Dietitians NZ	Member
	Health Quality and Safety Commission	Daughter is an employee
	Otago University Mdiet Board of Studies	Member
	Dietetics IPE 2022 with Auckland University	Co-Ordinator
	Atawhai Charitable Trust	Daughter is a Service Co-ordinator
	Robyn Rauna Limited	
Robyn Rauna	Robyn Rauna Limited	Director/Contractor
	Te Kopere o Te Iwi o Hineuru	Chief Executive
	Negotiator for the historical Treaty claims of Te Aitanga A Mahaki	
Josh Wharehinga (Hiwa I Te Rangi Chair)	Gisborne District Council	
	Lytton High School	
	Hauora Tairāwhiti Cultural Response Team	
	Hauora Tairāwhiti Children's Ward	
	Tairāwhiti Laundry Services	Director
John Hockey	Ngati Porou Holding Company Ltd	General Manager, Business Development
	Hikuwai Rakau Trust	Trustee
	Hauiti Berries Limited	Director

Meredith Akuhata-Brown	Tairāwhiti Youth Workers Collective	Member
	Gisborne District Council	Councillor
	Papawhariki Inc	Board member
	Gisborne Herald	Casual unpaid columnist
	Suicide Postvention Group	Member
	Tairāwhiti Rail Limited	Director
	Te Maruata, & Governance Strategy Advisory	
Andy Cranston	Action Surf Limited	Director
	Gisborne District Council	Councillor
	Sport Gisborne Tairāwhiti	Trustee
	Connext Trust	Trustee/Chairman
	Susan Cranston	Wife/Nurse Ward 4
	Kimberly Cranston	Daughter/Nurse Ward 8
Sandra Faulkner	Wairakaia Partnership	Partner
	Arohiwi Station, Presbyterian Support East	Director
	Gisborne District Council	Councillor
	Campaign for Wool NZ	Trustee
	Gisborne Riding for Disabled	President
	Ministry for Primary Industries	Board member
	National Animal Welfare Advisory Committee	Board member
Hiki Pihema	Hauora Tairāwhiti	Team Leader, Dietitians
	Dietitians Board	Board Member
	Otago University	Supervisor, Dietetics Programme
	Dietitians NZ	Member
	Health Quality and Safety Commission	Daughter is an employee
	Otago University Mdiet Board of Studies	Member
	Dietetics IPE 2022 with Auckland University	Co-Ordinator
	Atawhai Charitable Trust	Daughter is a Service Co-ordinator

Management Attendees

Jim Green (Chief Executive)	HealthShare Limited	Chair/Director
	Wife/Nurse & Team Co-Ordinator	Tamariki Ora, Tūranga Health
	Hauora Tairāwhiti Medical Registrars	Son/Medical Registrar
	Manaaki Tairāwhiti	Member
	Health Partnerships Limited Food Services	Chief Executive Sponsor
	Pay Equity Workstream, Employment	Co-Chief Executive Lead
	Holidays Act	Co-Chief Executive Lead
	Te Manawa Taki Regional DHBs, Child Health	Chief Executive Lead
	Te Manawa Taki Regional DHBs Māori Health	Chief Executive Lead
	Counties Manukau DHB	Daughter/Registered Nurse
Anil Nair (Chief Medical Officer)	Emergency Medicine Specialist, Auckland	Part time employment (since 2005)
	Hon. Senior Lecturer, Auckland	Honorary position(since 2005)
	University	
	RACMA- New Zealand JC Committee	Member (since 2019)
	RACMA- Diversity and Inclusion Commitee	Member (since 2019)
	Fellow -ACEM, RACMA, ACHSM	Fellow (ACEM -2000,RACMA-
	ACEM-Accreditation Inspector	Inspection of ED (2018)
	ASMS -Member	Member -2005
	Institute of Directors	Member -2005
	HOC-Expert reviewer	Member - 2021
	Health Practitioners Disciplinary	Member -2021
	Tribunal-member	
Serita Karauria (DoN)	Nil	
Peter Brown (Hauora Māori)	Shareholder, Phytomed Medicinal Herbs	Potential conflict exists in relation to alternative medicines. Phytomed could get involved in future medicinal cannabis production. Low risk.
	Member, Arai Matawai Incorporation	A tribal farming operation. Low risk.
	Shareholder, Comvita	Comvita produce alternative medicines. Low risk.
	FUZE (NZ) trading as Onyx Sports	Director

Debbie Cordiner Radiology Manager		Sister in law/ Elective Services Coordinator & Business Analyst
Liz Lee Taylor (Director of Midwifery)	Nil	
Carl McDonald	Wife is employed by Hauora Tairāwhiti as a Pharmacy Tech	Potential conflict exists in relation to matters related to Pharmacy and employment matters.
Clinical Directors		
Vacant (Women, Children & Youth)		
Richard Moore (Medical/Mental Health)	Private Practitioner	A conflict exists in terms of discussions or decisions related to any existing or future arrangements that affect Dr Moore's private practice arrangements and his role as Hauora Tairāwhiti Physician and CD Medical/Mental Health.
Johan Peters (Surgical)	Daughter an employee in Hauora Tairāwhiti Radiology	Possible potential conflict exists in relation to employment matters with Hauora Tairāwhiti
	Sister in-law employee with TLAB	Possible potential conflict exists in relation to contractual decisions with TLAB
	Wife, private physiotherapist and contractor to ACC	Possible potential conflict exists in relation to operating relationship with ACC
Osman Mansoor	Pharmac (PTAC/Imms)	Committee member
	Gavi	Vaccine Alliance Independent Review Committee (Geneva)
Group Managers		
Craig Green (Chief Financial Officer)	Chamber of Commerce	Mentor
	Compass Medirest Food Services	Mother/employee
	Employee Relations Strategic Group (ERSG)	National CFO Representative
	CFO Review Group (CRG)	Chair
	Health Asset Management Improvement	Member
	Tlab Director	
	New Zealand Telehealth Leadership Group	Executive
	National Clinical Engineering Managers Forum (NCEMF)	Executive Sponsor
Nicki Dever (Women, Children & Youth)	Nil	

Nicola Ehau (Planning, Funding & Population Health)	Health Quality & Safety Commission	Husband/employee
	Manaaki Tairāwhiti	Decisions at Manaaki Tairāwhiti may intersect with those in my role as GM Planning & Funding in Hauora Tairāwhiti. The management is that decisions around funding require to come back to Hauora Tairāwhiti.
Lynsey Bartlett (Surgical Services)	Yesteryear Limos	Company Director
	HealthShare Limited	Alternate Director
Amelia Brown-Smith	National DHB Quality & Risk Manager	Member
	Health Quality & Safety Commission	Sister/Consumer representative
	Well Child Hauora Tarāwhiti	Sister in law/Employee
	Mental Health Services Hauora Tairāwhiti	Cousin/Employee

Minutes

FINANCE, RISK AND AUDIT COMMITTEE

Date of meeting	**Tuesday, 18 May 2021 at 02:00 PM**
Present	Heather Robertson - Chair Gavin Murphy – via zoom Meredith Akuhata-Brown - via zoom Tony Robinson Robyn Rauna John Hockey
Attendees	Jim Green – Chief Executive Craig Green – Chief Financial Officer Nicola Ehau – Group Manager, Planning, Funding and Population Health – via zoom Amelia Brown-Smith – Quality and Risks Systems/Privacy Manager Jana Connoway – Senior Internal Auditor, HealthShare NZ LTD Anil Nair – Chief Medical Officer
Apologies	Hiki Pihema
Karakia	Robyn Rauna

ITEM 2: INTERESTS

2.2 Conflicts Related to any Item on the Agenda

Nil

ITEM 3: MINUTES OF PREVIOUS MEETING

3.1 Previous Minutes for Approval

Approved

3.2 Matters Arising

Nil

ITEM 4: ACTION ITEMS

4.1 Actions from Previous Meeting

- Creation of a transition to NZ Health plan 01 July 2022. Inclusion on risk register. As information is provided, CE will update respective Committees and Hauora Tairāwhiti staff.
- ED VIP Programme – Plan to be included in June FRAC agenda with actions timeframes included. Plan to also be forwarded to Quality/Risk Manager.

ITEM 5: CORRESPONDENCE

5.1

Nil

ITEM 6: COMMITTEE WORK PROGRAMME

6.1 The Committee **NOTES** the updated work programme

Unconfirmed

ITEM 7:	FINANCE
	7.1 FRAC **ACCEPTS** the information
ITEM 8:	AUDIT
	8.1 Nil
ITEM 9:	SUBSIDIARY ENTITIES/RISK MANAGEMENT
	9.1 Nil
ITEM 10:	DECISION ITEMS
	10.1 Nil
ITEM 11:	GENERAL BUSINESS
	11.1 Nil

RESOLUTION TO EXCLUDE THE PUBLIC

Resolved that:
In accordance with the provisions of Schedule 3 of the New Zealand Public Health and Disability Act 2000, it was agreed that the public now be excluded from the following part of the proceedings of this meeting.

The reason for passing this resolution and the grounds on which the resolution is based, together with the particular interest or interests protected by the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the proceedings of the meeting in public areas are as follows:

Item/s	**Reason(s) under Clause 33 for passing this resolution in relation to each item:**	**Ground(s) under Clause 32 for passing this resolution**
13.1-2	As shown on resolution to exclude the public in Minutes.	That the public conduct of the whole or the relevant part of the proceedings of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist, under section 6, 7 or 9 (except section 9(2) (g) (i)) of the Official Information Act 1982. [New Zealand Public Health and Disability Act 2000 Schedule 3, S.32(a)]
14.1-19.1	**Commercial Activities/Negotiations** The disclosure of that information would not be in the public interest because of the greater need to enable Hauora Tairāwhiti to carry on negotiations without prejudice or disadvantage. [Official Information Act 1982 S.9 (2) (i) and (j)]	

unconfirmed

	The Chief Executive, the Chief Financial Officer, the Group Manager Planning, Funding and Population Health, the Senior Internal Auditor, and the Minute Secretary were invited to remain for facilitation of FRAC Committee discussion and recording. The meeting continued with the public excluded.
ITEM 18:	PUBLIC RELEASE OF IN COMMITTEE ITEMS
	There were no In Committee decisions released from the public excluded session.

Karakia : Robyn Rauna

Meeting Closed: 3.55pm

Next Meeting: Tuesday 22nd June 2021 2:00pm

_____ _____

Chair *Date*

unconfirmed

Action Items

FINANCE, RISK AND AUDIT COMMITTEE

Agenda Item # 4.1

Item	Description	Who	Deadline
Carried over	Board to revisit and refresh risk management processes – frequency of review; differentiate between operational and strategic risks; reporting to FRAC vs Board. • *In progress, to be included on Board agenda* • *Completed*	CE	
Violence Intervention Plan - ED	Resubmit Emergency Department VIP report with established timeframes and an evaluation method • *Paper has been endorsed by appropriate Clinical Leads for the action plan to improve VIP rates. Suggest the operational monitoring now sits with the Steering Group to Clinical Governance* • *2021 05 – Report included as provided by GM Medical Services post clinical sign off* **May Action Update –** Resubmit report with inclusion of implementation/completion timeframes • *Completed*	CE	
Nursing Staff Shortage, included on risk register	Being discussed with DoN **May 2021** • *In progress* **June 2021** • *Completed – now on Risk Register*	QRM	June

Recommendation:
That the Committee **ACCEPTS** the report.

Finance, Risk and Audit Committee

Title: VIP Routine Enquiry Plan - Update

Prepared By: Lynsey Bartlett
Approved by VIP Coordinator, HoD ED and CNM ED

Date: Wednesday, 16 June 2021

Information Item

STATEMENT OF PROBLEM

The rates of routine enquiry for Family Violence are slow to improve across the DHB, driven by a systemic and department barriers which need to be reduced.

ACTIONS

Actions	Expected Results	Checkpoints on Progress	Allocated to	Completion Timeframe
Training	Training programme meets the needs of staff to be able to complete routine enquiry. ED staff to complete VIP training modules. Extend training to include ED support staff.	Review of training programme and on line refresher tools. Currently there are two modules 27 ED staff have completed. 10 have completed one of the two modules.	VIP coordinator ED CNM and HoD	Dates of training completed; 30/10/19, 25/11/19, 11/12/2019, 24/02/20 **Sep 2021**
System support including IT	Review reporting methods which are currently a hybrid of paper and e-recording. Improved access to policy and procedures and related forms.	E-recording of VIP routine enquiry to be a mandatory field in the electronic Patient management system. Set up e reporting functions for monitoring. To be included in the upgrade of the intranet review improvement programme.	VIP Coordinator SW team leader CCM Shared Services IT/IS team	Improved access to policies/docs completed. Further discussion needs to happen regarding data inputting point (admission or discharge). **Sep 2021**
Physical configuration of the Department	Triage privacy will be achieved which will improve opportunity for routine enquiry.	Interim routine enquiry procedures in place. Build plans developed Build complete	ED CNM and HoD Facilities Manager	Refurbish design drawn up. Capex 21/22 **Jun 22**
Workload patterns	Support staff will be available to assist with routine enquiry activities in ED.	Train support staff to complete routine enquiry. Review scheduling of support staff to maximise coverage at peak ED activity times.	ED CNM and HoD	**Completed** 30 Sept 2020

Follow through to the Ward – good options to have the discussion	The VIP programme is extended wider than the current priority departments	Review and refresh the current VIP annual plan. Establish a steering group that includes key departments to inform, and monitor progress.	VIP Coordinator SW team leader CCM Shared Services	VIP Steering Group established, ToR. First meeting has been held start June **Completed**

Work Programme

AGENDA ITEM # 6.1

Month	2021	2022
January	No Meeting	No Meeting
February	~~Review the Committee's Work Programme for the year~~	Review the Committee's Work Programme for the year
	~~Review summary financial proposals for the Annual Plan~~	Review summary financial proposals for the Annual Plan
	~~Review Q2 Capital Expenditure~~	Review Q2 Capital Expenditure
	~~Review Debtors~~	Review Debtors
	~~Review HY1 Tenders Report~~	Review HY1 Tenders Report
	~~Review indicative funding advice (if available)~~	Review indicative funding advice (if available)
	~~Board Members Expenses~~	Board Members Expenses
	~~Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited~~	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited
March	~~Consideration of Capital Expenditure Programme parameters~~	Consideration of Capital Expenditure Programme parameters
	~~Review Legislative Compliance~~	Review Legislative Compliance
	~~Review Organisational Risks~~	Review Organisational Risks
	~~Consideration of Audit Arrangements for the annual statutory audit~~	Consideration of Audit Arrangements for the annual statutory audit
	~~Review indicative funding advice (if available)~~	Review indicative funding advice (if available)
	~~Quarterly Te Puna Waiora Report~~	Quarterly Te Puna Waiora Report
April	~~Review Q3 Capital Expenditure~~	Review Q3 Capital Expenditure
	~~Board Members Expenses~~	Board Members Expenses
	~~Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited~~	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited
	~~Consideration of Audit Arrangements for the annual statutory audit~~	
May		
June	Review Organisational Risks	Review Organisational Risks
	Review Legislative Compliance	Review Legislative Compliance
	~~Review Audit NZ Interim Management Letter on the year's audit~~	Review Audit NZ Interim Management Letter on the year's audit
	Review the Internal Audit Plan for the forthcoming year	Review the Internal Audit Plan for the forthcoming year
	Quarterly Te Puna Waiora Report	Quarterly Te Puna Waiora Report
July	Review HY2 Tenders Report	Review HY2 Tenders Report
	Review prior year Capital Expenditure.	Review prior year Capital Expenditure.
	Governance Service Level Agreement 2021/22	Governance Service Level Agreement 2021/22
	Board Members Expenses	Board Members Expenses

	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited
August	Review Debtors	Review Debtors
	HealthShare LTD Financial Report	HealthShare LTD Financial Report
	Update on Year End result Expectations	Update on Year End Result Expectations
	Disclosure of Chief Executive Expenses	Disclosure of Chief Executive Expenses
	Governance Service Level Agreement 2021/22	Governance Service Level Agreement 2021/22
September	Review final draft Annual Report Financials and Going Concern assumption.	Review final draft Annual Report Financials and Going Concern assumption.
	Review Organisational Risks.	Review Organisational Risks.
	Review Legislative Compliance	Review Legislative Compliance
	Quarterly Te Puna Waiora Report	Quarterly Te Puna Waiora Report
October	Review Q1 Capital Expenditure.	Review Q1 Capital Expenditure.
	Board & Committee Member Expenses	Board & Committee Member Expenses
	Review final draft Annual Report Financials and Going Concern assumption.	Review final draft Annual Report Financials and Going Concern assumption.
	Review the Budget Parameter recommnedations	Review the Budget Parameter recommnedations
	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited	Subsidiary Financial Reports for Gisborne Laundry, Tlab and HealthShare Limited
November		
December	Review indicative funding advice (if available).	Review indicative funding advice (if available).
	Review Audit NZ Management Letter on the year's audit – to be tabled when available	Review Audit NZ Management Letter on the year's audit.
	Organisational Risk Report Submitted Nov	Organisational Risk Report
	Review Legislative Compliance Submitted Nov	Review Legislative Compliance
	Quarterly Te Puna Waiora Report	Quarterly Te Puna Waiora Report
	Review the Budget Parameter recommendations.	Review the Budget Parameter recommendations.

RECOMMENDATION THAT

The Committee ACCEPTS the updated Work Programme.

Title: **Risk Register Report**

Prepared By: Amelia Brown-Smith

Date: Friday, 4 June 2021

Information Item

EXECUTIVE SUMMARY

Hauora Tairāwhiti Organisational Risk Management status is reported to the Finance, Risk and Audit Committee every quarter. The report is sent to Te Kāhui Whakahaere and Clinical Governance Committee prior to submission to FRAC for review and update.

1. The "extreme" and "major" risks have been provided in this report.

2. The residual risk rating has been included in this report. The residual risk is the risk remaining after risk treatment (i.e. whether or not our planned treatment - development and implementation of controls was enough or not to reduce it in the first instance). The question with residual risk is how would you know what is 'enough', and this is related to acceptable level of risk?

3. The report has been split into **four** sections
    a) Section A: Risks that are new
    b) Section B: Risks that are being "treated" (i.e. worked on)
    c) Section C: Risks the Board need to know about that are either being -
        i. "treated" - where no immediate effect will be seen until years later and,
        ii. "tolerated" – this is where the effect is felt however all exhaustive controls have been considered/utilised and no other controls will mitigate it.

    The Board needs to understand that for these risks the organisation has **"accepted" the risk and controls in place.**
    d) Section D: Risks downgraded since the last report

4. There are 13 risks rated as "extreme" or "major".
    a) Three new risks have been identified for May. One includes escalation from a moderate to "major" risk rating (#1152) – Manual Handling)
    b) Five risks are being treated (worked on)
    c) One risk is being "treated" and the effect would not be noticed until >3+ years
    d) Four risks are being "tolerated" however no further controls will help mitigate these

RECOMMENDATION

That the Committee notes the report.

Section A – New risks and risks we are treating

1. **New Risks:** 2 new risks reported in the extreme or major categories for this quarter. One risk escalated.

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
CEO - ORGANISATION WIDE (2 risk)						
3879	24/05/2021 Serita Karauria, Director of Nursing	**The Risk:** Nursing recruitment **Description:** Challenges in recruitment. Vulnerabilities with 'sole nursing role' services.	• FTE calculations performed annually • Development of Nursing Framework Policy • Supportive training pathways into DSN roles • Collaboration with Tertiary Centres to provide clinical support whilst building workforce capabilities • Centralised recruitment processes • Collaboration with Tertiary Providers for pipeline • Continuous evaluation/improvement to NetP programme • Introduction of NESP programme for Mental Health	**May 2021:** FTE calculations approved. Strategy at national level being devised.	Likelihood = likely Consequence = moderate RISK is "major"	Likelihood = possible Consequence = minor Residual Risk sought = moderate
3871	12/5/2021 Kate Mather (Group Manager Shared Services), Nicola Barrington (Group Manager Mental Health and Addiction Services)	**The Risk:** At risk whānau welfare guardian (WG) applications. **Description:** There are issues relating to at "risk" whānau who present and are admitted to Hauora Tairāwhiti and have no welfare guardian assigned to them.	The following policies have been developed - 1. PPPR applications 2. Vulnerable Adult Abuse and or Neglect Intervention Policy 3. Vulnerable Adult Referral and Assessment Document A Working Group has been established jointly lead by two Group Managers.	**May 2021:** A formalised process that includes these issues needs to be identified.	Likelihood = possible Consequence = major RISK is "major"	Likelihood = possible Consequence = minor Residual Risk sought = moderate
1152	03/06/2021 Health and Safety Committee	**The Risk:** Manual handling of patients and equipment. Staff could possibly suffer injuries i.e.; back strain, neck strain etc**.** **Description:** There has been no training for staff for more than 2 years. Education sessions available to staff.	Organisational policy available. Substantial investment in equipment eg; electric beds, hoists, sliding sheers, transfer boards. Equipment available to staff.	**May 2021:** Risk has been escalated due to no manual handling education to staff for more than 2 years. No person has been appointed to provide the training.	Likelihood = possible Consequence = major RISK is "major"	Likelihood = possible Consequence = minor Residual Risk sought = moderate

2. **Risks that have been reviewed since the last report and are being "treated"**

There are 5 risks rated as "extreme" or "major" that are being worked on. One risk (3590) has been reduced in rating owing to regional and national work and upgrades.

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
CEO - ORGANISATION WIDE (1 risk)						
3590	14/10/2020 Jim Green (CEO)	**The Risk:** Specific e-software programmes have been notified as going end of life. **Description:** Datix, Taleo (Recruitment), Microster, Payroll HRIS and HealthViews are pivotal software programmes for Hauora Tairāwhiti to run its normal business and also ensure safety for patients and staff. These programmes are not fit for purpose and are signalled to or are obsolete. Replacement programmes and the IT infrastructure need to be considered for replacement of these current programmes.	Replacement of the programmes prior to their expiry. Implement process and software upgrades that are available in the interim.	In the last report, this risk was previously rated as an "extreme" and has been reduced to a "major". **October 2020** Datix – HealthShare Ltd have contracted a business analyst to help identify requirements/needs for each Te Manawa Taki DHB. Datix will have no vendor support or upgrades after Dec 2020. Taleo – The majority of DHBs in the country are on this software and it is supported by the vendor Oracle. The issue is the recent upgrade which has destabilised the software. The vendor has worked on this to improve performance and there is weight behind this form the large coverage of DHBs. This situation will continue to improve. Microster/Payroll/HRIS – Te Manawa Taki DHBs have agreed on a joined up approach to a replacement product by the ned date of the current product. Other DHBs are likely to join this and there may be a national product decided. HealthViews – Outside life but stable. To be replaced by the Clinical Platform in February 2021. **February 2021** ***Datix*** – Review of replacement of DATIX has commenced across the region. Expected replacement date by end 2021. Need capex estimate to include in 21/22 capex budget. ***Taleo*** – The majority of DHBs in the country are on this software and it is supported by the vendor Oracle. The issue is the recent upgrade which has destabilised the software. The	Likelihood = possible Consequence = moderate RISK is "major"	Likelihood = unlikely Consequence = minor Residual Risk sought = moderate

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
				vendor has worked on this to improve performance and there is weight behind this form the large coverage of DHBs. This situation will continue to improve. ***Microster/Payroll/HRIS*** – Recent advice is that the product may be further developed by the new owner of the vendor. DHBs will need to decide whether to stay with this product, or join in a national solution to be developed as a proposal by the MoH. ***HealthViews*** – Outside life but stable. To be replaced by the Clinical Platform in March 2021. **May 2021** ***DATIX*** – Te Manawa Taki DHBs have agreed to stay with this software as there are no ready replacement options at this point. To militate the risk, software upgrades have been performed at each DHB to update and to improve functionality. Training is to be rolled out at Hauora Tairāwhiti. ***TALEO*** – updated and performance continues to improve. Will now be a software decision for Health New Zealand in that timeframe. ***Microster/Payroll*** – combined DHBs work on a replacement with work to agree a longer timeframe of life with the vendor. MoH are taking a lead on replacement. ***Healthviews*** – no longer critical as replaced by the Clinical Portal, which is in itself on a development pathway with the next upgrade in August 2021.		
CHIEF MEDICAL OFFICER (2 risks)						
3400	01/07/2020 Dr Anil Nair (Chief Medical Officer)	**The Risk:** SMO and Vocational Trainee workforce - critical shortages. **Description:** SMO and Vocational Trainee workforce - critical shortages. This risk is about workforce (recruitment, retention, succession	There is no robust succession plan in place to ensure the SMO and vocational trainee workforce is sustainable and meeting the needs to the changing health requirements of Tairāwhiti and NZ.	**October 2020** A strategic planning report for Hauora Tairāwhiti medical workforce and the development of an evidence-based medical workforce strategy was put forward and discussed at Te Kāhui Whakahaere in October.	Likelihood = almost certain Consequence = major RISK is “extreme”	Likelihood = unlikely Consequence = minor

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
		planning) and organisation reputation/governance. Organisation reputation/governance has been chosen as the risk type because there has been a failure to adapt to changing times and NZ health and customer priorities.		Further work is required to scope out the project and resources needed to undertake it. **February 2021** Support for the CMO to develop the required strategy is being sought. In the meantime, services are developing cases and receiving approval to augment teams and plan towards sustainability. E.g second registrar in General Surgery, second Ophthalmologist, FACEM achievement in ED, 5th O&G, Paediatric Advanced Trainee, full Medical Registrar cover with increased NZ trainees. **May 2021** No change.		Residual Risk sought = moderate
2748	07/06/2019 Dr Anil Nair (Chief Medical Officer)	**The Risk:** Chronic Fatigue and burnout of Clinical Staff **Risk Description:** Clinician fatigue and/or burnout impairs clinicians' ability to maintain safe practices and detect emerging safety threats. Fatigue can be measured and the measures are equated to the cognitive and physical changes that occur with increased blood alcohol levels. This literature is common across many industries, health, airline pilots, forestry workers, truck drivers etc. This is of concern because, fatigue and burnout is associated with higher risk of patient safety incidents, poor care and lower patient satisfaction.	Organisational commitment to addressing work load fatigue includes Ongoing recruitment CCDM Locum Support service reduction maintenance of essential service EAP programme OCC health services Wellness activities Educational programmes union partnerships rostering principles call review reporting system management of leave and encourage to take	This risk was rated as "extreme" and has been reduced to a "major" risk. However, this risk is linked to risk 3400, and staffing must be right to enable a safe work environment in which fatigue can be reduced. **October 2020** A comprehensive service appraisal by sub-specialty has been completed in conjunction with clinical teams. This has been provided to the ASMS for review as part of the process of lowering the risk. This risk is linked to risk 3400. The current medical recruitment practices (including poor retention strategies and succession planning) are not fit for purpose. **February 2021** Fatigue management strategies are in place. Recruitment improvement in some services. End to end review of medical recruitment by Internal Audit. Consideration of a fatigue and burnout strategy needs to be developed. **May 2021** No change.	Likelihood = likely Consequence = moderate RISK is "major"	Likelihood = likely Consequence = minor Residual Risk sought = moderate

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
MENTAL HEALTH AND ADDICITONS SERVICE (1 risk)						
264	20/11/2018 Nicola Barrington (Group Manager Mental health and Addiction Services), Dr Sue Mackersey (Head of Mental Health and Addiction Services)	**The Risk:** Recruitment of experienced clinicians into key roles in MHA Services **Description:** Currently Mental Health and Addiction services are experiencing difficulty in recruiting the calibre consultant psychiatrist and clinical psychologists and specialised nursing staff. There is a risk service users will not receive the required standard of treatment, however this also possess problems about the viability of service and the well-being of the workforce.	Continue to work with recruitment/ human resources to ensure adverts and Job descriptions reflect the calibre of candidates required. Utilise active recruitment strategies and agency usage (where high risk positions can't be filled to recruit)	This risk an "extreme" risk and links to risk 3400 and 2748. There is major concern by the leadership of mental health and addictions service of the viability of the service. This is due to a fatigued and tired workforce, and the difficulty in recruiting psychiatrist and psychologists, which is adding burden to existing staff in these roles making rostering useless and unsafe. **February 2021:** The risk has been reviewed and remains as an "extreme" risk. To address some of these concerns: • A strategic programme of Workforce development has commenced to build a high functioning Team and workplace environment that attracts and retains a high quality workforce. • Te Ara Maioha will have in a place a succession planning framework, with a commitment to ensure all staff have professional development goals and plans. • A review has been initiated for Acute Services and Te Whare Awhiora as one barrier identified to recruitment and retention has been the organisational structure and roles within this department. **May 2021** Acute Services Review completed. New interim leadership roles have been established (Fixed Term 1 Year) • Clinical Nurse Manager Te Whare Awhiora (Ward 11) and Clinical Team Leader for Te Waharoa and Acute services.	Likelihood = likely Consequence = moderate RISK is "major"	Likelihood = unlikely Consequence = moderate Residual Risk sought = moderate

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
				• Both leaders and the increased capacity in those roles are supporting active workforce development and planning. **Recruitment Continues** • Have recruited a Registrar for Psychiatry start Sept. 2021. • One RN transferred to Te Whare Awhiora from another ward. **Innovations in recruitment:** • Working with Communications team on a targeted recruitment approach. **Fee for Service Contracts:** • In Psychology have been able to secure some limited additional capacity through contracting – case by case only. **NESP programme:** • Commenced this year with three nurses undertaking this post grad. programme supporting building capability and capacity in Mental Health and Addictions, placed in Te Whare Awhiora.		
SHARED SERVICES (1)						
253	1/12/2011 Kate Mather (Group Manager Shared Services)	**The Risk:** Non-achievement of violence intervention programme. **Risk Description:** Victims of violence or at-risk individuals including vulnerable persons not screened using the standard screening tool may be further harmed, seriously harmed or killed. Without help, the abused persons health deteriorates (e.g. increase in injuries, health harm, social harm, mental well-being, increased chronic disease for example) and the cost of their care rises due to higher health and social (justice, police) service utilisation. Additionally, the DHB may be criticised if we fail to offer support to patients, especially following a homicide investigation.	• Violence Intervention Co-ordinator (VIP) appointed • Oranga Tamariki (OT)/DHB liaison position and 2 monthly meetings with OT/DHB. • Regular core VIP staff training offered • Services where screening uptake is low are targeted and additional staff training provided • Violence intervention policies and procedures in place and aligned to legislation requirements. These are reviewed on a 3 yearly cycle or sooner if necessary • MoH quarterly target reporting • National support through Ministry of Health	This remains a "major" risk. **February 2021** A time framed action plan was presented to the FRAC in November 2020. An update report on progress will be provided in March 2021. Discussion with key stakeholders, agreed focus should be on the following: • Training – survey devised to identify specific training needs for staff in priority areas, review of training programme, identify clinical leads/champions and baseline data • Data collection – create mandatory field in iPMS to ensure consistent capture • Workload barriers – consider training support staff in screening	Likelihood = possible Consequence = major RISK is "major"	Likelihood = rare Consequence = major Residual Risk sought is Moderate

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
			• Annual reporting in the District Annual Plan • Auditing	• Extend screening wider than priority areas to wards – to ensure people are screened routinely • Privacy for screening – identify how this can be created in work spaces to enable screening **May 2021** Development of Terms of Reference for a VIP steering group within the hospital to meet quarterly to ensure key stakeholders are involved in improving staff ability to embed the VIP programme into clinical practice. Membership is across key services to encourage engagement. Terms of Reference to be approved at Clinical Governance Committee. Electronic capture of screening is available.		

Section B: Extreme and Major Risks the Board need to know about where no further work is being done or can be done on them

1. Risks that are being "**treated"** in which no improvement will be seen for > 3+ years.

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
1718	8/5/2018 (2019) Jim Green, CEO	**The Risk:** Inequity of Outcomes for the people of Tairāwhiti **Risk Description:** 1. There are known differences in outcomes for Māori because of services unable to respond adequately to need. Also related to this is access to services. 2. Geographic location, poverty and 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, Stroke Clot Retrieval (SCR), Faster Cancer Treatment (FCT), Atrial Fibrillation, Screening for Lung Cancer, Research	This risk has been reduced from extreme to "major". Equity is a priority area in the strategic direction of Hauora Tairāwhiti. Work programme of activities and included in CE KRAs, cascaded to employees. Reporting now to the Board on a regular basis of equity actions as against the Annual Plan and the Regional Equity Plan. **February 2021** Equity planning review has shown there has been an appreciable improvement in life	Likelihood = likely Consequence = moderate RISK is "Major"	Likelihood = rare (possible) Consequence = minimal (minimal) Residual Risk sought is minimal (minor)

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
			breath testing for Bowel Cancer (RBTBC) as examples.	expectancy for Māori in Tairāwhiti, considerably reducing the equity gap. However the gap remains and progress is not enough or fast enough. $2m equity improvement fund in discussion with iwi following Board lead. **May 2021** $2m ongoing equity fund in 20/21 has been progressed with iwi with the funding agreed for expenditure in the current year, with ongoing commitments to the funding in 21/22. Budget 21 may allow for top up to the investment fund in 21/22. The range of projects has been discussed from prevention of ill health through to priority treatments.		

2. Risks that are "**tolerated",** the effects are felt, controls are in place however no additional controls will mitigate the risk further. Four risks fit this definition.

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
2691	01/10/2018 Max Ponomarev (GM IT)	**The Risk:** IS Security Management. **Risk Description:** Increasing digitised information systems and information, increase the potential impact of IS security breaches either internal or external.	1. Access control - policy and associated authorisation processes in place to manage access to both systems and data. 2. Physical security - arrangements in place to control physical access to sensitive areas including the main Server Room and distribution points. 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. 4. Train staff (IT and org wide) to recognise the security threats and issues and take appropriate actions encountering those	No change. Risk remains a "major" risk. This risk to consider amalgamation with 2695, 2690, 2692. 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. 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 adds extra complexity to being able to respond to the threats originating from such sources, and this needs to be recognised on the organisation level.	Likelihood = possible; consequence = major RISK is "major"	Likelihood = moderate Consequence = unlikely Residual Risk sought = Moderate

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
				In the quarter, systems were significantly tested.		
2692	01/10/2018 Max Ponomarev (GM IT)	**The Risk:** DHB Financial Viability. **Risk Description:** Increasing globalisation, nationalisation, and regionalisation of ICT is increasing the expense to Hauora Tairāwhiti, and decreases our flexibility to achieve efficiencies with localised or tailored solutions.	1. Implementation of formal governance structure ""ISSG"" to review requirements and examine proposed solutions 2. Maximise functionality of existing core systems to decrease need for additional systems (and costs) 3. Robust negotiations with vendors to obtain best pricings 4. Explore shared services as and where possible and practicable"	No change. Risk remains "major" risk. This risk is linked to 2695, 2690, 2691. 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	Likelihood = possible; consequence = minor RISK is "major"	Likelihood = minor Consequence = unlikely Residual Risk sought = Moderate
2695 and 2690	01/10/2018 Max Ponomarev (GM IT)	**The Risk:** IS Disaster Recovery. **Risk Description:** Potential for physical disaster in the Tairāwhiti region e.g. earthquake in particular is relatively high. Damage to ICT infrastructure will affect service availability.	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	No change. Risk remains "major" risk. 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	Likelihood = possible Consequence = major RISK is "major"	Likelihood = minor Consequence = possible Residual Risk sought = Moderate
		The Risk: ICT Skills Dependency. **Risk Description:** 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.	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.	No change. Risk remains "major" risk. 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	Likelihood = possible Consequence = major RISK is "major"	

Risk #	Date Identified and Risk Owner	The Risk & Risk Description	Risk Controls	Further comments	Current Risk Rating	Residual Risk
				requirement to maintain a level of local capability across a large range.		
2277	28/02/2019 Nicola Barrington (Acting CCM Medical & MHAS), Dr Sue Mackersey (HoD MHAS)	**The Risk:** Patients are placed in the Intensive patient care area in Te Whare Awhiora, which is not fit for purpose. **Risk Description:** 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. HSQC oversight Funding secured for rebuild and redesign of whole unit from MOH. Rough order costings for facility refurb underway.	No change. This risk remains a "major" risk. **October 2020:** No change to this risk – the new rebuild has not started. However, equipment for the refit is now on site (Nov.20) and a patient management plan has been developed to enable the refit to proceed as soon as practicable. Expected start in November 2020. **May 2021** Planned refurbishment of intensive inpatient area completed, however facility remains much compromised. New Acute Facility build in the second stage of the business case, including active work on patient care while build is being completed. Strong commitment to SPEC training, use of escalation tools, and best practices to support acute admissions.	Likelihood = likely Consequence = moderate RISK is "major"	Likelihood = rare Consequence = major Residual Risk sought = moderate

Section C: Downgraded Risks

Nil risks downgraded and removed from this report.

Title: **Legislative Compliance**

Prepared By: Amelia Brown-Smith

Date: Friday, 4 June 2021

Information Item

This report is a quarterly report prepared to provide an update on legislative compliance across the organisation.

Ensuring the organisation complies with all applicable legislation is a key governance function for DHB boards and management. The Ministry of Health Operational Policy Framework 2015/16 Section 2.2 states that: "*In carrying out its objectives and functions, each DHB should act in a lawful manner and in compliance with all relevant legislation (i.e. Acts, Legislative Instruments and Other Instruments (previously called regulations). DHBs should seek legal advice regarding their statutory obligations and how to comply with them. DHBs are established under the NZPHD Act 2000. As Crown entities, they also fall within the scope of the Crown Entities Act (CE Act) 2004."*

There is one piece of legislation this quarter that will be relevant to Hauora Tairāwhiti:

End of Life Choice Act

From 7 November 2021 people who experience unbearable suffering from a terminal illness will be able to legally ask for medical assistance to end their lives.

The Act outlines the legal framework for assisted dying, and includes controls to ensure anyone who seeks assistance to end their life is making an informed decision of their own accord.

The Ministry of Health will be responsible for the Act and has developed a work programme to implement it. This will include developing policy and preparing guidance for health providers.

More information on the ACT can be found on the Ministry of Health's website – the link is:
https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act

What has Hauora Tairāwhiti done?

- Discussion at Te Kāhui Whakahaere in May 2021 on the Act and who the person responsible for the legislation in Hauora Tairāwhiti as part of the Compliance Legislation Policy should be (not identified yet).
- Included an outlie in the WAKA Weekly for staff on 26 May 2021 (Appendix A).

RECOMMENDATION

The Finance, Risk and Audit Committee note the report.

End of Life Choice Act 2019

The End of Life Choice Act 2019 (the Act) outlines the legal framework that allows people who have a terminal illness and meet the eligibility criteria the option to request medical assistance to end their lives.
Assisted dying will be lawful in New Zealand from 7 November,2021.

First online training module for health professionals now available
The learning module End of Life Choice Act 2019: Overview (learnonline.health.nz) can be accessed by health professionals on the LearnOnline platform.
This 20-minute module covers:

- an overview of the Act and assisted dying
- some of the key safeguards in the assisted dying process; and
- how assisted dying fits into existing health professional roles.

Use your existing LearnOnline account login to access the module. If you don't have a LearnOnline account you will need to create one to access the learning module. For more information about the module and how to create a LearnOnline login, see the learner information on the Ministry website.