

23 September 2019

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**Via email:** [Nicholas.jones@nzme.co.nz](mailto:Nicholas.jones@nzme.co.nz)

Dear Nicholas

### Official Information Act Request – Whanganui DHB Risk Register

Under section 14 of the Official Information Act, the Whanganui District Health Board (WDHB) received a transfer of your request from the Ministry of Health on 2 September 2019. You requested the following information:

A copy of the current risk register for each DHB, and copies of any summary briefing, memos or correspondence related to the current risk register items.

#### ***Whanganui District Health Board's response:***

**A copy of the current risk register for each DHB, and copies of any summary briefing, memos or correspondence related to the current risk register items.**

### Whanganui DHB (WDHB) Strategic Risks

The following table details WDHB strategic risks that could have an impact on its objectives.

The consequence and likelihood are in the Residual risk rating column – sequence is Consequence/Likelihood.

Risk	Current controls	Residual risk rating
Pro-equity <i>WDHB does not undertake pro-equity action to improve equity in health outcomes for Māori following implementation of the recommendations from the WDHB Pro-equity check-up report December 2018</i>	WDHB kuia and kaumatua – advice and guidance Endorsed by Hauora a Iwi and WDHB board Strong Māori strategic and operational leadership Committed leadership from chief executive and executive sponsors Contracted equity expertise Dedicated Māori workforce development work programme Hapai te Hoe cultural awareness and education programme Regular reporting Pro-equity check-up implementation framework developed and agreed by the executive sponsors Resources to support implementation include external expert advice and mentorship, administration and coordination, additional 1.0 FTE resource and funding allocated for professional development had been appointed Committed leadership for each recommendation, shared across the executive team	Critical (Major/ Likely)

<p>Health and safety</p> <p><i>Staff, or a person on our site, suffers preventable harm.</i></p>	<p>Staff participation in health and safety in their work areas is effective</p> <p>Policies and procedures for lone and isolated staff in place. New policy and procedure has been implemented for staff working in community settings</p> <p>Manual handling programmes in place, with extensive training and upgrade of equipment in last two years</p> <p>Equipment purchased is fit for purpose and designed to minimise harm to patients and staff</p> <p>Hazard identification, risk assessment and mitigation controls are effective. Hazardous substances controls</p> <p>Effective system in place for capture, monitoring, reporting health and safety incidents</p> <p>Contractor health and safety participation and monitoring performance. External contractor health and safety management procedures currently being implemented</p> <p>Health and safety audits at least annually and reported to the board. Regular reporting on health and safety to EMT and the board</p> <p>Governance group set up to ensure an improved overall understanding of incidents, improve reporting and capturing of aggression information</p> <p>Brosset checklist implemented in mental health services</p> <p>Aggression workgroup functioning</p> <p>Initiated a detailed workflow analysis of aggression risks at various points of patient flow in the inpatient mental health services (Te Awhina)</p> <p>Behaviour algorithm implemented in district nursing</p>	<p><b>High</b></p> <p><b>(Moderate/ Likely)</b></p>
<p>Emergency preparedness</p> <p><i>Inability to carry out the DHB's critical functions following a natural disaster, emergency or organisational failure.</i></p>	<p>Emergency plans including health emergency, pandemic, mass casualty and natural disaster</p> <p>Regional, local and national linkages in place for support where major natural disaster occurs</p> <p>Contingency arrangements in place to cover common emergency events. These exist at departmental level</p> <p>Business continuity plans in place</p> <p>Dedicated EOC and regular practice exercises and drills</p> <p>Back up plans for all utility outages</p> <p>Effective management of actual emergencies such as Tasman Tanning incident, floods and bus crashes</p> <p>Winter plans developed for district</p> <p>Staff trained to operate Coordinated Incident Management System – CIMS. Trialled at least annually</p>	<p><b>Low</b></p> <p><b>(Minimal/ Rare)</b></p>
<p>Financial</p> <p><i>Inability to achieve the organisation's objectives within the funding available.</i></p>	<p>Monthly reporting and performance monitoring in place</p> <p>Board are aware of status and remedial actions</p> <p>Internal controls are documented and management has an understanding of all significant systems and transactions</p> <p>Regular review of financial controls takes place</p> <p>Financial reporting timely and accurate and investigation and reporting of major variances and trends through to governors/ Ministry of Health, including mitigating actions</p> <p>Reliable budgeting and forecasting of financial performance and position</p> <p>External financial audit occurring annually, with independent reporting to the board</p> <p>Internal audit programme includes key financial systems with independent reporting to the board</p>	<p><b>High</b></p> <p><b>(Major/ Moderate)</b></p>

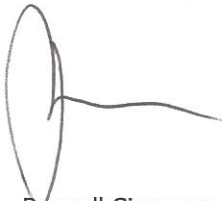
	<p>Fraud awareness communication to staff is regular, with opportunity to report independently through the Health Integrity Line</p> <p>Culture of cost awareness and waste minimisation</p> <p>Procurement only through authorised process and suppliers and maximises procurement benefits</p> <p>Physical control over inventory and assets in place to extent feasible</p> <p>Asset management systems provides for renewal of equipment and accommodates future replacement cycle and service needs. Physical asset audits reconciled to ledger</p>	
<p>Service access and transfer of care</p> <p><i>People are harmed or disadvantaged either by a lack of ability to access the service or a lack of effective transfer process.</i></p>	<p>Regional governance group in place</p> <p>Investment plan</p> <p>HEAT tool</p> <p>Prioritisation processes</p> <p>Monitoring the robustness of systems and processes</p> <p>Referral pathways</p> <p>Triaging processes in place</p> <p>Mortality and Morbidity Committee meetings</p> <p>Did not attend (DNA) review process</p> <p>Written correspondence framework</p> <p>Auditing of unplanned transfers</p> <p>Chart review of all deaths</p>	<p><b>High</b> <b>(Moderate/ Moderate)</b></p>
<p>Commercial contracting</p> <p><i>Contractual failure or inadequacy adversely impacts on organisational performance.</i></p>	<p>Contract management system in place</p> <p>Reporting mechanisms in place to measure performance</p> <p>Clear specifications for all outsourced supplies or services</p> <p>Delegation policy in place</p> <p>Procurement policy and practice conform to Government Rules of Sourcing</p> <p>Rigorous due diligence undertaken including business model compatibility</p> <p>Integrated risk assessment and scoring processes</p> <p>Formal contract monitoring and reporting arrangements are now in place with Pacific Radiology</p> <p>centralAlliance Spotless contract has monthly joint review meetings between MidCentral, Whanganui DHBs and Spotless Services. Focus is performance against contract KPIs</p> <p>Accountability arrangements being followed up</p> <p>Laboratory services contract in process of developing RFP for tender. Completion date October 2019</p> <p>SMS Millipaed contract renewal completed January 2019. Contract performance requirements and monitoring requirements have been strengthened. Six-monthly reporting to the board required</p> <p>Quality improvement initiative in respect of contracting continues to work towards 100% of the organisation's contracts having a single coordinating point so that controls identified are consistently applied</p>	<p><b>Low</b> <b>(Minimal/ Rare)</b></p>

<p>Facilities and equipment</p> <p><i>The facilities and equipment prevent the organisation meeting its objectives.</i></p>	<p>Buildings all have BWOFF compliance but there is remedial work required on some fire walls – mainly ceilings and floor penetrations; fire evacuation plans</p> <p>Inspections and environmental scanning</p> <p>Asset management and maintenance programme</p> <p>Capex programme; product evaluation for all purchases</p> <p>Monitoring of all utilities</p> <p>Infection prevention and control programme</p> <p>Comprehensive insurance programme</p>	<p>Low</p> <p>(Minor/ Unlikely)</p>
<p>Workforce</p> <p><i>Insufficient competent staff resource to fulfil our organisational objectives.</i></p>	<p>Employment and locum contracting solutions have been actioned to maintain service</p> <p>Workforce planning; linking in with regional and national planning</p> <p>Utilising outsourcing where possible</p> <p>Monitoring waiting lists</p> <p>Robust recruitment processes including reference checks</p> <p>Internal and external competency requirements</p> <p>Building positive workplace culture</p> <p>Staff training and development programme</p> <p>Restorative workplace practice</p> <p>Suite of activities promoting health as a career</p> <p>Accessible employee assistance programme</p> <p>Recruitment processes include international advertising</p>	<p>High</p> <p>(Moderate/ Moderate)</p>
<p>Reputational and image</p> <p><i>Loss of stakeholder confidence in our services or organisation.</i></p>	<p>Positive staff culture</p> <p>Transparency and honesty, open disclosure</p> <p>Patient surveys and feedback</p> <p>Positive relationship with media; ongoing relationships developed with <i>Whanganui Chronicle</i> editor and health reporter</p> <p>Incident management and complaints processes</p> <p>Te Pukaea group in place to assist with consumer perspective</p> <p>Hapai te Hoe orientation and continued staff culture training in place</p> <p>Open and timely response regards HDC findings and ACC findings</p>	<p>Low</p> <p>(Minimal/ Rare)</p>
<p>Quality of service</p> <p><i>Patients or service users suffer preventable harm, are dissatisfied with care, experience disadvantage or material inconvenience.</i></p>	<p>Clinical governance encompassing a framework of systems, processes, practices and policies designed to develop, monitor and enhance safety and quality of all aspects of service</p> <p>Clinical Board in place supported by clinical subcommittees that focus on infection control, drug and therapeutics etc</p> <p>Auditing HQSC quality markers for areas of high harm</p> <p>Internal tracer audit programme</p> <p>Effective incident, investigation and reporting system in place</p> <p>Urology surveillance group monitor urology programme</p> <p>Patient safety culture team/communication/reporting/reviewing/disclosure/ accountability</p> <p>Implementation of Speaking Up for Safety programme</p> <p>Competent workforce – credentialing, PDRP, investment in training, performance management process and standards, mandatory training</p> <p>Complaints process and adverse event management aligned to HQSC 2017 national policy</p> <p>Triangulation of events and outcomes data</p>	<p>Low</p> <p>(Minimal/ Rare)</p>

<p>Privacy and security</p> <p><i>Privacy breaches arising from human error and unauthorised access to health information leading to reputation damage and lack of community trust</i></p>	<p>Policy and disciplinary setting which treats privacy breach as serious misconduct</p> <p>Orientation and mandatory training programmes</p> <p>Disclosure of information procedures which meet legislative requirements</p> <p>Breach recovery and management programme</p> <p>ICT security policies and procedures; ICT contemporary malware, robust firewalls and spam filters</p> <p>Role-based user access; controlled access to records storage areas</p> <p>Audits of access to patient records are undertaken</p> <p>Privacy officer role in place and active throughout organisation; two other privacy-trained patient safety team members to assist and provide cover</p>	<p>Low (Minimal/ Rare)</p>
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Should you have any further queries, please contact, contact our OIA co-ordinator Deanne Holden at [deanne.holden@wdhb.org.nz](mailto:deanne.holden@wdhb.org.nz).

Yours sincerely



Russell Simpson  
**Chief Executive**