



02 June 2022



Thank you for your request dated 05 April 2022, transferred to Waikato District Health Board (DHB) from the Ministry of Health on 05 May 2022 for:

*"I would like to request access to each DHBs Risk Register as it stands at the 5 of April 2022".*

I enclose a copy of the Waikato DHB Risk Register as at 05 May 2022.

Waikato DHB supports the open disclosure of information to assist community understanding of how we are delivering publically funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'CL', written over a light blue circular watermark.

**Christine Lowry**

Executive Director - Waikato Hospital and Community Services  
Waikato District Health Board

Risk ID	Responsible Executive	Risk Identification			Actions to further mitigate Risk			
		Title of the risk	Concise summary of the risk	Controls in place	Current rating with controls	Action Description	Synopsis (Action)	Target rating
<a href="#">501</a>	Michael Andrew Foley	DR/Service Continuity - Loss of or reduction in capability / capacity to provide IT services following a disaster / outage	Whilst the DHB has robust data backup & restore, it does not have a Disaster Recovery solution therefore there is a risk of a major Cyber security event, Data Centre outage, Telecommunications outage or natural disaster.	<p>Controls: -</p> <ul style="list-style-type: none"> <li>The project will use the existing 'High Availability' platforms provided via IaaS (Revera – Spark and Microsoft – Azure) wherever possible.</li> <li>The existing Initial Criticality and Risk process (ICRA) will be used to identify any security risks, Business risks and privacy risks/implications. Any actions identified must be mitigated before go-live.</li> <li>The project will use the existing Managed Change and Release Process to reduce likelihood of unplanned/unmanaged impacts and that all actions from the ICRA have been completed before go-live.</li> <li>The existing assurance team will audit the project at various stages to ensure mitigation of delivery risks.</li> </ul>	15	Implement a comprehensive DR capability	Business case to be presented to FRAC in Feb 22 for approval - analysis has been completed with input from the organisation on its recovery needs and timeframes.	9
<a href="#">1579</a>	Christine Lowry	Delayed Mental Health services for Children & Adolescents	Due to the number and complexity of referrals, the number of children and adolescent waiting for comprehensive assessment and treatment is increasing, impacting on the ability to commence, update or complete treatment. This reduces the quality of care provided and increases the risk of an increased number of attempted and completed suicides.	<p>Waitlist reviewed on regular basis with clinicians discussing any escalating concerns at MDT meetings, along with crisis and acute pathways with daily meetings.</p> <p>Outsourcing waitlist to private providers, providing reporting on spend and waitlist numbers to Commissioners. Crisis Management process.</p>	16	<p>Model Review</p> <p>Clinical &amp; Medical Resource</p> <p>Group programmes</p> <p>Review therapy</p> <p>Model of Care</p>	<p>Te Korowai Hauora O Hauraki and MHAS working together to integrate services starting with ICAMHS as Cluster partners with the focus of a single point of entry and choice for whaanau</p> <p>An increase in clinical and medical resource is required - the recruitment of four new staff members is underway. Waitlists &amp; resources for the rural clusters will also be considered and addressed. Update; This is taking longer than anticipated due to competing demands with other services for quality staff with appropriate qualifications &amp; experience. There are further delays due to the latest Covid alert levels</p> <p>Delivery of alternative group programmes where possible. Update; there have been a number of facilitated group sessions that have been developed to assist with the number of tamariki &amp; rangatahi who are waiting, the waitlist has been reduced by approx. 60, unfortunately Covid restrictions has reduced attendance in groups.</p> <p>Review all tamariki and rangatahi receiving therapy in line with current pathways for ICAMHS. - Update; group work is in place however attendance has reduced with the current Covid alert levels.</p> <p>Project lead to complete work to review model of care and implement one team approach across providers.</p>	4
<a href="#">1888</a>	Margaret Fisher	Multidrug Resistance Organism's (MDRO's) Database not fit for Purpose	Epiinfo (the programme used to enter all Multidrug resistance organisms (MDRO's), is more than 30 years old and is no longer fit for purpose. Due to this we cannot refer to any data which is used for daily management of MDRO's. Therefore patients cannot be managed efficiently and accurately which could lead to possible cross contamination and outbreak of MDRO's.	A manual system that refers to lab results and alerts is used, however this does not provide historical data for each patient.	15	Solution Implementation Project Business Case	Business case has been approved, this was due for installation starting September 2021. There has been a delay in installation due to Cyber attack, installation now expected to be completed February/March 2022	1

Risk Identification				Actions to further mitigate Risk				
Risk ID	Responsible Executive	Title of the risk	Concise summary of the risk	Controls in place	Current rating with controls	Action Description	Synopsis (Action)	Target rating
<a href="#">2802</a>	Christine Lowry	Decline in ability to Provide Mental Health Proactive Services	The increasing number of people seeking help with mental distress and the turnover of staff is compromising the ability to provide proactive follow-up care to ensure quality care in community services. This risk is exacerbated by staff leaving work in new services developed in primary settings. This increases the risk to patients with increasing severity of presenting symptoms, increased admissions to HRBC and increased numbers of attempted or successful suicides.	Daily oversight of waitlist by Clinical Director & Nursing Director to ensure people are being triaged and reviewed based on activity and risk	16	Combined triage	Exploring combined triage processes with primary care.	4
						Integrated CD	Exploring the possibility of an Integrated Clinical Director across Community Mental Health & Primary Care.	
						Governance Group	Governance Group for the integrated health and wellbeing community hub in Rahui Pokeka to be established. Update: Governance for Rahui Pokeka has been established. Project manager is being appointed to support change management and development.	
						New Initiatives	Working with Strategy, Investment & Transformation to identify other areas that will assist in reducing the risk	
						Coordinated approach	Working on initiatives to enhance system effectiveness and responsiveness in following areas; Whanau Pai, locality development and Primary Mental Health.	
<a href="#">3389</a>	Christine Lowry	Incorrect Continuum of Beds causing over occupancy in Mental Health	Due to not having the correct continuum of beds for long term secure rehab patients, length of stay in an acute setting is longer than anticipated. This results in over occupancy and increasing levels of assaults, resignations and a reduction in the quality of care.	Dashboard has been developed to show an oversight of all providers with all beds. Barriers to flow identified in daily Ward POD (MDT) meetings Prompt referrals to Ahikaroa (includes LinkPeople housing pathway and residential pathway) Papers written to inform presentation to Commissioners detailing H&C needs continuum and options for repurposing residential spectrum of care	20	Long Stay Secure Rehabilitation Unit	Business case being developed for a feasibility study of turning a current DHB facility into a long stay secure rehabilitation unit.	5
						Signalling to Sector necessity for change	Signalling to sector that there is the necessity for change to take place, residential beds will need to change their modelling requiring more level 4 beds, currently there are too many low level beds.	
						Continuum of care	Continuum of care for high and complex rehabilitation prioritised in clinical services planning process.	
						Coordinated approach	Working with Strategy, Investment & Transformation to identify other areas that will assist in reducing the risk	
						Regional approach to H&C needs	Working with regional CD's/GM's to explore interest in a regional solution for secure rehabilitation options	
<a href="#">3763</a>	Michael Andrew Foley	Technical Debt	That failure to keep pace with reasonable ICT and digital enhancements caused by shifting priorities, poor project execution and lack of investment results in the inability to capture available improvements in efficiency, access and integration.	Scope maintained Money spent wisely with prioritisation around Governance structure that addresses the technical debt.	20	Mobility & App based Systems	Integrate within the DHB systems mobility and app based systems to create effective and efficient working systems.	5
						Vendor Compliance	Vendor compliance in place to ensure requirements for the vendors are in order to be able to resolve any issues that may arise promptly and effectively. Update; vendor compliance aligned to procurement selection detailing organisational commercial viability/operational capability with previous demonstrated track records with the relevant domains - will be a prerequisite of any new solution ongoing through selection processes.	
						Future Innovation	To continue to look at future possibilities around innovation.	
<a href="#">3839</a>	Riki Nia Nia	Health Inequities	Because Health inequities exist in society and Waikato DHB has more work to do to reduce the inequities, we have people with different backgrounds who require different approaches and resources to health, not completing this work will lead to continuing inequities and poor health outcomes.	Equity Governance group and operational alliance in place. Equity reporting and framework in place. Equity action plan has been developed	20	Implementation:	Implementation of action plan to be put in place with targeted dates. Update; Although there have been some gains in equity the current rating remains at 20 as targets developed in the controls are yet to be fully realised. The Equity action plan has been developed and an equity improvement framework. However the plan has not been fully implemented but work is underway with targets to be achieved by June-22 Further, targets for equity have been negatively impacted by the current COVID-19 pandemic and the Cyber security incident experienced by Waikato DHB in 2021.	5

Risk Identification				Actions to further mitigate Risk				
Risk ID	Responsible Executive	Title of the risk	Concise summary of the risk	Controls in place	Current rating with controls	Action Description	Synopsis (Action)	Target rating
3927	Kevin Snee	Health & Disability System Review Implementation	Because of the Health and Disability System Review Implementation there is uncertainty created by the pending change which may result in BAU and local system review implementation/transition being compromised due to lack of focus and possible staff departures.	Transition unit in place within the Ministry of Health Chief Executive providing link between transition unit messaging and Waikato DHB. Chief Executive providing real-time feedback to the transition unit on conditions on the ground. Discussion with key staff have begun. Transition section included on FRAC & Commissioner agendas	16	Subset of Mitigations to be Actioned	- Chief Executive to meet with ELT members and gauge vulnerabilities, fears and intentions and mitigate/encourage as appropriate. - ELT members to meet with their direct reports and gauge vulnerabilities, fears and intentions and mitigate/encourage as appropriate. - List of critical positions in the organisation at large to be identified with a view to gauging vulnerabilities, fears and intentions and mitigating/encouraging as appropriate. - Chief Executive with endorsement of Commissioner to progressively confine scope of organisational activity as 1 July 2022 nears, as well as displacing existing activity with transition activity. - Formal processes adopted at the appropriate time to receive, assess and implement guidance/instructions from the Transition Unit.	8
4249	Christine Lowry	Patient Waitlists	Due to the cumulative impacts of COVID 19 restrictions, Cyber outage and facility capacity constraints wait lists for outpatient and inpatient care have grown significantly. Patients are waiting significantly longer for assessment and treatment than what is expected within the elective services framework. Delays to timely treatment may contribute to deterioration of condition, poorer clinical outcomes and a negative experience for the patient.	Outsourcing and facility lists Weekly monitoring of highest risk waitlists through Planned Care meeting Equity framework was used in line with resilience plans Waiting lists are being reviewed and quantified on an ongoing basis Services have progressed to add the backlogs into their planning Recovery backlog integrated within normal business as usual processes	20	Continued Review & Actions	Increased acceptance thresholds for FSA Virtual review and re-assessment of long waiting FSA Use of alternative models of care e.g. referral to early intervention joint program prior to surgical FSA Increased volume of outsource procedures to external providers in high risk areas Increased use of facility lists with external providers	12
4237	Lisa Gestro	Immunisation	Significant risk of our population not immune to key conditions due to attention and energy being diverted to our COVID response in stead., particularly as international borders open next year.	Monitoring more intensely, data capture and sharing	16	Planning	There are two papers currently before ELT that collectively will significantly increase activity in this area. The first relates specifically to MMR and Flu, and the second requests resource and support to maintain momentum with providers post COVID to address these critical health indicator back logs.	4
4236	Lisa Gestro	Project Planning & Execution	Lack of clarity around or approach to programme management has resulted in variation in the way change management and the delivery of key projects have been undertaken.	The Waikato DHB Portfolio Framework has been approved by the ELT and Commissioners as a way to ensure that projects follow a staged approach to planning and approval. The Commissioners have directed that not only capital investments follow this framework but also all OPEX investments that have a 'material service/system impact'. The investment approval pathway (IAP) dictates which projects have visibility and the level of approval as per the delegations of authority policy.	16		The EPO is on a journey to increase maturity in Portfolio management across the organisation. Once this is achieved further controls will be added to the risk, thus reducing the risk further. An 'Assurance Framework' has recently been endorsed, a RFP is currently underway to select an appropriate provider to complete an assurance review as investments move through the stages of approval. This will provide Governance with the confidence that projects are set up to succeed. These reports will provide the appropriate level of scrutiny to the investment to ensure the project has the appropriate project management parameters in place to set the project up for success.	4
New Risk 4305	Christine Lowry	MHAS Inability to complete court reports	Due to the impact of the COVID-19 pandemic (vaccine mandate & loss of SMOs in the Forensic service, immigration hold ups and uncertainties about travel and borders) and a limited recruitment pool for the Forensic speciality, alongside the length of time it takes to get medical staff into New Zealand the Forensic service currently has permanent 3.2 FTE as opposed to 7.4 FTE of senior medical staff. This means that medical staff are currently working in the Forensic space that do not have specific advanced training in Forensics. Alongside this the acute adult mental health service has 4 locum positions place currently. This is leading to decreased service delivery of court reports, the Mental Health & Addictions service is unable to accommodate previous volumes of court reports provided. As a result the inability to complete court reports will lead to reputational and financial outcomes. It has already resulted in the need to seek legal advice and potentially make legal challenges through the court system, which could attract adverse publicity about service provision.	Temporary measures put in place: Medical Registrar has been moved from the Acute Adult service into a MOSS role in Forensics Locum SMO's The service has stopped completing some court reports	16	Improvements in filtering court reports.	filtering court reports that have minimal value to the individual tangata whaiora pathway.	8
						Recruitment	Recruitment to SMO vacancies	