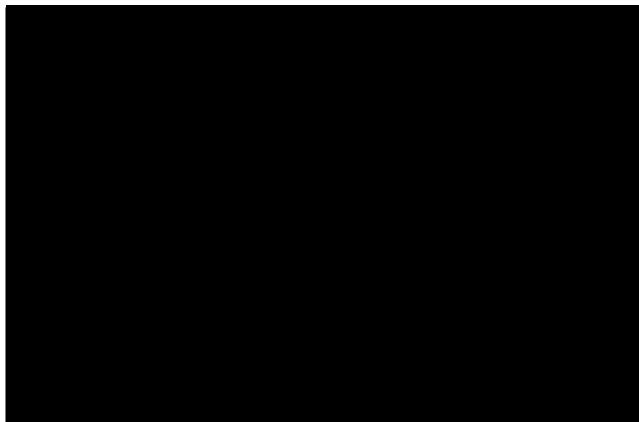


26 September 2019



Re: Official Information Act request – Copy of Risk Register

I refer to your Official Information Act request dated 6 August 2019 to the MoH and transferred from the MoH to Auckland DHB on 3 September 2019 requesting the following information

With respect, I request the following information under the terms of the Official Information Act 1982:

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

Enclosed is Auckland DHB's current strategic risk register. The register, regularly reviewed by the Finance, Risk and Assurance Committee, encapsulates the key risks that the organisation faces where 'risk' is defined as uncertainty around its objectives. The register includes against each risk a short description, a picture of what this uncertainty looks like in the form of what positive and negative variance look like, and for each risk its owner.

In so far as your request applies to Auckland DHB's operational risk registers and for summary briefings, memos or correspondence related to the current risk register items, Auckland DHB is declining your request for this information under sections 9(2)(b)(ii), 9(2)(c) and 9(2)(g)(i) of the Official Information Act 1982.

Section 9(2)(b)(ii) – protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information

Auckland DHB's operational risk registers (as well as summary briefings, memos or correspondence related to the risk register items) contain information about the financial position and performance of third parties who contract with and provide services to Auckland DHB. If Auckland DHB were required to release its operational risk registers, or summary briefings, memos or correspondence related to the risk register items publicly, this would be likely unreasonably to prejudice the commercial position of the parties who supplied or are the subject of the information by damaging their reputation, disadvantaging them vis a vis competitors or damaging customer confidence in those parties.

In the circumstances of this case, the reason for withholding the information is not outweighed by other considerations which render it desirable, in the public interest, to make the information available. Auckland DHB is therefore declining your request for this information under section 9(2)(b)(ii) of the Official Information Act 1982.

Section 9(2)(c) - avoid prejudice to measures protecting the health or safety of members of the public

Auckland DHB's risk registers (as well as summary briefings, memos or correspondence related to the risk register items) identify risks to the services and systems that meet the needs of the population and individual patients that Auckland DHB serves and to its staff. These documents are designed to enable Auckland DHB to manage and reduce or eliminate those risks. In this regard, risk registers and documents related to the risk register items are measures designed to protect the health or safety of members of the public. If Auckland DHB were required to release its operational risk registers, or summary briefings, memos or correspondence related to the risk register items publicly, this would prejudice measures protecting the health or safety of members of the public by discouraging Auckland DHB from identifying risks in this manner and impeding Auckland DHB's ability to be transparent in identifying and managing these risks.

In the circumstances of this case, the reason for withholding the information is not outweighed by other considerations which render it desirable, in the public interest, to make the information available. Auckland DHB is therefore declining your request for this information under section 9(2)(c) of the Official Information Act 1982.

Section 9(2)(g)(i) – maintain effective conduct of public affairs through free and frank expression of opinions

The withholding of Auckland DHB's operational risk registers and summary briefings, memos or correspondence related to risk register items is necessary to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between members of an organisation or employees of an organisation in the course of their duty. Employees of Auckland DHB need to be able to freely and frankly share their opinions in order to create and maintain operational risk

registers and summary briefings, memos or correspondence related to risk register items. Only on this basis will these documents be meaningful and assist Auckland DHB to mitigate its risks, perform its responsibilities and maintain the effective conduct of its public affairs. If Auckland DHB were required to release operational risk registers and summary briefings, memos or correspondence related to the risk register items publicly, this would impede the ability of Auckland DHB employees to share opinions and assessments regarding risk freely and frankly when creating and maintaining these documents or discourage them from doing so. As a consequence, the release of these documents would be harmful to Auckland DHB's ability to maintain the effective conduct of its public affairs.

In the circumstances of this case, the reason for withholding the information is not outweighed by other considerations which render it desirable, in the public interest, to make the information available. Auckland DHB is therefore declining your request for this information under section 9(2)(g)(i) of the Official Information Act 1982.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

Top 12 Strategic Risks - Incl Positive and Negative Variation Descriptions

Aim high We aspire to excellence and safest care
Welcome We see you and welcome you as a person
Respect We respect, nurture and care for each other
 Together We are a high performing team

Short Name	Risk	Risk Description	Positive variance	Negative variance
Strategy Risk	Determining strategies which will meet the future needs of a growing and changing population.	Risk relates to the ability, while working with our population, to gain deep insight to co-design and deliver a coordinated strategy to meet our population's requirements and how they wish to be supported to maximise their health and well being.	Positive: Significant insight is obtained from which a co-designed strategy is developed and delivered which meets the requirements of a growing and changing population and leads to increases health outcomes and reduction in inequalities, gets the best return from the expenditure, and enhances the DHBs reputation among the community and key stakeholders.	Negative: Insight is not gained, a quality strategy to meet our population's requirements is not co-designed and/or is not delivered. The required future capability and capacity is not developed in line with how the population's requirements are developed in line with how they wish to be supported. Health outcomes are not achieved and inequities are not addressed and/or there is a sub optimal return on expenditure. There is a loss of reputation and relationships weaken.
Legal Compliance Risk	Delivering ADHB's legal obligations and government expectations.	Risk relates to ADHB's ability to meet its legal obligations; be across and remain compliant with regulatory, treaty and contractual obligations; and retain all required credentials to be able to operate.	Positive: would see obligations met, and enhanced trust and reputation with stakeholders.	Negative: would see obligations not met leading to penalties or sanctions, loss of licence to operate and a loss of reputation and trust with stakeholders.
Workplace Health and Safety Risk	Having an environment and practices which enhance the wellbeing of our workforce and keeps them and the public who come into contact with our operation healthy and safe.	Risk relates to meeting the DHB's health and wellbeing objectives for our workforce (staff, contractors, volunteers and students) and workplace. This incorporates developing and delivering an environment and practices, including our contracts with other providers, which ensure safety for our workforce and the public who come in contact with our operation, either at hospital sites or within the community.	Positive: staff and the public are free from harm, enhanced staff wellbeing, increased trust and confidence among staff and other stakeholders.	Negative: Work environment and practices reduces the wellbeing of the workforce and incidents of harm arise for the staff and/or public which have contact with our operation. Reputation with staff and other stakeholders is reduced and sanctions are imposed.
Financial Risk	Sustaining the DHB's financial position while meeting the strategic objectives and delivery requirements through having the funding we require combined with meeting budgeted expenditure.	Relates to maintaining a balanced financial position while meeting the health requirements of our population and our legal obligations. Encompasses receiving required funding and maintaining expenditure to a budgeted level.	Positive: the DHB is in position of meeting or exceeding its budget position and allowing for appropriate future investments in capability and capacity to be made. The DHB's reputation and credibility are enhanced which allows access to further funding.	Negative: the DHB is in a negative financial position; not meeting budget and without the ability to fund to a required level future investments in capability and capacity. The financial position constrains health outcomes. The reputational damage is such that discretionary funding is constrained or comes with conditions.
Health Outcome Delivery Risk	Delivering services to our population to achieve the health outcomes they want for themselves, their whānau and their communities.	Risk relates to having the capacity and capability, and to the effective and efficient delivery of the services we fund, commission and provide to achieve the equitable health gains and objectives the population wants for themselves, their whānau and their communities.	Positive: the services we contract and provide do not meet the needs of our population; health gains remain static or worsen, disadvantage communities continue to have poor outcomes. This leads to reductions in the quality of lives of those in our communities, particularly for those suffering disadvantage. There is a loss of reputation with our key stakeholders, potentially leading to funding reductions and interventions.	Negative: the services we contract and provide do not meet the needs of our population; health gains remain static or worsen, disadvantage communities continue to have poor outcomes. This leads to reductions in the quality of lives of those in our communities, particularly for those suffering disadvantage. There is a loss of reputation with our key stakeholders, potentially leading to funding reductions and interventions.

		Effect		
		Risk Description	Positive variance	Negative variance
		Risk relates to the ability, while working with our population, to gain deep insight to co-design and deliver a coordinated strategy to meet our population's requirements and how they wish to be supported to maximise their health and well being.	Positive: Significant insight is obtained from which a co-designed strategy is developed and delivered which meets the requirements of a growing and changing population and leads to increases health outcomes and reduction in inequalities, gets the best return from the expenditure, and enhances the DHBs reputation among the community and key stakeholders.	Negative: Insight is not gained, a quality strategy to meet our population's requirements is not co-designed and/or is not delivered. The required future capability and capacity is not developed in line with how they wish to be supported. Health outcomes are not achieved and inequities are not addressed and/or there is a sub optimal return on expenditure. There is a loss of reputation and relationships weaken.
		Risk relates to ADHB's ability to meet its legal obligations; be across and remain compliant with regulatory, treaty and contractual obligations; and retain all required credentials to be able to operate.	Positive: would see obligations met, and enhanced trust and reputation with stakeholders.	Negative: would see obligations not met leading to penalties or sanctions, loss of licence to operate and a loss of reputation and trust with stakeholders.
		Risk relates to meeting the DHB's health and wellbeing objectives for our workforce (staff, contractors, volunteers and students) and workplace. This incorporates developing and delivering an environment and practices, including our contracts with other providers, which ensure safety for our workforce and the public who come in contact with our operation, either at hospital sites or within the community.	Positive: staff and the public are free from harm, enhanced staff wellbeing, increased trust and confidence among staff and other stakeholders.	Negative: Work environment and practices reduces the wellbeing of the workforce and incidents of harm arise for the staff and/or public which have contact with our operation. Reputation with staff and other stakeholders is reduced and sanctions are imposed.
		Relates to maintaining a balanced financial position while meeting the health requirements of our population and our legal obligations. Encompasses receiving required funding and maintaining expenditure to a budgeted level.	Positive: the DHB is in position of meeting or exceeding its budget position and allowing for appropriate future investments in capability and capacity to be made. The DHB's reputation and credibility are enhanced which allows access to further funding.	Negative: the DHB is in a negative financial position; not meeting budget and without the ability to fund to a required level future investments in capability and capacity. The financial position constrains health outcomes. The reputational damage is such that discretionary funding is constrained or comes with conditions.
		Risk relates to having the capacity and capability, and to the effective and efficient delivery of the services we fund, commission and provide to achieve the equitable health gains and objectives the population wants for themselves, their whānau and their communities.	Positive: the services we contract and provide do not meet the needs of our population; health gains remain static or worsen, disadvantage communities continue to have poor outcomes. This leads to reductions in the quality of lives of those in our communities, particularly for those suffering disadvantage. There is a loss of reputation with our key stakeholders, potentially leading to funding reductions and interventions.	Negative: the services we contract and provide do not meet the needs of our population; health gains remain static or worsen, disadvantage communities continue to have poor outcomes. This leads to reductions in the quality of lives of those in our communities, particularly for those suffering disadvantage. There is a loss of reputation with our key stakeholders, potentially leading to funding reductions and interventions.

Short Name	Risk Description	Effect	
		Positive variance	Negative variance
Maori Health Outcome Delivery Risk	Risk relates to keeping the advancement of Maori health at the forefront of our activities, plans and partnerships in order to accelerate Maori health gains and eliminate health inequities for Maori in line with our responsibilities under our statutory framework and the Treaty of Waitangi.	Positive: sees improved health outcomes and reduced inequity for Maori leading to enhanced health gains, enhanced reputation among our stakeholders, and enhanced partnerships with mana whenua which creates further opportunities.	Negative: sees health outcomes for Maori below expectations maintaining continued health inequity. Neither social justice nor treaty obligations are met. The ADHB's reputation with key stakeholders falls. The relationship with mana whenua worsens and potential claims under the Treaty arise.
Clinical Quality and Safety Risk	Relates to individuals' (including whānau) experiencing quality of care, clinical excellence and safety from harm in their interactions with the ADHB.	Positive: sees high clinical quality, respectful, safe experiences for those engaging with the ADHB. This enhances the DHB's reputation among the community and key stakeholders and improves health outcomes.	Negative: would see poor experiences or harm to patients with ancillary reduction in reputation and the imposition of sanctions and penalties.
People risk	Relates to having the level of workforce (including Board members, staff and contractors) in the numbers and with required capabilities to allow the ADHB to be able to both commission and deliver the health outcomes, services, care, treatment the ADHB needs to serve the changing community, as well as the governance and organisational management to sustain the organisation and its reputation.	Positive: having the workforce in the numbers, make up and with the advanced capabilities required will enhance the delivery of the quality as well as how much can be delivered, support innovation and organisational development, enhance community relationships and overall increase the delivery of the current and future health needs of our patients and our population.	Negative: the workforce lacks alignment with stated objectives and exhibits behaviours inconsistent with the organisation's values and objectives. This leads to a reduction in patient experience and does not support excellence or continuous improvement. The relationship with stakeholders and communities is variable working against collaboration and partnerships lowering the likelihood of delivery the desired health outcomes including equity. Staff are affected by this lack of culture alignment which decreases productivity and is a negative force in retention.
Culture Risk	Having the governance and people with the required capabilities to deliver the DHB's current and future needs and objectives and maintain its reputation.	Positive: the workforce are aligned and are living the DHB's values. Staff are performing with a mind-set which engages stakeholders and the diverse communities they serve enabling a high level of collaboration and partnerships which support health outcomes, productivity and equity objectives. Patient interactions make the patients feel respected and that their health is at the centre of decisions. Clinical outcomes are positively accompanied by high level of satisfaction. The culture is positive for the workforce which enhances productivity and retention.	Negative: The infrastructure is not maintained or in place to meet expectations and allow the health care services needs to be met; services are not delivered or are compromised, limiting health outcome gains and lowering confidence in the ADHB among key stakeholders which, in turn limits, access to further funding.
Facilities and Equipment Risk	Having the culture and behaviours to foster trust and meet the DHB's values and current and future needs.	Relates to having in place the sound building, informatics and clinical equipment infrastructure to meet both current demands as well as the requirements that stem from population growth and/or increased demands on our services.	Positive: The infrastructure is in place to enhance the delivery of health care services both now and into the future - enhancing health outcomes, maximising the gains from future health expenditure and building confidence among key stakeholders leading to the opportunity to access further funding if required.
Data and IT Risk	Providing and maintaining appropriate facilities, informatics and clinical equipment to allow the DHB to meet its current and future needs.	Relates to having the robust data, information and intelligence including insight and outcome methodologies on secure and resilient platforms. This will allow the DHB to meet its needs for insight and information now and into the future, to support the ADHB in its prioritisation, commissioning and provisioning of services, care and treatment as well as organisational functionality.	Positive: greater insight information and automation enhances decision making and organisational functionality increasing the delivery of health outcomes, clinical outcomes and organisational operations at the same time reducing the cost of care, treatment and these operations. The enhanced effectiveness and security increases stakeholder trust and the DHB's reputation.
	Having the data, information and intelligence to support decision making, the current and future operations of the DHB and meet security objectives and obligations.		Negative: a reduction or failure of systems or loss or mismanagement of data reduces, impinges or stops the provision of service, increases costs and limits the opportunity cost savings of innovation, and potentially increases chances of harm. Underperformance, security breach or failure would see a loss of confidence, a reduction of trust and potential sanctions being imposed.

Short Name	Risk	Risk Description	Positive variance	Negative variance	Effect
Partners / Partnerships Risk	Having suitable and sustainable partnerships with those both within and outside the health sector to deliver the DHB's current and future objectives and holistically support our population.	Relates to having suitable and sustainable partners available including those within the community-based health and NGO sector and being able to collaborate, coordinate and integrate with them to allow the AHB to prioritise, commission and provide services to holistically support our population.	Positive: have robust partners with whom we have productive relationships which holistically enhance the delivery of enhanced health outcomes and equity in what is meaningful to our communities. At the same time the strength of these partnerships reduce the cost (enhances productivity) of delivery of health outcomes, care and treatment. The quality of these partnerships improve stakeholder relations and reputation.	Negative: lack of, or a failure within the partners or our partnership with them, leads to a reduction or failure of the provision of service. This increases costs, limits the opportunity cost savings of innovation, reduces the level of health outcomes and/or reduction of inequity. Any failure would see an underperformance of the DHB against both its required and desired objectives and a consequential loss of confidence in the DHB.	

