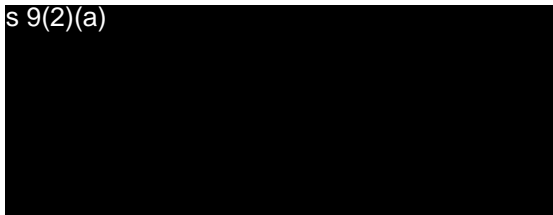


6 November 2023

s 9(2)(a)



**Official Information request HN200029794**

Thank you for your Official Information Act 1982 (the Act) request of 11 September 2023 for information relating to follow up around the IANZ review. Specifically:

*The IANZ letter to Hawke's Bay July 2023 says there were 'several recognised and documented critical risk of patient harm issues within the hospital Risk Register, which remain critical even after controls were applied' and 'documented evidence of patient harm events'*

*Pls release in fully searchable and copyable format:*

- \* Any and all the 'documents' that are referred to here as being 'documented'*
- \* Including the critical risks to patients*
- \* And the harm events*

*No timeframe is given of what period/s these documents refer to. I request HN2 apply a public-interest lens as to how far back it provides documents, bearing in mind the public interest in how longstanding and serious the problems at HB are.*

Please find attached the Radiology Risk Register, a Memorandum to Te Whatu Ora Board regarding the Radiology Information System (RIS) and Picture Archiving Communication System (PACS) dated 17 November 2022, and the Clinical Quality Assurance Committee Paper regarding the Hawke's Bay Radiology update on implementation of review recommendations dated 25 August 2023. Te Whatu Ora Hawke's Bay believes these documents are within the scope of your request and pertain to the request of risk and harm events. Please note that redactions have been made under s9(2)(a) of the Act relating to individual privacy.

We apologise for the difficulty in viewing The Risk Register, PDF this is the only format Hawke's Bay held this document in. We suggest using the magnify function in adobe to zoom in to read it.

*Separately, the IANZ report notes: 'A review of equipment service records showed the last service for the OPG dental x-ray unit was completed in 2019. Discussion with key personal [sic] revealed there was no company in New Zealand which routinely serviced that specific equipment'. Pls release in fully searchable and copyable format:*

- \* Records of details of what TWO knows about 'no company in New Zealand' routinely servicing this*
- \* Any risk assessments of that*
- \* Any mitigations taken*

At the time IANZ was on site, Te Whatu Ora Hawke's Bay endeavoured to find a company that was available and able to assist with the servicing of its OPG devices. Te Whatu Ora Hawke's Bay has now had two of its machines checked and serviced. They have been assessed to be in good working order- service report attached for your information.

The third OPG located in Hastings is awaiting a spare part and will be fully serviced when the part is fitted. To mitigate the interim risk, the Physicist has checked the device and it is within the designed specification.

If you have any questions, you can contact us at [h.nzOIA@health.govt.nz](mailto:h.nzOIA@health.govt.nz).

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā



**Paula Jones** (she/her)

**Interim Lead – Hospital and Specialist Services**

**Te Matau a Māui Hawke's Bay**