Aim - To improve service delivery levels at SHCF and MECF while monitoring and preventing service degradation at all other impacted sites


| Site | Plan/Change | Why | Impact | Mitigations | Roster Timeline | Risks/Dependencies | Backout |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Waikeria | Net Nil impact |  | - Rest-break for prisoners on transfers | - Predicted to be minimal |  |  |  |
| HBRP | - Up to 75 H/S and Remand Convicted to Rimutaka <br> - 120 Remand Accused and Convicted in from SHCF <br> - Commence Court escorts between Rotorua Hub | - To free up capacity at SHCF <br> - Changes to court roster over time reduce pressure on SHCF | - 14 Custodial FTE demand increase (through SLR) <br> - Increase in movements through site <br> - Introduce SLR 80\% <br> - OpCap increase of 60 <br> - Classification Change <br> - SLR could result in reduction in unlock hours <br> - Potential risk of increase violence and aggression with remands <br> - Possible impact to the pathway and programmes including addictions <br> - Significant impact on MH\&A services. <br> - Increase of $75+120$ is a significant impact on Health services E.g., remand prisoners require increased workload, hospital visits etc. <br> Existing issues <br> - Lacking ISU beds <br> - Site is already operating with $78 \%$ fulfilment (57 staff) <br> - Site already 6 Health staff down, adding capacity will further impact this | - Welfare support FTE <br> - Mixing Remand Accused and Convicted <br> - Whanau video calling (internet cafe like MECF) <br> - Requires surge support for Health staff x2 (maybe more) <br> Site identified requirements <br> - Receiving Office requires $\mathbf{x 2}$ additional workstations | 08 August - 24 October | - Dependent on staff opting in to provide surge support <br> - Dependent on Health being able to find appropriate resourcing <br> - Risk - potential increased violence and aggression <br> - Risk - Some staff are already reporting 14 hr days and 70 hr weeks <br> - Risk that they may not get the RMT2 numbers to fill unit 6 which will create the vacancies for BoP Courts |  |
| Manawatu | - $80 \mathrm{~L} / \mathrm{S}$ to Rimutaka | - Moving of prisoners to enable staff to support Rimutaka <br> - $100 \%$ full operations at site | - 20 Custodial FTE demand decrease <br> - OpCap reduction of 80 <br> - Big impact on TKW contract <br> - Contract with AoD programmes impacted <br> - Potential fracture of mana whenua and Iwi relationships <br> Existing issues <br> - Staff morale is low, there are already concerns that the site could be closed <br> - Site maintenance, land management, and industries training is on hold | Mitigations to support the transition of men to Rimutaka: <br> - Health surge support for transfers for assessments and screening <br> - Non-health surge support required for pre-departure RAT testing <br> - Additional FTE to support property <br> (surge support) | 08 August - 10 October | - Dependent on staff opting in to provide surge support for Rimutaka <br> - Risk on managing kitchen and laundry with a reduced muster <br> - Risk - Potential increased violence and aggression <br> - Risk on stopping any current or future programmes <br> - Risk - that staff don't want to support Rimutaka <br> - Risk - Some staff are already reporting 14 hr days and 70 hr weeks <br> - Risk - Staff morale is low, potential retention concerns <br> - Risk- unlikely to realise any health support from reduction in prison capacity, already 1.1FTE short from a roster of 7 |  |



| Site | Plan/Change | Why | Impact | Mitigations | Roster Timeline | Risks/Dependencies | Backout |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Arohata | - Up to $48 \mathrm{~L} / \mathrm{S}$ to CWP | - Free up staff to assist with increased numbers at Rimutaka | - OpCap reduction of 62 <br> - 13 Custodial FTE demand reduction <br> - SLR $75 \%$ to $100 \%$ <br> - Some staff moving to Rimutaka <br> - Several projects onsite will be impacted <br> - Several programmes on site will be impacted (Kowiritanga and DTP) <br> - Potential impact on mana whenua relationships <br> - Mental Health and Addictions impact - DTU <br> - No CNS or IMH | - Health surge support for departure <br> - 0.5FTE health admin support for departure <br> - Non-health surge support for RAT (see if there is support within the site to assist - CM's?) <br> - Self-care to remain open | 08 August - 10 October | - Dependent on staff opting in to provide surge support to Rimutaka TBC <br> - Risk on maintaining kitchen and laundry functions <br> - Risk-Unlikely to realise any Health staff to support at other sites. minimum model= approx. 6FTE RN - currently budgeted 7.7FTE with actual of 6.6 |  |
| SHCF | - 120 remand accused and convicted to HBRP via natural attrition <br> - Cease Court escorts with Rotorua Hub (HBRP collects) | - Reduce pressure at this site by moving people in prison and reducing escorts | - Escort route - no overnights <br> - B15 close, OpCap reduction of 132 <br> - Operating capacity of 616 <br> - 29 Custodial FTE demand reduction <br> - $50 \%$ reduction in movements through site <br> - Increase SLR leave lines (fatigue) <br> - SLR roster $70 \%$ to $78 \%$ <br> - Increased activity opportunity | - Requires a meeting with SHCF PD/management team to identify any potential impacts |  | - Risk - Will not realise a release of FTE in health to support at other sites <br> - Risk - Significant shortfall in MH ISPT FTE - unable to deliver outreach service |  |
| CMP | - $\mathrm{XXH} / \mathrm{S}$ and remand Convicted to OCF 21/08 <br> - $40 \mathrm{~L} / \mathrm{S}$ VPC to Rolleston $26 / 09$ <br> - Open L/S modular (60 bed RMT2) 10/10 |  | - 13 Custodial FTE to Rolleston <br> - 5 Custodial FTE to CWP <br> - 0 Custodial FTE decrease <br> - SLR introduced (currently $89 \%$ moving to $80 \%$ <br> - Net 115 OpCap reduction <br> - Will not release any FTE Health staff | - Relies on CMP providing support to CWP for kitchen services |  |  |  |
| Rolleston | - Open L/S VPC modular (80) 26/09 <br> - $40 \mathrm{~L} / \mathrm{S}$ VPC in from CMP <br> - $40 \mathrm{~L} / \mathrm{S}$ VPC in from OCF |  | - 20 Custodial FTE demand increase <br> - OpCap increase of 80 <br> - Receive 13 Custodial FTE from CMP <br> - Shortfall will need to be covered by $\mathrm{O} / \mathrm{T}$ | - Additional RN / Health FTE of approx. 1.5 RN / EN required to manage increase of 80 prisoners. Will be additional roles. Unlikely to be found from reduction at other sites given current shortfalls in FTE Need to ensure capacity to manage COVID quarantine and vulnerable separation if required - noting high vulnerable population at this site |  | - Dependent on staff opting in to provide surge support and overtime <br> - Risk - potential increased violence and aggression |  |
| OCF | - $40 \mathrm{~L} / \mathrm{S}$ VPC to Rolleston <br> - XXH/S and Remand Convicted in from CMP 21/08 <br> - Reduction of $60 \mathrm{~L} / \mathrm{S}$ <br> - Increase of $87 \mathrm{H} / \mathrm{S}$ |  | - 0 FTE demand increase <br> - Net OpCap increase of 27 <br> - May require all $\mathrm{H} / \mathrm{S}$ beds to open |  |  | - Risk - potential increased violence and aggression |  |


| Considerations | Site level / BAU impact summary | National impact summary | Mitigation | RAG |
| :---: | :---: | :---: | :---: | :---: |
| Health Workforce | Increase in population will impact ability to deliver health and mental health services (SLR may assist). This will be exacerbated by Health/Mental health staff at Rimutaka, Auckland and HBRP already being around $40 \%$ FTE down and stretched. | Surge support will be required at CWP ( $\times 2.5$ ), Rimutaka ( $\times 5$ ), HBRP ( $\times 2$ ) and Auckland Prison ( x 1 ). Consideration also needs to be taken for the additional requirement for contracted services, E.g. Dentists, Physio and Dr's etc. These will need to be purposefully increased to mangage the increases. SLR will not assist the health staff, given critical mass of staff needed to run these services. | All require surge support for health to assist with receiving prisoners given deficits in some areas, and increase in population in others. Manawatu may have some health staff that can assist. Also need ongoing support for next 12 months to maintain service delivery. Ben Storey advised there was a minimal health resource model which may help understand the resources needed here. |  |
| Health transfers | All sites - more health staff are needed to process prisoners when they leave \& enter prisons. <br> Need to take a person centred approach to who is moved and this should include (but not limited to) the following considerations; mental health (this needs further definition), those with pre-existing health conditions (these cases put greater strain on transfers for health staff and their specific needs, should be taken into account), what services they are engaged with (e.g therapetic enwironmentshrelationships) <br> Overall we know from the data that transfers have a significant impact on people with increase in self harm likely, the remand population always has more needs <br> Health adminstration will also need support (concerns about missing medication for (ransfers). <br> Hawkes Bay has concerns about transfers from Rotorua Hub (RAT testing not always occuring, which could infect a whole van, Friday night intakes without medication, no nurse at Hub for scripting) <br> Womens network - Very small space at CWP which may not be big enough for pharmacy. | Additional surge support required and the potential purchase of a portacom for CWP for health team <br> Admin surge support for Arohata ( x 0.5 ) and Rimutaka ( x 1 ) to undertake administration tasks | All sites <br> - Update the covid checklist to develop robust considerations of cases prior to transfer (this can be assisted by using the high/vulnerable list) <br> - Surge support needed when transfers take place. <br> HBRP - Nurse at Rotorua Hub would be helpful. Need to look at amending contact to be 7 days a week rather than 5 days. <br> CWP - a portacom would be helpful for health/pharmacy. - Medium term need additional FTE |  |
| Outstanding appointments | There is an assumption that a review of pending appointments will occur prior to transfer - and that prisoners will either not be moved or will be transferred back for these appointments. However, technically you are meant to notify the DHB that someone has moved, and this moves them out of the catchment area, we could consider this as a temporary move to prevent this. Rimutaka have indicated they are already struggling with medical escorts and this will further impact on these services | There is an assumption that a review of pending appointments will occur prior to transfer | All sites: <br> -Consider wait time for appointments when looking to transfer, vulnerable list to transfer could also be used -Don't cancel any appointments given movements team can manage this. |  |
| Medication administration | Womens network - this population has higher health needs and will put more strain on health staff. <br> Other receiving sites will see an increase in demand for health services, also needs support from CO's on the medication rounds. If no CO's this delays medication rounds | Additional Heath and Custodial FTE required at CWP, HBRP and Rimutaka | More movement and health staff resources needed, more in womens network |  |
| COVID-19 | Transferring sites need to do RAT within 18 hours of transfer which requires more resources <br> May impact space needed in quarantine areas <br> All sites need to follow guidance for managing covid | Additional surge support. Consideration needed for the pressure on quarantine units. | All sites need surge support, from non-health staff during transfer times |  |
| Mental Health - ISU | Serious concerns about ISU capacity and pressure on health staff. Rimtaka/HBRP/Akland/CWP have some ISU beds out of action. Remand/vulnerable population more need of these beds especially after a transition to a new prison. Likley to see an initial increase in need which may plateau as people settle into a new prison. If there is overflow from ISU this means people are placed in less suitable locations and impacts the ISPT team which are also short at all sites. We know from reviews that people on remand/recently in prison are at higher risk | Impact on national ISU capacity | Surge support from mental health staff but this is short nationally, could ask contractors. <br> Start a working group to manage ISU's across the country to help manage any innappropriate placements. There is dashboard in the progress that may assist. <br> Auckland are looking at opening west clinic (need support to do this). <br> HBRP has a platform built which was meant to have cells but there have been historical issues re funding. <br> More staff training for working with those with remandees Consider changing approach to delivering all health services (work due to start on this) |  |


| Mental Health - Forensics | Strong message not to move anyone under forensics care, given concerns with the population and moving disrupts waitists for forensic beds, this is particularly bad in wellington region. | Assumption that a national position will be not to move any prisoners under forensics care. Disruptions may be experienced in the Wellington region due to the waitlists on forensic beds. | Some forensic teams rely on corrections support to move people which will not be able to do now, so they need communication. <br> Otherwise need good communciation to forensic services if anyone is being moved (they are also under pressure). |  |
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| Mental Health Support | Large impact at CWP as the team is already very short. Most other sites also have vacancies and are already strectched. | There is an immediate issue but also an ongoing issue | Need to put together a team to assist with transfers from Arohata - could be done remotely. Consider if IMH clincians can assist or support from elsewhere. |  |
| Case Management (note whether CM engagement is currently ocurring face to face) | Rimutaka/HBRP/Auckland are all down CM's. The remand population puts greater strain on these resources due to timeframes and higher need. Reduced unlock hours would mean less face to face contact. We know remote is already not working well. | National FTE model for Case Managers is fully funded. Additional Case Managers will need to be via surge support or virtual case loads from sending sites | More CM's are needed for surge support. Ideally sending site can retain the management of cases and complete their contacts virtually |  |
| NZPB | NZPB visits will continue to be virtual to the end of the year (at least), which means sending site can retain some of these, could increase pressure on AVL's and issues with confidentiality. There are concerns about psych reports being done virtually along with the effects of a reduction in programmes which has flow on effects to peoples parole readiness. HBRP was already getting support from Rimutaka with this which will have further resource impacts. NZPB would be concerned about someone unfamilar attends a hearing | Consideration needed for impact on peoples NZPB assessment reports. Need to also consider the impact on additional AVL units required for sites and the facilities required to facilitate the NZPB hearings. | Sending sites to retain NZPB cases and complete activies virtually, sites are set up already with AVLs. <br> May need to consider more AVL's on trolleys but resources/buildings also need consideration and case by case assessment |  |
| Programmes, psychologists | Womens network - Noting full impacts are still unknown, we do know there is a Kowhiritanga in progress at Arohata with 7 women. Several other women completeing AOD/DTP progrogrammes, this would ${ }^{\text {be }}$ (b) 9(2)(b)(ii) <br> HBRP - Youth programme current intake will complete programme, then will stop <br> Manawatu - MIRP in progress and one due to start soon, very disruptive. <br> Not delivering addictions programmes has large reputational risk and there is already pressue in this space. <br> Psychology <br> -Needs further discussion with Psychology Managers to understand the full impacts. <br> -We do know there will need to be a very good handover of cases. given disruption and need to time transfer. <br> -Psychs in Chch need to manage resources as this is across the region, there will be an increase in NZPB reports. Assumption that STU's wont be disrupted. Canterbury already providing support to other regions, this will impact that ability. <br> -Service listings will need to be updated on mass, adding significant pressure for screening on receiving teams. <br> -As more resources will be placed into reports there will be a detrimental impact on the services ability to provide prison Assessment, community probation service assessment and the provision of treatment. | Significant impact to not running or completing programmes this impact parole readiness and outcomes. This escalates the risk on those individuals currently on, or due to commence a programme, the relationship with providers and reputation of the Department. | Mitigation <br> -CWP may be able to run at SRP. <br> -Consider transferring the 7 women within the group together $\circ$ allow the programme to end and resume with minimal interference. This will require additional resources -Some project work in chch might be able to assist with resources (needs follow up). <br> -Possible could do AVL for 3 women due to finish at Care NZ. <br> -Need to look at virtual options for other programmes (may need custodial support). <br> -CWP does run kowhiritanga so may be able to assist -Needs ongoing engagement specifically with MPPs -Consider psych surge support (at CWP and possible Rimutaka). This may require overrecruitment, use of private practioners, reallocation of budgets. Regional psych services would need to consider recalling staff on secondments <br> -Work with local mental health teams to support transitions (CWP/Arohata) |  |



| Hospital Guards | An area of concern for all receiving sites. We know there is greater demand in the womens network and also at Rimutaka given Wellington/Hutt hosptial who often have people transferred in for specialist appointments/in hospital. Hospital guards are already stretched at all locations. There may be an impact on HCM if there are more hospital assessments, given they do the intial assessments, check on people in hospital, then increased health needs once they come back to prison. HBRP has had other staff already trying to assist here, risk of burnout. There may be an impact on emegency services, specifically in wellington | Given limited site resources this is being felt more acutely. | Recruit more casual hospital guards Advise local emergency services in Wellington |  |
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| High Dependency Unit | Often people get transferred to Wellington hospital from other regions which will impact on the HDU. Need more Dr resources given the higher health needs. HDU is only resourced to just manage, this is already under pressure, staff have been moved around/out of roles/ and don't want to stretch them anymore. | Already under pressure HDU at Rimutaka and pressured workforce. Requirement for more doctor resources. | Not increasing capacity of HDU and this will continue to be managed nationally |  |
| Mothers and Babies Unit | There are currently three pregnant women which may be able to be moved and CWP has resources, however concerns about the move disrupting them, impacting their supports. Also noted concerns about keeping MBU operational, as we need to support this at any time. |  | Likely will not move the women who are pregnant |  |
| Delivery of essential services kitchen, laundry, grounds (increased demand for these) | Womens estate - Arohata need to consider how remand population will help with kitchen/laundry, they are still doing some laundry for Rimutaka. CWP are concerned about keeping the women busy, the kitchen supplies CMP (regional work to decouple in progress). Instructors on site are already stretched. Manawatu are already bringing in additional support and will only have 20 prisoners left for kitchen/laundry. <br> Auckland Prison, the kitchen is already heightened and there are concerns this will increase with the increase in remand accused population. | Already stretched instructors and existing pressure on these services. | More site planning required but likely to be managable Could utilise knowledge from MECF and their knowledge with remandees |  |
| Bedding, mattresses, clothing | Rimutaka will need order clothing and bedding kits (approx 400 bedding and 600 clothing). Modulars will need dining kits (cups/plates etc). <br> HBRP will need more clothing given the remand population and their higher turnover of clothes. | Financial implications of purchasing more kit | Support from NO with ordering Sites will purchase and finances can be sorted later |  |
| Facility impacts | HBRP- may need another unit created for managing difficult people, there is no management unit. The Ombudsman wants to close the high security wing which needs to be painted and lots of repairs are required. It has been suggested the youth unit could be repurposed as a staff base. <br> Auckland Prison - Manual locking is causing issues. Housing units are not safe, blind spots in CCTV and inability to maintain line of site. Concerns with remand accused population causing further property damage. | Further consideration needed for HBRP and existing Ombudsman concerns and what impact this plan will have. | HB - Repairs are already in progress, depends on contractor availability AP-Might need mixing classification exemption. |  |
| T impacts | Hawkes Bay have concerns about keeping RMT2's busy and staff may need training to work with this population | Assistance may be required for HBRP and creating activity plans | make sure staff are trained and there is support to keep the men busy |  |




| Surge support arriving on site | Rimutaka- Concerns for staff safety with lack of familiarisation of site and their population, staff will require a buddy which adds pressure to already limited staffing. <br> Manawatu asks instructors are not sent away and there will be limited staff who can move due to young families etc. | Impact on staff safety around site familarisation and pressure on existing staff to buddy up. There is also the risk that staff are unwilling to provide the support. <br> Consideration must be taken to giving recieving sites sufficient notice of recieving staff. Consideration must also be taken for surge support travel, any potential conflicts or alerts with prisoners and reporting lines for H\&S tracker etc. | Logistics to manage surge support HR and rostering team to ensure sufficient checks and preparations are completed ahead of surge support relocation <br> Inductions for surge support and making sure they feel welcome |
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| Training | No significant impacts. | No significant impacts. | Will require sites to ensure their seconding staff are all up to date with training so not to add pressure on recieving sites with additional staff training |
| Staff health, safety and well-being | All sites need open communication asap after decisions are made, and raise concerns around increased prisoner violence and aggression with prisoners being moved and locked up more. CWP struggling and with low resilience inclduing three resignations this week. CWP see value in a staff welfare person, Health will need to provide support to HCM from a regional/NO perspective. <br> HBRP require more welfare support, ACR teams. AP are already under serious pressure and raise serious mental and physical impacts on staff - especially with an increase in RA population. <br> Several sites are concerned about the future of their sites and this is majoring impacting staff morale and retention Fatigue and impact of plan on this | Significant impact on staff health, safety and wellbeing given an already fatigued workforce. Additional Wellfare support would required at sites as well as incentives.Significant impact to Violence and Agreession plans. | Number of groups are already working on this -Increase welfare officers to add further support -Open, timely communication <br> -Arohata want to pay for staff millage or put on vans for staff needed at Rimutaka. <br> -Wellbeing/Welfare different things and plans in progress <br> to assist with this <br> -SLR can assist <br> -S\&W will not continue with BAU work in progress to limit impact on staff - will focus on critical risks only |
| Corporate equipment - Wyse terminals / Telephones | No significant impacts. | No significant impacts | Auckland Prison sending a summary of additional monitors required to Murray Thomson |
| Vehicles | HBRP require additional escort vans. CWP in need of vans for airport transfers and a golf buggy for moving around site. Arohata may have spare vans which could be reallocated- Pippa to confirm. | Sourcing additional vans to support HBRP and CWP | This is managable just needs some further planning |
| Te Mana Wāhine (Māori Pathways Programme) | Unlikely to have a large impact. Kym Grierson noted there is a workshop planned at the end of this month, this could include some work with this e.g. gap analysis and support needed. We don't want to stop work happening as this is likely to positively impact the site | More planning required. | Planning needs to occur here |


| SLR rosters | CMP \& Rimutaka <br> - potential reduced unlock will increase tension, unrest, assaults, violence and aggression <br> - programmes, activities, visits etc not enabled <br> CMP <br> - further staff unavailble for secondments due to shortages <br> - management group fatigued <br> - concern re placement of RMT2 in low security units <br> - unsettled due to a lack of clarity on time and outcome of <br> changes <br> Rimutaka <br> - roster changes can have impact on leave allocations <br> Manawatu <br> - support services already limited, further reductions not possible, including night watch <br> -further roster changes unsettling for staff (incl job security), <br> site currently returning to a better state <br> - ITL significantly impacted, incl partnershiops with iwi and existing contracts <br> Arohata <br> - closure of self care leaves site unable to care for M\&B <br> - support services already reduced, further reductions not possible |  | SLR for both Rimutaka and CMP will enable capacity changes at both sites. |
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| Hōkai Rangi |  | Whanau <br> 3.2 Place and keep Māori in our care close to their whanau <br> 3.4 Create facilities that strengthen whanau relationships <br> Partnership and Leadership <br> 1.1 DCE Māori and ELT accountability <br> 1.4 Shared leadership and goverance structure <br> 1.6 Mana whenua partnership at each prison site |  |
| Māori Pathways | Unsure yet on impact of who will be transferred and consideration of the impact this might have on pathways | Less concern about CWP - Further discussion on impacts is needed for HB - concern about having men to go onto the pathway. However some initiatives might help e.g. PO's keeping remandees on their caseloads. | More work required to better understand the impact on pathways |
| Any projects or initiatives at your site that may be impacted (incl those being delivered out of NO ) | Manawaty-fontrect impacted. 9(2)(b)(it) <br> Auckland Prison- Honevwell makina camera unarades Arohata- Body scanner, 9 (2)(b)(i) <br> Rimutaka- Gang graffiti neeas to be removed trom high security. Conversastions are still being had around the future of the youth unit, it will still house youth until Jan 2023 at this stage. Industries are signing a contract for the nursery work. AOD requires analysis and stocktake of service. <br> HBRP- There is currently a review of the esttte happening which will be impacted. Reparis to youth unit underway. Violence and aggression work is priority and post ombudsman review requires repairs on one wing. Need to consider reprioritising the digitialsation project. <br> CWP- AOD needs of the population work is being done. Body scanner work to commence unsure on date. 9(2)(b)(ii) | More work required to understand the impacts on projects at a national level. There may be more national projects in the pipeline that will also be impacted by this plan that will require further analysis |  |

## General risks

| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| People | Surge Support | There is a risk that we don't get enough Custodial and Health staff from Manawatu and Arohata to transfer to Rimutaka to allow for the additional prisoner transfers, resulting in staff pressures at Rimutaka | Due to a limited interest from staff to transfer or a lower number of available staff at Arohata and Manawatu than predicted | 1. SLR's can be enacted at other sites (OCF) to free up more staff for surge support. <br> 2. Support package for surge support staff needs to be created. Milage/hotel etc. Staff at Manawatu are already fatigued. <br> 3. Personal touch from PD's <br> 4. Comms to staff to get interest | Likely | Major |  |
| Strategy | Benefit <br> Realisation | There is a risk that at the end of the delivery plan we don't get the realisation of any staff being freed up, additional pressure put on the staff at Rimutaka and CWP resulting in wasted effort, negative staff and prisoner reactions and public/media interest (note retention over the time of benefit realisation my also impact) | Due to increased workload at Rimutaka and CWP and no benefits realised at MECF and SHCF | 1. Go/No Go criteria <br> 2. Alternative options to be explored | Likely | Major |  |
| People | Health Staff numbers | There is a risk that there are not enough Health staff on site at Rimutaka to provide care for the additional numbers being received | Due to pressures on the Health staff numbers and additional prisoners coming on site | 1. ROD's to confirm site Health numbers | Likely | Major |  |
| People | Prisoner employment and education | There is a risk that prisoners relocating will not be provided with the same level of employment and education resulting in negative impacts to their wellbeing/welfare, sentences and increased aggression towards staff | Due to the unavailability of these opportunities at the new sites and impacts of the SLR rosters. | 1. Prisoners may not get these opportunities even if they stay due to the short staff issues <br> 2. This is not a new risk, It's already happening. Current Issue | Almost Certain | Moderate |  |
| Strategy | Hōkai Rangi | There is a risk that the department significantly impacts its commitment to Hōkai Rangi and the values it has set, resulting in whanau and media distrust | Due to all the prisoner and staff moves impacting peoples access to whānau and programmes and potential negative impacts to | 1. Communication strategy | Likely | Major |  |
| People | Mãori Pathways | There is a risk that Māori Pathways programmes at impacted sites will be significantly disrupted resulting in a pause in progress, negative impact to prisoner wellbeing, deteriorating mana whenua relationships and negative public/media interest | Due to the need to remove prisoners from programmes, temporarily close down units and implement SLR's | 1. An assessment will need to take place alongside the Māori Pathways programme to develop a plan that reduces the impact <br> 2. Working with the Rāutaki Māori teams, partnership and Tikanga processes. Mana Whenua could play a role in this | Likely | Major |  |
| People | Health Recruitment | There is a risk that the department cant recruit the number of Health staff required to fill vacancies and manage additional workload at impacted sites resulting in the inability to provide healthcare to prisoners | Due to the need to fill all vacant positions to enable prisoner increases | 1. Plan is being put in place with Health lens. Reaching out to Mana Whenua to see if there are any services in the community | Likely | Major |  |
| 9(2)(b)(ti) |  |  |  |  |  |  |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | Go/No Go decision | There is a risk that a decision on SLR's is not made in time to enact the SLR, resulting in an extension of time to the entire timeline. | Due to decisions not being made in time or a lack of confidence from decision makers | 1. Early, and clear communication with decisionmakers on the go - no go decision | Unlikely | Major |  |
| 9(2)(b)(i) |  |  |  |  |  |  |  |
| Service Delivery | Negative media/public interest | Risk that we get negative media/Public interest as a result of prisoner/whānau complaints resulting in reputational risk | Due to the impacts on Prisoners or incorrect messaging being released | 1. Develop early comms, be upfront with prisoners/whānau <br> 2. Creating national talking points, partners will be contacting <br> 3. Having a clear comms plan developed if we enact the plan | Likely | Moderate |  |
| Safety and Wellbeing | Violence and Aggression | There is a risk that the increase in prisoner movements, and relocation of prisoners away from their home prisons will result in increased violence and aggression and Control and Restrains, damage to property or props. | Due to the strain and pressure moves may put of prisoners | 1. Early communications with those selected to be relocated. Robust selection criteria. Enablement of virtual technology to enable video calls with Whānau <br> 2. Smooth processes... e.g. property | Possible | Major |  |
| Service <br> Delivery | Processes | There is a risk that site processes are not in place before prisoners are transferred, including Psych and Parole Board reports etc resulting in impacts to prisoner requirements. (ASCF specific with completing PAC reports) | Due to the sites not being ready in time to move prisoners | 1. Individual site impact assessments to be completed ahead of transfers. Identifying prisoner needs before transfer selection | Possible | Major |  |
| Safety and Wellbeing | Prisoner Health | There is a risk that a large number of prisoners identified to be moved have health concerns that would result in them being unable to be relocated | Due to existing health concerns with prisoners identified to move | 1. Early identification of prisoners. Strategies put in place to ensure any prisoner being moved with upcoming surgeries or health appointments are able to be relocated to their home prison area. | Possible | Moderate |  |
| People | Surge Support | There is a risk that seconded staff currently providing, or due to provide surge support withdraw from their secondment, impacting site numbers (sites also may not release or call them back) | Due to personal situations or fatigue | 1. Undertake regular welfare checks <br> 2. Identify back-up staff. Waitlists of staff willing to travel <br> 3. Onboarding and support from receiving sites, good induction processes <br> 4. Working with PD's | Unlikely | Major |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | Prisoner Property | There is a risk that the Prisoner Property process will not be followed efficiently and prisoner's property being lost or will not follow them resulting in violence and aggression towards staff or other prisoners | Due to increased pressures on staff managing larger than normal property transferrs | 1. Early notification of prisoner names that will be on transfer <br> 2. Sites to bring in additional property staff resource to assist with undertaking property process <br> 3. Sending sites to ensure the property process is followed robustly | Unlikely | Moderate |  |
| People | Staff Health, Safety and Wellbeing | There is a risk that there will be a negative impact to staff morale and welfare/wellbeing resulting in an increase in unplanned absences or resignations | Due to the increased workload for sites that have not experienced it yet, the pausing of some services and activities from SLR's, shifting in site management, shifting instructors into Corrections Officers roles and an already pressured workforce from 2 years of ongoing roster changes | 1. Regular communications from National Office and sites <br> 2. Explore Incentives <br> 3. Welfare officer placed on site | Possible | Major |  |
| Safety and Wellbeing | ISU beds | There is a risk that there will not be enough ISU beds available at CWP resulting in the inability to provide this level of care to prisoners as they need it | Due to the increased muster and low number of current ISU beds available (3 beds) | 1. Consideration for those that are moving on an individual basis before moving | Unlikely | Moderate |  |
| 9(2)(b)(t) |  |  |  |  |  |  |  |
| People | Programmes and Parole | There is a risk that a reduction in ability to provide people with crucial programmes such as AoD and MIRP will negatively impact their ability get parole, resulting in negative media interest and NZPB concerns | Due to the department moving to SLR rosters and having to move prisoners to other locations | 1. Same mitigations as Education and Employment | Possible | Major |  |
| People | Planned Leave | There is a risk that staff will use up their high levels of leave resulting in a further impacted frontline FTE availability | Due to staff with high levels of leave (from more work over COVID) having negative wellbeing/moral and using up their leave | 1. Freeing up the process of cashing up leave | Possible | Moderate |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Safety and wellbeing | Hospital guards | There is a risk that increased hospital guards and uncertainty around rostering will impact an already depleted staff FTE resulting in further operational impacts | Due to the increased number of prisoner transfers (remands) to sites already experiencing high numbers of hospital guards and reduced casual FTE | 1. Accepted risk <br> 2. Staff ratio change decision has been signed off <br> 3. Sites to look at casual staff list <br> 4. $9(2)(\mathrm{b})(\mathrm{t})$ | Possible | Major |  |
| People | Secondments/Inc entives | There is a risk that staff not receiving incentives as part of packages for staff travelling to other sites (Arohata to Rimutaka etc) get aggrieved and request incentives for themselves resulting in more staff unrest on site and conflict between staff | Due to incentives being implemented to support staff having to relocate to other sites, such as travel allowances etc. | 1. Could potentially give all staff at affected sites some form of allowance/recognition that acknowledges the stress they are under. <br> 2. Travel allowances will still be required for those staff travelling to other sites which will still go above what other staff may get <br> 3. Discussion is happening with the Unions <br> 4. Clear incentive package | Possible | Moderate |  |
| Safety and Wellbeing | Prisoner medication | There is a risk that prisoner medication does not follow transferring prisoners resulting in prisoners going without their medication and the department unable to provide sufficient medical care | Due to the large number of prisoner moves and potential human error | 1. Ensuring there is enough capacity to prescreening and ensuring the medication can move with the prisoners <br> 2. Could potentially use existing staff to travel with the prisoners and medication <br> 3. Only moving 8-12 prisoners at a time <br> 4. Good planning | Unlikely | Major |  |
| Safety and Wellbeing | High Dependency Unit | There is a risk that the HDU at Rimutaka will no longer have capacity to take referrals resulting in the inability to provide this level of care in the region as this is a national service | Due to the extra prisoners being relocated to Rimutaka | 1. Current issue <br> 2. Not moving anyone that currently needs HDU | Possible | Major |  |
| $9(2)($ b)(I) |  |  |  |  |  |  |  |
| Safety and Wellbeing | COVID-19 | There is a risk that impacted sites will not be able to manage increased rates of COVID-19 resulting in further impacts to site operations and potential outbreaks | Due to the increased number of prisoners and reduced units and staff | 1. Follow rules and guidance already in place. <br> 2. Sufficient guidance is already in place. National and Regional support is readily available | Unlikely | Moderate |  |
| People | WPT risk | There is a risk that the Workforce Planning Team required to go to sites to plan and enact the SLR's are unwilling to travel resulting in a delay to the timeline | Due to the already high level of travel in the team | 1. Team is training at the moment so they can expand | Unlikely | Minor |  |
| People | RMT training | There is a risk that frontline staff do not have sufficient RMT training on how to manage remand prisoners resulting in the need to provide additional training or increased safety and welfare concerns | Due to sites receiving higher numbers of remand prisoners than they are used to (HBRP) with limited staff on site with remand experience/training. | 1. National resources can be available to provide training | Unlikely | Minor |  |
| People | Surge Support | There is a risk that surge support staff may have challenging personalities or experience conflict with staff at sites they are transferring to resulting in disruption and issues for the receiving site | Due to the voluntary opt-in process and lack of vetting that may go in to selecting staff for surge support | 1. Vetting process to be put in place before staff are selected for surge support <br> 2. Good leadership - work with HR <br> 3. Welcoming staff on site <br> 4. Current pattern is secondees are working well | Unlikely | Minor |  |

Option B Aim - To improve service delivery levels at SHCF and MECF while monitoring and preventing service degradation at all other impacted sites

| Site | Plan/Change | Why | Impact | Mitigations | Timeline | Risks/Dependencies |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MECF | - Up to 100 to LNR sites <br> - Health surge support | - 24 Custodial FTE reduction (demand) <br> - Increase in SLR leave lines (fatigue) $68 \%$ <br> - Increased Health Services <br> - Increased prisoner activity <br> opportunity <br> - Higher likelihood of minimum entitlements delivery | - OpCap reduction of 114 (Decant Delta) <br> - OpCap 822 <br> - 24 Custodial FTE reduction (demand) <br> - Increase in SLR leave lines (fatigue) $62 \%$ currently increases to $68 \%$ <br> - Increased Health Services <br> - Increased activity opportunity <br> - Closure will enable the site to potentially reopen visits (AVL) <br> - Will enable additional custodial support to uplift health services | - Do not remove any of the RMT2 prisoners from the site, as these are the workers both essential and nonessential. <br> - Q - Unit to remain open and use of single beds only |  | - Risk - MECF needs to operate in excess of $85 \%$ from a full roster to ensure critical services are delivered at the site. This is due to the type of serves MECF delivers |
| Waikeria | Net Nili impact |  | - Rest-break for prisoners on transfers | - Predicted to be minimal |  |  |
| Manawatu | - $80 \mathrm{~L} / \mathrm{S}$ to Rimutaka | - Moving of prisoners to enable staff to support Rimutaka <br> - $100 \%$ full operations at site | - 20 Custodial FTE demand decrease <br> - OpCap reduction of 80 <br> - 9(2)(b)(i) <br> - Impact on running OE activities <br> - Potential fracture of mana whenua and Iwi relationships. Contract with local Iwi to grow plants for the Tararua highway (million dollar contract). The Iwi, Rangitaane, would not look favourably on this if it were moved or not met, reputational risk. <br> Existing issues <br> - Staff morale is low, there are already concerns that the site could be closed <br> - Site maintenance, land management, and industries training is on hold <br> Impact on programmes and psychology <br> - AOD impacted, due to unstable remand population and needs based, potentially no course at all | Mitigations to support the transition of men to Rimutaka: <br> - Health surge support for transfers for assessments and screening <br> - Non-health surge support required for pre-departure RAT testing <br> - Additional FTE to support property (surge support) <br> - To run OE activities, the site needs 20 prisoners (LS as they need a consistent work force) to run the laundry, kitchen and landscaping. Of the 60 planned on being moved, leave them 20 of these. Their pick | SLR Roster <br> 22 August - 24 October <br> Prisoner movements refer to Delivery Plan | - Dependent on staff opting in to provide surge support for Rimutaka <br> - Risk on managing kitchen and laundry with a reduced muster <br> - Risk - Potential increased violence and aggression <br> - Risk on stopping any current or future programmes <br> - Risk - Some staff are already reporting 14 hr days and 70 hr weeks <br> - Risk - Staff morale is low, potential retention concerns <br> - Risk- unlikely to realise any health support from reduction in prison capacity, already 1.1FTE short from a roster of 7 <br> - Risk - Staff willing to move to other sites, they do not believe that there will be a lot of interest, maybe from the younger employees without family commitments, 4-5 of them |

## WORKING DRAFT

| Site | Plan/Change | Why | Impact | Mitigations | Timeline | Risks/Dependencies |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Rimutaka | - Up to $75 \mathrm{H} / \mathrm{S}$ and Remand Convicted from HBRP or MECF <br> - $60 \mathrm{~L} / \mathrm{S}$ in from Manawatu <br> - $60 \mathrm{~L} / \mathrm{S}$ in from ASCF | - To support prisoner movements from MECF and SHCF | - OpCap increase of 195 <br> - 39 Custodial FTE demand increase <br> - SLR $86 \%$ <br> - Significant impact on Health. Health are sitting at around $90 \%$, however an increase in the prisoner population will require further resources. Example, if an increase of 160 at Rimutaka then an increase in FTE of approx. 3 will be needed. Double bunking will be an issue (local Unions) <br> - Consideration for normal and specialist appointments, (increase in escorted outings will also impact on vehicles and prison staff) whether these are transferable (DHB capability), mental health/forensics appointments treatment, psychologists' appointments etc. | - Request for additional laptops for whanau visits (\#TBC) <br> - Requires support for Health staff (approx. 3 FTE) <br> - To assist Health with processing these transfers, try drip feeding them, eg 10 every 2 days would help, or if a plan of bulk receptions, eg 30 then a couple of weeks notice will assist them in rostering staff to be available to do the health needs assessments <br> - Requires significant MH\&A support to an already pressured team (current 54\% staffed for ISPT) <br> - Will require additional 0.5 FTE ASO support for health <br> - Surge support/additional resource may be required for Psychological Services | SLR Roster <br> 22 August - 03 October <br> Prisoner movements refer to Delivery Plan | - Dependent on staff from Arohata and Manawatu opting in to provide surge support(Custodial only - movements from Arohata will not realise any Health FTE) <br> - Risk - there will not be sufficient Health staff to provide service for prisoners <br> - Risk - potential increased violence and aggression <br> - Risk - increase in backlog of Primary care service delivery <br> - Dependency - the transfer of sentenced women from Arohata will not result in an increase in psych staff resource, as those staff will pick up the additional NZPB/Court work from the increased muster at Rimutaka |
|  |  |  | Existing Issues <br> - 53 vacancies on site, $76 \%$ fulfilment (89 staff gap) <br> - Only 54\% Mental Health staff currently available and only $40 \%$ clinical staff available $6 x$ FTE vacancy for RN, would require an addition of approx. $5 x$ FTE $=11$ FTE vacancy | Site identified requirements <br> - 9(2)(b)(i) |  |  |
| SHCF | - 120 remand accused and convicted to HBRP via natural attrition <br> - Cease Court escorts with Rotorua Hub (HBRP collects) <br> Alternate consideration <br> - 60 to HBRP, 40 STU to Rimutaka or CMP | - Reduce pressure at this site by moving people in prison and reducing escorts <br> - Full closure of 14 B and Building 6 | - Increased unlock from 1.5hrs to 3 <br> - Improved Health coverage <br> - Restart visits <br> - Escort route - no overnights <br> - B15 close, OpCap reduction of 132 <br> - Operating capacity of 616 <br> - 29 Custodial FTE demand reduction <br> - $50 \%$ reduction in movements through site <br> - Increase SLR leave lines (fatigue) <br> - SLR roster $70 \%$ to $78 \%$ <br> - Increased activity opportunity | - Requires a meeting with SHCF <br> $\mathrm{PD} /$ management team to identify any potential impacts |  | - Risk - Will not realise a release of FTE in health to support at other sites <br> - Risk - Significant shortfall in MH ISPT FTE unable to deliver outreach service |


| Site | Plan/Change | Why | Impact | Mitigations | Timeline | Risks/Dependencies |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| cWP | - Up to $48 \mathrm{~L} / \mathrm{S}$ in from Arohata | - Moving women to CWP helps to free up staff at Arohata who can assist at Rimutaka | - OpCap increase of 20 <br> - 5 Custodial FTE demand increase <br> - Significant pressure on mental health and forensic services <br> - Procurement process starting for medical officers <br> - No ITO's onsite <br> - MH\&A pressure on service delivery and staffing <br> - Current pilot site for E-med admin- might need to be put on hold. Significant National strategic impact to improve medication admin processes <br> - All future NZPB requests will be referred to CWP Psych Services - adding strain to their resource <br> Existing Issues <br> - Mental health support- big impact, little to no cover currently. This move will make the problem worse <br> - Quarantine space is limited <br> - Only 3 ISU beds which are often full <br> - No onsite dental service- all external escorts <br> - ITL space is already limited <br> Impact on programmes and psychology <br> - Te Mana Wahine Pathway is ready to go. Pathway will ne provided to all Wahine and they can choose to be involved and to what degree. Potential benefit as this programme is not being run at Arohata. Site implementation lead is already planning <br> - CWP Psych Services will need to complete the KOW programme from Arohata | - Approx. $2 \times$ Health FTE additional requirement <br> - Health admin support- additional 0.5FTE at least <br> - CO's to support health workers - med rounds, and hospital guards plus transfers (which will likely increase) <br> - Surge support health staff for transfers <br> - Surge support Property officers <br> - Need physical space for nursing staff. (pharmacy, basic service delivery - current space is crammed) <br> - Vans for airport transport <br> - Increase social worker FTE <br> - Staff welfare officer required <br> - Resources required to support E -med admin <br> - Need a volunteer coordinator <br> - Potential requirement instructor support from CMP <br> - Regional Psych services may need to consider recalling staff on secondment from NO/STU to meet additional resourcing requirements. <br> Site identified requirements <br> - AVL in Avon required <br> - Need Wi-Fi to better facilitate whanau video calling <br> - Need laptops for screening in units (RO) and for <br> whanau video calling | Prisoner movements refer to Delivery Plan | - Risk - that there will not be enough ISU beds available at CWP due to the increased number of prisoners and already low ISU bed numbers (3 beds) <br> - Risk - Potential increased violence and aggression <br> - Risk - If we don't get additional Health staff there will be an increase in backlog of primary care service delivery |
| CMP | - $\mathrm{H} / \mathrm{S}$ and remand Convicted to OCF <br> - $40 \mathrm{~L} / \mathrm{S}$ VPC to Rolleston <br> - Open $\mathrm{L} / \mathrm{S}$ modular (60 bed RMT2) |  | - 13 Custodial FTE to Rolleston <br> - 5 Custodial FTE to CWP <br> - 0 Custodial FTE decrease <br> - SLR introduced (currently $89 \%$ moving to $80 \%$ <br> - Net 115 OpCap reduction <br> - Will not release any FTE Health staff | - Relies on CMP providing support to CWP for kitchen services |  |  |
| Rolleston | - Open L/S VPC modular <br> (80) <br> - $40 \mathrm{~L} / \mathrm{SVPC}$ in from CMP <br> - $40 \mathrm{~L} / \mathrm{S}$ VPC in from OCF |  | - 20 Custodial FTE demand increase <br> - OpCap increase of 80 <br> - Receive 13 Custodial FTE from CMP <br> - Shortfall will need to be covered by O/T | - Additional RN / Health FTE of approx. $1.5 \mathrm{RN} / \mathrm{EN}$ required to manage increase of 80 prisoners. Will be additional roles. Unlikely to be found from reduction at other sites given current shortfalls in FTE Need to ensure capacity to manage COVID quarantine and vulnerable separation if required - noting high vulnerable population at this site |  | - Dependent on staff opting in to provide surge support and overtime <br> - Risk - potential increased violence and aggression |
| OCF | - $40 \mathrm{~L} / \mathrm{S}$ VPC to Rolleston <br> - H/S and Remand Convicted in from CMP <br> - Reduction of $60 \mathrm{~L} / \mathrm{S}$ <br> - Increase of $87 \mathrm{H} / \mathrm{S}$ |  | - 0 FTE demand increase <br> - Net OpCap increase of 27 <br> - May require all $\mathrm{H} / \mathrm{S}$ beds to open |  |  | - Risk - potential increased violence and aggression |

## WORKING DRAFT



## WORKING DRAFT

## Backout planning

- All figures are at 23-Aug-22
- Returning Rimutaka, Manawatu and HBRP to their previous configurations is dependent on MECF and SHCF being able to operate at shadow capacity
- Full MSW FTE requirements for MECF and SHCF at the shadow capacity has been estimated, this will require further analysis and consultation with the sites.
- The FTE forecast for both MECF and SHCF shows that they are expected to remain significantly below the FTE levels required to operate a full MSW roster at shadow capacity.
- The FTE forecasts for sites could present more optimistic future states when recruitment initiatives, the recruitment success rate and retention all increase. Considerable planning and investment is planned to support those outcomes.
- Returning prisoners from CWP to Arohata is dependent on sufficient staff being available at Arohata.
- The increase in staffing required at Arohata is dependent on staff returning from Rimutaka. These staff will not be able to leave Rimutaka until the capacity at Rimutaka can reduce again, and this is dependent on MECF and SHCF returning to shadow capacity.

| Site | Shadow cap | Full MSW FTE | FTE Forecast Jun-23 | Shortfall | Fulfilment |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| MECF | 936 | 442 | 309 | $(133)$ | $70 \%$ |
| SHCF | 748 | 349 | 280 | $(69)$ | $80 \%$ |

Displaying Mt Eden Corrections Facility forecast:


## Displaying Spring Hill Corrections Facility forecast

_-Actual FTE - - - FTE Forecast - - - FTE Forecast (best case)


| Considerations | Site level / BAU impact summary | National impact summary | Mitigation | RAG |
| :---: | :---: | :---: | :---: | :---: |
| Health Workforce | Increase in population will impact ability to deliver health and mental health services (SLR may assist). This will be exacerbated by Health/Mental health staff at Rimutaka, Auckland and HBRP already being around $40 \%$ FTE down and stretched. | Surge support will be required at CWP ( $\times 2.5$ ), Rimutaka ( $\times 5$ ), HBRP ( $\times 2$ ) and Auckland Prison ( x 1 ). Consideration also needs to be taken for the additional requirement for contracted services, E.g. Dentists, Physio and Dr's etc. These will need to be purposefully increased to mangage the increases. SLR will not assist the health staff, given critical mass of staff needed to run these services. | All require surge support for health to assist with receiving prisoners given deficits in some areas, and increase in population in others. Manawatu may have some health staff that can assist. Also need ongoing support for next 12 months to maintain service delivery. Ben Storey advised there was a minimal health resource model which may help understand the resources needed here. |  |
| Health transfers | All sites - more health staff are needed to process prisoners when they leave \& enter prisons. <br> Need to take a person centred approach to who is moved and this should include (but not limited to) the following considerations; mental health (this needs further definition), those with pre-existing health conditions (these cases put greater strain on transfers for health staff and their specific needs, should be taken into account), what services they are engaged with (e.g therapetic enwironmentshrelationships) <br> Overall we know from the data that transfers have a significant impact on people with increase in self harm likely, the remand population always has more needs <br> Health adminstration will also need support (concerns about missing medication for (ransfers). <br> Hawkes Bay has concerns about transfers from Rotorua Hub (RAT testing not always occuring, which could infect a whole van, Friday night intakes without medication, no nurse at Hub for scripting) <br> Womens network - Very small space at CWP which may not be big enough for pharmacy. | Additional surge support required and the potential purchase of a portacom for CWP for health team <br> Admin surge support for Arohata ( x 0.5 ) and Rimutaka ( x 1 ) to undertake administration tasks | All sites <br> - Update the covid checklist to develop robust considerations of cases prior to transfer (this can be assisted by using the high/vulnerable list) <br> - Surge support needed when transfers take place. <br> HBRP - Nurse at Rotorua Hub would be helpful. Need to look at amending contact to be 7 days a week rather than 5 days. <br> CWP - a portacom would be helpful for health/pharmacy. - Medium term need additional FTE |  |
| Outstanding appointments | There is an assumption that a review of pending appointments will occur prior to transfer - and that prisoners will either not be moved or will be transferred back for these appointments. However, technically you are meant to notify the DHB that someone has moved, and this moves them out of the catchment area, we could consider this as a temporary move to prevent this. Rimutaka have indicated they are already struggling with medical escorts and this will further impact on these services | There is an assumption that a review of pending appointments will occur prior to transfer | All sites: <br> -Consider wait time for appointments when looking to transfer, vulnerable list to transfer could also be used -Don't cancel any appointments given movements team can manage this. |  |
| Medication administration | Womens network - this population has higher health needs and will put more strain on health staff. <br> Other receiving sites will see an increase in demand for health services, also needs support from CO's on the medication rounds. If no CO's this delays medication rounds | Additional Heath and Custodial FTE required at CWP, HBRP and Rimutaka | More movement and health staff resources needed, more in womens network |  |
| COVID-19 | Transferring sites need to do RAT within 18 hours of transfer which requires more resources <br> May impact space needed in quarantine areas <br> All sites need to follow guidance for managing covid | Additional surge support. Consideration needed for the pressure on quarantine units. | All sites need surge support, from non-health staff during transfer times |  |
| Mental Health - ISU | Serious concerns about ISU capacity and pressure on health staff. Rimtaka/HBRP/Akland/CWP have some ISU beds out of action. Remand/vulnerable population more need of these beds especially after a transition to a new prison. Likley to see an initial increase in need which may plateau as people settle into a new prison. If there is overflow from ISU this means people are placed in less suitable locations and impacts the ISPT team which are also short at all sites. We know from reviews that people on remand/recently in prison are at higher risk | Impact on national ISU capacity | Surge support from mental health staff but this is short nationally, could ask contractors. <br> Start a working group to manage ISU's across the country to help manage any innappropriate placements. There is dashboard in the progress that may assist. <br> Auckland are looking at opening west clinic (need support to do this). <br> HBRP has a platform built which was meant to have cells but there have been historical issues re funding. <br> More staff training for working with those with remandees Consider changing approach to delivering all health services (work due to start on this) |  |


| Mental Health - Forensics | Strong message not to move anyone under forensics care, given concerns with the population and moving disrupts waitlists for forensic beds, this is particularly bad in wellington region. | Assumption that a national position will be not to move any prisoners under forensics care. Disruptions may be experienced in the Wellington region due to the waitlists on forensic beds. | Some forensic teams rely on corrections support to move people which will not be able to do now, so they need communication. <br> Otherwise need good communciation to forensic services if anyone is being moved (they are also under pressure). |  |
| :---: | :---: | :---: | :---: | :---: |
| Mental Health Support | Large impact at CWP as the team is already very short. Most other sites also have vacancies and are already strectched. | There is an immediate issue but also an ongoing issue | Need to put together a team to assist with transfers from Arohata - could be done remotely. Consider if IMH clincians can assist or support from elsewhere. |  |
| Case Management (note whether CM engagement is currently ocurring face to face) | Rimutaka/HBRP/Auckland are all down CM's. The remand population puts greater strain on these resources due to timeframes and higher need. Reduced unlock hours would mean less face to face contact. We know remote is already not working well. | National FTE model for Case Managers is fully funded. Additional Case Managers will need to be via surge support or virtual case loads from sending sites | More CM's are needed for surge support. Ideally sending site can retain the management of cases and complete their contacts virtually |  |
| NZPB | NZPB visits will continue to be virtual to the end of the year (at least), which means sending site can retain some of these, could increase pressure on AVL's and issues with confidentiality. There are concerns about psych reports being done virtually along with the effects of a reduction in programmes which has flow on effects to peoples parole readiness. HBRP was already getting support from Rimutaka with this which will have further resource impacts. NZPB would be concerned about someone unfamilar attends a hearing | Consideration needed for impact on peoples NZPB assessment reports. Need to also consider the impact on additional AVL units required for sites and the facilities required to facilitate the NZPB hearings. | Sending sites to retain NZPB cases and complete activies virtually, sites are set up already with AVLs. May need to consider more AVL's on trolleys but resources/buildings also need consideration and case by case assessment |  |
| Programmes, psychologists | Womens network - Noting full impacts are still unknown, we do know there is a Kowhiritanga in progress at Arohata with 7 women. Several other women completeing AOD/DTP progrogrammes, this would be very disruptive. There is no DTP anywhere else in the country. $9(2)(\mathrm{b})$ 9(2)(b)(ii) <br> HBRP - Youth programme current intake will complete programme, then will stop <br> Manawatu - MIRP in progress and one due to start soon, very disruptive. <br> Not delivering addictions programmes has large reputational risk and there is already pressue in this space. <br> Psychology <br> -Needs further discussion with Psychology Managers to understand the full impacts. <br> -We do know there will need to be a very good handover of cases. given disruption and need to time transfer. <br> -Psychs in Chch need to manage resources as this is across the region, there will be an increase in NZPB reports. Assumption that STU's wont be disrupted. Canterbury already providing support to other regions, this will impact that ability. <br> -Service listings will need to be updated on mass, adding significant pressure for screening on receiving teams. <br> -As more resources will be placed into reports there will be a detrimental impact on the services ability to provide prison Assessment, community probation service assessment and the provision of treatment. | Significant impact to not running or completing programmes this impact parole readiness and outcomes. This escalates the risk on those individuals currently on, or due to commence a programme, the relationship with providers and reputation of the Department. | Mitigation <br> -CWP may be able to run at SRP. <br> -Consider transferring the 7 women within the group together $\circ$ allow the programme to end and resume with minimal interference. This will require additional resources -Some project work in chch might be able to assist with resources (needs follow up). <br> -Possible could do AVL for 3 women due to finish at Care NZ. <br> -Need to look at virtual options for other programmes (may need custodial support). <br> -CWP does run kowhiritanga so may be able to assist -Needs ongoing engagement specifically with MPPs -Consider psych surge support (at CWP and possible Rimutaka). This may require overrecruitment, use of private practioners, reallocation of budgets. Regional psych services would need to consider recalling staff on secondments <br> -Work with local mental health teams to support transitions (CWP/Arohata) |  |



| Hospital Guards | An area of concern for all receiving sites. We know there is greater demand in the womens network and also at Rimutaka given Wellington/Hutt hosptial who often have people transferred in for specialist appointments/in hospital. Hospital guards are already stretched at all locations. There may be an impact on HCM if there are more hospital assessments, given they do the intial assessments, check on people in hospital, then increased health needs once they come back to prison. HBRP has had other staff already trying to assist here, risk of burnout. There may be an impact on emegency services, specifically in wellington | Given limited site resources this is being felt more acutely. | Recruit more casual hospital guards Advise local emergency services in Wellington |  |
| :---: | :---: | :---: | :---: | :---: |
| High Dependency Unit | Often people get transferred to Wellington hospital from other regions which will impact on the HDU. Need more Dr resources given the higher health needs. HDU is only resourced to just manage, this is already under pressure, staff have been moved around/out of roles/ and don't want to stretch them anymore. | Already under pressure HDU at Rimutaka and pressured workforce. Requirement for more doctor resources. | Not increasing capacity of HDU and this will continue to be managed nationally |  |
| Mothers and Babies Unit | There are currently three pregnant women which may be able to be moved and CWP has resources, however concerns about the move disrupting them, impacting their supports. Also noted concerns about keeping MBU operational, as we need to support this at any time. |  | Likely will not move the women who are pregnant |  |
| Delivery of essential services kitchen, laundry, grounds (increased demand for these) | Womens estate - Arohata need to consider how remand population will help with kitchen/laundry, they are still doing some laundry for Rimutaka. CWP are concerned about keeping the women busy, the kitchen supplies CMP (regional work to decouple in progress). Instructors on site are already stretched. Manawatu are already bringing in additional support and will only have 20 prisoners left for kitchen/laundry. <br> Auckland Prison, the kitchen is already heightened and there are concerns this will increase with the increase in remand accused population. | Already stretched instructors and existing pressure on these services. | More site planning required but likely to be managable Could utilise knowledge from MECF and their knowledge with remandees |  |
| Bedding, mattresses, clothing | Rimutaka will need order clothing and bedding kits (approx 400 bedding and 600 clothing). Modulars will need dining kits (cups/plates etc). <br> HBRP will need more clothing given the remand population and their higher turnover of clothes. | Financial implications of purchasing more kit | Support from NO with ordering Sites will purchase and finances can be sorted later |  |
| Facility impacts | HBRP- may need another unit created for managing difficult people, there is no management unit. The Ombudsman wants to close the high security wing which needs to be painted and lots of repairs are required. It has been suggested the youth unit could be repurposed as a staff base. <br> Auckland Prison - Manual locking is causing issues. Housing units are not safe, blind spots in CCTV and inability to maintain line of site. Concerns with remand accused population causing further property damage. | Further consideration needed for HBRP and existing Ombudsman concerns and what impact this plan will have. | HB - Repairs are already in progress, depends on contractor availability AP-Might need mixing classification exemption. |  |
| T impacts | Hawkes Bay have concerns about keeping RMT2's busy and staff may need training to work with this population | Assistance may be required for HBRP and creating activity plans | make sure staff are trained and there is support to keep the men busy |  |




| Surge support arriving on site | Rimutaka- Concerns for staff safety with lack of familiarisation of site and their population, staff will require a buddy which adds pressure to already limited staffing. <br> Manawatu asks instructors are not sent away and there will be limited staff who can move due to young families etc. | Impact on staff safety around site familarisation and pressure on existing staff to buddy up. There is also the risk that staff are unwilling to provide the support. <br> Consideration must be taken to giving recieving sites sufficient notice of recieving staff. Consideration must also be taken for surge support travel, any potential conflicts or alerts with prisoners and reporting lines for H\&S tracker etc. | Logistics to manage surge support HR and rostering team to ensure sufficient checks and preparations are completed ahead of surge support relocation <br> Inductions for surge support and making sure they feel welcome |
| :---: | :---: | :---: | :---: |
| Training | No significant impacts. | No significant impacts. | Will require sites to ensure their seconding staff are all up to date with training so not to add pressure on recieving sites with additional staff training |
| Staff health, safety and well-being | All sites need open communication asap after decisions are made, and raise concerns around increased prisoner violence and aggression with prisoners being moved and locked up more. CWP struggling and with low resilience inclduing three resignations this week. CWP see value in a staff welfare person, Health will need to provide support to HCM from a regional/NO perspective. <br> HBRP require more welfare support, ACR teams. AP are already under serious pressure and raise serious mental and physical impacts on staff - especially with an increase in RA population. <br> Several sites are concerned about the future of their sites and this is majoring impacting staff morale and retention Fatigue and impact of plan on this | Significant impact on staff health, safety and wellbeing given an already fatigued workforce. Additional Wellfare support would required at sites as well as incentives.Significant impact to Violence and Agreession plans. | Number of groups are already working on this -Increase welfare officers to add further support -Open, timely communication <br> -Arohata want to pay for staff millage or put on vans for staff needed at Rimutaka. <br> -Wellbeing/Welfare different things and plans in progress <br> to assist with this <br> -SLR can assist <br> -S\&W will not continue with BAU work in progress to limit impact on staff - will focus on critical risks only |
| Corporate equipment - Wyse terminals / Telephones | No significant impacts. | No significant impacts | Auckland Prison sending a summary of additional monitors required to Murray Thomson |
| Vehicles | HBRP require additional escort vans. CWP in need of vans for airport transfers and a golf buggy for moving around site. Arohata may have spare vans which could be reallocated- Pippa to confirm. | Sourcing additional vans to support HBRP and CWP | This is managable just needs some further planning |
| Te Mana Wāhine (Māori Pathways Programme) | Unlikely to have a large impact. Kym Grierson noted there is a workshop planned at the end of this month, this could include some work with this e.g. gap analysis and support needed. We don't want to stop work happening as this is likely to positively impact the site | More planning required. | Planning needs to occur here |


| SLR rosters | CMP \& Rimutaka <br> - potential reduced unlock will increase tension, unrest, assaults, violence and aggression <br> - programmes, activities, visits etc not enabled <br> CMP <br> - further staff unavailble for secondments due to shortages <br> - management group fatigued <br> - concern re placement of RMT2 in low security units <br> - unsettled due to a lack of clarity on time and outcome of <br> changes <br> Rimutaka <br> - roster changes can have impact on leave allocations <br> Manawatu <br> - support services already limited, further reductions not possible, including night watch <br> -further roster changes unsettling for staff (incl job security), <br> site currently returning to a better state <br> - ITL significantly impacted, incl partnershiops with iwi and existing contracts <br> Arohata <br> - closure of self care leaves site unable to care for M\&B <br> - support services already reduced, further reductions not possible |  | SLR for both Rimutaka and CMP will enable capacity changes at both sites. |
| :---: | :---: | :---: | :---: |
| Hōkai Rangi |  | Whanau <br> 3.2 Place and keep Māori in our care close to their whanau <br> 3.4 Create facilities that strengthen whanau relationships <br> Partnership and Leadership <br> 1.1 DCE Māori and ELT accountability <br> 1.4 Shared leadership and goverance structure <br> 1.6 Mana whenua partnership at each prison site |  |
| Māori Pathways | Unsure yet on impact of who will be transferred and consideration of the impact this might have on pathways | Less concern about CWP - Further discussion on impacts is needed for HB - concern about having men to go onto the pathway. However some initiatives might help e.g. PO's keeping remandees on their caseloads. | More work required to better understand the impact on pathways |
| Any projects or initiatives at your site that may be impacted (incl those being delivered out of NO ) | Manawatu- Contract with local iwi and plantinas will be impacted.9(2)(b)(ii) <br> Auckland Prison- Honevs(e)(b) Arohata- Body scanner (2) <br> Rimutaka- Gang graffi <br> security. Conversastions are still being had around the future of the youth unit, it will still house youth until Jan 2023 at this stage Industries are signing a contract for the nursery work. AOD requires analysis and stocktake of service. <br> HBRP- There is currently a review of the esttte happening which will be impacted. Reparis to youth unit underway. Violence and aggression work is priority and post ombudsman review requires repairs on one wing. Need to consider reprioritising the digitialsation project. <br> CWP- AOD needs of the population work is being done. Body scanner work to commence unsure on date. <br> 9(2)(b)(i) | More work required to understand the impacts on projects at a national level. There may be more national projects in the pipeline that will also be impacted by this plan that will require further analysis |  |

## General risks

| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | Benefit Realisation | There is a risk that at the end of the delivery plan we don't get the realisation of any staff being freed up, additional pressure put on the staff at Rimutaka and CWP resulting in wasted effort, negative staff and prisoner reactions and public/media interest (note retention over the time of benefit realisation my also impact) | Due to increased workload at Rimutaka and CWP and no benefits realised at MECF and SHCF | 1. $\mathrm{Go} / \mathrm{No}$ Go criteria <br> 2. Alternative options to be explored | Likely | Major |  |
| People | Prisoner employment and education | There is a risk that prisoners relocating will not be provided with the same level of employment and education resulting in negative impacts to their wellbeing/welfare, sentences and increased aggression towards staff | Due to the unavailability of these opportunities at the new sites and impacts of the SLR rosters. | 1. Prisoners may not get these opportunities even if they stay due to the short staff issues <br> 2. This is not a new risk, It's already happening. Current Issue | Almost Certain | Moderate |  |
| Strategy | Hōkai Rangi | There is a risk that the department significantly impacts its commitment to Hökai Rangi and the values it has set, resulting in whanau and media distrust | Due to all the prisoner and staff moves impacting peoples access to whānau and programmes and potential negative impacts to wellbeing | 1. Communication strate | Likely | Major |  |
| People | Mäori Pathways | There is a risk that Māori Pathways programmes at impacted sites will be significantly disrupted resulting in a pause in progress, negative impact to prisoner wellbeing, deteriorating mana whenua relationships and negative public/media interest | Due to the need to remove prisoners from programmes, temporarily close down units and implement SLR's | 1. An assessment will need to take place alongside the Mäori Pathways programme to develop a plan that reduces the impact <br> 2. Working with the Rāutaki Māori teams, partnership and Tikanga processes. Mana Whenua could play a role in this | Likely | Major |  |
| People | Health Recruitment | There is a risk that the department cant recruit the number of Health staff required to fill vacancies and manage additional workload at impacted sites resulting in the inability to provide healthcare to prisoners | Due to the need to fill all vacant positions to enable prisoner increases | 1. Plan is being put in place with Health lens. Reaching out to Mana Whenua to see if there are any services in the community | Likely | Major |  |
| $9(2)($ (b) (t) |  |  |  |  |  |  |  |
| People | Surge Support | There is a risk that we don't get enough Custodial and Health staff from Arohata to transfer to Rimutaka or staff from CMP to transfer to CWP to allow for the additional prisoner transfers, resulting in the inability to transfer prisoners per the timeline | Due to a limited interest from staff to transfer or a lower number of available staff at Arohata and Manawatu than predicted | 1. SLR's can be enacted at other sites (OCF) to free up more staff for surge support. <br> 2. Support package for surge support staff needs to be created. Milage/hotel etc. <br> 3. Personal touch from PD's <br> 4. Comms to staff to get interest | Possible | Major |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | Go/No Go decision | There is a risk that a decision on SLR's is not made in time to enact the SLR, resulting in an extension of time to the entire timeline. | Due to decisions not being made in time or a lack of confidence from decision makers | 1. Early, and clear communication with decisionmakers on the go - no go decision | Unlikely | Major |  |
| 9(2)(b)(I) |  |  |  |  |  |  |  |
| Service <br> Delivery | Negative media/public interest | Risk that we get negative media/Public interest as a result of prisoner/whānau complaints resulting in reputational risk | Due to the impacts on Prisoners or incorrect messaging being released | 1. Develop early comms, be upfront with prisoners/whānau <br> 2. Creating national talking points, partners will be contacting <br> 3. Having a clear comms plan developed if we enact the plan | Likely | Moderate |  |
| Safety and Wellbeing | Violence and <br> Aggression | There is a risk that the increase in prisoner movements, and relocation of prisoners away from their home prisons will result in increased violence and aggression and Control and Restrains, damage to property or props. | Due to the strain and pressure moves may put of prisoners | 1. Early communications with those selected to be relocated. Robust selection criteria. Enablement of virtual technology to enable video calls with Whānau <br> 2. Smooth processes... e.g. property | Possible | Major |  |
| Service Delivery | Processes | There is a risk that site processes are not in place before prisoners are transferred, including Psych and Parole Board reports etc resulting in impacts to prisoner requirements. | Due to the sites not being ready in time to move prisoners | 1. Individual site impact assessments to be completed ahead of transfers. Identifying prisoner needs before transfer selection | Possible | Major |  |
| Safety and Wellbeing | Prisoner Health | There is a risk that a large number of prisoners identified to be moved have health concerns that would result in them being unable to be relocated | Due to existing health concerns with prisoners identified to move | 1. Early identification of prisoners. Strategies put in place to ensure any prisoner being moved with upcoming surgeries or health appointments are able to be relocated to their home prison area. | Possible | Moderate |  |
| People | Surge Support | There is a risk that seconded staff currently providing, or due to provide surge support withdraw from their secondment, impacting site numbers (sites also may not release or call them back) | Due to personal situations or fatigue | 1. Undertake regular welfare checks <br> 2. Identify back-up staff. Waitlists of staff willing to travel <br> 3. Onboarding and support from receiving sites, good induction processes <br> 4. Working with PD's | Unlikely | Major |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Strategy | Prisoner Property | There is a risk that the Prisoner Property process will not be followed efficiently and prisoner's property being lost or will not follow them resulting in violence and aggression towards staff or other prisoners | Due to increased pressures on staff managing larger than normal property transfers | 1. Early notification of prisoner names that will be on transfer <br> 2. Sites to bring in additional property staff resource to assist with undertaking property process <br> 3. Sending sites to ensure the property process is followed robustly | Unlikely | Moderate |  |
| People | Staff Health, Safety and Wellbeing | There is a risk that there will be a negative impact to staff morale and welfare/wellbeing resulting in an increase in unplanned absences or resignations | Due to the increased workload for sites that have not experienced it yet, the pausing of some services and activities from SLR's, shifting in site management, shifting instructors into Corrections Officers roles and an already pressured workforce from 2 years of ongoing roster changes | 1. Regular communications from National Office and sites <br> 2. Explore Incentives <br> 3. Welfare officer placed on site | Possible | Major |  |
| Safety and Wellbeing | ISU beds | There is a risk that there will not be enough ISU beds available at CWP resulting in the inability to provide this level of care to prisoners as they need it | Due to the increased muster and low number of current ISU beds available (3 beds) | 1. Consideration for those that are moving on an individual basis before moving | Unlikely | Moderate |  |
| 9(2)(b)(t) |  |  |  |  |  |  |  |
| People | Programmes and Parole | There is a risk that a reduction in ability to provide people with crucial programmes such as AoD and MIRP will negatively impact their ability get parole, resulting in negative media interest and NZPB concerns | Due to the department moving to SLR rosters and having to move prisoners to other locations | 1. Same mitigations as Education and Employment | Possible | Major |  |
| People | Planned Leave | There is a risk that staff will use up their high levels of leave resulting in a further impacted frontline FTE availability | Due to staff with high levels of leave (from more work over COVID) having negative wellbeing/moral and using up their leave | 1. Freeing up the process of cashing up leave | Possible | Moderate |  |
| Strategy | Contractor movements | There is a risk that Downer contractors (and other facility maintenance contractors) will not be able to undertake their site maintenance or repair activities resulting in ongoing maintenance issues or delays to essential repairs | Due to reduced staffing numbers and unavailability of staff to escort contractors around sites. | 1. SLR rosters to ensure there are sufficient staff available for escorting contractors | Possible | Major |  |


| Category | Title | Risk | Cause | Mitigation | Likelihood | Consequence | RAG |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Safety and wellbeing | Hospital guards | There is a risk that increased hospital guards and uncertainty around rostering will impact an already depleted staff FTE resulting in further operational impacts | Due to the increased number of prisoner transfers (remands) to sites already experiencing high numbers of hospital guards and reduced casual FTE | 1. Accepted risk <br> 2. Staff ratio change decision has been signed off <br> 3. Sites to look at casual staff list <br> 4. $9(2)(\mathrm{b})(\mathrm{t})$ | Possible | Major |  |
| People | Secondments/Inc entives | There is a risk that staff not receiving incentives as part of packages for staff travelling to other sites (Arohata to Rimutaka etc) get aggrieved and request incentives for themselves resulting in more staff unrest on site and conflict between staff | Due to incentives being implemented to support staff having to relocate to other sites, such as travel allowances etc. | 1. Could potentially give all staff at affected sites some form of allowance/recognition that acknowledges the stress they are under. <br> 2. Travel allowances will still be required for those staff travelling to other sites which will still go above what other staff may get <br> 3. Discussion is happening with the Unions <br> 4. Clear incentive package | Possible | Moderate |  |
| Safety and Wellbeing | Prisoner medication | There is a risk that prisoner medication does not follow transferring prisoners resulting in prisoners going without their medication and the department unable to provide sufficient medical care | Due to the large number of prisoner moves and potential human error | 1. Ensuring there is enough capacity to prescreening and ensuring the medication can move with the prisoners <br> 2. Could potentially use existing staff to travel with the prisoners and medication <br> 3. Only moving $8-12$ prisoners at a time <br> 4. Good planning | Unlikely | Major |  |
| Safety and Wellbeing | High Dependency Unit | There is a risk that the HDU at Rimutaka will no longer have capacity to take referrals resulting in the inability to provide this level of care in the region as this is a national service | Due to the extra prisoners being relocated to Rimutaka | 1. Current issue <br> 2. Not moving anyone that currently needs HDU | Possible | Major |  |
| $9(2)(\mathrm{b})(\mathrm{t})$ |  |  |  |  |  |  |  |
| Safety and Wellbeing | COVID-19 | There is a risk that impacted sites will not be able to manage increased rates of COVID-19 resulting in further impacts to site operations and potential outbreaks | Due to the increased number of prisoners and reduced units and staff | 1. Follow rules and guidance already in place. <br> 2. Sufficient guidance is already in place. National and Regional support is readily available | Unlikely | Moderate |  |
| People | RMT training | There is a risk that frontline staff do not have sufficient RMT training on how to manage remand prisoners resulting in the need to provide additional training or increased safety and welfare concerns | Due to sites receiving higher numbers of remand prisoners than they are used to (HBRP) with limited staff on site with remand experience/training. | 1. National resources can be available to provide training | Unlikely | Minor |  |
| People | Surge Support | There is a risk that surge support staff may have challenging personalities or experience conflict with staff at sites they are transferring to resulting in disruption and issues for the receiving site | Due to the voluntary opt-in process and lack of vetting that may go in to selecting staff for surge support | 1. Vetting process to be put in place before staff are selected for surge support <br> 2. Good leadership - work with HR <br> 3. Welcoming staff on site <br> 4. Current pattern is secondees are working well | Unlikely | Minor |  |

