

RCSI Hospital Group

Quantification of Risk/s 12<sup>th</sup> May 2022

| <b>RISK MATRIX</b> | Negligible (1) | Minor (2) | Moderate (3) | Major (4) | Extreme (5) |
|--------------------|----------------|-----------|--------------|-----------|-------------|
| Almost Certain (5) | 5              | 10        | 15           | 20        | 25          |
| Likely (4)         | 4              | 8         | 12           | 16        | 20          |
| Possible (3)       | 3              | 6         | 9            | 12        | 15          |
| Unlikely (2)       | 2              | 4         | 6            | 8         | 10          |
| Rare/Remote (1)    | 1              | 2         | 3            | 4         | 5           |

## Executive Summary

### Purpose

The purpose of this risk register is to enable the RCSI Hospital Group to be better prepared for the potential realization of risks, following an analysis of the impact and management of those risks.

### Definition of risk

Risk is the effect of uncertainty on objectives. It is measured in terms of likelihood x impact. In the context of healthcare, it is any condition or circumstance which may impact on the achievement of objectives and/or have a significant impact on the day-to-day operations and patient care. This includes failing to maximise any opportunity that would help the service meet its objectives.

### The need for an Organization-wide framework and top-level risk register

Risk management is a means of identifying, assessing, prioritizing and controlling risks across an organization, with a coordinated and cost-effective application of resources to minimize, monitor, and control the probability and/or impact of adverse events or to maximize the realization of opportunities.

### A risk management culture

Risk management is a cultural and behavioural issue and requires substantial effort and investment in advocacy, communication and on-the-job training. It requires changes in managers' attitudes and practices; effective changes in organizational culture stem from the attitudes and practices of senior staff (WHO, 2013). Facilitating this process will be an important part of the work of the Quality and Safety Directorate of the RCSI Hospitals Group.

### Risk assessment and prioritization

Risk is assessed utilising the Impact, Cause, Context (ICC) approach. The RCSI Hospitals Group (HG) regularly reviews risks throughout the HG. Each Risk is risk rated according to the HSE Risk Matrix.

### Structure of the risk register

Risks are identified, described and the impact of each is outlined with controls outlined for each individual risk identified. The additional controls required to manage each identified risk are stated. In this document risk is quantified through the lens of capacity, capability and culture. Risks are identified and linked to the National Standards for Safer Better Healthcare (NSSBH) 2012, HIQA. The following structure is utilised,

| Capacity/Capability/Culture | NSSBH Standard | Risk | Description | Impact | Risk Rating | Specific to (National Group Hospital) | Controls (Current) | Further Actions Required to mitigate Risk |
|-----------------------------|----------------|------|-------------|--------|-------------|---------------------------------------|--------------------|---|
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### Monitoring and Escalation of Risk

Risks are reviewed utilising the Create, Replace, and Update and Delete (CRUD) format, refer to Appendix 1.

|                 | NSSBH Standard  | Risk  | Description  | Impact  | Risk Rating | Specific to (National Group Hospital)                           | Controls (Current)  | Further Actions Required to mitigate Risk  |
|-----------------|---|---|--|---|-------------|---|---|--|
| <b>Capacity</b> | <b>Standard 2.1</b><br>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users. | Insufficient capacity to manage the demand for inpatient beds leading to overcrowding in the Emergency Departments across the RCSI HG with the potential for adverse patient outcomes. Of note no site in the RCSI HG has exceeded their trolley gar assigned target for 6 months in 2020. No sustained delays for large numbers of patients. | <p><b>Access :</b> Insufficient access to inpatient &amp; short stay, Limited capacity in diagnostics; Limited critical care capacity;</p> <p><b>Throughput :</b> Absence of standardised patient pathways to expedite patient flow through the Hospital system</p> <p><b>Egress:</b> Delayed discharges due to Fair Deal scheme. Limited access to step down, continuing care beds; deficit in multidisciplinary supports 24/7 which also impact on compliance with Children First Act 2015, Community supports &amp; home care packages.</p> | Increased incidence of patient harm e.g. prolonged LOS, Infection, increased morbidity & mortality. It is internationally recognised that adverse patient outcomes are associated with a prolonged stay in ED<br>Management of two separate patient pathways Covid-19 v non Covid-19. | 16          | National RCSI Group, Beaumont Hospital, OLOL, Connolly Hospital | Performance Improvement Plan in place .Continuous performance monitoring in place. Additional capacity opened OLOL December 2017 & December 2018. RCSI HG Winter Plan 2019/2020 in place. Covid testing in place on each site. Increased physical capacity across ED's. Increased attendances both direct & GP referral | Align care pathways to optimise patient flow across the group.<br>Continuous access to sufficient short stay, step down, continuing care beds. (National)<br>Increased access to diagnostics.<br>Increased Critical Care beds. |

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| <b>Capacity &amp; Capability</b> | <p><b>Standard 2.2</b></p> <p>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</p> | <p>Insufficient capacity &amp; capability to manage the demand for In patient and Day Case Scheduled Care leading to potential adverse patient outcomes. There is a further impact on patients who are waiting but have not yet reached the target threshold.</p> | <p><b>Access High Waiting lists across specialities</b></p> | <p>Increased potential for patient mortality and morbidity, as a result of failure to treat in a timely manner. Impact of Covid 19 on ability to provide scheduled care. Capacity reduced due to impact of Covid-19.</p> <p>Reduced theatre access due to redeployment of clinical staff to support ICU capacity</p> | 20          | National Group Hospitals              | <p>Monitoring of National Waiting List Targets.</p> <p>Continuous performance monitoring in place.</p> <p>Development of in sourcing model.</p> <p>Utilisation of theatre &amp; bed capacity across the sites by HG to impact on patient waiting times.</p> <p>Engaging NTPF/Acute Hospitals currently re access to private Hospitals .Group in sourcing continues as appropriate. HG approach taken in a number of specialities in order to create equity of access.</p> | <p>Provision of further capacity nationally</p> |

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| <b>Capacity &amp; Capability</b> | <p><b>Standard 2.2</b></p> <p>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</p> | <p>Insufficient capacity &amp; capability to manage the demand for outpatient appointments leading to potential adverse patient outcomes There is a further impact on patients who are waiting but have not yet reached the target threshold.</p> | <p><b>Access</b></p> <p>High Waiting Lists particularly, Dermatology Neurology and ENT waiting lists</p> | <p>Increased potential for patient mortality and morbidity. Impact of Covid 19 on ability to provide out-patient care</p> | 20          | National Group Hospitals              | <p>Monitoring of National Waiting List Targets.</p> <p>Continuous performance monitoring in place.</p> <p>Engaging NTPF currently.</p> <p>Prioritisation of urgent patients. Increasing OPD footprint across all sites.</p> <p>Virtual clinics in place, developing e health solutions/capacity across sites</p> <p>Beaumont/Omni project in place</p> <p>Breffini capacity in CGH</p> | <p>Provision of further capacity nationally</p> |

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| <b>Capacity &amp; Capability</b> | <b>Standard 2.2</b> Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users. | Insufficient capacity & capability to manage the demand for Endoscopy appointments leading to potential adverse patient outcomes | <b>Access:</b> Concerns in relation to high Endoscopy Waiting lists across the Group. Statistically very high referral rates in Cavan, Louth and Beaumont. Due to volume of endoscopy procedures progressed during cyberattack information now needs to be uploaded to Endorad where it will be accessible to relevant clinicians | Increased potential for patient mortality and morbidity. This also has the potential to increase waiting times for patients requiring routine access. | 16          | RCSI Group.                           | Monitoring of National Waiting List Targets<br>In sourcing project to increase capacity in HG effective, no breaches on urgent patients.<br>Continuous performance monitoring in place. JAG Accreditation is either in place or work in progress across sites. Pro-active consultant delivered service of waiting list.<br>Maximising out of hours capacity. Active in-sourcing & use of capacity in level 2 hospitals. | Continue to develop criteria to streamline an appropriate referral process. Triage nurses have been recruited. Approval received to recruit an extra consultant and nurses to support maximum use of resources available in Connolly & Dundalk<br>Review of all charts of patients who had an endoscopy during the cyberattack to quality assure reports and follow up |

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| <b>Capacity &amp; Capability</b> | <p><b>Standard 2.1</b><br/>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users</p> <p><b>Standard 6.2</b><br/>Service Providers recruit people with the required competencies to provide quality, safe reliable healthcare</p> | Insufficient capacity and capability to treat patients requiring critical care, NICU, with the potential for adverse patient outcomes | <p>Patients unable to access Level 2 &amp; Level 3 critical care &amp; NICU beds.</p> <p>Inadequate isolation facilities in critical care, insufficient space between critical care beds increasing the potential for HCAI.</p> <p>Infrastructural deficits. Lack of air filtering units.</p> <p>Difficulty recruiting and retaining competent Medical Nursing &amp; HSCPs for Critical Care</p> | Potential for poor patient outcomes e.g. increased mortality & morbidity, increased risk of HCAI | 25          | RCSI Group.<br>National               | <p>A submission was made to the estimates process.</p> <p>Ongoing attempts to recruit specialist staff.</p> <p>Training in place.</p> <p>Rotunda NICU upgraded but actual physical space and unit footprint remains unchanged.</p> <p>Enhanced equipment provided across HG.</p> <p>Increased capacity provided (Surge capacity). Ongoing engagement with Acute Hospitals Office, HSE Estates and National Clinical Care programme to secure sustained ITU capacity.</p> | <p>Increased funding for Critical Care &amp; NICU beds</p> <p>Recruitment of specialist nurses, Critical Care &amp; Midwives.</p> <p>Capital Submission for new build ICU Unit for Connolly Hospital</p> |

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| <b>Capacity</b>                  | <b>Standard 7.1</b><br>Service Providers plan & manage the use of resources to deliver high quality safe & reliable healthcare efficiently & sustainably                 | The current budget allocation does not allow for the provision of safe reliable healthcare across the HG | Budget allocation 2021 in place however there is a lack of clarity on ability to meet costs due to covid-19. Impact on service due to covid-19  | Potential for patient harm due to reduction in the ability to deliver services.<br>Impact of Covid 19 on finances       | 25          | National Group                        | Monitoring & Management at Hospital & Group Level   | Utilisation of case complexities & volume funding to determine budget.   |
| <b>Capacity &amp; Capability</b> | <b>Standard 8.1</b><br>Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare | ICT Systems in a number of sites require replacement. Lack of integration of IT systems across the HG    | A number of PAS e.g. Beaumont are antiquated and require replacement. Laboratory systems in a number of sites require replacement<br>Available capacity Office CIO reduced since cyberattack for IT new projects.<br>Unsupported maternity systems Cavan & Drogheda | Risk to safe patient care if IT Systems fail due to reduced ability to access and utilise necessary patient information | 25          | Group                                 | Contingency Plans<br>Business Cases developed for replacement IT Systems.<br>IPMS in Connolly implemented.<br>Medlis to go live in CGH date undetermined.<br>BH for 1 <sup>st</sup> phase Medlis implementation | National Funding<br>Extension of MN-CMS required for all maternity sites |



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| <b>Capacity &amp; Capability</b> | <b>Standard 2.1</b><br>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users. | Infrastructure and spatial constraints on existing Rotunda Hospital campus | The Rotunda Hospital is situated as a large tertiary standalone maternity hospital providing care to 10.000 pregnant women per year on its own campus which is not adjacent to an Acute Hospital. Ageing infrastructure and capacity constraints are causal factors in infection outbreaks. Additionally, capacity and spatial constraints means that infections cannot be isolated and contained. | Age and design of Rotunda build impacts on effective infection control measures<br>Lack of single rooms, minimal space between beds and intensive care incubators, not meeting required standards for space between cots.<br>Increased risk of HCAI.<br>Potential for poor patient outcomes e.g. increased mortality & morbidity.<br>HCAI Outbreak NICU 2019<br>Patients unable to access Level 2 & Level 3 critical care beds on site potential impact on mortality and morbidity as patients have to transfer<br>Age of build means ongoing spatial constraints both neonatal and adult with consequent risk to patient safety. Planning restrictions due to the historic building impact on the ability to provide a modern fit for purpose maternity and neonatal unit.<br>Current design of build impacts on patient privacy and confidentiality with large nightingale wards and insufficient toilets and bathrooms. | 25          | National Group Hospital               | Redesign and refurbishment of NICU to address fire safety<br>Standard IPC Controls<br>Performance<br>management of IPC<br>Metrics<br>Pathways of care to allow neonatal and adult transfers as indicated<br>Highly Qualified Staff<br>Workforce planning<br>Staff Training<br>Risk Assessments. Risk controls<br>Escalation to MOH<br>Policies & Procedures | <b>Short term:</b> Procure and commission a design team to progress proposal for Critical Care Wing<br><b>Medium Term:</b> Build Critical care wing<br><b>Longer term:</b> Rotunda new build on Connolly site<br>Expansion of campus Parnell Square planned |

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| <b>Capacity &amp; Capability</b> | <b>Standard 2.1</b><br>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users. | Insufficient capacity in the Delivery setting in the Rotunda Hospital to meet current demand for services for mothers in labour. Increasing number of births outside the delivery suite setting which is unsafe. | The Rotunda is currently the busiest maternity hospital in Ireland and is projecting a 10% increases in births in 2021 >9,000. The Rotunda currently has 9 permanent Delivery Suites. Internationally accepted standard is 1 delivery room/suite per 500 births. Safer Child birth (2007) which would indicate a requirement for 18 delivery suites in the Rotunda. Currently the ratio is approx. 1 room per 1000 births leading to increased deliveries outside of Delivery Suite setting which is unsafe and unsustainable | Significant Obstetric and Neonatal Risk including Postpartum haemorrhage and Hypoxic Ischaemic Encephalopathy<br>Significant quality of care issues<br>Dignity of women is sub optimal<br>Risk of complaints/obstetric claims remains high<br>Increased reporting on NIMS of delivery out of appropriate setting | 25          | Hospital Group National               | Standard Controls and Performance management of Delivery Suite Metrics<br>Pathways of care established to manage deliveries outside of delivery suites<br>Monitoring of mandatory Staff Training<br>Procurement competition to appoint a design team has been completed and requires approval to progress critical care wing build and control development plan for the campus<br>Additional ward rounds including virtual ward rounds | <p><b>Short term:</b><br/>Approval and appointment of a design team by HSE to progress proposals for Critical Care Wing and control development plan for campus</p> <p>Source and secure additional capacity on Parnell Square which will enable decant of ambulatory services and back office function thereby facilitating expansion of Delivery Setting</p> <p><b>Medium Term:</b> Build Critical care wing</p> <p><b>Longer term:</b> Rotunda relocation to a collocated site with an acute hospital which has required ICU capabilities (Connolly)</p> |

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| <b>Capability</b> | <p><b>Standard 2.2</b></p> <p>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users.</p> | <p>There are significant wait times for unreported radiology films with the potential for patient's having a delayed or missed diagnosis.</p> | <p>Delayed access to diagnosis requires additional capability in terms of consultant posts. Increased demand for diagnostics due to <b>back log post covid 19 &amp; GP direct access impact</b></p> | <p>Delayed or missed diagnosis with increased potential for patient morbidity and mortality.</p> | 20          | Group Hospital                        | <p>Additional Consultant Radiologist posts approved at CAAC , moving to recruitment. Group Totals are Reduced. Planned integration across Connolly &amp; Cavan Radiologists in planning phase.</p> <p><b>Access to outsourcing options has increased</b></p> | <p>Monitor effectiveness of additional appointments via Group Executive Team meetings with Hospitals</p> <p>Integration of diagnostic services across sites. HG monitors and maximizes opportunities for outsourcing where appropriate</p> |

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| <b>Capability</b> | <b>Standard 6.2</b><br>Service Providers recruit people with the required competencies to provide quality, safe reliable healthcare | Risk to safe patient care due to reduced ability to attract and recruit Consultants, NCHDS, Nursing, HSCP's & Managers. Difficulties in recruiting Medical staff on Specialist Registers in certain areas. | Difficulty in attracting & recruiting competent specialised staff across disciplines<br>Problems in fully implementing EWTD.<br>Restricted recruitment processes in place nationally. | Reduction in specialist expertise may increase the potential for patient mortality and morbidity | 20          | National ,Group<br>All Hospital Sites | Establishment of Employment Control Committee and conversion of agency staff.<br>Group Workforce Planning. All Nursing graduates offered employment. Group recruitment and retention forum established under the auspices of the Group DHR. National Doctors Training and Planning Unit plan underway in HG. This concentrates on progressing Consultant appointments via RCSI HG. | Consultant posts at various stages of advertisement & recruitment<br>Requires integration across the HG<br>Nursing vacancies in both general & specialist areas particularly Critical Care & Theatre.<br>Attraction and retention plan |

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|-------------------|--|--|--|--|-------------|--|---|--|
| <b>Capability</b> | <p><b>Standard 6.3</b></p> <p>Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.</p> | <p>Risk to safe patient care due to reduced ability to attract &amp; retain competent Consultants, NCHDS, Nursing, HSCP's, and Managers across specialities.</p> | <p>Difficulty in attracting &amp; retaining competent specialised staff across disciplines.</p> <p>Increasing loss of hours due to national HR policy and national legislation not reflected in WTE metrics.</p> | <p>Reduction in specialist expertise may increase the potential for patient mortality and morbidity.</p> | 16          | <p>National ,Group All Hospital Sites.</p> | <p>National Report on Medical &amp; Surgical Staffing &amp; skill mix report nationally, BH and OLOL sites for implementation OLOL for enhanced care project.</p> <p>3 year workforce plan for the Groups HSE sites has been completed.</p> <p>Trending dashboards and operational reports have been prepared and monitored at Group level.</p> | <p>RCSI Group to progress Implementation Group (Medical, Nurse Staffing) Attraction and retention plan</p> |

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| <b>Capacity &amp; Capability</b> | <b>Standard 2.1</b><br>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users | Risk to safe patient care due to the transmission of Healthcare Associated Infection (HCAI), e.g. Risk of patients contracting Staph aureus, CDIFF, CPE, Klebsiella<br>Transmission of COVID-19 | Infrastructural Deficits across sites.<br>Insufficient isolation facilities, inadequate space between beds & trollies. Overcrowding in Emergency Departments across the RCSI Group. Lack of centralised decontamination facilities. Reduced capacity & capability both people & systems to identify & follow up CPE contacts | Risk of patients being harmed due to contracting HCAI. Potential for increased mortality & morbidity.<br>Extended LOS<br>Risk of outbreak of HCAI<br>Potential for patient harm due to transmission of infection arising from the lack of centralised decontamination facilities across sites.<br>Inability to manage high volumes of admissions requiring isolation | 25          | All Hospital Sites                    | HIQA Monitoring<br>National Standards for the prevention & control of healthcare-associated infections in acute healthcare services (2017). Monitoring anti-microbial stewardship. Hand Hygiene training & monitoring. Use of Clinical Guidelines & Care Bundles which are monitored. Training in place. Performance Metrics in place. In OLOL December 2018 further 29 beds (Single Rooms) opened. Molecular platform to increase CPE testing in place in Connolly. Programme of testing for multiple HCAI's in all sites in place in all sites includes Covid 19 | Implement comprehensive maintenance programme.<br>Funding to progress infrastructural deficits<br>All new capital developments include adequate single rooms. |

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| <b>Capacity &amp; Capability</b> | <p><b>Standard 2.1</b><br/>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users</p> <p><b>Standard 2.7</b><br/>Healthcare is provided in a physical environment that supports the delivery of high quality safe and reliable care and protects the health &amp; welfare of service users</p> <p><b>Standard 3.1</b><br/>Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p> | Risk of transmission of Covid 19 in Healthcare facilities | <p>Risk of transmission between patients and staff. Patient to patient and staff to staff.</p> <p>Resources across RCSI HG are currently aimed at reducing risk cross infection and transmission of Covid 19 and managing &amp; identifying patients &amp; staff who test positive for this illness</p> <p>Ensuring their ongoing treatment &amp; care.</p> | <p>Impacts on patients &amp; staff</p> <p>Risk of cross infection as described. Risk to safe patient care as the ability to provide scheduled care is substantially reduced.</p> <p>Only urgent scheduled care cases admitted &amp; this is based on ability to provide capacity daily. Includes non covid beds, ITU and theatre capacity. Potential mortality &amp; morbidity to patients requiring scheduled care.</p> <p>Requirement for equipment e.g. PPE, Requirement for testing Ventilators, Syringe drivers etc substantially increased.</p> <p>Challenge to provide isolation facilities.</p> <p>Potential challenge in providing ITU capacity to</p> | <b>16</b>   | Hospital and Group and National       | <p>Senior Management oversight at Group and Hospital Level.</p> <p>Performance monitoring</p> <p>Monitoring of covid 19 cases. Ongoing management of staff.</p> <p>Role Occupational Health/IPC prioritised &amp; supported across all sites. Each site testing for covid 19.</p> <p>Specific training in place for staff managing Covid 19 patients</p> <p>Communication structures and safety huddles in place in each site.</p> <p>Procurement of equipment and resources constant and ongoing</p> <p>PPGS , IPC Leadership</p> | <p>Ability to continually access equipment, staff and bed capacity.</p> <p>The ability of measures from NHPET to reduce and eliminate transmission of covid 19. Deficit in resources and skills to provide contact tracing and ongoing management covid patients. Requires capacity and capability.</p> <p>Review to commence of all scheduled care processes to ensure safe pathways are in place to manage patients in the context of covid-19</p> <p>Vaccination programme in place. PPE &amp; FITT training in place &amp; monitored.</p> |



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|  |  |  |  | <p>manage surge in patients needing ITU.</p> <p>Impact on staff wellbeing now &amp; in the future due to impact of providing care in this scenario.</p> |  |  | <p>Staff supports. All Hospital physical capacity expanded. Vaccine programme in place and the majority of frontline staff are vaccinated. Majority of vulnerable patients vaccinated. Process in place to ensure vaccines monitored and completed . RCSI HG continues to support community mass vaccination centres in addition to running Hospital vaccination centres. Vulnerable Paedatric cohorts being vaccinated in HG</p> |  |
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| <b>Capacity &amp; Capability</b> | <p><b>Standard 3.1</b><br/>Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p> <p><b>Standard 6.3</b><br/>Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.</p> | Risk to safe patient care due to healthcare staff absences during the covid-19 pandemic. | Staff absence due to illness or the requirement to isolate as a close contact has impacted the ability to maintain staffing to normal levels across all disciplines | Potential impact on safe patient care due to challenges maintaining safe staffing levels across disciplines. In addition staff may be working outside their normal areas leading to challenges with both skill mix and competencies. Omnicron variant's transmissibility has led to vastly increased number of close contacts. Staff testing regimes, using antigen and PCR testing is in place as required | 20          | National Group Hospital               | <p>Constant monitoring in place at corporate level in each site.</p> <p>Flexible rosters with redeployment from non-essential areas or clinical services that are not time sensitive.</p> <p>Each site considering and managing derogation requests at corporate level (HCAI committees).</p> <p>Scheduled and unscheduled care pathways constantly reviewed, with emergency and time sensitive care prioritised.</p> <p>ITU patients and external ward monitoring patient numbers constantly monitored.</p> <p>All hospitals delivering booster (3<sup>rd</sup>) vaccination doses to staff and patients ongoing.</p> | Further actions under constant review whilst the covid-19 pandemic is ongoing |

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| Capability | <b>Standard 2.3</b><br>Service users receive integrated care which is coordinated effectively within and between services.  | Risk to safe Patient Care when transferring high risk patient cohorts across sites   | Lack of clear documented transfer criteria. No Formal Policy. No audit or monitoring. Ambiguity re catchment area. High risk groups include Trauma, Maternity, Paeds, Acutely unwell patients | Risk to patient safety due to patients not transferring in a timely manner to an appropriate care setting | 12          | All Hospital Sites                    | S L A between the Dublin North East HSE service and the Rotunda Hospital (Managed Peri-natal Network).<br>PICU. National Pathways, Hospital Transfer Policies, these typically outline the process of patient transfer.<br>Streamlined ITU transfers via (MICAS) | High risk patient cohorts are managed on a case by case basis and this area requires further development of formal agreed written referral pathways across the HG which can be monitored and audited. Consultant to Consultant Referral |
| Capability | <b>Standard 2.5</b><br>All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making. | There is a risk that relevant clinical information may not be effectively handed over as patients transfer within and between sites. Includes transfer to private hospitals in the context of covid 19 | Lack of standardisation across sites. Absence of software   | Potential impact on safe patient care if relevant clinical information is not transmitted                 | 16          | Group Hospital                        | Various formats across sites, mainly manual.<br>SBAR utilised in various Forums.   | Progress standardised format utilising ISBAR. Consultant to Consultant Referral. Monitor Implementation of National Clinical Guideline.   |

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| <b>Capability</b> | <b>Standard 3.2</b><br>Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally | Risk of not learning from incidences of adverse events and patient complaints | Absence of a structured process to allow monitoring sharing QI and learning from adverse events to happen. Limited proactive audit across specialities. Limited mortality & morbidity Data. | Risk of not learning from incidences of adverse events and patient complaints so that patients may continue to be unnecessarily adversely affected | 12          | National Group Hospital/s             | External Monitoring e.g. HIQA.<br>Group & Hospital Quality & Safety Committees & structures.<br>NIMS data<br>Use of quality & safety metrics in place. Senior Incident Management Forum (SIMF) Women's & Children's Health in place. Surgical & Medical SIMF's in place. Quality & Safety Managers Forum & Complaints Managers Forum in place to enable shared learning. Analysis of learning from WAC SIMF underway with QIPS in place. Clinical Safety Alert System in place via SIMF's | The RCSI HG utilising a review of all structures and processes related to Quality & Safety including recommendations for improvement. |

|            | NSSBH Standard  | Risk  | Description   | Impact   | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk   |
|------------|---|---|---|--|-------------|---------------------------------------|---|---|
| Capability | <b>Standard 2.5</b><br>All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making  | There is a risk of results of tests and diagnostics not being transmitted to Consultants/Senior Decision makers in a timely manner. | Absence of a structured process to facilitate transmission of information from time of test to receipt of result by Consultants.<br>Variety of systems across sites IT/Manual | Risk of patient harm due to missed or delayed diagnosis  | 16          | Hospital/s                            | Variety of controls across sites manual & IT  | Standardised processes across sites which are audited and monitored<br>An EPR integrated across the patient journey   |
| Capability | <b>Standard 2.5</b><br>All information necessary to support the provision of effective care, including information provided by the service user, is available at the point of clinical decision making. | There is a risk of results of tests and diagnostics not being transmitted to GP's and Patients in a timely manner.                  | Absence of a structured standardised process to facilitate transmission of information from Hospital Teams/Consultants to Patients and GPs.                                   | Risk of patient harm due to missed or delayed diagnosis. | 16          | Hospital/s                            | Variety of controls across sites manual & IT all person dependant. Work on Health links project is underway | Standardised processes across sites which are audited and monitored.<br>An EPR integrated across the patient journey. |

|                                 | NSSBH Standard  | Risk   | Description   | Impact   | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk  |
|---------------------------------|---|--|---|--|-------------|---------------------------------------|---|--|
| <b>Capability &amp; Culture</b> | <b>Standard 5.6</b><br>Leaders at all levels promote and strengthen a culture of Quality and Safety throughout the service. | Lack of standardisation across all sites in the HG | Lack of standardisation, leading to variation & reduced reliability | Increased risk in the provision of safe patient care | 12          | Group Hospital                        | RCSI Group Establishment of Quality & Safety Directorate<br>Commenced development of standardised processes & algorithms.<br>Standardisation of Senior Incident Forums (SIMF) underway. Suite of Performance metrics in place. Continuous performance monitoring in place.<br>A QMS was launched in OLOL November 2019. | Commenced standardisation of Q & S Structures and processes across the Group.<br>Plan to extend QMS across sites |

|                   | NSSBH Standard   | Risk   | Description   | Impact                                      | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk   |
|-------------------|--|--|---|---|-------------|---------------------------------------|---|---|
| <b>Capability</b> | <b>Standard 2.1</b><br>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users | Risk of errors in the process from the delivery & identification of medications through to prescribing & the administration of medications to patients | Multiple steps in the process. Manual system. Patient journey crosses all points of care & requires medication reconciliation. Pharmacist's history taking re medications more complete. Medication Safety Officer. Risk in the ability to implement EU Medication Reconciliation Directive | Increased risk of patient harm due to error | 20          | Group across all Sites                | RCSI Group Establishment of Quality & Safety Directorate Continuous performance monitoring in place with performance metrics. HIQA Standards and Monitoring in place. | Establish Group Structures & processes. National Group examining IT System for Pharmacy management. Connolly & Rotunda are potential pilot sites. <b>National HMMSS (Pharmacy system) in procurement stage. Connolly &amp; Rotunda in phase 1 of implementation</b> |

|          | NSSBH Standard  | Risk  | Description  | Impact  | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk   |
|----------|---|---|--|---|-------------|---------------------------------------|---|---|
| Capacity | <b>Standard 2.7</b><br>Healthcare is provided in a physical environment that supports the delivery of high quality safe and reliable care and protects the health & welfare of service users. | Inadequate physical infrastructure across sites.                            | Aged Buildings. Lack of patient privacy, insufficient isolation facilities, and lack of space between beds insufficient critical care facilities. General deterioration /plumbing capacity / electrical capacity / infection risk/ listed building (Rotunda) / cost of upkeep. | Risk to the delivery of safe patient care due to inadequate physical infrastructure across sites. | 16          | RCSI HG                               | HSE Risk Register outlines Group CEO's will prioritise essential infrastructural works<br>Plan for new Rotunda Build<br>Health & Safety, Risk assessments, planned maintenance, ongoing work to maintain. Phase 2 build OLOL 3 wards opened. Extra capacity in place across sites to support implementation of <b>IPC Standards</b> | Preventative maintenance programme<br>Capital Development programme<br>Plan for new Rotunda build on Connolly campus. |
| Capacity | <b>Standard 5.2</b><br>Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliable healthcare.                                     | Conflicting & confusing governance structures in the HSE & Hospital Groups. | HSE & Group Structures undergoing alteration simultaneously.<br>2 Voluntary Hospitals in the HG with Boards in place.  | Clear governance structures support the delivery of safe patient care                             | 20          | Group                                 | SLA in place.<br>RICO and Slaintecare announcements.<br>Engagement & Implementation awaited   | Removal of ambiguity in terms of control.   |

|                   | NSSBH Standard   | Risk  | Description  | Impact   | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk   |
|-------------------|--|---|--|--|-------------|---------------------------------------|---|---|
| <b>Capability</b> | <b>Standard 3.2</b><br>Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning Both internally and externally. | There is a risk to the quality & safety of services provided to all patients including, pregnant women and children at risk of clinical deterioration for any reason including sepsis | EWS, PEWS & IMEWS in place requires consistent audit & Monitoring via nurse metrics. | Potential adverse outcomes including death for critically ill patients | 12          | All Sites                             | EWS<br>PEWS (Training underway)<br>IMEWS in place.<br>Monitored by HG.<br>EWS Audit.<br>Sepsis 6 Programme<br>HSEland -eLearning sepsis programme.<br>Performance metric to monitor training in place.<br>HG Lead in place for EWS/PEWS/IMES & Sepsis | Clearly defined mode of evaluation & audit of the agreed & documented care pathways |



|                           | NSSBH Standard   | Risk   | Description  | Impact  | Risk Rating | Specific to (National Group Hospital) | Controls (Current)   | Further Actions Required to mitigate Risk   |
|---------------------------|--|--|--|---|-------------|---------------------------------------|--|---|
| <b>Capacity</b>           | <b>Standard 8.1</b><br>Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare | Inability to ensure the timely sharing of actual & potential clinical risk information, analysis & trending data | Poor ICT Infrastructure within and across Hospitals  | Inability to share recommendations from complaints, reviews, SRE's, national data & audit which may be utilised to improve patient safety | 12          | Group/All Hospitals                   | Set of Quality & Safety Performance Metrics now published & used at Performance meetings across the HG. SIMF Women's & Children's Health established & utilising performance metrics. Surgical SIMF in place. Medical SIMF commenced. Medical alert system in place in RCSI HG Connolly listed for IT Replacement 2019. OLOL implementing QMS in October 2019. Clinical Safety Alert System in place via SIMFs | Implement a common ICT System across the Group  |
| <b>Capability Culture</b> | <b>Standard 1.9</b><br>Service Users are supported in maintaining & Improving their own health & wellbeing   | Patients and public not fully educated and informed regarding health, wellbeing & safety                         | Lack of education & empowerment for patients in maintaining & managing their own health & wellbeing. | Lack of knowledge impacting on health outcomes across patient groups  | 16          | Group/All Hospitals                   | Patient information Specialist Staff Health Promotion Healthy Ireland Group Each site has a Patient Discharge Folder Project.  | Progress a patient engagement and empowerment programme focuses on chronic disease management, health promotion, wellness |

|                   | NSSBH Standard   | Risk  | Description  | Impact   | Risk Rating | Specific to (National Group Hospital) | Controls (Current)   | Further Actions Required to mitigate Risk |
|-------------------|--|---|--|--|-------------|---------------------------------------|--|---|
| <b>Capability</b> | <b>Standard 3.1</b><br>Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services. | Absence of a structured proactive clinical audit programme to inform safe & effective care. | Lack of proactive audit means there is a deficit of information to support the process & outcomes of care. | Reduced accurate systematic, rigorous data to improve safe patient care. | 12          | Group/All Hospitals                   | NOCA<br>RCSI HG Performance Metrics<br>M&M Data<br>Audit takes place in varied degrees across sites.<br>Audit lead in place. Audit staff in place across sites.<br>A number of HG audits underway.<br>Senior Incident Management For- Audits<br>Clinical Audit day May 22. | Progress implementation across HG.        |

|                                  | NSSBH Standard  | Risk  | Description   | Impact   | Risk Rating | Specific to (National Group Hospital)         | Controls (Current)   | Further Actions Required to mitigate Risk  |
|----------------------------------|---|---|---|--|-------------|---|--|--|
| <b>Culture</b>                   | <b>Standard 5.6</b><br>Leaders at all levels promote and strengthen a culture of Quality and Safety throughout the service.   | A rigid hierarchical , bureaucratic culture across healthcare   | Blame, Fear, Patients & Staff are not empowered to speak up on matters relating to the safety of patients & staff                                       | There is a potential for underreporting of patient harm. Potential for error or harm to be ignored or not adequately addressed | 20          | National                                      | National /Group /Hospitals<br>NIMS Reporting Systems, Regulatory Bodies , Inspections<br>Quality and Safety Directorate in place.<br>Quality and Safety & Complaints Team Meetings and training in place. SIMF Structure in place<br>AAR Training and programme in place<br>Schwartz Rounds in place | Development of a long term strategic approach to organisational change & development in healthcare                 |
| <b>Capacity &amp; Capability</b> | <b>Standard 2.2</b><br>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users. | Non availability of appropriate residential mental health facilities for children and vulnerable adults presenting to the Acute Hospital setting with psychiatric conditions. | Non availability of appropriate residential mental health facilities for children presenting to the Acute Hospital setting with psychiatric conditions. | Impact on the ability to safely place children being discharged from the Acute Hospital setting.                               | 15          | This is a Hospital, Group and National issue. | Placement in an acute hospital setting with one to one supervision.<br>Staff Training in Children's First compliance.<br>Process in place between HSE & TUSLA  | Provision of appropriate residential mental health facilities nationally for children with psychiatric conditions. |

|                                  | NSSBH Standard  | Risk   | Description   | Impact  | Risk Rating | Specific to (National Group Hospital)         | Controls (Current)   | Further Actions Required to mitigate Risk  |
|----------------------------------|---|--|---|---|-------------|---|--|--|
| <b>Capacity &amp; Capability</b> | <b>Standard 2.2</b><br>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users. | Placement of Children who are ready to be discharged to foster care in the Acute Hospital setting.   | Non availability of appropriate foster care for children who are ready to be discharged from the Acute Hospital setting.                                  | Children potentially experience psycho social deprivation. Children are also at increased risk of nosocomial infection.   | 12          | This is a Hospital, Group and National issue. | Placement in an acute hospital setting. Staff Training in Children's First compliance. | Provision of appropriate foster care for children who require this support. Full multidisciplinary supports outside working hours and at weekends. |
| <b>Capacity and Capability</b>   | <b>Standard 2.2</b><br>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users. | Non availability of psychiatric services for children with moderate to severe learning disabilities. | Non availability of appropriate psychiatric services for children presenting to the Acute Hospital setting with moderate to severe learning disabilities. | Children with moderate to severe learning disabilities may not reach their full potential. This impacts on children personally, on their extended family and on the wider society including school. | 15          | This is a Hospital, Group and National issue. | Current multidisciplinary team inputs. Staff Training in Children's First compliance.  | Provision of appropriate psychiatric services nationally for children with learning disabilities.  |

**Deleted Risks**

|                                | NSSBH Standard   | Risk   | Description  | Impact  | Risk Rating | Specific to (National Group Hospital) | Controls (Current)   | Further Actions Required to mitigate Risk   |
|--------------------------------|--|--|--|---|-------------|---------------------------------------|--|---|
| <b>Capacity and Capability</b> | <b>Standard 8.1</b><br>Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare | The cyber-attack on HSE systems has completely disrupted the ability to access all IT Systems across the service to varying degrees. This includes PAS, Clinical, HR, Finance and Risk Systems.<br><br>Where systems have returned the interface between system remains problematic. The reliance on the office of the CIO national capacity to facilitate and manage interfaces between systems & Hospitals is problematic due to national service provision and individual governance arrangements. Ability to access historical data remains problematic. | Inability to access and share Patient information. All Clinical systems are impacted, limiting the information available to clinicians when delivering patient care.<br><br>Inconsistent ability to access relevant historical patient data.<br><br>Inconsistent ability to access staff data.<br><br>Potential impact on GDPR compliance due to manual controls.<br><br>Where systems have returned the interface between systems remains problematic.<br><br>Healthlink returned but inconsistent and unreliable. Due to volume of endoscopy procedures progressed during cyberattack information now needs to be uploaded to Endorad where it will be accessible to relevant clinicians | Risk to safe patient care due to the reduced ability to access, utilise and effectively share necessary patient information<br><br>Risk to the confidentiality of staff information.<br><br>Impact on all business and risk functions.<br><br>Unknown patient safety impact due to use of manual systems, reduced ability to share information and reduced ability to share historical patient information.<br><br>Reduced capacity for inpatient & outpatients leads to potential cancellations and longer wait times with impacts on timely treatment & diagnosis | 16          | National Group Hospitals              | Contingency plans in place to use manual data.<br><br>Risk rating all activities based on the impact on patient safety.<br><br>Tracking and rebooking of all known patient cancellations ongoing in each site currently.<br><br>Review of all charts of patients who had an endoscopy during the cyberattack to quality assure reports and follow up | National response to rebuild systems<br><br>Revalidation exercise once systems re-established |

|                                | NSSBH Standard  | Risk  | Description   | Impact   | Risk Rating | Specific to (National Group Hospital) | Controls (Current)  | Further Actions Required to mitigate Risk                 |
|--------------------------------|---|---|---|--|-------------|---------------------------------------|---|---|
| <b>Capacity and Capability</b> | Standard 3.1<br>Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services. | The potential impact of Brexit to the delivery of health care | Reduced support for equipment and software.<br>Reduced access to supplies, e.g. medication and nutritional aids | Reduced ability to provide safe and effective patient care | 12          | Group Hospital                        | National equipment and procurement initiatives underway<br>HSE Committee structure in place<br>HSE Communication Initiatives in place | Raise awareness. Ongoing information as situation evolves |



## Appendix 1

### CRUD

