



RCSI Hospital Group

Quantification of Risk/s 4<sup>th</sup> January 2019

<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> 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	<b>Access :</b> Insufficient access to inpatient & short stay, Limited capacity in diagnostics; Limited critical care capacity;	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	25	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.	Align care pathways to optimise patient flow across the group. Continuous access to sufficient short stay, step down, continuing care beds. (National) Increased access to diagnostics. Increased Critical Care beds.
			<b>Throughput :</b> Absence of standardised patient pathways to expedite patient flow through the Hospital system.					
			<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 & home care packages.					



	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capacity & Capability	<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 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.	<b>Access</b> High Waiting lists across specialities	Increased potential for patient mortality and morbidity, as a result of failure to treat in a timely manner	16	National Group Hospitals	Monitoring of National Waiting List Targets. Continuous performance monitoring in place. Development of in sourcing model. Utilisation of theatre & bed capacity across the sites by HG to impact on patient waiting times.	Provision of further capacity nationally
Capacity & Capability	<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 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.	<b>Access</b> High Waiting Lists particularly Endocrine, Rheumatology, Dermatology Neurology, Gynae and ENT waiting lists	Increased potential for patient mortality and morbidity	16	National Group Hospitals	Monitoring of National Waiting List Targets. Continuous performance monitoring in place.	Provision of further capacity nationally
Capacity & Capability	<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: Concerns</b> in relation to high Endoscopy Waiting lists across the Group. Statistically very high referral rates in Cavan, Louth and Beaumont.	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 In sourcing project to increase capacity in HG. Continuous performance monitoring in place	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



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Capacity & Capability	<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.	Timely access to Termination of Pregnancy Services as envisaged by legislation.	Ensuring sufficient capacity & capability to deliver the service as envisaged by legislation	Unnecessary distress to clients. Non-compliance with legislation.	12	RCSI Group National	Managed within capacity currently. Close linkages with GP Services	Need to assess if demand for this service in the RCSI HG requires further capacity & capability. Given that not all units nationally are currently providing this service
Capacity & Capability	<b>Standard 2.1</b> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users  <b>Standard 6.2</b> Service Providers recruit people with the required competencies to provide quality, safe reliable healthcare	Insufficient capacity and capability to treat patients requiring critical care, NICU, with the potential for adverse patient outcomes	Patients unable to access Level 2 & Level 3 critical care & NICU beds. Inadequate isolation facilities in critical care, insufficient space between critical care beds increasing the potential for HCAI. Infrastructural deficits. Lack of air filtering units. Difficulty recruiting and retaining competent Medical Nursing & HSCPs for Critical Care	Potential for poor patient outcomes e.g. increased mortality & morbidity, increased risk of HCAI	20	RCSI Group. National	A submission was made to the estimates process. Ongoing attempts to recruit specialist staff. Training in place. Rotunda NICU upgraded.	Increased funding for Critical Care & NICU beds Recruitment of specialist nurses, Critical Care & Midwives.



	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capacity	<b>Standard 7.1</b> 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 2018 does not match activity and service demands. Awaiting Budget allocation for 2019 from HSE.	Potential for patient harm due to reduction in the ability to deliver services	20	National Group	Monitoring & Management at Hospital & Group Level	Utilisation of case complexities & volume funding to determine budget.
Capacity & Capability	<b>Standard 8.1</b> Service providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare	ICT (PAS) Systems in a number of sites require replacement	A number of PAS e.g. Connolly, Beaumont are antiquated and require replacement.	Risk to safe patient care if IT Systems fail due to reduced ability to access and utilise necessary patient information	25	Group	Contingency Plans Business Cases developed for replacement IT Systems. Business case for Connolly Hospital accepted & listed for replacement 2019 by National ICT.	National Funding
Capacity	<b>Standard 7.1</b> Service Providers plan & manage the use of resources to deliver high quality safe & reliable healthcare efficiently & sustainably	Increased cost of Funding for treatment of newly diagnosed patients with Hepatitis C.	Increased cost	Patient mortality and morbidity, as a result of failure to treat in a timely manner	12	National Director Acute Hospital Division.	Funding process in place to manage drug costs	Monitor costs.



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Capability	<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.	There are significant wait times for unreported radiology films with the potential for patient's having a delayed or missed diagnosis.	Delayed access to diagnosis requires additional capability in terms of consultant posts.	Delayed or missed diagnosis with increased potential for patient morbidity and mortality.	16	Group Hospital	Additional Consultant Radiologist posts approved at CAAC , moving to recruitment. Group Totals are Reduced. Planned integration across Connolly & Cavan Radiologists in planning phase.	Monitor effectiveness of additional appointments via Group Executive Team meetings with Hospitals Integration of diagnostic services across sites Examine opportunities at HG Level.
Capability	<b>Standard 6.2</b> Service Providers recruit people with the required competencies to provide quality, safe reliable healthcare	Risk to safe patient care due to reduced ability to recruit Consultants, NCHDS, Nursing, HSCP's & Managers. Difficulties in recruiting Medical staff on Specialist Registers in certain areas.	Difficulty in recruiting competent specialised staff across disciplines Problems in fully implementing EWTD.	Reduction in specialist expertise may increase the potential for patient mortality and morbidity	20	National ,Group All Hospital Sites	Establishment of Employment Control Committee and conversion of agency staff. Group Workforce Planning. All Nursing graduates offered employment. Group recruitment and retention forum established under the auspices of the Group DHR.	Consultant posts at various stages of advertisement & recruitment Requires integration across the HG Nursing vacancies in both general & specialist areas particularly Critical Care & Theatre. National Doctors Training and Planning Unit are commencing pilot in <b>January 2019</b> on progressing Consultant appointments via RCSI HG.



	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 6.3</b> Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare.	Risk to safe patient care due to reduced ability to retain competent Consultants, NCHDS, Nursing, HSCP's, Managers across specialities.	Difficulty in retaining competent specialised staff across disciplines Salaries unattractive Problems in fully implementing EWTD.	Reduction in specialist expertise may increase the potential for patient mortality and morbidity.	20	National ,Group All Hospital Sites.	National Report on Medical & Surgical Staffing & skill mix Completed Feb 2016. Pilot ongoing. Group recruitment & retention forum established under the auspices of the Group DHR.	RCSI Group to progress Implementation Group (Medical, Nurse Staffing) Retention Plan.





	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 2.1</b> 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	<p>Infrastructural Deficits across sites.</p> <p>Insufficient isolation facilities, inadequate space between beds &amp; trolleys. Overcrowding in Emergency Departments across the RCSI Group. Lack of centralised decontamination facilities. Reduced capacity &amp; capability both people &amp; systems to identify &amp; follow up CPE contacts</p>	<p>Risk of patients being harmed due to contracting HCAI. Potential for increased mortality &amp; morbidity.</p> <p>Extended LOS</p> <p>Risk of outbreak of HCAI</p> <p>Potential for patient harm due to transmission of infection arising from the lack of centralised decontamination facilities across sites.</p>	16	All Hospital Sites	<p>HIQA Monitoring National Standards for the prevention &amp; control of healthcare-associated infections in acute healthcare services (2017). Monitoring anti-microbial stewardship. Hand Hygiene training &amp; monitoring. Use of Clinical Guidelines &amp; Care Bundles which are monitored. Training in place. Performance Metrics in place. 29 single rooms opened OLOL in December 2017. A further 6 beds opened OLOL December 2018. This has increased the availability of single rooms by 18.</p>	<p>Implement comprehensive maintenance programme.</p> <p>Funding to progress infrastructural deficits</p> <p>All new capital developments include adequate single rooms.</p> <p>Molecular platform to increase CPE testing ordered for Connolly January 2019.</p>



	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capability	<b>Standard 2.3</b> 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	16	All Hospital Sites	S L A between the Dublin North East HSE service and the Rotunda Hospital (Managed Peri-natal Network). PICU. National Pathways, Hospital Transfer Policies, these typically outline the process of patient transfer.	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> 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.	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. SBAR utilised in various Forums.	Progress standardised format utilising ISBAR. Consultant to Consultant Referral. Monitor Implementation of National Clinical Guideline.



	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capability	<b>Standard 3.2</b> 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	16	National Group Hospital/s	External Monitoring e.g. HIQA. Group & Hospital Quality & Safety Committees & structures. NIMS data 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.	The RCSI HG utilising a review of all structures and processes related to Quality & Safety including recommendations for improvement. Planning for further Group Senior Incident Management Forum.
Capability	<b>Standard 2.5</b> 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. 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 An EPR integrated across the patient journey



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<b>Capability</b>	<b>Standard 2.5</b> 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.	Standardised processes across sites which are audited and monitored. An EPR integrated across the patient journey.
<b>Capability &amp; Culture</b>	<b>Standard 5.6</b> 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	16	Group Hospital	RCSI Group Establishment of Quality & Safety Directorate Commenced development of standardised processes & algorithms. Standardisation of Senior Incident Forums (SIMF) underway. Suite of Performance metrics in place. Continuous performance monitoring in place.	Commenced standardisation of Q & S Structures and processes across the Group.



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Capability	<b>Standard 2.1</b> 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 <b>delivery &amp; identification</b> 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. <b>Risk in the ability to implement EU Medication Reconciliation Directive</b>	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.	Establish Group Structures & processes.



	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> 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 Plan for new Rotunda Build Health & Safety, Risk assessments, planned maintenance, ongoing work to maintain. <b>Phase 2 build OLOL opening 2019.</b>	Preventative maintenance programme Capital Development programme Plan for new Rotunda build on Connolly campus.
Capacity	<b>Standard 5.2</b> 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. 2 Voluntary Hospitals in the HG with Boards in place.	Clear governance structures support the delivery of safe patient care	16	Group	SLA in place.	Removal of ambiguity in terms of control.



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<b>Capability</b>	<b>Standard 3.2</b> 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	16	All Sites	EWS PEWS (Training underway) IMEWS in place. Monitored by HG. EWS Audit. Sepsis 6 Programme HSEland -elearning sepsis programme. <b>Performance metric to monitor training in place</b>	Clearly defined mode of evaluation & audit of the agreed & documented care pathways
<b>Capacity</b>	<b>Standard 8.1</b> 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	20	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. <b>Medical alert system in place in RCSI HG</b>	Implement a common ICT System across the Group



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<b>Capability</b> <b>Culture</b>	<b>Standard 1.9</b> 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	Progress a patient engagement and empowerment programme focuses on chronic disease management, health promotion, wellness
<b>Capability</b>	<b>Standard 3.1</b> 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.	16	Group/All Hospitals	NOCA M&M Data Audit takes place in varied degrees across sites. Audit lead to be identified. A number of HG audits underway.	Progress implementation across HG.
<b>Culture</b>	<b>Standard 5.6</b> 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 NIMS Reporting Systems, Regulatory Bodies , Inspections Quality and Safety Directorate in place. Quality and Safety & Complaints Team Meetings and training in place.	Development of a long term strategic approach to organisational change & development in healthcare





	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 5.4</b> Service Providers set clear objectives & develop a clear plan for delivering high quality safe and reliable healthcare services	The absence of a national strategic plan & vision	Lack of direction. Inability to forward plan in the medium to long term	Potential for poor patient outcomes due to lack of clear direction	20	National	HSE/DOH/Hospital Groups Slainte Care	Development of a clear articulate national vision for healthcare to include implementation.
<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 and capability to provide a 20 weeks fetal anomaly scanning service to every expectant mother in the RCSI Hospital Group.	20 weeks fetal anomaly scanning service currently not available to every expectant mother in the RCSI Hospital Group.	Mothers currently required to travel to access this service.	12	Two Hospital sites in RCSI HG. Also a national issue.	Information provision Ante natal care and assessment provided to mothers 4 Consultant posts approved at CAAC, 3 Consultants have now commenced work. Performance monitoring on numbers of scans in place. Sonographers appointed/training in place.	Fetal Medicine specialists Proposal for Regional Maternal Fetal Medicine service for the RCSI Hospital Group.



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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.	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. Staff Training in Children's First compliance.	Provision of appropriate residential mental health facilities nationally for children with psychiatric conditions.
<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.	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> 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.



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Capacity and Capability	<b>Standard 8.2</b> Service Providers have effective information in place for information governance	The potential risk of noncompliance with General Data Protection Regulation (GDPR) 2018.	Health Service Providers must be able to demonstrate how data is processed held and disposed of.	Risk of non-compliance with the legislation and resulting penalties	16	This is a Hospital, Group and National issue.	GDPR Awareness sessions provided across Hospital Group Communication ongoing across HG Local leads , further local <b>training is ongoing</b>	Further Resources Ongoing Training Audits Develop or revisit existing privacy policies and 3 <sup>rd</sup> party data compliance user contracts Discontinuation Fax machines, external emails, unsecure messaging.
Capacity and Capability	<b>Standard 2.1</b> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users <b>Standard 2.7</b> 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	Failure of a C-Arm in Interventional Radiology in Beaumont Hospital has led to delays and disruptions in the provision of interventions such as thrombectomy for Neurosurgical Patients.	Failure of a specific C-Arm in Interventional Radiology, Beaumont Hospital has led to delays and disruptions in the provision of interventions such as thrombectomy for Neurosurgical Patients. Equipment fails once or twice a month with a significant risk to Patient safety.	Potential for significant Patient mortality and morbidity as a result of failure to treat in a timely manner This risk has an impact nationally as Beaumont Hospital is the National Neurosurgical centre	20	National Group Hospital	Submission made in Request for Capital Funding. Continued patient monitoring	Funding required for replacement C-Arm.



**Appendix 1**

**CRUD**

