



RCSI Hospital Group

Quantification of Risk/s 10<sup>th</sup> March 2020

<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. RCSI HG Winter Plan 2019/2020 in place.	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
<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 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. Engaging NTPF currently.	Provision of further capacity nationally
<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 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. Engaging NTPF currently.	Provision of further capacity nationally <b>Beaumont/Omni project commenced</b>



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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.	Increased potential for patient mortality and morbidity. This also has the potential to increase waiting times for patients requiring routine access	12	RCSI Group.	Monitoring of National Waiting List Targets In sourcing project to increase capacity in HG effective, no breaches on urgent patients. Continuous performance monitoring in place. JAG Accreditation is either in place or work in progress across sites	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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<b>Capacity &amp; Capability</b>	<p><b>Standard 2.1</b> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users</p> <p><b>Standard 6.2</b> 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. National	<p>A submission was made to the estimates process.</p> <p>Ongoing attempts to recruit specialist staff.</p> <p>Training in place. Rotunda NICU upgraded but actual physical space and unit footprint remains unchanged</p>	<p>Increased funding for Critical Care &amp; NICU beds</p> <p>Recruitment of specialist nurses, Critical Care &amp; Midwives.</p>
<b>Capacity</b>	<p><b>Standard 7.1</b> Service Providers plan &amp; manage the use of resources to deliver high quality safe &amp; reliable healthcare efficiently &amp; sustainably</p>	The current budget allocation does not allow for the provision of safe reliable healthcare across the HG	Initial budget allocation 2020 does not match activity and service demands.	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.



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<b>Capacity &amp; Capability</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	ICT Systems in a number of sites require replacement	A number of PAS e.g. Connolly, Beaumont are antiquated and require replacement. Laboratory systems in a number of sites 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. IPMS implementation project Connolly commenced BH for 1 <sup>st</sup> phase Medlis implementation commenced	National Funding



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<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.	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 Lack of single rooms, minimal space between beds and intensive care incubators, not meeting required standards for space between cots. Increased risk of HCAI. Potential for poor patient outcomes e.g. increased mortality & morbidity. HCAI Outbreak NICU 2019 Patients unable to access Level 2 & Level 3 critical care beds on site potential impact on mortality and morbidity as patients have to transfer 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. 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 Standard IPC Controls Performance management of IPC Metrics Pathways of care to allow neonatal and adult transfers as indicated Highly Qualified Staff Workforce planning Staff Training Risk Assessments. Risk controls Escalation to MOH Policies & Procedures	<b>Short term:</b> Procure and commission a design team to progress proposal for Critical Care Wing <b>Medium Term:</b> Build Critical care wing <b>Longer term:</b> Rotunda new build on Connolly site





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<b>Capacity</b>	<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.
<b>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.	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.	20	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.



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<b>Capability</b>	<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. Restricted recruitment processes in place nationally.	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. 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 Requires integration across the HG Nursing vacancies in both general & specialist areas particularly Critical Care & Theatre.



	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	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 report nationally, BH and OLOL sites for implementation OLOL for enhanced care project.	RCSI Group to progress Implementation Group (Medical, Nurse Staffing) Retention Plan.



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<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, Klebsiella <b>Transmission of COVID-19</b>	Infrastructural Deficits across sites. Insufficient isolation facilities, inadequate space between beds & trolleys. 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. Extended LOS Risk of outbreak of HCAI Potential for patient harm due to transmission of infection arising from the lack of centralised decontamination facilities across sites. Inability to manage high volumes of admissions requiring isolation e.g. <b>COVID-19</b>	<b>20</b>	All Hospital Sites	HIQA Monitoring 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.	Implement comprehensive maintenance programme. Funding to progress infrastructural deficits All new capital developments include adequate single rooms.



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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. 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.



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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
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 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.



	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> 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. A QMS is launching in OLOL November 2019	Commenced standardisation of Q & S Structures and processes across the Group.





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<b>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 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.



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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. Phase 2 build OLOL 2 wards opened 2019.	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	20	Group	SLA in place. RICO and Slaintecare announcements. Engagement & Implementation awaited	Removal of ambiguity in terms of control.



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<b>Capability</b>	<p><b>Standard 3.2</b></p> <p>Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning Both internally and externally.</p>	<p>There is a risk to the quality &amp; safety of services provided to all patients including, pregnant women and children at risk of clinical deterioration for any reason including sepsis</p>	<p>EWS, PEWS &amp; IMEWS in place requires consistent audit &amp; Monitoring via nurse metrics.</p>	<p>Potential adverse outcomes including death for critically ill patients</p>	16	All Sites	<p>EWS PEWS (Training underway) IMEWS in place. Monitored by HG. EWS Audit. Sepsis 6 Programme HSEland -eLearning sepsis programme. Performance metric to monitor training in place.</p>	<p>Clearly defined mode of evaluation &amp; audit of the agreed &amp; documented care pathways</p>



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<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. 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> 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



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Capability	<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 RCSI HG Performance Metrics M&M Data Audit takes place in varied degrees across sites. <b>Audit lead in place.</b> A number of HG audits underway. Senior Incident Management Fora- Audits	Progress implementation across HG.



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<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. SIMF Structure in place AAR Training and programme in place Schwartz Rounds in place	Development of a long term strategic approach to organisational change & development in healthcare
<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 with clear milestones for implementation.	Lack of direction. Inability to forward plan in the medium to long term	Potential for poor patient outcomes due to lack of clear direction	12	National	HSE/DOH/Hospital Groups Slainte Care, RICO's	Development of a clear articulate national vision for healthcare to include implementation.



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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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<b>Capacity and Capability</b>	<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	12	This is a Hospital, Group and National issue.	GDPR Awareness sessions provided across Hospital Group Communication ongoing across HG Local leads , further local training is ongoing	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.
<b>Capacity and Capability</b>	<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.





	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capacity and Capability	<p><b>Standard 2.1</b> Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users</p> <p><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 &amp; welfare of service users</p>	CT Scan machine in Connolly Hospital has had multiple failures over past year.	CT Scan Machine in Connolly Hospital commissioned in 2009. Nominal replacement date 2017 as per MERU. Latest failure Christmas 2019 where Scanner would not start, part replaced and scanner currently working. A number of errors still exist on CT Log which engineers are unable to isolate. Risk of CT failure and tube failure, which will leave Connolly Hospital without a CT scanner.	Potential impact on patient outcomes if CT Scan fails due to inability to diagnose patients or delayed diagnoses. Trauma Call and Stroke call will not be possible, increasing the burden on other Dublin Hospitals.	15	Hospital Group	Fully comprehensive service contract in place. Company engineers contacted as soon as any issue arises to ensure part acquisition as soon as possible. Routine and QA procedures up to date	Replacement CT Scan required



	NSSBH Standard	Risk	Description	Impact	Risk Rating	Specific to (National Group Hospital)	Controls (Current)	Further Actions Required to mitigate Risk
Capacity and Capability	<p><b>Standard 3.1</b> Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p> <p><b>Standard 6.2</b> Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare.</p>	The potential risk of noncompliance with the EU Directive on Falsified Medicines, February 2019	Reduced ability to comply due to limited resources, equipment and processes.	Non-compliance with legislation	12	Group Hospital	Recruitment completed. Processes fully in place Equipment in place	Recruitment completed. Processes fully in place Equipment in place
Capacity and Capability	<p><b>Standard 3.1</b> Service Providers protect service users from the risk of harm associated with the design and delivery of healthcare services.</p>	The potential impact of a no deal Brexit to the delivery of health care	<p>Reduced support for equipment and software.</p> <p>Reduced access to supplies, e.g. medication and nutritional aids</p>	Reduced ability to provide safe and effective patient care	12	Group Hospital	<p>National equipment and procurement initiatives underway</p> <p>HSE Committee structure in place</p> <p>HSE Communication Initiatives in place</p>	Raise awareness. Ongoing information as situation evolves




## Appendix 1

### CRUD

- 
- Data Base Management Tool
  - Acronym for Create Read Update Delete

- 
- Create or add new entries
  - Read, Retrieve, or Replace existing entries

- 
- Update or edit existing entries
  - Delete existing entries