



HSE Corporate Risks 2022

End of Year Report [Quarter 4 2022]

Risk Summary and individual Risk Assessments

HSE Board Version [For approval 31 March 2023]

IMPORTANT NOTE: A number of the risks on the CRR clearly identify vulnerabilities in the HSE's systems [e.g. cyber etc.]. Care should therefore be taken when circulating or releasing the Corporate Risk Register.

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The HSE's Vision and objectives

The HSE's vision is for a healthier Ireland with the right care, delivered at the right time and in the right place. This means we will endeavour to deliver a health service that puts patients and service users at the centre, is managed well and which makes the best use of public resources.

To deliver on this vision, the HSE has in its *Corporate Plan 2021 to 2024* set out six strategic objectives, these objectives are supported by five priority areas to support us in delivering these objectives. These are outlined in the diagram below.



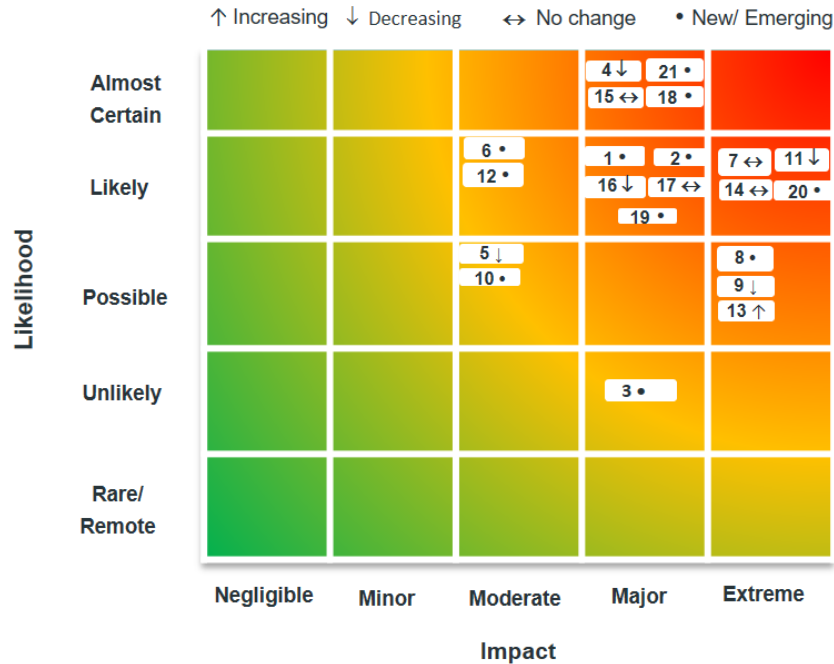
Risk management and the HSE's Corporate Risk Register

Risk can be defined as the **effect of uncertainty** on our **objectives**. Risk management is therefore an essential component of good corporate governance as it assists us in anticipating and then managing those things that may prevent us delivering on the objectives we have set for ourselves as a health service.

The HSE's Corporate Risk Register [CRR] records the HSE's principal strategic risks, as well as the plans in place to mitigate these risks. These strategic risks have been identified by the HSE's Executive Management Team [EMT] and are reviewed by the EMT as part of the quarterly review process. This is not an exhaustive statement of all relevant risks and uncertainties, as there may be issues not currently known or that may emerge which could pose a material threat to the health service. The mitigation measures detailed in this report are designed therefore to provide a reasonable, though not an absolute level of assurance against the impact of the risks should they materialise.

Section 1: Dashboards [Year on year comparison]

Residual rating changes from Q4 2021 to Q4 2022



Risk ID	Risk Title	2021 Q4	2022 Q4	Movement
CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity	NA	16	New
CRR 002	Future trajectory of COVID	NA	16	New
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	NA	8	New
CRR 004	Access to care	25	20	↓
CRR 005	Inadequate and ageing infrastructure/ equipment	16	9	↓
CRR 006	Delivery of Major Capital Projects	NA	12	New
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	20	20	↔
CRR 008	Safety incidents leading to harm to patients	NA	15	New
CRR 009	Health, wellbeing, resilience and safety of staff	16	15	↓
CRR 010	Climate action failure	NA	9	New
CRR 011	Digital environment and cyber failure	25	20	↓
CRR 012	Delivering Sláintecare	NA	12	New
CRR 013	Internal controls and financial management	9	15	↑
CRR 014	Sustainability of screening services	20	20	↔
CRR 015	Stability and Transformation of Disability Services	20	20	↔
CRR 016	Workforce and Recruitment	20	16	↓
CRR 017	HSE Funded Agencies	16	16	↔
CRR 018	Assisted Decision Making Capacity Legislative Changes	NA	20	New
CRR 019	Displaced Ukrainian Population and International Protection Applicant Population	NA	16	New
CRR 020	Workplace Violence and Aggression	NA	20	New
CRR 021	Data Protection	NA	20	New

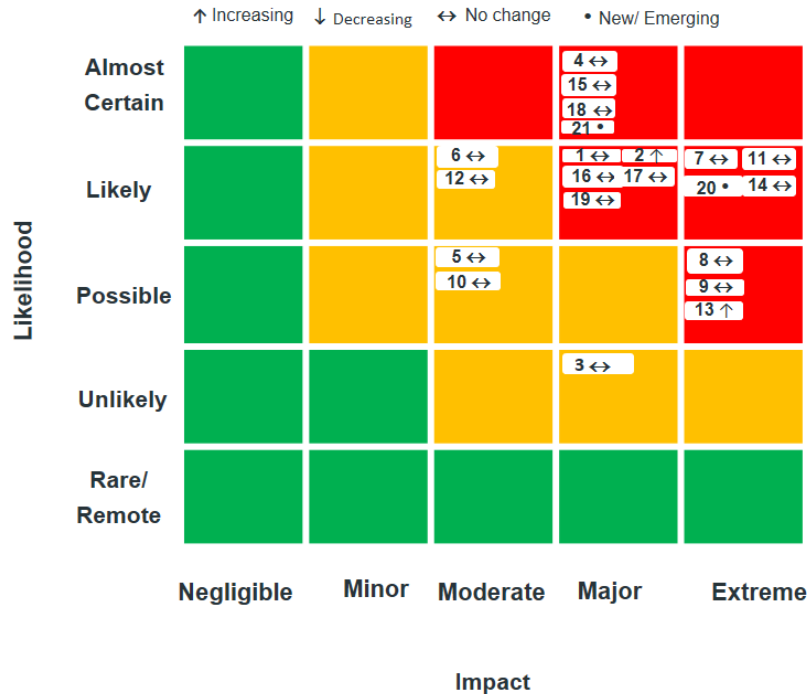
Section 1: Dashboards [Year on year comparison]

2021 Risks reconciled to 2022 Risks			
2021		2022	
1	COVID-19 integrated testing and contact tracing	CRR 002	Future trajectory of COVID
2	Restoration of core health service activity while retaining surge capacity for Covid-19	CRR 004	Access to care
3	COVID-19 Long term care residential services	CRR 002	Future trajectory of COVID
4	COVID-19 Critical Supplies and Equipment including PPE		
5	Resourcing of public health capacity and teams		
6	Health Service Funding	CRR 013	Internal controls and financial management.
7	Current configuration of hospitals	CRR 012	Delivering Sláintecare
8	Capacity, and access access community and acute services	CRR 004	Access to care
9	Healthcare associated infections/ COVID-19 and antimicrobial resistance	CRR 007	Anti-Microbial Resistance and Health Care Associated Infections
10	Workforce and recruitment	CRR 016	Workforce and Recruitment
11	Disability Services	CRR 015	Stability and Transformation of Disability Services
12	Capital infrastructure and critical equipment	CRR 005	Inadequate and ageing infrastructure/ equipment
13	Cyber Security & ICT Systems and Infrastructure	CRR 011	Digital environment and cyber failure
14	Delivering transformation and change including culture change	CRR 012	Delivering Sláintecare
15	Screening Services	CRR 014	Sustainability of screening services
16	Regulatory Compliance		
17	Organisational reputation		
18	Policy and legislation development and implementation		
19	Safety, health & wellbeing of Staff	CRR 009	Health, wellbeing, resilience and safety of staff
20	Individual performance management and accountability		
21	Merged with Risk 13 Cyber during 2021	CRR 011	Digital environment and cyber failure
22	System of Internal Controls	CRR 013	Internal controls and financial management.
23	Business continuity management	CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity
24	New children's hospital project	CRR 006	Delivery of Major Capital Projects
25	HSE funded agencies	CRR 017	HSE Funded Agencies
26	Post-Brexit		
27	Covid-19 vaccination programme	CRR 002	Future trajectory of COVID
28	Governance of private nursing homes		

Section 1: Dashboards [Quarter on quarter comparison]

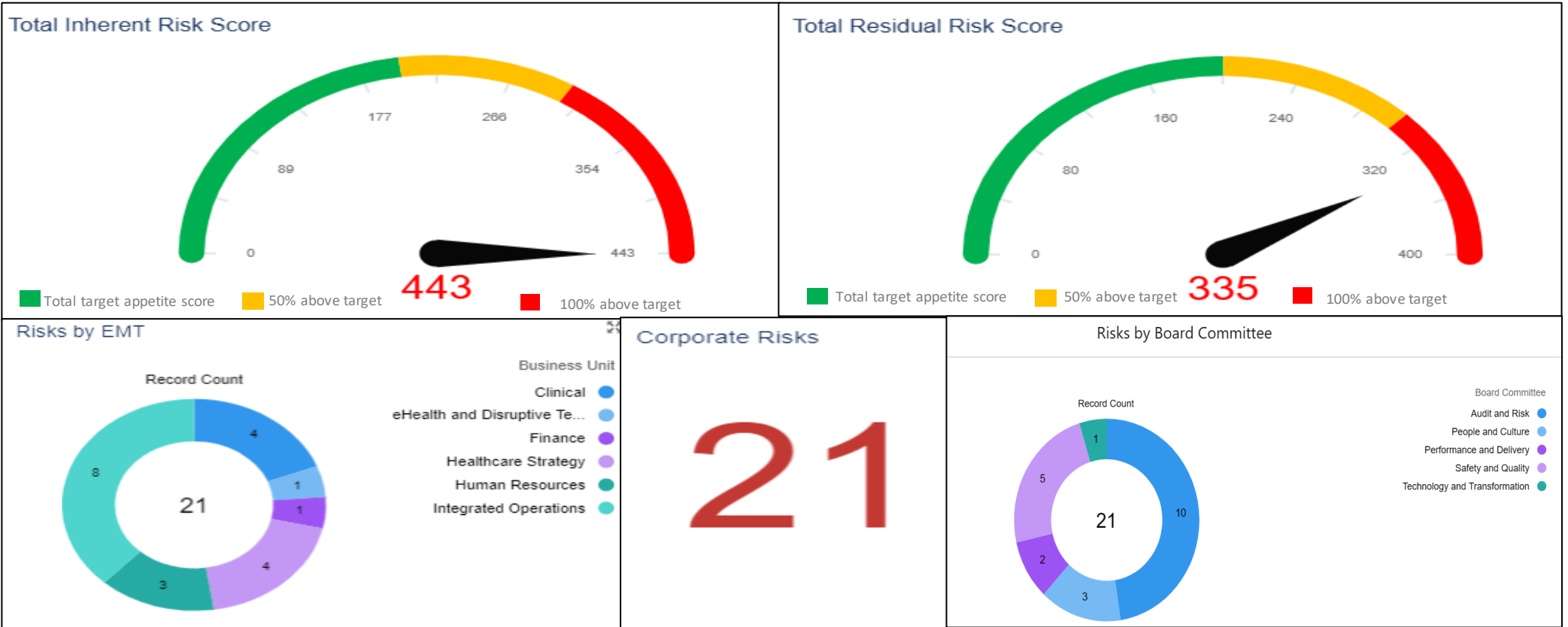
Heat Map

Residual rating changes from Q3 to Q4 2022



Risk ID	Risk Title	Risk Rating			
		Residual rating [with controls]		Movement	Risk Appetite Target
		Q3	Q4		
CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity	16	16	↔	</=6
CRR 002	Future trajectory of COVID	12	16	↑	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	8	8	↔	</=6
CRR 004	Access to care	20	20	↔	</=6
CRR 005	Inadequate and ageing infrastructure/ equipment	9	9	↔	<12
CRR 006	Delivery of Major Capital Projects	12	12	↔	<12
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	20	20	↔	</=6
CRR 008	Safety incidents leading to harm to patients	15	15	↔	</=6
CRR 009	Health, wellbeing, resilience and safety of staff	15	15	↔	<12
CRR 010	Climate action failure	9	9	↔	</=25
CRR 011	Digital environment and cyber failure	20	20	↔	</=6
CRR 012	Delivering Sláintecare	12	12	↔	</=25
CRR 013	Internal controls and financial management	10	15	↑	<12
CRR 014	Sustainability of screening services	20	20	↔	</=6
CRR 015	Stability and Transformation of Disability Services	20	20	↔	</=6
CRR 016	Workforce and Recruitment	16	16	↔	<12
CRR 017	HSE Funded Agencies	16	16	↔	</=6
CRR 018	Assisted Decision Making Capacity Legislative Changes	20	20	↔	</=6
CRR 019	Displaced Ukrainian Population and International Protection Applicant Population	16	16	↔	</=6
CRR 020	Workplace Violence and Aggression	N/A	20	New	<12
CRR 021	Data Protection	N/A	20	New	</=6

Section 1: Dashboard Summary [as at date of report]



Section 2

Risk Summary Table

Risk Rating Comparison Table

The ratings comparison table below sets out the risk rating changes per quarter since first inclusion on the CRR.

Risk ID	Risk Title	Former Risk Title	Risk Appeti	Initial Risk	CRR OCT	Q2, 2017	Q3, 2017	Q4, 2017	Q1, 2018	Q2, 2018	Q3, 2018	Q4, 2018	Q1, 2019	Q2, 2019	Q3, 2019	FEB 2020	JUN 2020	SEPT 2020	OCT 2020	NOV 2020	DEC 2020	FEB 2021	Q1, 2021	Q2, 2021	Q3, 2021	OCT 2021	NOV 2021	Q4, 2021	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022
CRR 01	Major Disruption to Clinical and Non Clinical Service Continuity		</ =6	12	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	12	16	16	16
CRR 02	Future trajectory of COVID		</ =6	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	12	12	12	16
CRR 03	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]		</ =6	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10	8	8	8	
CRR 04	Access to care	Capacity access	</ =6	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20	20	NA	20	NA	25	NA	25	25	25	NA	NA	25	12	20	20	20
CRR 05	Inadequate and ageing infrastructure/ equipment	Capital Infrastru	<12	25	NA	NA	NA	NA	NA	25	25	25	25	25	25	16	20	NA	16	NA	16	NA	16	16	16	NA	NA	16	12	9	9	9
CRR 06	Delivery of Major Capital Projects		<12	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6	9	12	12
CRR 07	Anti-Microbial Resistance and Health Care Associated Infections	HCAI, COVID-	</ =6	25	16	NA	NA	NA	25	25	25	25	25	25	25	20	25	NA	25	NA	25	NA	25	25	20	NA	NA	20	20	20	20	20
CRR 08	Safety incidents leading to harm to patients		</ =6	20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	15	15	15	15
CRR 09	Health, wellbeing, resilience and safety of staff	Safety, Health &	<12	20	20	20	20	20	20	20	20	20	20	20	20	12	20	NA	20	NA	20	NA	20	16	16	NA	NA	16	12	15	15	15
CRR 10	Climate action failure		</ =25	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6	6	9	9
CRR 11	Digital environment and cyber failure	Cyber Security	</ =6	20	NA	NA	NA	NA	NA	NA	NA	NA	20	20	20	16	16	NA	16	NA	16	NA	16	25	25	25	25	25	20	20	20	20
CRR 12	Delivering Sláintecare		</ =25	6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6	6	12	12
CRR 13	Internal controls and financial management	System of	<12	8	8	8	8	8	8	8	8	8	8	8	8	12	12	NA	12	NA	12	NA	12	12	9	NA	NA	9	10	10	10	15
CRR 14	Sustainability of screening services	Screenin	</ =6	20	NA	NA	NA	NA	NA	20	20	12	12	12	12	12	20	NA	15	NA	20	NA	20	20	20	NA	NA	20	20	20	20	20
CRR 15	Stability and Transformation of Disability Services	Disability Services	</ =6	20	20	20	20	20	20	20	20	20	20	20	20	16	16	NA	16	NA	16	NA	16	20	20	NA	NA	20	20	20	20	20
CRR 16	Workforce and Recruitment	Workfor	<12	25	25	25	25	25	25	25	25	25	25	25	25	16	20	NA	20	20	20	20	20	20	20	20	20	20	20	16	16	16
CRR 17	HSE Funded Agencies	HSE Funded	</ =6	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9	16	NA	16	NA	16	NA	16	16	16	NA	NA	16	16	16	16	16
CRR 18	Assisted Decision Making Capacity Legislative Changes	n/a	</ =6	25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20	20	20
CRR 19	Displaced Ukrainian Population and International Protection Applicant Population	n/a	</ =6	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6	16	16
CRR 20	Workplace Violence and Aggression	n/a	<12	25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20
CRR 21	Data Protection	n/a	</ =6		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20

Total number of risks currently reported	16	High [15 to 25]
	5	Medium [6-12]
	0	Low [1-5]
	4	Monthly Monitored Risks

*the above table illustrates the rating of a risk, after controls (initial/residual)

Risk Summary Table

Risk ID	Description	EMT Owner	Committee	Risk Appetite		Risk Rating						
				Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	Target
CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity	COO	Audit and Risk	Averse	Operations and service disruption	4	5	20	4	4	16	</=6
CRR 002	Future trajectory of COVID	CCO	Audit and Risk	Averse	Patient Safety	4	5	20	4	4	16	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	CCO	Safety and Quality	Averse	Patient Safety	2	5	10	2	4	8	</=6
CRR 004	Access to care	COO	Performance and Delivery	Averse	Operations and service disruption	5	5	25	5	4	20	</=6
CRR 005	Inadequate and ageing infrastructure/ equipment	CSO	Audit and Risk	Cautious	Property and Equipment	3	4	12	3	3	9	<12
CRR 006	Delivery of Major Capital Projects	CSO	Audit and Risk	Cautious	Property and Equipment	5	3	15	4	3	12	<12
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	CCO	Safety and Quality	Averse	Patient Safety	5	5	25	4	5	20	</=6
CRR 008	Safety incidents leading to harm to patients	COO	Safety and Quality	Averse	Patient Safety	4	5	20	3	5	15	</=6
CRR 009	Health, wellbeing, resilience and safety of staff	NDHR	People and Culture	Cautious	People	5	5	25	3	5	15	<12
CRR 010	Climate action failure	CSO	Audit and Risk	Eager	Strategy	5	4	20	3	3	9	</=25
CRR 011	Digital environment and cyber failure	CIO	Technology and Transformation	Averse	Security	5	5	25	4	5	20	</=6
CRR 012	Delivering Sláintecare	CSO	Audit and Risk	Eager	Strategy	4	4	16	4	3	12	</=25
CRR 013	Internal controls and financial management	CFO	Audit and Risk	Cautious	Financial	4	5	20	3	5	15	<12

Risk Summary Table

Risk ID	Description	EMT Owner	Committee	Risk Appetite		Risk Rating						
				Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	Target
CRR 014	Sustainability of screening services	CCO	Safety and Quality	Averse	Patient Safety	5	5	25	4	5	20	</=6
CRR 015	Stability and Transformation of Disability Services	COO	Performance and Delivery	Averse	Operations and service disruption	5	5	25	5	4	20	</=6
CRR 016	Workforce and Recruitment	NDHR	People and Culture	Cautious	People	5	5	25	4	4	16	<12
CRR 017	HSE Funded Agencies	COO	Audit and Risk	Averse	Operations and service disruption	4	5	20	4	4	16	</=6
CRR 018	Assisted Decision Making Capacity Legislative Changes	COO	Safety and Quality	Averse	Patient Safety	5	5	25	5	4	20	</=6
CRR 019	Displaced Ukrainian Population and International Protection Applicant Population	COO	Audit and Risk	Averse	Operations and service disruption	5	4	20	4	4	16	</=6
CRR 020	Workplace Violence and Aggression	NDHR	People and Culture	Cautious	People	5	5	25	4	5	20	<12
CRR 021	Data Protection	COO	Audit and Risk	Averse	Security	5	5	25	5	4	20	</=6

Section 3

Corporate Risk Table

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity	There is a risk of major disruption to services impacting on the health and safety of patients and service users as a result of unforeseen internal or external events exacerbated by a limited capacity and preparedness for overall operational resilience.	COO	Averse	Operations and service disruption	4	5	20	4	4	16	</=6
CRR 002	Future trajectory of COVID	There is a risk to the health of the population, patients, service users and staff of severe illness and of restricted supply of Health and Social Care Services as a result of the future trajectory and impact of COVID with a potential compounding effect due to the current surges of more than one pathogen at the same time [Respiratory Syncytial Virus (RSV), influenza and other respiratory viruses (ORVs)]. The risk associated with the pathogens includes (i) new variants with increased infectivity and/ or severity and/ or immune escape properties leading to surges in the incidence of infections, hospitalisations and other adverse effects, requiring rapidly changing responses; as well as uncertainties about (ii) the effectiveness of vaccines, (iii) COVID-19 waning immunity and (iv) the impact of COVID on healthcare resources.	CCO	Averse	Patient Safety	4	5	20	4	4	16	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]	There is a risk of significantly increased rates of severe illness and loss of life as well as unsustainable pressures on the health system as a result of a pandemic from a severe/high consequence or emerging infectious disease where there is an inadequate preparedness strategy, unclear prioritisation and planning, inadequate information systems, insufficient capacity and capability within the health service and within public health and inadequate inventories and procurement arrangements for health measures.	CCO	Averse	Patient Safety	2	5	10	2	4	8	</=6
CRR 004	Access to care	There is a risk of delay to timely access to health and social care services as a result of: (i) insufficient capacity; (ii) resources constraints (staff and funding); (iii) lack of eHealth infrastructure; (iv) lack of built infrastructure; (v) lack of delivery of Elective care centres vi) external or third party contract requirements; (vii) unclear end to end referral pathways, and absence of clear public signposting to services; and (viii) further compounded by the pausing or curtailment of services in response to the COVID-19 pandemic.	COO	Averse	Operations and service disruption	5	5	25	5	4	20	</=6
CRR 005	Inadequate and ageing infrastructure/equipment	There is a risk to the delivery of safe patient care and the safety of staff and third parties as a result of inadequate and ageing infrastructure which is	CSO	Cautious	Property and Equipment	3	4	12	3	3	9	<12

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
		inappropriate to 21st century healthcare.										
CRR 006	Delivery of Major Capital Projects	There is a risk of delay and increased costs in delivering Major Capital Projects, together with a consequential impact on the delivery of health and social care services, and an ancillary risk of reputational damage to the HSE. These risks arise as a result of such factors as: market conditions, availability of resources, supply chain considerations, contractor capacity and availability, and the governance and management of projects.	CSO	Cautious	Property and Equipment	5	3	15	4	3	12	<12
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections	There is a risk of serious harm to patients, service users and staff; increased demand on limited service capacity, additional financial cost and risk to the long-term sustainability of healthcare services, as a result of acquiring an infection associated with receiving healthcare including COVID 19, current patterns of antimicrobial use and the associated global growth in antimicrobial resistance (AMR)	CCO	Averse	Patient Safety	5	5	25	4	5	20	</=6
CRR 008	Safety incidents leading to harm to patients	There is a risk that service users engaging with our health and social care services do not consistently receive the safest care possible due to challenges concerning the (i) implementation and embedding of Patient Safety and Risk Management	COO	Averse	Patient Safety	4	5	20	3	5	15	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
		Strategy; and (ii) inadequate Governance and Leadership structures and processes resulting in a negative service user experience including preventable harm to a person.										
CRR 009	Health, wellbeing, resilience and safety of staff	There is a risk to the safety, health and well-being of staff as a result of inadequate local implementation of the safety management system, a risk to the personal resilience of staff as a result of inadequate measures and structures to protect their psychosocial wellbeing, and uncertainties relating to the absence of assurance data on attendance at statutory and mandatory training.	NDHR	Cautious	People	5	5	25	3	5	15	<12
CRR 010	Climate action failure	There is a risk of the HSE not achieving the 2021 Government commitment to a 51% reduction in overall greenhouse gas emissions by 2030, and net 0% by 2050 as a result of a failure to invest in and implement appropriate carbon reduction and other associated activities.	CSO	Eager	Strategy	5	4	20	3	3	9	</=25
CRR 011	Digital environment and cyber failure	[REDACTED]	CIO	Averse	Security	5	5	25	4	5	20	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
CRR 012	Delivering Sláintecare	There is a risk that the implementation of the Sláintecare Implementation Strategy and Action Plan 2021 -2023 could be delayed, impacting on the quality of health services and consequential damage to the HSE, due to: [i] Staffing, finance and other resource constraints; [ii] eHealth and IT infrastructure limitations; [iii] New critical infrastructure developments lagging behind the pace of required operational changes.	CSO	Eager	Strategy	4	4	16	4	3	12	<=25
CRR 013	Internal controls and financial management	There is a risk to the delivery of the HSE's National Corporate and Service Plan due to; (i) failure to achieve national and local financial targets; (ii) increasing costs related to state indemnity; (iii) inability to deliver planned activity within budget determination from funders; (iv) non-adherence to financial and other related organisational controls; (v) failure to implement recommendations from internal and external audits; and (vi) any requirement to respond to critical unforeseen events and unanticipated	CFO	Cautious	Financial	4	5	20	3	5	15	<12

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
		profile changes in demand led schemes, resulting in a loss of confidence in the HSE's management of public monies. This risk is compounded due to uncertainties relating to the wider macro-economic environment including price inflation, supply chains and the longer term sustainability of rising exchequer funding for the health service.										
CRR 014	Sustainability of screening services	There is a risk that an increase in mortality and morbidity will arise within the population if population-based screening programmes become unviable and services cease due to challenges in the legal environment and the uncertainty this has produced for internal and external stakeholders and population screening services cease.	CCO	Averse	Patient Safety	5	5	25	4	5	20	</=6
CRR 015	Stability and Transformation of Disability Services	There is a risk to service continuity and the provision of appropriate, safe and quality care for people with disabilities due to: (i) recruitment and retention challenges across disability sector; (ii) assessment of Need [Disability Act 2005: adults and children] and legal challenges on the provision of service to children with complex disability needs; (iii) absence of agreed multi-annual investment and reform; (iv) intensified regulatory requirements and the need of operationally and financially sustainable service model and	COO	Averse	Operations and service disruption	5	5	25	5	4	20	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
		governance; and (v) challenges to delivery of a responsive person-centred model of care to changing demographics, needs and age profile of the disability service population resulting to significant unmet needs of people with disabilities.										
CRR 016	Workforce and Recruitment	<p>There is a risk to the delivery and provision of health and social care services, particularly the priorities in the National Service Plan due to:</p> <p>The scale of recruitment required, labour market supply and the timeline envisaged to recruit the full allotment of new staff targeted under the HSE's National Service Plan.</p> <p>Challenges relating to the recruitment and retention of critical clinical professions, personnel with specific skills sets and grades that are in short supply both domestically and internationally.</p> <p>This is compounded by uncertainties related (i) increased healthcare worker demand in the global market; (ii) an ageing population and increasing demand within more economically developed countries; (iii) the emergence from COVID-19; (iv) the impact of COVID-19 related absences; and (v) the further workforce demand created as a consequence of the reversal of the Haddington Road Agreement [HRA].</p>	NDHR	Cautious	People	5	5	25	4	4	16	<12

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
CRR 017	HSE Funded Agencies	There is a risk of disruption to plans for maintaining levels of service and transforming local health and care services as a result of any potential breakdown in governance or sustainability of agencies, the breakdown of one or more strategic relationships or changes to the regulatory status of a service which will have a direct impact on service users.	COO	Averse	Operations and service disruption	4	5	20	4	4	16	</=6
CRR 018	Assisted Decision Making Capacity Legislative Changes	There is a risk of a poor experience to service users with decision-making capacity difficulties due to uncertainties concerning (i) operational preparedness and resource constraints and finalisation of the ancillary Assisted Decision Making (ADM) Regulations, the Decision Support Service Codes, Circuit Court Rules and HSE policies and procedures to assist the transition and (ii) legislative basis governing restraints on liberty for persons (Protection of Liberty safeguards) and for re-detaining vulnerable persons who do not suffer from a mental disorder under the Mental Health Acts, but are acutely unwell and pose a danger to themselves and others.	COO	Averse	Patient Safety	5	5	25	5	4	20	</=6
CRR 019	Displaced Ukrainian Population and International Protection	There is a risk of poor, delayed or non-delivery of health and social care services due to increased healthcare demand associated with: (i) the numbers of people displaced by the invasion of Ukraine (ii) a parallel surge	COO	Averse	Operations and service disruption	5	4	20	4	4	16	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
	Applicant Population	of International Protection Applicant (IPA)s seeking refuge in Ireland and (iii) the potential for the current situation in Ukraine to deteriorate further.										
CRR 020	Workplace Violence and Aggression	There is a risk that the exposure of staff to work related violence and aggression, including intentional or unintentional physical assault and verbal abuse could, [i] seriously impact on the physical and psychological health, safety and wellbeing of staff, [ii] diminish the quality of working life for staff; [iii] compromise organisational effectiveness and [iv] impact negatively on the provision of care services due to the variable implementation of relevant policies, inadequate response plans being in place to remediate same and poor monitoring of and response to incidents of violence and aggression towards staff.	NDHR	Cautious	People	5	5	25	4	5	20	<12
CRR 021	Data Protection	There is a risk of loss, theft, illegal or unauthorised use of service user, employee and partner personal data (paper-based and digital) due to: (i) non-compliance with statutory, and regulatory data protection obligations; (ii) lack of clearly established data protection roles and responsibilities across the HSE (outside the National DPO Office) to ensure that every employee understands their individual	COO	Averse	Security	5	5	25	5	4	20	</=6

Risk ID	Risk Title	Risk Description	Owner	Risk Appetite	Risk Appetite Theme	Inherent Rating			Residual Rating			Risk Appetite Target
						Likelihood	Impact	Rating	Likelihood	Impact	Rating	
		obligations in protecting personal data; (iii) inadequate resources to drive improvement in overall Data Protection/ Privacy Framework and internal processes across the organisation; and (iv) low monitoring compliance capabilities, insufficient organisational and technical security measures resulting in an increased exposure to data breaches, regulatory investigations, fines and loss of trust to the HSE; and potential disruption to Operational and Clinical services.										

Section 4

Individual Risk Assessments

CRR Reference	Risk Title
CRR 001	Major Disruption to Clinical and Non Clinical Service Continuity

EMT Risk Owner	Board Committee	Date added to Register
COO	Audit and Risk	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of major disruption to services impacting on the health and safety of patients and service users as a result of unforeseen internal or external events exacerbated by a limited capacity and preparedness for overall operational resilience.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Operations and service disruption	4	5	20	4	4	16	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR1_01	National and Area Crisis Management Teams in place to ensure that the actions taken at national or regional level are supported, coordinated, coherent and integrated.	COO;AND Emergency Planning	Continuous
CRR1_02	HSE Emergency Management function in place to assist and advise HSE Leadership across all levels of the HSE, to generate resilience in the face of identified risks resulting in shocks that lead to a disruption to the provision of Health Services.	COO;AND Emergency Planning	Continuous
CRR1_03	National Inter-Agency Framework for Major Emergency Management in place. A Framework enabling An Garda Síochána, the Health Service Executive and Local Authorities to prepare for and make a co-ordinated response to major emergencies.	COO;AND Emergency Planning	Continuous
CRR1_04	Area Major Emergency Planning Groups are in place to facilitate coordinated resilience planning across a geographic area including alignment of Hospital Group response with that of the Community Health organisation.	COO;AND Emergency Planning	Continuous
CRR1_05	HSE Business Continuity Management policy in place.	COO;AND Emergency Planning	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR1_06	The HSE Severe Weather checklist and associated guidance has been developed to assist managers in planning and preparing for events. This format is flexible and has the adaptability to cater for the diverse range of HSE services and facilities. Each manager is required to address the document and develop Severe Weather preparedness for his/her area of responsibility.	COO;AND Emergency Planning	Continuous
CRR1_07	Strategic Emergency Management in Place at Governmental level with National Emergency Coordination Group provides for a coordinated whole of Government Approach to National emergencies.	COO;AND Emergency Planning	Continuous
CRR1_08	HSE is one of the local competent authorities under SI209 of 2015 (Seveso Regulations) for the prevention of major accidents which involve dangerous substances. HSE works jointly with other competent authorities and the Central Competent Authority.	COO;AND Emergency Planning	Continuous
CRR1_09	There is continued monitoring of this risk utilising HSE Integrated Risk Management Policy.	CRO	Continuous
CRR1_10	Engagement process for national and regional management with unions and strike committees in place for large scale industrial relations disruption.	National HR	Continuous
CRR1_11	Engaged external expertise specialist support to assist in the design, planning, management, monitoring and reporting of Operational Resilience Programme implementation.	COO;AND Emergency Planning	Continuous
CRR1_12	Continued interagency engagement through structures established under the Strategic Emergency Management and a Framework for Major Emergency Management guidance documents.	COO;AND Emergency Planning	Continuous
CRR1_13	The OCR (Operational & Clinical Resilience) Steering Group established to oversee OCR work stream and implementation of key OCR recommendations.	COO ND OPI (Operational Performance and Integration)	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR1_A02	Operational Resilience design, resourcing and implementation plan to be developed. A Gap Analysis to be completed to 1) determine current state against end state 2) define focus areas in scope, work stream objectives and investment requirements.	COO;AND Emergency Planning	31/03/2023	A Draft Phase1 “as is” review is completed and has been circulated to OCR Steering Committee for formal comment and feedback. An updated draft will be

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				circulated to COO, ARC and EMT.
CRR1_A03	Operational Resilience design and resourcing. An initial high level design with initial business case for NSP 2023 will be completed.	COO;AND Emergency Planning	31/01/2023	As of 19/12/22. Two draft papers for the OCR Funding priorities have been submitted to EMT Oversight group. These were based on the 19 initiatives identified by the Phase 1 "As Is" review. A further revision, reducing the 2023 cost estimate, is due to be presented to EMT Oversight Group for their approval on the 20th December 2022.
CRR1_A04	Detailed Implementation and resourcing plan to be brought to the EMT for approval.	COO;AND Emergency Planning		To follow on Action 2. Target Completion date TBD.
CRR1_A05	Operational Resilience implementation to commence.	COO;AND Emergency Planning		To follow on Action 2. Target Completion date TBD.
CRR1_A06	Development and Implementation of Training to support Clinical and Service Continuity across all work streams.	COO;AND Emergency Planning		To follow on Action 2. Target Completion date TBD.
CRR1_A07	To assess implications for the HSE of forthcoming EU Directive on the resilience of critical entities to be assessed.	COO;AND Emergency Planning	30/09/2023	Further action is dependent upon clarity from DOH regarding EU Directive detail. EU legislation is due to become law in Dec 2022, Ireland will then have 21 months to transpose legislation. Expected Protocol: Commission for Energy Reg (CER) will place obligation to adopt a strategy for enhancing the resilience of critical entities. OEP (Office of Emergency Planning) will act as single point

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				of contact for adoption of strategy.
CRR1_A09	Implementation of the Trauma System – Phase 1 development of two major trauma centres at the Mater Hospital and Cork University hospital.	CCO	31/03/2023	<p>Mater Hospital Major Trauma Services commenced at the end of Q3 2022, options are being considered on how the Mater Hospital can safely accept an increased volume of major trauma patients from Q1 2023. 39 of 72 approved WTEs on boarded at the Mater Hospital.</p> <p>Major Trauma Centre (MTC) at Cork University Hospital (CUH) - Implementation plans have been developed and preparations are underway for commencement in Q4 2022/Q1 2023. 21 of 69.9 approved WTEs on boarded at CUH.</p>
CRR1_A10	Cross-functional team discussion relating to Operational Resilience to understand key services, the risks to these that could cause disruption and agree on actions to enable business/service operations to continue.	COO ND OPI (Operational Performance and Integration)	31/12/2023	This is part of Phase II of the OCR programme - Design, Build & Operate of a target operating system for the HSE.
CRR1_A11	Energy Disruption Planning Sub-Group established to Coordinate planning for possible disruption to fuel and energy supply and to provide guidance to the health system.	COO ND OPI (Operational Performance and Integration)	01/09/2023	Issued as Appendix “H” to the HSE severe weather planning and guidance that is due to be updated in Sept 2023
CRR1_A12	To develop a cross function Integrated Coordination Response Framework for Mass Casualty Incidents (MCI Framework).	National Director Acute Operations; AND	30/09/2023	Three key work streams were established in Q2 2022, to examine Pre hospital, Acute

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
	This framework will set out the integrated approach to be adopted in order to assist the Health Service Executive to respond to a Mass Casualty Incident (MCI) and to minimise the impact of an MCI on the health system and on the individuals affected.	Emergency Planning; National Director Operational Performance & Integration		Operations and Community Operations in the context of MCI response. These groups are working to finalise individual ToR and specific work streams.

CRR Reference	Risk Title
CRR 002	Future trajectory of COVID

EMT Risk Owner	Board Committee	Date added to Register
CCO	Audit and Risk	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to the health of the population, patients, service users and staff of severe illness and of restricted supply of Health and Social Care Services as a result of the future trajectory and impact of COVID with a potential compounding effect due to the current surges of more than one pathogen at the same time [Respiratory Syncytial Virus (RSV), influenza and other respiratory viruses (ORVs)]. The risk associated with the pathogens includes (i) new variants with increased infectivity and/ or severity and/ or immune escape properties leading to surges in the incidence of infections, hospitalisations and other adverse effects, requiring rapidly changing responses; as well as uncertainties about (ii) the effectiveness of vaccines, (iii) COVID-19 waning immunity and (iv) the impact of COVID on healthcare resources

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	4	5	20	4	4	16	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.
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No	Control	Control owner	Frequency
CRR2_01	<p>NATIONAL SURVEILLANCE AND OTHER EARLY WARNING SYSTEMS:</p> <p>National Surveillance and other Early Warning Systems in place including:</p> <ul style="list-style-type: none"> Sars Cov-2 is notifiable to HPSC; There will be ongoing surveillance of all PCR-confirmed C-19 cases as well as focused surveillance on C-19 outbreaks in key settings and key populations, C-19 hospitalisations, ICU admissions and deaths The GP Sentinel surveillance programme monitors community incidence and trends in COVID-19, influenza, RSV and other respiratory viruses, enables detection of variants and measures vaccine effectiveness (COVID and flu) Sentinel surveillance of severe acute respiratory infection in one hospital provides information on incidence, trends, aetiology, variants, vaccine effectiveness in this population The national Whole genome sequencing programme tracks the molecular epidemiology of SARS-CoV-2 to inform and enhance the urgent 	HSE Health Protection	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>public health response to the COVID-19 pandemic. There are 2 streams of testing: 1) routine surveillance of representative sample and 2) targeted sampling of outbreaks, travel related cases etc.</p> <ul style="list-style-type: none"> The National seroepidemiology programme enables detection of SARS CoV-2 antibody levels in residual samples taken for other reasons. Falls in antibody levels can be used, in combination with other data, as a proxy for waning immunity to SARS CoV-2. It also allows for monitoring of population exposure to natural infection over time Waste-Water Surveillance Programme - Sample wastewater in 68 catchment areas to monitor for the presence of SARS-CoV-2 RNA. This provides geographical and temporal information on virus presence in the country unbiased by health seeking behaviour or testing policies. This programme is currently being enhanced to include testing of wastewater for specific C-19 variants. 		
CRR2_03	<p>VACCINATION & TEST and TRACE PROGRAMME:</p> <p>Testing – Referral & Swabbing</p> <p>National Office for Vaccination, Test and Trace provides an integrated and agile testing and tracing service for COVID 19. This complies with and responds to the requirements of Public Health Guidance</p> <p>Modelling and activity based service planning is being informed by feedback on prevalence and variants from Public Health and GPs</p> <p>COVID Vaccination Programme</p> <ul style="list-style-type: none"> National Office for Vaccination, Test and Trace leads and coordinates the resourcing and infrastructural requirements of the COVID 19 vaccination programme ensuring capacity is available to deliver each subsequent programme in line with recommendations from the NIAC Vaccination teams in place in all CHOs and coordinate through central operations programme The National Immunisation Office has strong links with the NIAC and the European Medicines Agency and will closely monitor development of new vaccines and assess their suitability for use in Ireland to prevent COVID infections. Regular engagement with the DoH and vaccine manufacturers takes place to ensure vaccine supply is adequate and includes any future new vaccines (e.g. multi valent vaccines) in line with the NIAC guidance recommendations Autumn Winter programme planned to increase resistance of groups with specific vulnerabilities for severe response to the disease for November 2022 to March 2023 and in progress in line with NIAC recommendations on eligibility criteria and definition of cohorts 	HSE National Lead Test and Trace	Quarterly
CRR2_04	<p>VACCINATION and TEST & TRACE PROGRAMME:</p> <p>Transition Planning for Test & Trace and Vaccination Programme</p>	HSE National Lead Test and Trace	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	A future operating model has been developed for each program enabling the delivery of all COVID 19 services via a clinically driven and surveillance led model of service provision and underpinned by a robust surge and Emergency Response Plan which can support an increase in operational capacity within 3 to 8 weeks		
CRR2_05	<p>PUBLIC HEALTH REFORM CAPACITY and CAPABILITIES:</p> <p>Programme established for Public Health Reform Capacity and Capabilities to oversee implementation of a new model for Public Health Medicine aligned to the recommendations of the DOH Report on the Role, Training, and Career Structures of Public Health Physicians in Ireland (Crowe Howarth Report) and a Public Health Pandemic Recruitment Strategy has been agreed.</p>	CCO	Quarterly
CRR2_06	<p>PUBLIC COMMUNICATION CAMPAIGNS:</p> <p>Promote awareness of current public health advice and continue the development and roll-out of campaigns and communications on vaccine uptake, behaviours and the appropriateness of testing for COVID-19 and awareness of measures to take when positive.</p>	National Director Communications	Quarterly
CRR2_07	<p>AMRIC GUIDANCE:</p> <p>Ongoing periodic review and publish AMRIC COVID Guidance to support staff with mitigating IPC risks. This includes delivery of safe IPC services in acute, community and residential services. Update and publish guidance on appropriate use of PPE to support staff in the workplace.</p>	Chief Clinical Officer	Quarterly
CRR2_08	<p>GOVERNANCE and OVERSIGHT:</p> <p>Operational Weekly Meetings related to: Operational Preparedness, National Operations Winter Oversight and Winter/Covid Preparedness are taking place where monitoring of COVID-19 Demand and Capacity, Winter Plan/Pressures and other operations concerns happens with input from COO's divisions</p>	COO	Quarterly
CRR2_09	<p>OPERATIONAL READINESS AND CAPACITY:</p> <p>OPERATIONAL READINESS AND CAPACITY:</p> <p>Healthcare worker resilience & recovery:</p> <ul style="list-style-type: none"> Promote staff resilience to ensure/and recovery of Healthcare Workers (HCWs) to include: Rehabilitation and return to workplace practices appropriate to the workplace as soon as HCW's are medically fit to do so. (in place) Long COVID clinics are now in place and active. Staff access pathway via GP referral. Healthcare Worker Access to Assessment and Treatment Guidance now issued to Occupational Health (OH) services to support this. <p>Long Covid Data collection for HCWs with long COVID attending OH services commenced from September, 2022.</p>	National Director Human Resources	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<ul style="list-style-type: none"> Occupational Health Services continue to assess and support Healthcare Workers with COVID-19 and Long COVID. This includes guidance in relation to fitness to work for healthcare workers in higher risk categories including pregnant workers Provision of ongoing wellbeing and Employee Assistance Programme supports for HCW (in place) 		
CRR2_10	<p>OPERATIONAL READINESS and CAPACITY:</p> <p>Healthcare worker resilience & recovery:</p> <ul style="list-style-type: none"> Continue to measure sero-prevalence of antibodies in healthcare workers (e.g. PRECISE Study in two acute hospitals), funding for 2022 secured. Ongoing review and monitoring of Vaccine Effectiveness. Management of Long COVID-19 and National HR study of same in HCWs, HPSC study 	Chief Clinical Officer; HSE Health Protection; National Director Human Resources	Quarterly
CRR2_11	<p>OPERATIONAL READINESS and CAPACITY:</p> <ul style="list-style-type: none"> The National Winter Oversight Group is in place which provides clear leadership through a schedule of Senior Management Winter Operational meetings, Winter Oversight meetings and specific meetings with Hospital Group Chief Executive Officers (CEOs) and Community Healthcare Organisation (CHO) Chief Officers. Continued use and further development of the National Project Management Office (PMO) portal to strengthen the sharing of performance data within the HSE and to the Department of Health (DoH). 	COO	Quarterly
CRR2_12	<p>OPERATIONAL READINESS and CAPACITY::</p> <p>The following are in place in terms of enhancing healthcare capacity:</p> <ul style="list-style-type: none"> Access to Diagnostics through Community initiative. Access to waiting list procedures through National Treatment Purchase Fund [NTPF] and HSE Framework. Hospitals are accessing capacity where available and required supported by funding made available through Winter Plan. 	COO	Quarterly
CRR2_13	<p>OPERATIONAL READINESS and CAPACITY:</p> <ul style="list-style-type: none"> HSE facilities have a clear written back-up plan when regular staff cannot work or fail to turn up for work. This is incorporated into the facilities' preparedness plan for review by HIQA. 	COO	Quarterly
CRR2_14	<p>OPERATIONAL READINESS and CAPACITY:</p> <p>Policy procedures and Guidelines in place to enable service provision in COVID-19 including;</p> <ul style="list-style-type: none"> HR Guidance documents 	National Director Human Resources	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<ul style="list-style-type: none"> Workplace Health & Wellbeing - Occupational Health Guidance – in place in line with Public Health guidance 		
CRR2_15	<p>OPERATIONAL READINESS and CAPACITY</p> <ul style="list-style-type: none"> A bespoke IT solution, the PPE Demand Management System (DMS), has been established to enable efficient and timely access to PPE for healthcare settings nationwide. The DMS uses assumptions for estimated PPE usage (based on clinical guidance) to determine quantities of PPE to be issued for each request. These can be adjusted by the requestor if appropriate. All healthcare settings where appropriate policy approval / funding sanction is in place have access to national PPE stocks, with a key principle being that all settings should have access to the volume of PPE required to ensure adherence to clinical guidance for usage of PPE in each setting. The National PPE team and the National Distribution Service, within HSE Procurement are responsible for the end to end management of critical PPE stocks on a national basis. 	CFO	Quarterly
CRR2_16	<p>OPERATIONAL READINESS and CAPACITY</p> <p>COVID-19 Response Teams (CRT) are in place in the CHOs to address COVID-19 outbreaks in Long Term Residential Facilities. Where outbreaks occur, the CRTs are in place to provide the required supports.</p>	COO	Quarterly
CRR2_17	<p>VACCINATION PROGRAMME</p> <p>Ongoing active stakeholder representation on the Integrated Planning Working Group and Oversight Committee ensures that all operational and strategic planning for vaccination programmes is inclusive and consistent with the requirements for the effective engagement of all partners and efficient delivery of all work streams</p>	HSE National Lead Test and Trace	Quarterly
CRR2_18	<p>PUBLIC HEALTH CAPACITY and CAPABILITIES</p> <p>Public Health areas, aligned with the Regional Health Areas are established.</p>	National Director Public Health	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR2_A01	<p>VACCINATION & TEST and TRACE PROGRAMME</p> <p>Facilitate agreement on future operating model for COVID-19 testing and vaccinations which will enable the development of 4 phase response :</p>	HSE National Lead Test and Trace	31/12/2022	This action was agreed for closing out on CRR2. The action has been revised and now referenced under CRR2_A15

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	1. Managing current phase 2. Transition phase 3. Long term strategic model 4. Scaling up emergency response			
CRR2_A02	Develop a transition plan for COVID-19 testing and tracing.	HSE National Lead Test and Trace	31/03/2022	Completed
CRR2_A03	VACCINATION & TEST and TRACE PROGRAMME: Finalise draft interim emergency management plan for SARS-CoV-2 integrated across all programmes & reflective of an all of government response in the event of emergency scenario requiring speed in response to a dangerous emerging variant	HSE National Lead Test and Trace	31/12/2022	This action was agreed to be closed out on CRR2. Revised action is now referenced within actions CRR2_A16 and CRR2_A017
CRR2_A04	PUBLIC HEALTH CAPACITY and CAPABILITIES Interim Programme Management Office to begin preparedness planning, with a key focus on: - Needs based approach to resource allocation - Planning to reconfigure 8 departments of Public Health into 6 health areas - Finalising detailed design elements.	CCO	31/12/2022	Since May, 2022 six new PH areas, aligned with the RHAs are established each led by an Area Director of PH. In line with the reform, Consultant-led teams are being recruited and finalised Consultants PHM are being recruited. Action is complete and introduced as control CRR2_18
CRR2_A05	OPERATIONAL READINESS and CAPACITY: To take forward a programme for enhanced community services and hospital care capacity. Implementation of Enhanced Community Care (ECC) Programme to enhance and increase community health services and reduce pressure on hospital services. Delivery of: <ul style="list-style-type: none"> 96 Community Healthcare Networks; 	COO	31/03/2023	As of November 2022: <ul style="list-style-type: none"> Community Health Networks (CHNS) – 91 established Community Specialist Teams (CSTs) for Older Persons – 21 established Community Specialist Teams for Chronic Disease Management – 18 established Diagnostics –208k carried out.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	<ul style="list-style-type: none"> 30 Community Specialist Teams (CST) for older persons; and 30 Community Specialist Teams (CST) for people living with chronic disease. 240,000 scans of various modalities to be carried out by year end (2022) 			
CRR2_A06	<p>OPERATIONAL READINESS and CAPACITY:</p> <p>Targeted actions to increase capacity (Winter Plan and NSP):</p> <p>ECC Programme - Establish 96 CHNs / 32 Community Specialist Teams for older people and chronic disease</p> <ul style="list-style-type: none"> - Implement chronic disease management initiatives - Expand CITs - 5m additional Home support hours - 810 additional acute beds - 66 additional Critical Care Beds - 73 additional Sub Acute beds - 1,250 additional Community Beds - Expand Community Diagnostics - Optimise NTPF funding particularly for elective procedures and diagnostics - Maximise use of private sector capacity. 	COO	31/12/2022	This action is agreed to be closed out as duplication of CRR2_A05
CRR2_A07	Explore the further development of COVID-19 population prevalence surveys (subject to resources) based on ECDC and WHO Guidance".	HPSC	31/12/2022	Ongoing. See Update for Action 9 This is being closed out on CRR2, as action is being monitored on CRR2_A09
CRR2_A08	Expand sequencing capacity through the implementation, with significant EU funding, of the Whole Genome Sequencing Programme over the next two years.	HPSC	30/09/2023	Action now incorporated in Control No. 1 & Action No.9

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				Hence, CRR2_A08 is closed out.
CRR2_A09	<p>SURVEILLANCE and OTHER EARLY WARNING SYSTEMS:</p> <p>1. Expand infectious disease surveillance capacity, including IT infrastructure and staff, in order to strengthen sentinel (GP and SARI) surveillance, whole genome sequencing surveillance, population surveillance (seroepidemiology and waste water surveillance) and surveillance of vaccine uptake, impact and effectiveness.</p> <p>2. Establish a modelling and biostatistics unit at HPSC.</p>	HPSC	31/12/2023	Business case finding approved. Recruitment commenced for posts Enhanced surveillance workstream has commenced
CRR2_A11	<p>PUBLIC HEALTH CAPACITY and CAPABILITIES:</p> <p>Ensure pandemic readiness in Department of Public Health by developing a prioritisation framework for use during a future surge.</p>	CCO; National Director Public Health	31/03/2023	Health Protection COVID-19 and SARI Preparedness plan for Winter 22/23 developed and shared with CCO. Interoperable winter planning workshop for SARI held with operations in August 2022. Action complete, however kept open for monitoring in Q1, 2023
CRR2_A12	<p>AMRIC GUIDANCE:</p> <p>Review and publish AMRIC COVID Guidance to support staff with mitigating IPC risks.</p> <p>Review and consider international evidence, emerging trends and experience of staff to inform updates to AMRIC guidance.</p> <p>Engage with key internal and external stakeholders to ensure AMRIC guidance addresses IPC operational issues and is practical for implementation.</p> <p>Review and report on experience of HA COVID cases.</p>	AMRIC	31/12/2023	Ongoing activity 9 additional AMRIC COVID Clinical Guidance documents reviewed, updated and published

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	Engage with procurement to support review of any AMRIC PPE Guidance issues arising that impacts on PPE procurement and logistics planning.			
CRR2_A13	VACCINATION & TEST and TRACE PROGRAMME Finalise draft surge plan for SARS-CoV-2 testing and tracing in the event of a resurgence or future variants or viruses and develop phased and timed programme specific implementations plans.	HSE National Lead Test and Trace	31/12/2022	This action is agreed for closing. This will now be referenced under CRR2_A17, CRR2_A18 and CRR2_A19.
CRR2_A14	VACCINATION & TEST and TRACE PROGRAMME Continue engagement between T&T and HPSC to ensure surveillance monitoring data will inform T&T operational decision making	HSE National Lead Test and Trace	31/12/2022	This is an ongoing action defined as Control CRR2_01 and led by the HPSC, hence closed out here.
CRR2_A15	VACCINATION, TEST and TRACE PROGRAMME An agreed transition plan is being operationalised to ensure the necessary capacity and resources to deliver the required service levels in all Test and Trace functions including referral, swabbing, contact tracing and Laboratory capacity & equipment	HSE National Lead Test and Trace	31/03/2023	Phase two of transition plan in progress awaiting approval to implement phase 3
CRR2_A16	VACCINATION, TEST and TRACE Secure required agreement on "All of Government" resourcing for Emergency Response Plan	HSE National Lead Test and Trace	31/03/2023	Emergency Response Plan with CCO awaiting negotiations on All of Government resourcing to commence
CRR2_A17	VACCINATION, TEST and TRACE Finalise governance structures for implementation of Surge and Emergency Response Plan	HSE National Lead Test and Trace	31/03/2023	Emergency Response Plan with CCO awaiting negotiations on All of Government resourcing to commence
CRR2_A18	Secure and finalise required framework agreements to ensure necessary resources and capacity to underpin the agreed Surge and Emergency Response Plans	HSE National Lead Test and Trace	31/03/2023	<ul style="list-style-type: none"> •Labs tender – Ongoing •Lab logistic tender – under review •PCR swabs and buffer tender - Ongoing •Antigen distribution tender – under review with OGP. To be awarded in January 2023

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR2_A19	Implement the agreed strategy to develop the NAS workforce thereby ensuring the flexibility to scale up in line with agreed Surge & Emergency Response Plans	HSE National Lead Test and Trace	31/03/2023	In progress- mid way in required recruitment
CRR2_A20	In line with the full implementation of the clinically driven and surveillance led model of service, step down of self-referral and antigen online portals and serial testing as directed by CMO and informed by Public Health advice	HSE National Lead Test and Trace	31/03/2023	Enhanced GP Sentinel Pathway went live 16th of November, Clinical diagnostic pathway went live 9th November. Awaiting approval for final step down.
CRR2_A21	Programme is in place to future proof HSE laboratory services to meet current and future capacity requirements	HSE National Lead Test and Trace	31/12/2023	Business case with DOH for review
CRR2_A22	Support the implementation of the DoH's recommendations to strengthening the baseline capacity of NVRL through necessary development and expansion	HSE National Lead Test and Trace	31/12/2023	Business case with DOH for review
CRR2_A23	Conclude the end-to-end development of the CoVax information system to support the optimum operating model for COVID-19 vaccinations, including considerations for how this can be leveraged to support other vaccination programmes.	HSE National Lead Test and Trace	31/03/2023	Ongoing changes to CoVax are managed through fortnightly updates

CRR Reference	Risk Title
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [non-COVID]

EMT Risk Owner	Board Committee	Date added to Register
CCO	Safety and Quality	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of significantly increased rates of severe illness and loss of life as well as unsustainable pressures on the health system as a result of a pandemic from a severe/ high consequence or emerging infectious disease where there is an inadequate preparedness strategy, unclear prioritisation and planning, inadequate information systems, insufficient capacity and capability within the health service and within public health and inadequate inventories and procurement arrangements for health measures.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	2	5	10	2	4	8	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR3_01	SURVEILLANCE and EARLY WARNING SYSTEMS National surveillance systems, cross-border surveillance including early warning and response system (EWRS, ECDC) and International Health Regulations (WHO), links with UKHSA, veterinary shared surveillance e.g. for avian influenza are in place.	HSE Health Protection	Quarterly
CRR3_02	CAPACITY and CAPABILITIES Public Health pandemic response expertise [people and technical] in place	HSE Health Protection	Quarterly
CRR3_03	CAPACITY and CAPABILITIES Contact tracing capabilities in place.	HSE Health Protection	Quarterly
CRR3_04	CAPACITY and CAPABILITIES Disease modelling expertise in place	HSE Health Protection	Quarterly
CRR3_06	PREPAREDNESS STRATEGY and PRIORITISATION PLANNING	CEO	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>National Crisis Management Team (NCMT) activation mechanism in place through the CEO and the Operational Performance Integration.</p> <p>National and Area Crisis Management Teams in place ensure that the actions taken at national or regional level are supported, coordinated, coherent and integrated</p>		
CRR3_07	Preparedness and Emergency Response Plans for Health Protection and Testing, Tracing and Vaccination for Winter Preparedness 22/23 is in place	CCO;HSE Health Protection	Quarterly
CRR3_08	Health Protection Strategy complete and published	National Director Public Health	Quarterly
CRR3_09	Intra-action review on governance and communication complete as part of eliciting learning from the HSE's COVID-19 response, to inform future pandemic risk preparedness, prevention and mitigation.	National Director Public Health	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR3_A01	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Undertake a series of after-action reviews as part of eliciting learning from the HSE's COVID-19 response, to inform future pandemic risk preparedness, prevention and mitigation.</p>	National Director Public Health	31/03/2023	<p>Intra-action review (IAR) on governance and communication complete. Work has commenced to implement recommendations arising from IAR in conjunction with implementation of PH Reform structures and Health Protection Strategy.</p> <p>A new action on implementation of recommendations arising from IAR will be agreed in Q1, 2023</p>
CRR3_A02	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Drawing on the learning from COVID-19 and as part of the Operational Resilience Transformation Programme, develop a comprehensive Pandemic</p>	National Director Public Health	31/03/2023	This action is under review.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	'playbook' to guide the planning and response to a new pandemic.			
CRR3_A03	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop a Health Protection Strategy for Ireland 2022 -2027 including threat preparedness strategy</p>	National Director Public Health	30/09/2022	<p>Health Protection Strategy complete and published. Launched in October. Accessible here: https://bit.ly/3iAiQjd</p> <p>Work has commenced to implement.</p> <p>New action on implementation of the strategy to be agreed.</p>
CRR3_A04	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop proposals for improving the linkages in staffing and processes between Public Health (health protection), Emergency Management and Environmental Health to ensure more unified and cohesive preparedness for and response to future emerging threats including pandemics.</p>	CCO	31/12/2023	<p>Health Protection, Emergency Management and Environmental Health have agreed on establishing joint working arrangements on multiple workstreams addressing HCID and Viral Haemorrhagic Fever (VHF) Preparedness, Monkeypox Response, Chemical, Biological, Radiological, Nuclear (CBRN) Preparedness, Port Health in progress.</p> <p>Development of Health Protection strategy is complete.</p>
CRR3_A05	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop a proposal for consideration by the DOH to establish a senior level standing forum for pandemic preparedness/ threats/ health security matters to align strategic and operational pandemic planning.</p>	CCO;COO	30/06/2023	<p>Requests have been made for engagement re: pandemic planning to DOH.</p> <p>Specific engagement re: VHF preparedness throughout November and December.</p>
CRR3_A06	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop proposals for regular pandemic preparedness exercises in conjunction with the DOH</p>	CCO;COO	30/06/2023	<p>Requests have been made for engagement re: pandemic planning to DOH. HSE Exercises have taken place for specific incidences of</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				high consequence infectious disease including a recent exercise (21 Nov) on importation of VHF case, run jointly by Health Protection and Emergency Management. In addition, Avian Influenza Exercise planned for February 2023.
CRR3_A07	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop a proposal for consideration by the DOH in relation to health security prioritisation in budgets and increased resource mobilisation where required.</p>	National Director Public Health	30/06/2023	Ad hoc engagement with DOH occurred re: Health Protection NSP development submissions 2023. No contingency budget within HSE for emergency response/management (since 2014). In event additional emergency funding required – engagement with DOH would be required.
CRR3_A08	<p>INFORMATION SYSTEMS</p> <p>Develop a business case for a series of technology solutions including real time epidemic forecasting/modelling capability, the national centralised electronic vaccination platform, case and incident management system, integration between the immunisation and outbreak management system and technical support systems, such as hazard-risk dashboard</p>	National Director Public Health	31/12/2023	Work underway to progress procurement of case and incident management system as part of Public Health Reform Programme with consideration being given to requirement for other PH IT solutions such as those mentioned across. Open tender procedure commencing with target for completion of tender documentation for early 2023.
CRR3_A09	<p>CAPACITY and CAPABILITIES</p> <p>Implement the Public Health function development plan (Crowe Howarth Report) including fully staffed</p>	National Director Public Health	31/12/2023	Work underway and progressing as part of the PH Reform Programme. Interim Director of Public Health appointed and

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	threat preparedness team, including training function, emergency planners etc.			in post. Preparations and approvals for Phase 2 Consultant recruitment are underway.
CRR3_A10	<p>PROCUREMENT ARRANGEMENTS</p> <p>Review of all pandemic procurement and pandemic stock arrangements to be completed.</p>	CFO	30/06/2023	<p>KPMG's audit of the HSE's procurement of PPE during the COVID-19 pandemic is complete. Report issued in June 2021 contained 41 findings and 17 recommendations.</p> <p>By end of Q3, 2022: 12 recommendations implemented.</p> <p>2 expected to be complete by end Jan 2023, subject to system testing.</p> <p>2 in progress, being validated by KPMG, due for completion in June 2023.</p> <p>1 related to IFMS, expected to be implemented on IFMS go-live.</p>
CRR3_A11	<p>CAPACITY and CAPABILITIES</p> <p>Complete enhancements to the Mater National Isolation Unit</p>	HPSC;COO	30/06/2023	<p>Mater are awaiting capital funding go ahead for equipment and fit out costs from HSE Capital Programme.</p> <p>Contingency plan is in place with Germany to transfer patient to HLIU there if required. SOPs for same currently in development</p>

CRR Reference	Risk Title
CRR 004	Access to care

EMT Risk Owner	Board Committee	Date added to Register
COO	Performance and Delivery	28/02/2020

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of delay to timely access to health and social care services as a result of: (i) insufficient capacity; (ii) resources constraints (staff and funding); (iii) lack of eHealth infrastructure; (iv) lack of built infrastructure; (v) lack of delivery of Elective care centres vi) external or third party contract requirements; (vii) unclear end to end referral pathways, and absence of clear public signposting to services; and (viii) further compounded by the pausing or curtailment of services in response to the COVID-19 pandemic.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Operations and service disruption	5	5	25	5	4	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR4_01	Funding approved for the following NSP 2022 initiatives: (i) safe Return to Health Services; ii) enhanced Community Care programme; (iii) scheduled Care Transformation programme; (iv) Acute and Sub-Acute additional capacity beds; and (v) additional home support packages	COO; National Director Acute Operations; National Director Community Operations	Annually
CRR4_02	HSE Operational Performance monitoring activities and control process in place including: National Performance Oversight Group [NPOG] and Monthly Board Strategic Scorecard [BSS] reporting which provides progress against key Programmes/Priorities and KPIs targets.	COO ND OPI (Operational Performance and Integration)	Continuous
CRR4_03	National Treatment Purchase Fund [NTPF] and contracts with Private Hospitals in place to provide additional hospital capacity to the HSE.	National Director Acute Operations	Continuous
CRR4_04	The Capacity and Access Sláintecare Programme is in place to support timely care and prevention initiatives and promote health and well-being.	CSO	Continuous
CRR4_05	Governance Committee and Resourcing Taskforce in place to monitor and oversee recruitment and put in place remedial measures. Examples of these measures are: (i) employee Retention Measures; (ii) performance	National Director Human Resources; AND	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	achievement engagements; (iii) resource recruitment departments at local level; (iv) increase outputs of qualified applicants from education as progressed by Recruitment Reform and Resourcing [RRR]; and (v) monitor and Implement Managing Attendance Policy	of HR Recruitment, Reform & Resourcing	
CRR4_09	Community Response Teams (CRT) appointed in all CHO's to ensure COVID outbreaks are managed and maintained in nursing home settings.	COO; National Director Community Operations	Continuous
CRR4_10	The Waiting List Plan 2022 has been developed and sets out a roadmap for tackling waiting lists. It is supported by dedicated funding of €350 million, has been developed with expert input from clinical leaders. The plan outlines how that money will be used focusing on: (i) delivering additional activity in 2022; (ii) reforming scheduled care; (iii) enabling scheduled care reform; and (iv) addressing community care access. Significant non-recurrent funding has been made available in 2022 to provide additional care in the acute and community settings.	CSO	Continuous
CRR4_11	Community Intervention Teams (CIT) – National Coverage secured with 21 teams now operational across the country providing fast tracked provision of services to prevent unnecessary hospital admission or attendance, and to facilitate/enable early discharge.	COO;ND Clinical Programme Implementation and Professional Development	Continuous
CRR4_12	The following platforms have been fully delivered and are operational: (i) National COVID-19 Vaccination IT System and (ii) Telehealth system for Video Conferencing / Remote Consultation.	CIO	Continuous
CRR4_13	In line with 2022 NSP Commitment, a New National Forensic Mental Health Service with 110 bed capacity is operational from November 2022.	COO; National Director Community Operations; AND Mental Health Operations	Continuous
CRR4_14	Structured Chronic Disease Management (CDM) Programme is being implemented as per the 2019 GP Agreement on a phased basis over a period of 4 years commencing 2020 to: enhance healthcare in the community and to reduce the winter pressures on acute hospital system. Phase I complete which includes: (i) CDM Treatment Programme to eligible cohort aged 70 and over (including Modified Virtual CDM as a delivery option); (ii) Roll out of Treatment Programme to eligible age cohorts from aged 18 to 65 years and over; and (iii) Prevention Programme (PP) and Opportunistic Case Finding (OCF) to eligible age cohort aged 65 years and over.	ND Clinical Programme Implementation and Professional Development	Continuous
CRR4_15	The HSE Winter Plan is part of overall multiyear planning which aims to support hospital avoidance, process flow within the hospitals and discharge from hospitals, and seeking to minimise delayed transfers of care. Initiatives as set out in the Winter Plan 2021/22 and NSP 2022 have delivered: (i) increased bed capacity; (ii) additional home support hours; (iii) alternative pathways to minimise attendance at and admission through	COO ND OPI (Operational Performance and Integration)	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	emergency departments such as pathfinder services, additional access to diagnostics for GPs, expanding the range of community supports and extending the opening times of the local injury units; (iv) public Health Guidance and continued Vaccination Programme; and (v) epidemiology reports in relation to winter virus notifications of cases and hospitalisation.		
CRR4_16	The National Winter Oversight Group is in place which provides clear leadership through a schedule of Senior Management Winter Operational meetings, Winter Oversight meetings and specific meetings with Hospital Group Chief Executive Officers (CEOs) and Community Healthcare Organisation (CHO) Chief Officers; and continued use and further development of the National Project Management Office (PMO) portal to strengthen the sharing of performance data within the HSE and to the Department of Health (DoH).	CEO;COO	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR4_A02	As of Jan 2022: To deliver 1228 additional acute beds at end of 2022	COO; National Director Acute Operations	31/12/2023	As of PMO Report 22/12/22: Beds delivered: 952 Target revised: 970 Profiled for 2023 and for capital consideration: 258
CRR4_A03	As of Jan 2022: To deliver 333 critical care beds by end of 2022 To deliver 75 additional critical care beds by end of 2022	COO; National Director Acute Operations	31/12/2023	As of PMO Report 22/12/22 Critical Care Beds delivered is 323. Additional Critical Care Beds delivered is: 65 Profiled for 2023: 20
CRR4_A04	Maximum wait time targets: Outpatient WL – 98% of patients waiting for their first outpatient appointment to be seen within 18 months IPDC WL – 98% of patients waiting for an inpatient or day case procedure to be treated within 12 months	COO; National Director Acute Operations	31/03/2023	As of October 2022, while targets have been reached and exceeded by a significant number of hospitals, certain challenges remain due to capacity constraints in the public and private sections including Children’s inpatient waiting lists.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	GI Scope WL – 100% of patients waiting for their first gastrointestinal scope (GI scope) to be treated within 12 months.			
CRR4_A05	<p>Implementation of Enhanced Community Care (ECC) Programme to enhance and increase community health services and reduce pressure on hospital services.</p> <p>Delivery of:</p> <p>96 Community Healthcare Networks;</p> <p>30 Community Specialist Teams (CST)for older persons; and</p> <p>30 Community Specialist Teams (CST) for people living with chronic disease.</p> <p>240,000 scans of various modalities to be carried out by year end (2022)</p>	COO;ND Clinical Programme Implementation and Professional Development	31/12/2022	As of November 2022: Community Health Networks (CHNS) – 91/96 established Community Specialist Teams (CSTs) for Older Persons – 21 /30 established Community Specialist Teams for Chronic Disease Management – 18/30 established Diagnostics – 208k/240k year-end target
CRR4_A07	<p>Delivery of:</p> <p>Mental health crisis resolution teams and cafes.</p>	COO; National Director Community Operations; AND Mental Health Operations	30/09/2023	As of October 2022: National Crisis Resolution Services Steering Group established. Pilot sites agreed with six Crisis Resolution Teams and five Crisis Café sites. Sub working group on Café Standard Operating Procedure established, Progressing review of SOP and work through operational requirements for implementation.
CRR4_A08	<p>Delivery of:</p> <p>Child and Adolescent Mental Health Services [CAMHS] tele-health hubs to offer increased access to assessments.</p>	COO; National Director Community Operations; AND Mental Health	30/09/2023	As of October 2022: National CAMHS Hub Steering Group established. CAMHS tele hubs apart from CHO 2, not on track [recruitment delays].

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
		Operations		
CRR4_A15	To progress annual target of 8637 Transitional Care Beds [TCB] in a private nursing home under the agreed NTPF [National Treatment Purchase Fund] rate for patients categorised as a Delayed Transfer of Care patient in an Acute Hospital.	COO; National Director Community Operations; GM Services for Older Persons Operations; National Transitional Care Funding Manager	31/12/2023	As of November 2022: There are now 646 contracted beds currently on-stream. Overall occupancy of nationally managed beds is at 78%, with 542 beds currently occupied.
CRR4_A16	Delivery of pathfinder project: Pathfinder service model will be replicated and mainstreamed into 8 new sites; and Recruitment of all H&SCP's (32 WTE in total) & NAS AP's (24 WTE) to populate all 8 new Pathfinder Teams prior to year-end 2022, ensuring replacement of any posts from current HSE services.	COO; National Director NAS	31/03/2023	As of October 2022: 3/8 pathfinder teams are now operational– Tallaght, Waterford & Limerick. Remaining 5 will be set up, on target Q1 2023 dependent on Health & Social Care Professionals recruitment.
CRR4_A17	Delivery of: Elective Care Hospitals	CSO	31/12/2023	Progress continues on the Enhanced Provision of the Elective Care Hospitals Programme. On 7 December 2022, the Minister for Health received Government approval for the next stage of the programme and progression of development of new Elective Hospitals in Cork and Galway sites. Work is due to commence shortly on the development of a Project-specific Business Case for Dublin.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				Associated governance arrangements at National and Regional levels will be finalised and established in Q1 2023.
CRR4_A19	<p>Undertake waiting list initiatives as part of the DOH/HSE waiting list action plan:</p> <p>Orthodontics (Grade 4 waiting over 4 years) - 1,850</p> <p>Primary Care Child Psychology (Children waiting over 12 months) - 3,351</p> <p>Counselling in Primary Care - 1,672</p> <p>CAMHS Phase 1 – 475</p> <p>CAMHS Phase 2 - 899</p> <p>Orthodontics Grade 5 Growth Dependent (November start) - 110</p>	COO; National Director Community Operations	31/03/2023	<p>As of September 2022, the following were above targets:</p> <p>Orthodontics (Grade 4 waiting over 4 years)</p> <p>Primary Care Child Psychology (Children waiting over 12 months)</p> <p>Counselling in Primary Care</p> <p>CAMHS Phase 1 and 2 were slightly behind target.</p>
CRR4_A20	To deliver Phase II of the Prevention Programme (PP) and Opportunistic Case Finding (OCF) in line with ongoing commitments made in the GP Agreement 2019.	ND Clinical Programme Implementation and Professional Development	31/12/2023	<p>As of October 2022: 91% steady rate of GP's enrolled in the GP Agreement 2019 and who have opted in to provide the CDM Programme.</p> <p>CDM review activity is increasing in line with implementation of the Programme.</p>
CRR4_A21	To deliver Phase III of the CDM Treatment Programme in line with ongoing commitments made in the GP Agreement 2019.	ND Clinical Programme Implementation and Professional Development	31/12/2023	Discussions commenced as advised by National Clinical Programme for Chronic Disease, including the additional work streams identified during Phase's I and II in collaboration with Irish Medical Organisation [IMO] and Irish College of General Practitioners. [ICGP].

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR4_A22	<p>Implement the Reform Programme [older people services] including the development and implementation of new operational models of care clinically supported. This programme aims to increase access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.</p>	CSO	31/12/2023	<p>Future Strategic Framework for Public Residential Care in Ireland will be finalised and issued at end of December 2022</p> <p>Work will commence in 2023 in collaboration with National Clinical Advisor & Group Lead Older Persons [NCAGL OP], National Community Operations and the Service Delivery area to build on the Framework and develop Future Operational Model for Public Community Residential Care and Implementations Plan</p>
CRR4_A23	<p>Winter Plan 2022-2023 Performance and Improvement Monitoring</p> <p>Rigorous and regular oversight at national and local levels will be provided to support operational grip in relation to the identified prioritised KPIs.</p> <p>(i) 24hr Patient Experience Time (PET); (ii) 24hr PET > 75; (iii) Delayed Transfers of Care (DTC); (iv) Length of Stay (LoS); (v) 08:00hrs Trolley Count; and (vi) National Ambulance Service (NAS) turnaround times.</p>	COO ND OPI (Operational Performance and Integration); AND Performance Management and Improvement Unit	31/03/2023	New action, updates not due

CRR Reference	Risk Title
CRR 005	Inadequate and ageing infrastructure/ equipment

EMT Risk Owner	Board Committee	Date added to Register
CSO	Audit and Risk	26/06/2018

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to the delivery of safe patient care and the safety of staff and third parties as a result of inadequate and ageing infrastructure which is inappropriate to 21st century healthcare.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	Property and Equipment	3	4	12	3	3	9	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR5_01	Allocated funding is prioritised to address clinical and infrastructural risk in consultation with the services Nationally and Locally.	CSO	Quarterly
CRR5_02	Infrastructure risk, informed by assessments is taken into account when consulting with the services during the annual project identification and prioritisation process for the allocation of capital funding.	CSO	Quarterly
CRR5_03	Infrastructure risk is a key issue for the HSE when engaging with the Department of Health to advise on requirements and associated funding needs.	CSO	Quarterly
CRR5_04	The Capital and Estates Strategy and shorter term prioritisation and funding requirements will be informed by Condition Surveys and other assessments on the healthcare estate which are in progress.	CSO	Quarterly
CRR5_05	A risk assessed and managed equipment replacement programme is in place with designated funding in the annual Capital Plan.	CSO	Quarterly
CRR5_06	A medical gas resilience programme is in progress with significant investment already deployed to upgrade the supply and delivery of oxygen in acute hospitals.	CSO	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR5_03	Further development of local risk registers to inform risk relating to infrastructure	CSO	31/03/2023	In progress
CRR5_A01	Ensure the developed Capital and Estates Strategy Implementation Plan is used to inform the direction of future capital investment and management of the healthcare estate.	CSO	31/03/2023	Strategy and Implementation Plan developed and has been considered approved by EMT. Currently in process for approval by ARC, followed by HSE Board. Implementation Plan will be developed thereafter.
CRR5_A02	Maintain engagement with the Capital and Infrastructure Unit of the Department of Health to ensure that the status and progress of capital investment and any associated risk is understood.	CSO	31/03/2023	Monthly meetings scheduled with C&E and DoH. Collaborative management of agenda and arising actions.

CRR Reference	Risk Title
CRR 006	Delivery of Major Capital Projects

EMT Risk Owner	Board Committee	Date added to Register
CSO	Audit and Risk	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of delay and increased costs in delivering Major Capital Projects, together with a consequential impact on the delivery of health and social care services, and an ancillary risk of reputational damage to the HSE. These risks arise as a result of such factors as: market conditions, availability of resources, supply chain considerations, contractor capacity and availability, and the governance and management of projects.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	Property and Equipment	5	3	15	4	3	12	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR6_01	Major Capital Projects are subject to clear project governance arrangements outlined in the Capital Projects Manual and Approvals Protocol, which define the roles and responsibilities of relevant stakeholders. Projects are managed in accordance with the National Capital Works Framework and aligned to the Public Spending Code.	National Director Capital and Estates	Quarterly
CRR6_02	Controls and approvals are in place relating to budget and ongoing management for all Major Capital Infrastructure Projects, inclusive of specific project cost management arrangements. This is in accordance with the Capital Works Management Framework, Public Spending Code, HSE Capital Projects Manual and Approvals Protocol, HSE National Financial Regulations. This is further supplemented through the approval, review and management of the HSE Capital Plan.	National Director Capital and Estates	Quarterly
CRR6_04	All major Capital and Estate infrastructure projects are delivered in accordance with processes and procedures for reviewing programme and progress on projects and third party/supplier performance at various stages during the lifecycle of a project. Quarterly reviews of the Capital Programme supplement individual project reviews. Overall performance of the Capital Programme is core to monthly meetings between Capital and Estates and the Planning and Infrastructure Unit in the Department of Health.	National Director Capital and Estates	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR6_05	Where Exchequer funded Major Capital health projects are advanced in support of, or by, third parties (voluntary hospitals, statutory bodies and other agencies), arrangements are made to protect the State's interest, in relation to both the investment made and the service objectives.	National Director Capital and Estates	Quarterly
CRR6_06	All Major Capital Projects, are brought through HSE Governance structures, including EMT, ARC and the Board, for approval, in line with Public Spending Code thresholds and processes. In relation to the largest and most sensitive projects, regular updates on progress are provided to EMT, ARC and the Board.	CSO	Quarterly
CRR6_07	All major ICT Projects are: <ul style="list-style-type: none"> - Subject to approvals governed by DPER. - Governed by a Project/Programme board who are accountable for risk management in accordance to the HSE Integrated Risk Management Framework. - Managed using the eHealth Methodology and utilise a Microsoft project online platform "MODUS". - Operated within strict financial controls in accordance with the National Financial Regulations. 	CSO	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR6_A01	Capital and Estates Strategy has been developed to determine the future direction and management of the healthcare estate, including the planning, prioritisation and delivery of Major Capital Projects.	CSO	31/03/2023	Strategy and Implementation plan developed and has been considered and supported by EMT, ARC and the Board.
CRR6_A02	A Workforce Plan for Capital and Estates is in preparation, to align with and support roles and responsibilities as set out in the Capital and Estates Property Strategy noted above.	National Director Capital and Estates	30/06/2023	Preparatory work underway – outputs from Property Strategy will inform process.
CRR6_A03	Key project management replacement posts submitted for approval and recruitment.	CSO	30/06/2023	New development posts as outlined in NSP 2022 and 2023 are currently being considered by EMT.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR6_A05	Appropriate resources to oversee and deliver Major Capital Projects to be put in place across all phases of project delivery.	National Director Capital and Estates	31/12/2023	Ongoing
CRR6_A06	General risk themes associated with Major Capital Projects will be captured and reviewed in the context of the HSE Capital and Estates Risk Register. Project Risks will be escalated to this risk register, as appropriate.	National Director Capital and Estates	31/03/2023	Ongoing
CRR6_A07	Complete the design and continue to progress the roll out of the new National Estates Information System, which will support consistent and standardised approaches to the carrying out of works in relation to Major Capital Projects. RAG status of projects following the HSE Risk Matrix is integrated into this system.	National Director Capital and Estates	31/12/2023	Ongoing Design to be completed by end 2023. Delay in design due to necessity to replicate existing management functionality and governance controls for capital projects.

CRR Reference	Risk Title
CRR 007	Anti-Microbial Resistance and Health Care Associated Infections

EMT Risk Owner	Board Committee	Date added to Register
CCO	Safety and Quality	09/11/2016

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of serious harm to patients, service users and staff; increased demand on limited service capacity, additional financial cost and risk to the long-term sustainability of healthcare services, as a result of acquiring an infection associated with receiving healthcare including COVID 19, current patterns of antimicrobial use and the associated global growth in antimicrobial resistance (AMR)

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	5	5	25	4	5	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR7_01	Governance and Guidance – HSE AMRIC Oversight, Implementation Team and Operational IPC Teams in place	CCO;COO	Quarterly
CRR7_02	Governance and Guidance – HSE 2022-2025 AMRIC Action Plan published, this is aligned to INAP 2 (Ireland’s National Action Plan on Antimicrobial Resistance)	CCO;COO	Quarterly
CRR7_03	Governance and Guidance - Performance KPIs and metrics with monitoring process in place	CCO;COO	Quarterly
CRR7_04	Governance and Guidance – AMRIC Guidance developed, published and made available to operations this includes IPC and antimicrobial stewardship guidance	CCO	Quarterly
CRR7_05	Governance and Guidance - Legal framework for notification of infectious diseases and outbreaks	CCO	Quarterly
CRR7_06	Capacity and Infrastructure – AMRIC minor capital programme in place for acute and community operations, AMRIC Estates guidance in place to inform IPC requirements for infrastructure	COO; National Director Capital and Estates	Quarterly
CRR7_07	Capacity and Infrastructure – Infection prevention and control and antimicrobial stewardship posts approved as part of AMRIC developments	CCO;COO	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR7_08	Education and Training – AMRIC Communications Plan and Educational Programme in place	CCO	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR7_A01	Continuous review of emerging evidence to inform AMRIC guidance updates	CCO	31/12/2023	9 additional AMRIC COVID Clinical Guidance documents reviewed, updated and published 3 AMRIC Non COVID Clinical Guidance documents reviewed and published Formally launched V1 HSE AMRIC antimicrobial stewardship guidance IPC guidance provided to support monkeypox response 13 additional AMRIC guidance published to antibioticprescribing.ie for GPs and Pharmacists to support appropriate use of antibiotics
CRR7_A02	Engagement with stakeholders to ensure AMRIC guidance meets service needs	CCO	31/12/2023	Internal and external stakeholders consulted on all AMRIC guidance updates during Q4 2022
CRR7_A03	AMRIC Education and Training delivered	CCO	31/12/2023	4 new AMRIC eLearning Programmes published in Q4 2022 Educational podcasts delivered to GPs and Pharmacists on AMRIC guidance updates published to antibioticprescribing.ie

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				AMRIC education webinars delivered on updated AMRIC COVID guidance published
CRR7_A04	Ensure timely and accurate AMRIC surveillance reporting	CCO	31/12/2023	<p>AMRIC surveillance reports produced on weekly (COVID data report), monthly (acute operations report, HCAI NPOG report, Community Residential Care Facility report, CPE monthly report and quarterly (KPIs) basis. All consolidated HSE and NPHE data reports developed and/published on time.</p> <p>CPE position paper provided to CCO, EMT and DOH</p> <p>2022 National annual acute hospital antimicrobial point prevalence study launched, data received from acute hospitals is currently being analysed</p> <p>Input (health data) being provided for One Health Report</p>
CRR7_A05	IPC input to the development of capital programme – in order to address IPC risks in existing infrastructure and ensure future capital projects address IPC requirements, this is a significant risk issue for delivery of safe patient healthcare	CCO; National Director Capital and Estates	31/12/2023	Capital draw downs in progress aligned to approvals issued to Acute and Community CEOs for 2022 Acute and Community IPC Minor Capital Programmes. These IPC minor capital programmes help to address HCAI transmission risks and supports services to adhere to good IPC practice in health and social care settings

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				IPC prioritisation criteria provided to Estates to inform prioritisation of capital projects that address IPC issues requested for inclusion in 2023 capital plan
CRR7_A06	Quarterly review of progress and exception reporting on HSE 2022-2025 AMRIC Action Plan and approved posts	CCO	31/12/2023	Updates including quarterly updates and status on new WTE approved recruitment provided to AMRIC Oversight Group and DoH. Q4 reporting underway
CRR7_A07	Scope and plan an infection prevention and control information management system (Acute and Community services)	CCO;COO	31/12/2023	Action is progressing with following initiatives and is on track. Planning for phased implementation underway Local Implementation Teams being established and engagements underway Community data validation completed for this phase Communications plan developed and being delivered
CRR7_A08	Procure infection prevention and control information management system	CCO;COO	31/12/2023	Procurement evaluation completed OCIO resources (3 WTEs) to support planning and implementation in place Digital Government Oversight Unit (DGOU) approval received
CRR7_A09	Implement, on a phased basis, the HSE AMRIC Action Plan 2022-2025 which is aligned to Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2), this plan	CCO	31/12/2025	The Action plan contains 143 HSE Actions for implementation

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
	encompasses antimicrobial resistance which integrates infection prevention and control (IPC) and antimicrobial stewardship across community and acute settings			between 2022-2025, 113 of these actions are commenced in 2022. As at Q4 2022, of these 113 actions: 39 are completed (35%) 70 are in progress (62%) 4 are in exception (3.5%) – In Q3 6 were in exception (9%)

CRR Reference	Risk Title
CRR 008	Safety incidents leading to harm to patients

EMT Risk Owner	Board Committee	Date added to Register
COO	Safety and Quality	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk that service users engaging with our health and social care services do not consistently receive the safest care possible due to challenges concerning the (i) implementation and embedding of Patient Safety and Risk Management Strategy; and (ii) inadequate Governance and Leadership structures and processes resulting in a negative service user experience including preventable harm to a person.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	4	5	20	3	5	15	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR8_01	Governance Governance, Oversight & Surveillance: NQPS Directorate in place to amalgamate the HSE national patient safety and quality improvement functions providing strategic direction to oversee and drive QPS and a culture of learning, that is improvement led, transparent & open.	National Clinical Director NQPS	Continuous
CRR8_02	Governance Governance, Oversight & Surveillance: Integrated Clinical Risk Governance Group in place to meet when required and respond timely and proactively to emerging patient safety risks and to support with oversight and mitigation	National Clinical Director NQPS	Continuous
CRR8_03	Governance Governance, Oversight & Surveillance: The Performance and Accountability Framework sets out the means by which the HSE and provider organisations the Heads of other national services and individual managers are held to account for their performance. In addition the National Performance Oversight Group (NPOG) scrutinises the performance of the health service provider organisations, and other national services, to assess performance against the National Service Plan.	COO; National Director Operational Performance and Integration	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR8_04	<p>Governance</p> <p>Governance, Oversight & Surveillance: National, local and operational surveillance of reported incidents and risks in place</p>	COO; National Director Acute Operations; National Director Community Operations	Continuous
CRR8_05	<p>Patient Safety Improvements to reduce Common Causes of Harm</p> <p>Patient Safety Programme in place as per the HSE Patient Safety Strategy implementation plan commitments:</p> <p>QPS Intelligence team providing high-level patient safety data from the National Incident Management System and other sources to help identify incident trends and clinical risks for mitigation</p> <p>QPS Incident Management function in place to support and oversee Incident Management Framework 2020 roll-out and strategic objectives</p> <p>QPS Education delivering QPS training programmes for HSE and HSE-funded staff</p> <p>QPS Connect communication plan in development. Working with QPS</p>	National Clinical Director NQPS	Continuous
CRR8_06	<p>Patient Safety Improvements to reduce Common Causes of Harm</p> <p>On-going quality and safety improvement projects at national and service level to eliminate or mitigate underlying risks.</p> <p>AMRIC program to reduce HCAI & AMR and related NSP KPIs.</p> <p>National Deteriorating Patient Recognition and Response Improvement Programme and Early Warning System and associated NSP KPIs.</p> <p>National medication improvement program and associated NSP KPIs.</p> <p>National neonatal encephalopathy group – reducing preventable harm in babies</p>	COO; National Director Acute Operations	Continuous
CRR8_07	<p>Governance</p> <p>Internal and External Structures and processes to provide a level of assurance against compliance with Local and national Policies and Standards.</p>	COO; National Director Acute Operations; National Director Community Operations	Continuous
CRR8_08	<p>Patient Safety Improvements to reduce Common Causes of Harm</p> <p>Ongoing quality and safety improvement projects at national and service level to eliminate or mitigate underlying risks</p> <p>Implementation of Community Health & Social Care IPC Strategy</p> <p>Medication safety learning and improvement program</p> <p>Safeguarding systems improvement programme</p>	COO; National Director Community Operations; National Safeguarding Office	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR8_09	<p>Empowering Staff</p> <p>System Analysis training is available for staff who are undertaking system analysis reviews and for those providing assurance on the quality of such review. 2 x 2-day sessions per month are available and QPSIM are working with QPS Acute Ops and QPS Community Ops to target the right audience.</p>	National Clinical Director NQPS; National Director Acute Operations; National Director Community Operations	Monthly
CRR8_10	<p>Partnership with Patient</p> <p>Open Disclosure Policy in place to encourage open and honest communication with patients, service users and relevant persons when an incident occurs which allows for patient engagement and improvement in patient safety by having their input into such reviews.</p>	National Clinical Director NQPS; National Director Acute Operations; National Director Community Operations	Continuous
CRR8_11	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Compliance with the Adult safeguarding policy is a component of a number of regulatory inspections. These standards are regulated and inspected against in both residential services for older people and for people with disabilities and are inspected and monitored in healthcare services.</p> <p>Internal Audits are carried out in older people services to determine the level of assurance that can be provided to management that a relevant organisation had implemented the Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (HSE, 2014) and that abuse/safeguarding concerns were managed in line with the Policy.</p> <p>Recommendations arising from these audits are addressed within current approved governance arrangements from CHO front line level to Director of Community Operations.</p>	COO; National Director Community Operations	Continuous
CRR8_12	<p>Empowering Staff</p> <p>Safeguarding awareness training is available on HSeLand and is a mandatory requirement for all staff working in older persons services and services for adults with disabilities.</p> <p>The National Safeguarding Office offer a training programme for Adult Safeguarding Designated Officers to support them in their role receiving and responding to concerns of abuse.</p>	COO; National Director Community Operations	Continuous
CRR8_13	<p>Partnership with Patient; Use of information to Anticipate and Respond to Safety Risk</p> <p>The Complaints Management System is a standardised database management system which was developed by the State Claims Agency (SCA) and the National Complaints Governance & Learning team (NCGLT). It provides a mechanism for capturing and recording comprehensive complaints data which can be analysed to report on issues and trends at various levels within the health service.</p>	COO ND OPI (Operational Performance and Integration); AN D National Complaints Governance and Learning Team	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR8_14	<p>Partnership with Patient; Use of information to Anticipate and Respond to Safety Risk</p> <p>Complaints Officers desktop review in place to assess severity of the problems in a complaint and to determine the level of harm as identified by the patient. Healthcare Complaints Analysis Tool (HCAT) is a method of coding and systemising healthcare complaints to develop understanding on the impact of complaints and assist management to prioritise service improvements.</p>	COO ND OPI (Operational Performance and Integration);AND National Complaints Governance and Learning Team	Continuous
CRR8_15	<p>Partnership with Patient; Use of information to Anticipate and Respond to Safety Risk</p> <p>The National Care Experience Programme (NCEP) aims to empower patient and service user engagement about their experiences of care. The findings of the survey are used to inform quality improvement plans (QIPs) in health and social care services.</p> <p>NCEP implements a suite of surveys:</p> <p>National Inpatient Experience Survey</p> <p>National Maternity Experience Survey</p> <p>National Nursing Home Experience Survey</p> <p>National Maternity Bereavement Experience Survey and</p> <p>National End of Life Survey.</p>	COO ND OPI (Operational Performance and Integration)	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR8_A01	<p>Governance</p> <p>Governance, Oversight & Surveillance: Establish the Executive Patient Safety and Quality Governance Committee</p>	National Clinical Director NQPS	01/04/2023	<p>An independent report by Grant Thornton has been completed on the options available to the HSE in establishing an Executive Patient Safety and Quality Governance Committee.</p> <p>This report has been presented to the CCO and COO. Work will shortly commence on designing and implementing the</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				<p>infrastructure for this committee.</p> <p>Further engagement work planned between Community, Acutes and Integrated Operations with Grant Thornton and NQPSD.</p>
CRR8_A02	<p>Patient Safety Improvements to reduce Common Causes of Harm</p> <p>Implementation of the Patient Safety Strategy and its explicit commitments.</p> <p>Established HSE patient safety programme team within NQPSD responsible for the oversight of implementation of the strategy.</p> <p>Establish oversight group and working groups to oversee implementation.</p> <p>Draft implementation plan being developed to include all HSE services accountable for implementation of specific recommendations.</p> <p>Initial review of progress around Common causes of harm completed with a view to developing programmatic approaches to delivery of key commitments.</p>	<p>National Clinical Director NQPS</p>	<p>30/06/2024</p>	<p>Review not due yet, pending acceptance of risks by EMT</p> <p>Initial Team in place, recruitment of additional staff (backfilling) underway. Gr V commenced June 2022, Gr VI commenced July 2022. Recruitment for backfill of 1 x Gr IV and 2 x Gr VII progressing, expect to be filled Q4 2022.</p> <p>Establishment of oversight group and working groups pending, establishment of Executive Patient Safety and Quality Governance Committee (due Q3 – dependent on agreement re: options appraisal for QPS governance, see Action #1)</p> <p>Initial Plan developed and engagement with key stakeholders is ongoing.</p> <p>Draft developed and under review prior to publication (due Q3 – pending establishment of EMT)</p>

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
CRR8_A03	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Business Case for additional resource to support the roll-out of electronic point of entry (ePOE) incident reporting for timely reporting, data validation and improvement of reported incidents on NIMS, HIQA NIMS report implementation and to support a national learning platform.</p>	<p>National Clinical Director NQPS</p>	<p>31/03/2023</p>	<p>Business case unsuccessful under Estimates programme but being supported through NSP. This is essential to ensure engagement with the system and timely reporting in particular in view of the imminent enactment of the Patient Safety Bill. It will further allow for support in the different areas as aligned to Sláintecare, help improve data quality and importantly allow for national learning from greater analysis of incidents. The learning will inform the 'Patient Safety: Learning, Sharing and Improving Together' platform and the National Patient Safety Alerts.</p> <p>Require confirmation regarding funding and operational support in roll-out. Where it has been rolled out there is a great deal of positive feedback but progress is slow. High demand by many sites currently in terms of ePOE roll-out.</p>
CRR8_A04	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Develop and implement of a national Patient Safety Surveillance system that will provide insight into emerging risks and safety issues.</p>	<p>National Clinical Director NQPS</p>	<p>31/12/2024</p>	<p>Sláintecare funding received for 2 year seed project to commence January 2023, in collaboration with National Women and Infants programme, allowing project to move forward to design and development of Maternity Quality and Safety Surveillance</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				System and Programme.
CRR8_A05	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Undertake research to examine the application of the IMF and learning.</p>	National Clinical Director NQPS	31/12/2025	Trinity College Dublin post-doc contracted and underway.
CRR8_A06	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Develop and roll-out a national platform for shared learning from patient safety, in particular patient safety incidents.</p>	National Clinical Director NQPS	31/12/2023	Work is progressing. Platform to launch on 17/01/2023 Content for site being developed.
CRR8_A07	<p>Use of information to Anticipate and Respond to Safety Risk</p> <p>Roll-out of national patient safety alerts (NPSA) that stem from incident reviews and require mandated responses to the alerts.</p>	National Clinical Director NQPS	31/12/2023	Coordinators and NPSA officers from each HG & CHO to identified who will receive the NPSA (National Patient Safety Alert) and action them with their local site. Resources are being developed to inform colleagues of this work.
CRR8_A10	<p>Empowering Staff</p> <p>Implement the Just Culture in the HSE.</p>	National Clinical Director NQPS	31/12/2023	This will require EMT support and will be a long-term piece of work. The Guide has been published on the HSE Incident Management website. Just Culture training is now incorporated in system analysis training and SIMT (Serious Incident Management Team) training. A MEMO has been circulated from the CCO to colleagues in the system to raise awareness. Further on-going work is required to impact culture.
CRR8_A12	Use of information to Anticipate and Respond to Safety Risk	COO; National Director	31/12/2023	Contract discussions are being finalised with contract due for

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	To progress and implement Adult Safeguarding ICT case management and data management system with the Liquid Logic service provider.	Community Operations; National Safeguarding Office		signing in January 2023. Configuration for system will begin in Quarter 1 of 2023.
CRR8_A13	Partnership with Patient; Use of information to Anticipate and Respond to Safety Risk To develop additional functions on the system following the recommendations arising from Stage 2 Formal Complaint Investigations.	COO ND OPI (Operational Performance and Integration); AND National Complaints Governance and Learning Team	31/03/2023	There is scope and ongoing planning meetings with the SCA in relation to capturing Point of Contact (Stage 1) data and also compliments. Technical changes have been implemented by SCA which allows users to enter the relevant data required.

CRR Reference	Risk Title
CRR 009	Health, wellbeing, resilience and safety of staff

EMT Risk Owner	Board Committee	Date added to Register
NDHR	People and Culture	09/11/2016

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to the safety, health and well-being of staff as a result of inadequate local implementation of the safety management system, a risk to the personal resilience of staff as a result of inadequate measures and structures to protect their psychosocial wellbeing, and uncertainties relating to the absence of assurance data on attendance at statutory and mandatory training.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	People	5	5	25	3	5	15	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR9_01	National Workplace Health & Wellbeing Unit (WHWU) governance arrangements encompassing Health & Safety, EAP, Rehabilitation, Occupational Health and Organisational Health in place.	National Clinical Lead WHWU	Quarterly
CRR9_02	Regular review of WHWU Team workforce capacity and planning, reporting structures and redeployment opportunities undertaken.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_03	Organisational devolution of the statutory responsibility for employee workplace mental health services to WHWU, who retain governance over employee mental health supports.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_04	Workforce plan provides for review of existing capacity and skill mix across WHWU and identification of shortfalls that exist during post peak Covid-19.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_05	Monitoring tool developed (Self-assessment audit) for Return to Work guidelines for working safely protocol (COVID-19).	Workplace Health and Wellbeing Unit	Continuous
CRR9_06	A Quality Management Programme for Fit-Testing including a review of criteria for fit testing and dissemination of relevant user information has been developed.	Workplace Health and Wellbeing Unit	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR9_09	Continued rollout of COVID-19 and flu vaccine and boosters to healthcare workers and support staff.	Chief Clinical Officer; HSE National Lead Test and Trace	Continuous
CRR9_11	Provision of HSE-Land supports for managers in dealing with employees with mental health issues	Workplace Health and Wellbeing Unit	Continuous
CRR9_12	Analysis and reports of trends and activity of national EAP presentations on quarterly basis.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_13	Bespoke Work Positive Tool for healthcare teams launched and available for use by managers	Workplace Health and Wellbeing Unit	Continuous
CRR9_15	Bespoke COVID-19 Lead Worker Representative training programme available on HSeLand.	Workplace Health and Wellbeing Unit	Continuous
CRR9_16	The National Occupational Safety and Health (OSH) Training matrix has been updated and is reviewed on a regular basis (currently being further updated in relation to V&A and intoxicants training)	Workplace Health and Wellbeing Unit	Quarterly
CRR9_17	The 2nd Generation Occupational Safety and Health SH training contract has been published by the Office for Government Procurement (OGP) and is now available for use.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_25	Fast track outbreak management processes are in place for COVID-19 in frontline workers.	Workplace Health and Wellbeing Unit and CMP	Continuous
CRR9_29	Development of Vulnerable Worker Guidance for HCW in COVID-19 https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/guidance-on-fitness-for-work-of-healthcare-workers-in-the-higher-risk-categories.pdf	Workplace Health and Wellbeing Unit	Continuous
CRR9_30	MEMO issued on SBAR [Situation Background Assessment Recommendation] – Appointment of HSOs [Health and Safety Officer] with appropriate Governance including application of competency standards for HSO positions.	National Director Human Resources	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR9_A01	Continue to improve the existing operational services for staff including Health & Safety, Occupational Health, Rehabilitation, Organisational Health and Employee Assistance Programme in a	National Director Human Resources	31/12/2023	Ongoing and necessarily reactive as post peak COVID environment develops.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	post peak COVID environment and to ensure compliance at the operational levels. This includes but is not limited to increasing the usage rates of EAP services.			Healthy Workplace Framework. Ongoing Action. People Strategy.
CRR9_A02	Assist local management in identifying appropriate training modules, reviewing the National Occupational Safety and Health training Policy. Which will result in a revised OSH policy and Training Needs Analysis Tool which will include a spreadsheet for capturing of training, a video for training personnel on a training needs analysis and a smart survey which will provide corporate assurances.	National Director Human Resources	30/06/2023	<p>The Updated version of the policy will be issued to Health and Safety Management Advisory Committee (HSMAC) membership and then the NJC [National Joint Council] prior to approval by the NDHR. A Q1 2023 publication date is anticipated.</p> <p>The Training Needs Assessment (TNA) spreadsheet and accompanying smart survey have been trialled in CHO1. .</p> <p>When TNA is launched Operations will need to engage with the smart survey tool in order to provide organisational assurances that statutory training has taken place. This is envisaged to occur in Q1 of 2023.</p> <p>Two training programmes for intoxicants are ready for launch. Intoxicants policy will be ready for launch in Q1 2023 and intoxicants testing service has been procured</p>
CRR9_A03	Complete the implementation of the National Occupational Health Software project (OPAS G2)	National Director Human Resources	31/03/2023	Currently software being implemented in five Occupational Health Department.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR9_A05	Development of a business case and a WFP [Workforce Plan] to scale up existing Organisational Health Supports for Managers.	National Director Human Resources	31/03/2023	Submitted as part of the SLP for 2022, however funding was not received, therefore this action will remain open and will be extended to Q1 2023 as it will be resubmitted as part of SLP for 2023
CRR9_A06	Provision of Organisational Health assessment and supports teams in difficulties, including the rollout of Work Positive Critical Incident (WCPI) as a support for assessing the health of wellbeing of teams by managers	National Director Human Resources	30/06/2023	Phased Rollout CHO by CHO – Likely to take up to 12 Months
CRR9_A07	Identification of new avenues for training and upskilling of both Occupational Health Physicians and Occupational Health Nurses due to critical short supply of staff nationally and international. Medical Workforce Targets presented to Minister of Health and Executive Management Team of HSE was updated. A copy of this was submitted to the Department of Health NCHD Taskforce. A key priority area for this Taskforce is to inform medical workforce planning with the specific objective to develop annualised targets for the medical workforce.	National Director Human Resources	30/06/2023	Implementation of Occupational Health Nursing Strategy 2020-2024 Engage with the Royal College of Physicians Faculty of Occupational Medicine to promote continued professional development relevant to the speciality of occupational medicine. Partake in accreditation and re-accreditation of training sites for Higher Specialist Training, Occupational Medicine
CRR9_A11	Rollout of healthy workplace framework to optimise employee health and wellness and support staff in the post pandemic work environment	National Director Human Resources	31/12/2023	Steering Group in place and project is moving to implementation phase status. The project was paused as the position of National Clinical Lead was vacant for an extended period. New National Clinical is currently involved in multiple workstreams as NCL for WHWU and OCC Health

CRR Reference	Risk Title
CRR 010	Climate action failure

EMT Risk Owner	Board Committee	Date added to Register
CSO	Audit and Risk	08/03/2022

Risk Description	<p>IMPACT [There is a risk to.....] CAUSE [as a result of.....]</p>
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There is a risk of the HSE not achieving the 2021 Government commitment to a 51% reduction in overall greenhouse gas emissions by 2030, and net 0% by 2050 as a result of a failure to invest in and implement appropriate carbon reduction and other associated activities.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Eager	Strategy	5	4	20	3	3	9	</=25

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.
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No	Control	Control owner	Frequency
CRR10_01	Additional resources have been provided to the HSE Capital & Estates Energy Unit to ensure the development and implementation of carbon reduction initiatives.	CSO	Quarterly
CRR10_02	HSE Capital and Estates Energy Unit have a network of Energy/Green Teams which provide support to the top Significant Energy User Sites across the HSE and Section 38/39 Organisations.	National Director Capital and Estates	Quarterly
CRR10_03	Implementation of the Energy Efficient Design (EED) methodology has been applied to all projects in the HSE's Capital Plan. All new projects are being designed to be Carbon Zero ready and therefore will not add to the HSE carbon target. A National EED training programme has been developed.	National Director Capital and Estates	Quarterly
CRR10_04	HSE Capital & Estates will continue the Shallow Retrofit Programme which provides energy retrofit minor capital to support works identified by Energy/Green teams, resulting in reductions in energy requirements.	National Director Capital and Estates	Quarterly
CRR10_05	HSE Capital & Estates Energy Unit has established a Pilot Pathfinder project for deep energy retrofit of existing buildings. Design works are being progressed at 10 representative sites which are representative of the age and varying standard of existing HSE infrastructure to establish the technical retrofit solutions, scale, costs and potential barriers to achieving the decarbonisation targets.	National Director Capital and Estates	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR10_06	The HSE has achieved compliance with public sector energy auditing obligations as set out under SI426 (EU Energy Efficiency regulations 2014). These energy audits identify and inform the progression of energy reduction works.	National Director Capital and Estates	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR10_A01	Develop a HSE Climate Action Strategy and Implementation Plan.	CSO	31/03/2023	The Strategy and Implementation Plan has been developed, and considered and supported by EMT, ARC and the HSE Board.
CRR10_A02	Continue the recruitment of Energy/Green Team support staff to have a total of 130 teams in place Nationwide.	National Director Capital and Estates	31/03/2023	In total, 111 Energy/Green Teams were in place at the end of 2022. Recruitment of Energy/Green Team support staff has been impacted by challenges to recruitment and current global market environment.
CRR10_A03	Continue further rollout of the EED training programme to be provided for Sec 38/39 organisations and Design Consultancy firms and their professional representative bodies.	National Director Capital and Estates	31/03/2023	Pre-Project Design Team EED Pilot completed in April 2022. HSE Capital & Estates overview for the Design Team (DT) on EED approach has been developed and is being communicated to DT's as part of pre-project Design Team meetings. Additional DT Training sessions are scheduled for Q4. Capital Projects / EED register has been developed for pre-project meetings

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				linked to the HSE's Capital Plan Two additional EED training sessions scheduled for Q1 2023.
CRR10_A04	To develop a report on the Pilot Pathfinder Programme with recommendations for progressing a major Energy Deep Retrofit Programme.	National Director Capital and Estates	31/03/2023	Design Teams and Technical Advisors engaged and the design process is ongoing on all ten sites in the Pilot Pathfinder programme. Some delays have been experienced due to restrictions on access to complete building surveys. Pilot Pathfinder preliminary stage 1 draft design report revised to Q4 2022. Final stage 1 design report due Q1 2023.
CRR5_A05	Implementation of the Climate Action Strategy	CSO	31/12/2023	Structures and Governance for Implementation are being finalised. First Steering group and working group meetings planned for Q1 2023.

CRR Reference	Risk Title
CRR 011	Digital environment and cyber failure

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CRR Reference	Risk Title
CRR 012	Delivering Sláintecare

EMT Risk Owner	Board Committee	Date added to Register
CSO	Audit and Risk	08/03/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk that the implementation of the Sláintecare Implementation Strategy and Action Plan 2021 -2023 could be delayed, impacting on the quality of health services and consequential damage to the HSE, due to:

- [i] Staffing, finance and other resource constraints;
- [ii] eHealth and IT infrastructure limitations;
- [iii] New critical infrastructure developments lagging behind the pace of required operational changes.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Eager	Strategy	4	4	16	4	3	12	</=25

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR12_01	A Sláintecare Programme Board is in place co-chaired by Secretary General and the CEO of the HSE. This Sláintecare Programme Board provides senior official interagency oversight of the Sláintecare reform programme. The Sláintecare Action Plan was published by the Minister for Health in June 2022.	National Director Change and Innovation	Quarterly
CRR12_02	A Waiting List Taskforce is in place and is co-chaired by the Secretary General of the DoH and the CEO of the HSE with the aim of tackling waiting lists and waiting times in line with strategic Sláintecare targets. The CEO of the HSE also holds weekly internal HSE Waiting List meetings to monitor and review progress.	COO; National Director Change and Innovation	Quarterly
CRR12_03	A RHA Implementation Team is in place representative of HSE Executive Management Team and DoH Management Board. The focus in 2022 is on design and planning, with phased delivery in 2023 in preparation for the establishment of the six RHAs in January 2024.	National Director Change and Innovation	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR12_04	The Sláintecare National Elective Ambulatory Care Strategy has been approved by Government which includes the establishment of Elective Hospitals in Cork, Galway and Dublin.	National Director Change and Innovation	Quarterly
CRR12_05	Enhanced Community Care Steering Group in place to oversee the roll out of Community Health Networks and other community initiatives.	National Director Enhanced Community Care	Quarterly
CRR12_06	Significant funding was provided in NSP2022 to progress many of the Sláintecare objectives including expanding capacity, Enhanced Community Care programme, improving access to care and Waiting Lists. Ongoing monitoring of expenditure to ensure alignment with NSP2022/2023 funding.	COO;CSO	Quarterly
CRR12_07	Change and Innovation dedicated function established under the Centre Review 2021 to drive reform envisaged under Sláintecare.	CSO	Quarterly
CRR12_08	Infrastructure risk in relation to Sláintecare project is a key issue for the HSE when engaging with the Department of Health to advise on requirements and associated funding needs.	National Director Capital and Estates	Quarterly
CRR12_09	Governance Committee and Resourcing Taskforce in place to monitor and oversee recruitment and put in place remedial actions.	COO;AND of HR Recruitment, Reform & Resourcing	Quarterly
CRR12_10	Corporate (multi-year) and National Service Plans (annual) in place setting out key service objectives and, in the NSP, the type and quantum of services for the budget provided.	CSO	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR12_A01	<p>Establish a dedicated Programme team within the HSE with clear leadership responsibility to take forward the planning and delivery of Regional Health Areas to include:</p> <ul style="list-style-type: none"> Detailed Design and Implementation Plan by December 2022 Phased Implementation in 2023 Full Implementation 2024 	National Director Change and Innovation	31/12/2023	Assistant Director for RHAs commenced November 2022. Recruitment process underway for other positions. The RHA Implementation Plan is currently being drafted.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR12_A02	Establish a dedicated Intervention, Optimisation & Innovation function within Healthcare strategy Change and Innovation Function responsible for identifying and progressing innovation and improvement opportunities.	National Director Change and Innovation	30/06/2023	Approved at EMT with associated resourcing submitted as part of Estimates 2023.
CRR12_A03	Continue to ensure the HSE Board plays a central role overseeing the identification, development and monitoring of key reform programmes under Sláintecare.	CSO	31/03/2023	Consistent with the HSE Board's oversight role re Sláintecare, monthly progress updates on key reform themes are presented to the Board through the Board Strategic Scorecard. These updates include progress on Scheduled Care (including the establishment of Elective Care Centres), the Enhanced Community Care Programme, Mental Health and Disability Reforms, and, for 2022 the establishment of the RHAs.
CRR12_A04	Ensure RHA structures are aligned to the Reform of Public Health in order to optimise public health expertise for planning of services, ensuring preparedness to address public health crises, orientation of the health system towards enhancing wellness and help reduce health inequities.	CCO	31/12/2023	Since May 2022, six new Public Health Areas have been established, each led by an Area Director of Public Health. In line with the reform, Consultant-led teams are being recruited and finalised. The six new Public Health Areas are aligned with RHAs.
CRR12_A05	Ensure new developments funded in 2022 are progressed.	CSO;CCO;COO	31/03/2023	Progress on new developments reported on a monthly basis to HSE Board and DoH.
CRR12_A06	Maintain engagement with the Capital and Infrastructure Unit of the Department of Health to ensure that the status and progress of capital	CSO	31/03/2023	Monthly meetings scheduled with Capital and Estates and DoH. Collaborative management of

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	investment and any associated risk is understood.			agenda and arising actions.
CRR12_A07	Progress eHealth initiatives in line with Plan and funding	CIO; National Director Change and Innovation	31/03/2023	<p>The Health Performance and Visualisation Platform (HPHVP) Phase 1, has commenced and HPVP is now delivered in 19 hospitals. A comprehensive change management approach has been implemented across the hospitals that have gone live. The Medical Imaging Domain went live in 2 hospitals 30 Nov 2022. The programme will continue with plans to implement the platform in the remaining hospitals in scope of Phase 1 in 2023.</p> <p>There are Data Governance issues outstanding for 7 Voluntary Hospitals which are being addressed.</p> <p>The HPVP Phase 2 Tender is awaiting DOH approval.</p> <p>The ePharmacy vendor contract has been signed. The governance structures including the Implementation Board are in place. The System build is 90% complete (populated with Drug files and associated descriptions). Site engagements and National Team training ongoing</p>
CRR12_A08	In December 2022 the new Sláintecare Consultants contract has been approved by	National Director	31/03/2023	New Sláintecare Consultant Contracts

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
	Government and is being considered by the consultant representative bodies and their members.	Human Resources		have been approved by Government and are with the representative bodies (Irish Hospital Consultants Association the Irish Medical Organisation) for consultative process. Dissemination of contract details to relevant stakeholders is underway. The HSE is also in the process of establishing a steering group to oversee rollout and implementation of contracts.

CRR Reference	Risk Title
CRR 013	Internal controls and financial management

EMT Risk Owner	Board Committee	Date added to Register
CFO	Audit and Risk	09/11/2016

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to the delivery of the HSE's National Corporate and Service Plan due to; (i) failure to achieve national and local financial targets; (ii) increasing costs related to state indemnity; (iii) inability to deliver planned activity within budget determination from funders; (iv) non-adherence to financial and other related organisational controls; (v) failure to implement recommendations from internal and external audits; and (vi) any requirement to respond to critical unforeseen events and unanticipated profile changes in demand led schemes, resulting in a loss of confidence in the HSE's management of public monies. This risk is compounded due to uncertainties relating to the wider macro-economic environment including price inflation, supply chains and the longer term sustainability of rising exchequer funding for the health service.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	Financial	4	5	20	3	5	15	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR12_01	A Sláintecare Programme Board is in place co-chaired by Secretary General and the CEO of the HSE. This Sláintecare Programme Board provides senior official interagency oversight of the Sláintecare reform programme. The Sláintecare Action Plan was published by the Minister for Health in June 2022.	National Director Change and Innovation	Quarterly
CRR13_01	Core Financial Reporting Policies and Practices in place The Minister for Health specifies the accounting standards to be followed by the HSE. The HSE has adopted Irish and UK Generally Accepted Accounting Principles (GAAP), FRS 102, in accordance with accounting standards issued by the Financial Reporting Council subject to exceptions specified by the Minister	CFO	Continuous
CRR13_02	National Financial Regulations (NFRS) which outline the high-level framework within which the internal financial control system of the HSE operates. Revised NFRS due to be published Jan 2023 (see action CRR13_A03).	CFO	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>NFRs have been designed by the National Finance Division to be consistent with statutory requirements, to reflect best practice and to also ensure compliance with public sector guidelines issued by the DPER and to ensure a strong internal control framework.</p> <p>Implementation of NFRs is the responsibility of each National division, CHO and HG, with training and support provided by NFD.</p>		
CRR13_03	<p>HSE Integrated Risk Management Policy 2017</p> <p>HSE Integrated risk management policy part 1_Managing Risk in Everyday Practice</p> <p>HSE Integrated risk management policy part 2 _Risk Assessment & Treatment</p> <p>HSE Integrated risk management policy part 3_Managing and Monitoring Risk Registers</p>	CRO	Continuous
CRR13_04	<p>Audit structure and processes in place [Internal Audit Function/ Audit and Risk Committee Oversight/ Audit by Comptroller and Auditor General/ Regulatory Inspections (HIQA, MHC, HAS etc.)]</p>	ND IA	Continuous
CRR13_05	<p>Procurement Strategy in place. Corporate Procurement Plan (2022 - 2024) approved by the Board June 2022. This plan sets out the Procurement Management Priorities for 2022 – 2024.</p> <p>Quarterly compliance monitoring programme in place.</p> <p>In 2022 all budget holders are required to complete a self-assessment of spend >€25k to determine the level of non-competitive and non-compliant spend. Results to be included in Statement on Internal Control. Recurring non-compliant spend to be included in HSE's Multi-Annual Procurement Plan.</p>	CFO	Annually
CRR13_06	<p>Corporate and National Service Plans in place setting out the type and quantum of services for the budget provided.</p> <p>Corporate Plan 2021-24 published in Feb 2021.</p> <p>NSP 2022 published in March 2022 and NSP 2023 being developed following issue of Letter of Determination.</p>	CSO	Quarterly
CRR13_09	<p>Submitted monthly to EMT and Board;</p> <ul style="list-style-type: none"> • Performance Reporting versus Budget • Working Capital Management • National Service Plan KPIs and performance monitoring 	CFO; COO	Monthly
CRR13_10	<p>Activity Based Funding (ABF) Model supporting hospitals and Hospital Groups / regional health bodies to better understand activity and opportunities for improvement.</p>	CFO	Quarterly
CRR13_11	<p>Ongoing engagement with DOH/DPER through regular Health Budget Oversight Group (HBOG) meetings.</p>	CFO; COO; CSO; National	Monthly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>Quarterly meeting of Minister for Health, Department of Health Secretary General, Chair of HSE Board, and HSE CEO.</p> <p>Monthly high-level performance cycle meeting between Department of Health Secretary General and HSE CEO.</p>	Director Human Resources	
CRR13_12	Production of Annual Report and Annual Financial Statements	CFO	Annually
CRR13_13	<p>Annual Review of HSE's system of internal control/ ICQ - Controls Assurance Review Process (CARP). CARP findings presented to EMT and ARC. Following this, each National division, CHO and HG lead receives a full controls findings report for their areas, which includes a proposed action plan to address their key weaknesses.</p> <p>There is continuous development of the CARP process to highlight NFR awareness issues – in questions presented, in reports submitted to each EMT, CHO & HG lead including follow up with each individual responding 'No' / 'WIP' to NFR awareness statements.</p>	CFO	Annually
CRR13_14	<p>Performance Oversight</p> <p>Performance Reporting and Performance Accountability Framework (PAF) set out in the HSE Code of Governance, details accountability for performance in relation to service provision, quality and patient safety, finance and workforce.</p> <p>Performance oversight delegated to the Chief Operations Officer, who chairs the National Performance Oversight Group (NPOG) which monitors defined accountability limits.</p>	COO	Continuous
CRR13_15	National Finance Division hold monthly performance meetings with National Directors of Acute Operations and Community Operations.	CFO	Monthly
CRR13_16	<p>NFR Training</p> <p>General NFR Training currently underway across the organisation with specialised training provided as required including: - CARP training, HG and CHO training general NFR training – designed and presented by the G&C team.</p> <p>Webinars and you tube channels have been developed for featured control concerns such as procurement and travel & subsistence.</p>	CFO	Continuous
CRR13_17	Development and implementation of HSE's Corporate Procurement Plan (2022 -2024) with a view to increasing spend under management via a multi annual procurement plan and the awarding of competitive fixed price contracts.	CFO	Continuous
CRR13_18	<p>Memo issued by the National Director Human Resources on 23 November 2022 outlining the pay adjustments for HSE staff following agreement in November between Government and public sector unions on pay proposals.</p> <p>Identified as part of economic uncertainty risk assessment</p>	National Director Human Resources	Continuous
CRR13_19	Framework Agreement on the Supply and Pricing of Medicines	COO	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>The State has protections built into the Framework Agreement which the Pharmaceutical signed up to in December 2021 i.e. the Irish Pharmaceutical Healthcare Association (IPHA) agreement agreed between the Department of Health, the Department of Public Enterprise, the Health Service Executive and IPHA. Under that agreement there are controls including the continuation of price freezes, downward only annual price realignments and automatic price reductions on patent loss. The Agreement covers the period 2022-2025.</p> <p>Framework Agreement on the Supply and Pricing of Generic, Biosimilar and Hybrid Medicines</p> <p>A further agreement with the traditional suppliers of off patent medicines, the members of Medicines for Ireland covers the terms and conditions which will apply for the pricing and supply of generic, biosimilar and hybrid medicines in the period 2021-2025 and provides protection in that segment of the pharmaceutical market.</p> <p>Identified as part of economic uncertainty risk assessment</p>		
CRR13_20	<p>Fees to Primary Care Contractors</p> <p>Fees to primary care contractors (General Practitioners, Dentists, Pharmacists and Opticians) for services provided under primary care schemes are regulated by the Department of Health and are set by the Minister via statutory instrument. Examples of such a statutory instrument is the SI which underpins the most recently introduced scheme i.e. the National Free Contraceptive Scheme, the fees for which are set out in SI 451 of 2022.</p> <p>Identified as part of economic uncertainty risk assessment</p>	COO	Continuous
CRR13_21	<p>Multi-annual contracts for supply of crucial ICT equipment are negotiated and maintained in conjunction with HSE Procurement division and OGP.</p> <p>Identified as part of economic uncertainty risk assessment</p>	CTO (Chief Technology Officer)	Continuous
CRR13_22	<p>Multi-annual contracts for support and maintenance of critical eHealth solutions are negotiated and maintained in conjunction with HSE Procurement division and OGP.</p> <p>Identified as part of economic uncertainty risk assessment</p>	CIO	Continuous
CRR13_23	<p>Centralised ICT library is maintained and regularly reviewed which feeds into an ICT procurement plan annually.</p> <p>Identified as part of economic uncertainty risk assessment</p>	COO-eHealth (Chief Operating Officer – eHealth)	Continuous
CRR6_02	<p>Controls and approvals are in place relating to budget and ongoing management for all Major Capital Infrastructure Projects, inclusive of specific project cost management arrangements. This is in accordance with the Capital Works Management Framework, Public Spending Code, HSE Capital Projects Manual and Approvals Protocol, HSE National Financial Regulations. This is further supplemented through the approval, review and management of the HSE Capital Plan.</p>	National Director Capital and Estates	Quarterly

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
CRR13_A03	<p>Internal Control Framework Improvement Plan</p> <p>Work Streams</p> <p>WS1 Review, revise and rollout NFRs</p> <p>WS2 Enhanced Communication and Training undertaken</p> <p>WS3 Reporting and Monitoring system in place</p> <p>WS4 Internal controls framework testing complete</p> <p>WS5 Performance Management process commenced</p> <p>WS6 2nd line of defence process in place</p>	CFO	31/03/2024	<p>WS1 – on track for launch of new NFRs in Jan 2023</p> <p>WS2 – continue as Business As Usual (BAU); programme updates, webinars and development of support materials</p> <p>WS3 - interim model with all controls data from 2018 onwards in place. Next steps – completion of tender evaluation, development of online repository and associated roll out of access and training. Due 31 July 2023.</p> <p>WS4 - work has been rescheduled to work in parallel with IFMS readiness preparations and deployment throughout the HSE, in order to ensure maximum resource efficiencies and minimise additional resourcing pressures. Due Q1 2024.</p> <p>WS5 - first combined controls reports issued in Oct to each CHO, HG and National Division. Will issue on a quarterly basis with updates to be provided via the repository once implemented.</p> <p>WS6 -majority of positions filled; remaining positions to be filled in coming months.</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR13_A04	<p>Enhanced Risk Management</p> <p>Embed risk in all areas of HSE controls and financial management process. To develop risk management enhancement plan by Q4 2022, with rollout dates to be determined as part of planning process.</p> <p>Establishment of Risk support staff 2nd line of defence</p>	CRO;CFO	31/12/2022	<p>Risk management enhancement plan (Q4 2022 – Q4 2023) developed.</p> <p>Risk support staff recruitment; Grade V and Grade VI – contracts signed and started 3 Jan 2023</p> <p>Action Complete</p>
CRR13_A07	<p>IFMS project</p> <ul style="list-style-type: none"> • 80% expenditure coverage for Health Services covered by IFMS by 2025 • Complete procurement for new System Integrator (SI) Q3 2022 • Commence deployment of IFMS go live for HSE East, Shared Services and Tusla by Q4 2022 for IFMS go live July 2023. 	CFO	30/06/2025	<p>Project completed. Design Review and Validation Stage as planned on 12 Oct 2022. This stage included approval of the new Integrated Programme Plan that meets the 2025 target.</p> <p>Signed contract with the new SI is now in place – this action is complete.</p> <p>The project is now in the Build and Test Stage As per the Integrated Programme Plan, Implementation Group 1 (HSE East, Shared Services and Tusla) deployment activities have commenced in readiness for IFMS go-live in July 2023.</p>
CRR13_A08	<p>The HSE will develop a discussion paper for sharing with key stakeholders setting out the rationale for developing a strategy to ensure ongoing adequate funding for health care in times of economic challenge. This strategy could include consideration of:</p> <ul style="list-style-type: none"> - Reduction optic of waste in HSE - Explain where funds are spent - Evidence VFM - Develop LEAN methodologies 	CFO	31/12/2022	<p>This action is being closed as a Value and Cost Savings Programme is being established which will look to build on multi-annual saving and efficiency plans and implement bottom up efficiency plans.</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	- Use Economic reports to evidence need to keep health spending stab			
CRR13_A09	<p>Governance and Compliance Project – Design Phase</p> <p>Design of a Governance and Compliance Framework for the HSE, including;</p> <p>Identification of core compliance and governance responsibilities</p> <p>Design of a conceptual framework for the integrated and effective working of governance and compliance functions</p> <p>Development of a governance, risk and compliance assurance framework</p> <p>Development of a high level implementation and resourcing plan</p>	CSO;CRO;CFO	30/09/2022	This work of the project has been completed. The Final Report was considered by the ARC on the 8 December and has been tabled for approval at the EMT meeting on the 13 December. If approved, the Report will be tabled for consideration by the HSE Board early in the new year.
CRR13_A10	<p>CRR13 Review</p> <p>Following ARC feedback the decoupling of control and financial risks is being considered for CRR13.</p>	CFO	30/11/2022	Suggested approach to two separate risks has been provided and risk assessments prepared for review. In considering action CRR13_A13, to remain as one risk. Action complete
CRR13_A11	<p>HSE Corporate Procurement Plan 2022- 2024</p> <p>Procurement Management Priorities are set out in the Procurement Plan and centre around four main objectives; (i) Multi-Annual Procurement Planning; (ii) Systems Development; (iii) Logistics and Inventory Development; and (iv) Organisational Development.</p> <p>An Oversight Group will be established to monitor and drive the implementation of the Corporate Procurement Plan.</p>	CFO	31/12/2024	An update outlining the progress of the implementation of the Corporate Procurement Plan will be published in Q1 2023.
CRR13_A12	<p>Value and Cost Savings Programme</p> <p>The COO is leading the establishment of a Value and Cost Savings programme which will look to:</p> <p>i) build on multiannual savings and efficiency</p>	CFO; COO; National Director Human Resources	30/06/2023	<p>Working Group Established</p> <p>High level plans approved as part of</p>

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
	plans already being implemented and ii) implement service-led, bottom-up, value and efficiency plans across operational services .			NSP approval – work in progress Supports and enablers in place for local service led delivery and monitoring/reporting schedules – not due to commence yet
CRR13_A13	In the context of the Report of the HSE's Compliance project a risk assessment will be undertaken in relation to the HSE's wider Compliance and Internal Controls Risks	CRO	30/06/2023	Risk assessment to be undertaken.

CRR Reference	Risk Title
CRR 014	Sustainability of screening services

EMT Risk Owner	Board Committee	Date added to Register
CCO	Safety and Quality	24/07/2018

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk that an increase in mortality and morbidity will arise within the population if population-based screening programmes become unviable and services cease due to challenges in the legal environment and the uncertainty this has produced for internal and external stakeholders and population screening services cease.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	5	5	25	4	5	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR14_02	Joint project board in place to oversee the establishment of the new National Cervical Screening Laboratory in place	CEO National Screening Service	Quarterly
CRR14_03	Communication and information strategy developed for staff, service users, service providers and other stakeholders with on-going updates in progress.	Communications Manager National Screening Service	Quarterly
CRR14_04	HPV testing implemented (anticipated reduction in potential for claims correlating with a reduced rate of false negative results for Cancer arising 10-15 years hence)	Programme Manager CervicalCheck	Quarterly
CRR14_06	The publication of the Interval Cancer Reports on Oct. 21st 2020 allowed the NSS to commence a programme to implement the recommendations to reduce the associated level of risk to our service	CEO National Screening Service	Quarterly
CRR14_07	Legal Subgroup of I.C. Implementation and Steering group established to develop proposals for change. Expected to report end 2022 with likely recommendations for significant change requirement	CEO National Screening Service	Quarterly
CRR14_08	State Claims Agency (SCA) support in place for staff involved in legal cases and regular reporting to NSS on upcoming cases.	CEO National Screening Service	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR14_09	Laboratories are encouraged to enter mediation early	CEO National Screening Service	Quarterly
CRR14_10	Partnership, Engagement and Communications has been developed as a core pillar of the NSS corporate strategy with attendant objectives and actions in this area identified in our 3-5 year plan	CEO National Screening Service	Quarterly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR14_A01	<p>STAKEHOLDER ENGAGEMENT</p> <p>Extension of the public communication and information strategy with a focus on the limitations of screening and the occurrence of interval cancers in liaison with relevant stakeholders including National Communications Offices, Patient public partnership, patient-facing Health Care Professionals (HCPs) and advocacy groups. The objective of this action is to increase public understanding of screening and acceptance of its limitations</p>	CCO	31/12/2022	<p>With the following key initiatives being delivered, this action is on target.</p> <p>Stakeholder engagement which includes public communication and information strategy is now part of the 'business as usual' work within the National Screening Service (NSS) and HSE.</p> <p>A new NSS corporate website is in development in tandem with HSE Digital.</p> <p>Communications actions from the Expert Reference Group (ERG) reports on interval cancer are nearing completion.</p> <p>Final draft of International Agency for Research on Cancer (IARC) communications working group report prepared on best practice 'Effective and Transparent Communication in Cervical Screening'.</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				<p>BreastCheck, BowelScreen and Diabetic RetinaScreen (DRS) campaigns autumn campaigns completed. World Diabetes Day campaign complete.</p> <p>A cross-organisation communications strategy has been developed to launch Ireland's Roadmap to Cervical Cancer Elimination in conjunction with DOH in January 2023.</p> <p>ESRI research project on decision-making aids for the four screening programmes field work paused during November 2022.</p>
CRR14_A02	<p>LEGAL</p> <p>Engagement with SCA and other stakeholders to progress the provision of a new legal framework or alternative processes to support screening services in Ireland.</p>	CCO	31/12/2023	<p>The interim report has been completed by the Legal Framework Group and was approved by the Interval Cancer Steering Group.</p> <p>The report includes 12 recommendations to date categorised under the following themes: Communications; Clinical Audit; Patient Requested Review; Legislative; Patient Safety (Notifiable Patient Safety Incidents) Bill, 2019; Information Governance and cost-effectiveness.</p> <p>It is currently being consulted on by key stakeholders.</p> <p>Finalisation of research reports is ongoing and due to conclude in Q1, 2023.</p>

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
CRR14_A03	<p>LEGAL</p> <p>Implementation of recommendations on the Interval Cancer Reports 2020 to reduce the associated level of risk to our service. NSS Interval Cancer Steering Group and Implementation Subgroups to develop an implementation plan outline, oversee progress & provide guidance</p>	CCO	30/06/2023	<p>With the following key initiatives progressing, this action is on target</p> <p>Extensive planning for the implementation of the phase 1 programme of CervicalCheck patient requested reviews (PRR) continues. This encompasses the design, delivery, communications requirements, and resourcing components of the process. It is expected that PRR phase 1 programme will commence in Jan 2023.</p>
CRR14_A04	<p>LEGAL</p> <p>Review impact of the Cervical Check Tribunal for further consideration with the DoH and SCA on scope of adopting tribunal process for new cases</p>	CCO	31/12/2022	<p>The CervicalCheck Tribunal closed to receiving new applications on 26th July 2022.</p> <p>25 cases were made to the CervicalCheck Tribunal. 6 cases have been settled, 3 discontinued and 2 have reverted to the High Court, leaving 14 cases waiting to be heard.</p> <p>Review of the impact will commence remaining tribunal cases are closed.</p> <p>To date 380 claims submitted to SCA in regard to CervicalCheck (including approx. 60 cases not eligible for CervicalCheck Tribunal). 48 claims are resolved.</p> <p>CervicalCheck tribunal is unlikely to be suitable for future</p>

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				cases. Alternative resolution mechanism included within legal framework group report. Recommend close this action.
CRR14_A05	New: To consider the procurement process for a new contract and arrangements for the provision of screening laboratory service.	CCO	31/03/2023	New action, update not due.

CRR Reference	Risk Title
CRR 015	Stability and Transformation of Disability Services

EMT Risk Owner	Board Committee	Date added to Register
COO	Performance and Delivery	08/11/2016

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to service continuity and the provision of appropriate, safe and quality care for people with disabilities due to: (i) recruitment and retention challenges across disability sector; (ii) assessment of Need [Disability Act 2005: adults and children] and legal challenges on the provision of service to children with complex disability needs; (iii) absence of agreed multi-annual investment and reform; (iv) intensified regulatory requirements and the need of operationally and financially sustainable service model and governance; and (v) challenges to delivery of a responsive person-centred model of care to changing demographics, needs and age profile of the disability service population resulting to significant unmet needs of people with disabilities.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Operations and service disruption	5	5	25	5	4	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR15_01	The National Disability Operations Team and CHOs provide support to challenged service providers in order to stabilise day to day operations and ensure service continuity. This is inclusive of professional capacity building supports/service improvement initiatives as well as defined financial supports to ensure adequate operational cash liquidity.	COO; National Director Community Operations	Continuous
CRR15_02	Provider fora exists with the umbrella organisations to enable the return to safe service, including capacity and risk assessments.	COO; National Director Community Operations	Continuous
CRR15_03	Regular performance monitoring of service arrangements with providers is in place.	COO; National Director Community Operations	Continuous
CRR15_04	Continued implementation of reform of Children's disability services in line with agreed national policy as per Progressing Disability Services [PDS] and to achieve compliance with provisions under the Disability Act [2005].	COO; National Director Community Operations	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR15_05	A National Consultative Committee is working with key stakeholders to explore future direction of disability services within a collaborative framework in line with National Disability Strategy.	COO;CSO	Continuous
CRR15_06	Stability and Sustainability Function established to: (i) work with providers through project management to protect and sustain vital services for our service users and (ii) to ensure transition, over the medium term, to the provision by named providers of quality services align with the agreed service delivery model, appropriately and sustainably resourced; and are supported by strong governance mechanisms.	National Director Community Operations; AND Head of Stability	Continuous
CRR15_07	Seven work streams are in place under Stability and Sustainability Function working with one provider. All work streams are co-chaired by provider and HSE and working collaboratively to review and assess current activity and model of service, resources and governance: (i) Supports & Services Co-Design; (ii) Organisational Structure; (iii) Workforce; (iv) Finance; (v) ICT; (vi) Estates; and (vii) Communications.	National Director Community Operations; AND Head of Stability	Continuous
CRR15_08	There are 91 Children's Disability Networks Teams (CDNTs) established to ensure children aged from birth to 18 years of age with complex needs arising from their disability will have access to a range of services and supports according to their individual needs.	National Director Community Operations; AND Disability Operations	Continuous
CRR15_09	The Disability Capacity Review up to 2032 has been published which informed the development of the Disability 2022-2025 Plan.	Department of Health	Continuous
CRR15_10	CHO Governance of Children's Disability Network Services is in place across all CHOs providing nationally standardised governance structures and functions.	National Director Community Operations; AND Disability Operations	Continuous
CRR15_11	Nationally standardised Interagency Agreement signed at CHO level by employers of staff on the CHO's multiagency staffed CDNTs. Defines clear roles and responsibilities of Lead Agency, Partner Agency and funder.	National Director Community Operations; AND Disability Operations	Continuous
CRR15_12	Lead Agency Policy defines role of Lead Agency of which there are 12 leading one or more of the 91 CDNTs National CDNT Non Pay Budget Policy identified as a critical CDNT sustainability factor is in place to support Lead Agencies managing multiagency staffed teams.	National Director Community Operations; AND Disability Operations	Continuous
CRR15_13	National CDNT Steering Group monthly monitoring CHO/CDNTs progress on implementation of CDNT services in line with national policy. Chaired by Chief Officer representative, includes representatives of Heads of Services, S38 and S39 Lead Agencies, parents, DOH and National Disability Operations.	National Director Community Operations; AND Disability Operations	Continuous

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
CRR15_A02	Revision of the HSE governance framework for Section 38s and 39s [including compliance].	COO; AND Compliance	31/03/2023	Since the last update, the Dialogue Forum has established a programme of work which involves workshops that may impact on the Review of the Governance Framework. In parallel, the Law Agents are continuing to work on the draft governance documents. However, the finalisation of this governance documentation cannot now be completed until the work of the Dialogue Forum is completed in this regard, as there could be findings / recommendations which may need to be incorporated into the Governance Framework and its related governance documentation.
CRR15_A03	To develop a strategy to support the continued implementation of the CDNT model of service. Each CHO needs to progress their local plans to address delayed AONs using the available additional funding.	National Director Community Operations; AND Disability Operations	30/06/2023	Draft Roadmap being reviewed by Performance and Delivery Committee for their feedback and draft to Board in January 2023 for approval prior to submission to DOH/DCEDIY for sign off.
CRR15_A04	It is proposed to test two tools as part of National Personalised Budget Demonstration project.	CSO	30/12/2024	This work is progressing and has been extended to Q2 2024 and will influence the final decision

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				regarding the implementation of a single assessment tool across disability services.
CRR15_A05	To increase workforce to support the operation of the CDNT model of service.	National Director Community Operations; AND Disability Operations	31/03/2023	National HSE Recruitment campaigns completed and panels in place. Ongoing campaign to entice those panelled to take up CDNT posts. International recruitment campaigns commencing for posts unfilled from national panels. Other options being explored: sponsorships, return to education.
CRR15_A06	To deliver a sustainability impact assessment (SIA), that will provide a comprehensive overview of the current services, resource requirements and governance mechanisms required to ensure stability and long term sustainability. A 3 year implementation plan will be developed post SIA to identify key priorities, subject to normal estimate and service planning processes where appropriate.	National Director Community Operations; AND Head of Stability	31/03/2023	A comprehensive interim report was completed in July 2022. Work is progressing to provide a final report by March 2023.
CRR15_A07	To agree Memorandum of Understanding (MOU) with a second s39 provider to engage with the Stability team in a Sustainability Impact Assessment (SIA) process	National Director Community Operations; AND Head of Stability	31/01/2023	Draft has been substantially progressed and meeting scheduled with HSE and provider for 15/12/2022 to review and progress
CRR15_A08	To deliver increased personal assistant (PA) and home support hours.	National Director Community Operations; AND Disability Operations	31/12/2022	As of 8/12/22. The delivery of PA and Home Support Services has remained steady during Quarter 3, 2022; PA Services was above the target by +4.4% and Home Support Services was

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				+5% above target for Quarter 3.
CRR15_A09	To expand centre based or alternative respite services based on allocated NSP 2022 funding.	National Director Community Operations; AND Disability Operations	30/06/2023	As of October 2022, 4 new Respite Houses have opened. Work is progressing across CHO areas to implement a further 6 new developments in line with NSP.

CRR Reference	Risk Title
CRR 016	Workforce and Recruitment

EMT Risk Owner	Board Committee	Date added to Register
NDHR	People and Culture	09/11/2016

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk to the delivery and provision of health and social care services, particularly the priorities in the National Service Plan due to:

The scale of recruitment required, labour market supply and the timeline envisaged to recruit the full allotment of new staff targeted under the HSE's National Service Plan.

Challenges relating to the recruitment and retention of critical clinical professions, personnel with specific skills sets and grades that are in short supply both domestically and internationally.

This is compounded by uncertainties related to (i) increased healthcare worker demand in the global market; (ii) an ageing population and increasing demand within more economically developed countries; (iii) the emergence from COVID-19; (iv) the impact of COVID-19 related absences; and (v) the further workforce demand created as a consequence of the reversal of the Haddington Road Agreement [HRA].

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	People	5	5	25	4	4	16	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR16_01	Resourcing Strategy in place that sets out key actions to increasing health workforce. This provides strategic direction for both recruitment and retention. (NSP 2022)	AND of HR Recruitment, Reform & Resourcing	Annually
CRR16_02	Postgraduate training programmes have increased medical training posts by 8%, which is in line with the high-level target to ensure the expansion of the specialist medical skills within Ireland. (NSP 2022)	Chief Clinical Officer	Annually
CRR16_03	Governance Committee and Resourcing Taskforce in place to monitor and oversee recruitment and put in place remedial measures. Examples of these measures are: 1) Employee Retention Measures	COO; AND of HR Recruitment, Reform & Resourcing	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	2) Performance Achievement engagements 3) Resource Recruitment Departments at local level. 4) Increase outputs of qualified applicants from education as progressed by Recruitment Reform and Resourcing [RRR] 5) Monitor and Implement Managing Attendance Policy		
CRR16_04	Monthly monitoring of all staff absence including COVID-19 absence to inform planning and response measures required to address absence. Listed as KPI in NSP 2022.	AND of HR Strategic Workforce Planning & Intelligence	Monthly
CRR16_06	Managed Service Provider in place to increase recruitment capacity. (Increasing capacity – NSP 2022)	AND of HR HRSS	Continuous
CRR16_07	Communication for early offer of permanent posts to New Graduate Nurses and Midwives completed for 2022. This control is supporting retention as well as recruitment as census data shows that the HSE is growing in the staff nurse line. (Increasing Capacity NSP 2022 & will be repeated in 2023)	National Director Human Resources	Annually
CRR16_08	Campaign to target Irish and UK National Health & Social Care Professional [H&SCP] graduates of 2022 initiated and complete. Panels in place. (Increasing Capacity NSP 2022 & will be repeated in 2023)	AND of HR HRSS	Annually
CRR16_09	International recruitment campaign for Dietitians, Podiatrists, Occupational Therapists, Speech and Language Therapists [SLTs] and Physios initiated and ongoing.	AND of HR HRSS	Annually
CRR16_10	Targeted campaign to recruit range of ambulance grades completed. (Increasing Capacity NSP 2022 & will be repeated in 2023)	AND of HR HRSS	Annually
CRR16_11	Memo issued to services on principles relating to reversal of HRA and immediate management of same (e.g. encouraging part-time staff to maintain existing hours and roster efficiencies to reduce the impact)	AND of HR NERS	
CRR16_12	New Recruitment, Reform and Resourcing function established which is responsible for the development and implementation of new recruitment operating model and resourcing plan for health services now and into the future. (NSP 2023)	AND of HR Recruitment, Reform & Resourcing	Continuous
CRR16_13	Resourcing projections to support workforce planning and monitoring in place. (Expansion of 6000+ WTE across all staff categories NSP 2023)	AND of HR Recruitment, Reform & Resourcing; AND of HR Strategic Workforce Planning & Intelligence	Annually

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR16_14	Targeted approaches have been developed across all staff categories for posts that are “unable to be filled”. This challenges retention issues through specific actions, which identify, and fill gaps as identified.	AND of HR Recruitment, Reform & Resourcing	Continuous
CRR16_15	New medical consultant recruitment microsite (an auxiliary HSE website) on publicjobs.ie has been established as a one stop digital source for all consultant recruitment in Ireland.	AND of HR Recruitment, Reform & Resourcing	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR16_A01	Development and implementation of a workforce resourcing strategy for the Health Services which includes retention as a key component. This is expected to deliver actions for resourcing in early 2023 and will replace current resourcing strategy	AND of HR Recruitment, Reform & Resourcing	31/12/2022	Programme pillars agreed with senior leaders. Governance structures established. Compilation and Terms of Reference agreed. Steering and governance groups to commenced work in September. On Target.
CRR16_A02	Development and implementation of new recruitment operating model. This will also aid retention through improvement of staffing levels.	AND of HR Recruitment, Reform & Resourcing	31/12/2023	Implementation projected by end of 2023. On Target.
CRR16_A08	Increase international nursing and midwifery recruitment (1000 in 2021 to 1900 in 2022) alongside specialist post international recruitment	AND of HR HRSS	31/12/2022	Ongoing live competition for 2022. 1,638 Nurses hired up to 15/11/2022. 1,725 forecasted figure for International Nurses in 2022
CRR16_A09	Secure talent pool of patient and client care support workers of +1000 though revised eligibility criteria	AND of HR Recruitment, Reform & Resourcing	31/03/2023	Head of Programme appointed in June and as a result work is to commence with Expert Implementation Groups in September. Action extended to Q1 2023 as a result.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR16_A10	Ensure the requirements for staff are identified at an early stage in order that the necessary estates infrastructure is in place to meet the additional accommodation needs. This aids retention by identifying the appropriate needs of staff.	CSO;COO	31/12/2023	This will be an ongoing action and thus doesn't have an end date. End date extended to Q4 2024 to reflect on Riskconnect.
CRR16_A13	Finalise the draft medical workforce targets up until 2035.	CCO	31/03/2023	Medical Workforce Targets presented to Minister of Health and Executive Management Team of HSE was updated. A copy of this was submitted to the Department of Health NCHD Taskforce. A key priority area for this Taskforce is to inform medical workforce planning with the specific objective to develop annualised targets for the medical workforce.
CRR16_A14	To develop a mechanism for gathering national minimum data set and collection tool for leaving reasons.	AND of HR Strategic Workforce Planning & Intelligence; AND of HR HRSS	31/12/2023	
CRR16_A15	International recruitment campaign for Dietitians, Podiatrists, Occupational Therapists, Speech and Language Therapists [SLTs] and Physios initiated and ongoing, however this is dependent on the development of clinical practice placements.	AND of HR HRSS;AND of HR Recruitment, Reform & Resourcing	30/06/2023	
CRR16_A16	Development of the appropriate clinical practice placements for HSCPs to enable eligibility for registration of international recruits.	COO	30/06/2023	Health and Social Care Professionals (HSCP) Clinical/Practice Placement Planning & Implementation Group is in place December 2022
CRR16_A17	New Sláintecare Consultant Contracts have been approved by Government and are with the representative bodies (Irish Hospital Consultants Association the Irish Medical Organisation) for	AND of HR Employee Relations	31/03/2023	

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	consultative process. Dissemination of contract details to relevant stakeholders is underway. The HSE is also in the process of establishing a steering group to oversee rollout and implementation of contracts.			
CRR16_A18	Develop and implement Phase I of the Talent Pool System	AND – Recruitment Reform and Resourcing	Q1 2023	
CRR16_A19	Commence Implementation of a single talent acquisition solution (Applicant Tracking)	AND – Recruitment Reform and Resourcing	Q4 2023	
CRR16_A20	Develop the plan to support the Department of Health negotiations to increase HSCP student places in Irish colleges	AND – Recruitment Reform and Resourcing	Q1 2023	

CRR Reference	Risk Title
CRR 017	HSE Funded Agencies

EMT Risk Owner	Board Committee	Date added to Register
COO	Audit and Risk	28/02/2020

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of disruption to plans for maintaining levels of service and transforming local health and care services as a result of any potential breakdown in governance or sustainability of agencies, the breakdown of one or more strategic relationships or changes to the regulatory status of a service which will have a direct impact on service users.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Operations and service disruption	4	5	20	4	4	16	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR17_01	Application of Performance and Accountability Framework incorporating performance review meetings which include reviewing performance of funded agencies.	National Director Acute Operations; National Director Community Operations	Monthly
CRR17_02	Engagement with Providers in service planning, development and delivery as part of service arrangement engagement and performance monitoring.	National Director Acute Operations; National Director Community Operations	Quarterly
CRR17_03	The Dialogue Forum has been established to provide a regular platform for dialogue between the State and voluntary providers of health and social care services. It has an overarching mandate to build a stronger relationship between statutory and voluntary providers of health and social care for the benefit of patients and service users. The Dialogue Forum is chaired by an independent chairperson and attended by representatives from Department of Health, HSE, HIQA,	National Director Acute Operations; National Director Community Operations	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	MHC and representative bodies from Acute and Community voluntary services.		
CRR17_04	Service Arrangements with providers in place and signed with a clearer link between funding provided to support agreed service level.	National Director Acute Operations; National Director Community Operations	Quarterly
CRR17_06	Stability and Sustainability Function established to: (i) work with providers through project management to protect and sustain vital services for our service users and (ii) to ensure transition, over the medium term, to the provision by named providers of quality services are align with the agreed service delivery model, appropriately and sustainably resourced; and are supported by strong governance mechanisms.	National Director Community Operations; AND Head of Stability	Continuous
CRR17_07	Contracts Management Support Unit resources in CHOs funded under NSP2021.	COO; National Director Community Operations	Continuous
CRR17_08	The National Operations Senior Management Team, chaired by the Chief Operating Officer and attended by the National Directors of Acute and Community Operations has been identified as the Operational Forum to provide oversight of HSE engagement with the Dialogue Forum. As such it receives regular updates on the Case Study Programme and the Service Arrangement Review.	National Director Acute Operations; National Director Community Operations	Monthly

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR17_A03	Review of the Service Arrangement (SA) process between HSE and Funded Agencies.	COO; AND Compliance	31/03/2023	Since the last update, the Dialogue Forum has established a programme of work which involves workshops that may impact on the Review of the Governance Framework. In parallel, the Law Agents are continuing to work on the draft

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				governance documents. However, the finalisation of this governance documentation cannot now be completed until the work of the Dialogue Forum is completed in this regard, as there could be findings / recommendations which may need to be incorporated into the Governance Framework and its related governance documentation.
CRR17_A05	Report will be completed on analysis of funded agencies across all care groups. This will be reviewed with the care groups for consideration of current and future risks attached with services provided by continued usage of HSE Funded agencies.	COO;ND Operational Performance and Integration	31/03/2023	Report completed and circulated to National Operations Management Team and COO Risk Management Working Group. A review of this report is requested from relevant areas to identify any risks, related controls or actions.
CRR17_A06	As part of the work programme of the Dialogue Forum a programme of Case Studies is being undertaken to develop a greater understanding of the issues impacting on the relationship between the HSE and voluntary organisations delivering health and social care services and the ways in which the relationship can be strengthened.	National Director Acute Operations; National Director Community Operations	31/03/2023	Workshops completed December 2022; Final report due February 2023.
CRR17_A07	Development of a set of co-designed Partnership Principles to guide and inform collaborative relationships and integrated working within the healthcare sector.	National Director Acute Operations; National Director Community Operations	31/03/2023	Partnership Principles document planned to launch early 2023.

CRR Reference	Risk Title
CRR 018	Assisted Decision Making Capacity Legislative Changes

EMT Risk Owner	Board Committee	Date added to Register
COO	Safety and Quality	01/06/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of a poor experience to service users with decision-making capacity difficulties due to uncertainties concerning (i) operational preparedness and resource constraints and finalisation of the ancillary Assisted Decision Making (ADM) Regulations, the Decision Support Service Codes, Circuit Court Rules and HSE policies and procedures to assist the transition and (ii) legislative basis governing restraints on liberty for persons (Protection of Liberty safeguards) and for re-detaining vulnerable persons who do not suffer from a mental disorder under the Mental Health Acts, but are acutely unwell and pose a danger to themselves and others.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Patient Safety	5	5	25	5	4	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR18_01	HSE ADM Governance Group established to provide a process for escalation for any matters of significance in relation to the HSE's preparation for commencement of the Act.	COO	Continuous
CRR18_02	HSE National Office for Human Rights and Equality Policy has been issuing regular updates and guidance to staff through the Chief Operations Officer in relation to changes in the Wardship system and changes arising from commencement of the Assisted Decision Making (Capacity) Act 2015. These updates provide information and guidance to the staff who are managing the cases that are likely to be impacted if a legal mechanism is not found to safeguard people who require a secure environment.	COO	Quarterly
CRR18_03	The HSE Office for Legal Services has been issuing communications and convening meetings with specialist members from HSE contracted Legal Firms on legislative and practice direction updates to ensure they understand and are prepared for any legal remedy that may be required to safeguard the adults impacted.	CSO	Quarterly
CRR18_04	The HSE National Office for Human Rights and Equality Policy has been engaging with the Department of Children Equality Disability	CSO	Quarterly

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	Integration and Youth [DCEDIY] to ensure the Department fully understands the impact of the legislation and to provide an opportunity to identify a legal remedy prior to finalisation of legislation.		
CRR18_06	The HSE National Office for Human Rights and Equality Policy has undertaken a programme of work to prepare services and staff for commencement of the ADM Act including: the development of an e-learning programme; ongoing training programmes; dissemination of support guidance to staff and services; and a webinar series focussing on the implications of the Act.	COO;CSO	Continuous
CRR18_07	The CEO made submissions in writing in April, September and October 2022 to the Secretary General of DoH and DCEDIY highlighting the concerns, legislative gaps and operational implications arising therefrom.	CEO	Quarterly
CRR18_08	Engagement has commenced between the DoH and the HSE on issues in relation to the Deprivation of Liberty Safeguards/Protection of Liberty Safeguards.	CSO	Continuous
CRR18_09	The legal implications arising from the Assisted Decision Making Act are considered by the HSE Office of Legal Services in its monthly protocol meetings with the legal unit of the Department of Health.	CSO	Monthly
CRR18_10	HSE Disabilities and Mental Health ADM working Groups established to consider and respond to issues which specifically relate to mental health and disability services.	COO; National Director Community Operations	Continuous
CRR18_11	The HSE National ADM Implementation plan was published and distributed to all services in August 2022. This plan sets out what specific actions need to be undertaken across HSE and HSE funded services in order to prepare for commencement and ensure compliance with the principles and provisions of the 2015 Act.	COO;CSO	Continuous
CRR18_12	HSE Wardship Applications A Guide for Health Care Workers (February 2022) was developed to guide and support health care workers on steps required before an application for wardship of an adult is considered by the HSE. This will remain valid until such time as all existing wards have transitioned into the new scheme under Part 5 of the 2015 Act. This will be for a period of three years as per the 2015 Act from the date of commencement.	COO; National Director Community Operations	Continuous
CRR18_13	A Community Operations ADM working group has been established to develop an implementation plan for Community Health Organisations [CHO] areas. Community Operations Subgroup was tasked with reviewing the HSE Implementation Plan for the Assisted Decision Making (Capacity) Act 2015 (ADM) and scoping it out further for the nine CHOs.	COO; National Director Community Operations	Continuous
CRR18_14	CHO Implementation Plan for Assisted Decision Making (Capacity) Act 2015, October 2022 was developed which identifies specific tasks to be undertaken at CHO level.	COO; National Director Community Operations	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR18_15	A survey of disability organisations has been completed in relation to the Act and the impact on services. The findings of this research will inform the future work of HSE Disabilities ADM working group including bespoke guidance for disability services and any upcoming events and webinars.	COO; National Director Community Operations	Continuous
CRR18_16	A multidisciplinary cross CHO mental health reference group has been formed and meets regularly. A webinar was produced specifically focussed on Preparations for the Commencement of the Assisted Decision-Making (Capacity) Act 2015-considerations for HSE Mental Health Services.	COO; National Director Community Operations	Continuous
CRR18_17	HSE National Consent Policy was revised in March 2022 to reflect important legislative and policy changes since 2013 and to align this in preparation for commencement of the Assisted Decision-Making (Capacity) Act 2015.	CCO;COO	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR18_A01	The HSE Office for Legal Services links in with the legal unit of the DOH on a monthly basis to assess and understand the implications of the changes to the Wardship system and its implications for health and social care services.	CSO	30/06/2023	Ongoing. The HSE is informed that the Act will fully commence at the latest by Q2 2023. Until such time as the current Bill amending (and expanding upon) the ADM Act 2015 has passed through both Houses of the Oireachtas, the ancillary ADM Regulations, the Decision Support Service Codes, Circuit Court Rules and HSE policies and procedures dealing with the new regime cannot be finalised.
CRR18_A02	The HSE National Office for Human Rights and Equality Policy will develop an additional e-learning programme, including a suite of guides to support the Codes of Practice on the Act that are being prepared by the Decision Support	CSO	30/06/2023	Ongoing. As outlined above the Act will fully commence later in 2023.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	Service. This work will not be finalised until the Codes of Practice have been published and the Amendment Bill has completed its passage through the Dáil.			
CRR18_A04	To develop a frequently asked questions document associated with the webinar for mental health staff. This will incorporate information on the National Consent Policy and its implementation within mental health services.	COO; National Director Community Operations	31/03/2023	New action, updates not due.
CRR18_A05	Establishment of a reference group comprising disabled people, and representatives from HSE provided services and HSE funded organisations to conduct an impact assessment (survey and focus groups) which will inform bespoke guidance and webinars as required.	COO; National Director Community Operations	31/03/2023	New action, updates not due.
CRR18_A06	Local and national policies and procedures will be reviewed with consideration of the provisions and requirements of the 2015 Act. The HSE National Office for Human Rights and Equality Policy will produce guidance to support this review.	CSO;COO	30/06/2023	Ongoing.
CRR18_A07	The Office of the Wards of Court has compiled a list of all the individuals who will be subject to a review of their detention order(s) when the 2015 Act is commenced. The HSE Office of Legal Services is liaising with the Office of the Wards of Court in relation to these individuals.	CSO	30/09/2023	Ongoing.
CRR18_A08	Changes in relation to the amendment to the 2015 Act in relation to the care representative under the Nursing Home Support Scheme will be monitored and any concerns will be escalated through the existing governance structures to the CEO for further escalation.	COO	30/09/2023	Ongoing.
CRR18_A09	To execute strategies and actions set out in CHO ADM Implementation Plan.	COO; National Director Community Operations	30/06/2023	Resource requirement submitted through National Service Planning Process.

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
CRR18_A10	To progress the national agreed implementation plan to all Hospital Groups [HGs].	COO; National Director Acute Operations	30/06/2023	The implementation plan is being considered and actioned in the HGs. Resources for HGs have been submitted through estimates process.

CRR Reference	Risk Title
CRR 019	Displaced Ukrainian Population and International Protection Applicant Population

EMT Risk Owner	Board Committee	Date added to Register
COO	Audit and Risk	01/06/2022

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of poor, delayed or non-delivery of health and social care services due to increased healthcare demand associated with: (i) the numbers of people displaced by the invasion of Ukraine (ii) a parallel surge of International Protection Applicant (IPA)s seeking refuge in Ireland and (iii) the potential for the current situation in Ukraine to deteriorate further.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Operations and service disruption	5	4	20	4	4	16	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR19_01	Governance and Leadership There is a formal governance structure and arrangements in place within the HSE to provide the leadership, oversight and coordinated delivery of planned and targeted health services and supports to the incoming population seeking refuge in Ireland.	CEO	Continuous
CRR19_02	Point of Entry Response Ukrainian Nationals: The HSE delivers a first health response to the incoming displaced Ukr population at the National Interagency Accommodation Transit and Processing Centre Citywest which includes supporting immediate health needs (clinical triage and prescriptions) and offers the opportunity to complete an individual health assessment. This serves all Ukr displaced persons arriving via Dublin Ports which equates to approx. 85% of total arrivals. The first health response for Ukrainian population arriving via non-Dublin ports is delivered at their allocated accommodation (for those not seeking temporary emergency accommodation).	COO; National Director Community Operations	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>International Protection Applicant [IPAs] population: Citywest functions as an emergency temporary accommodation site for a cohort of the incoming IPA population and not as a processing facility.</p> <p>HSE provides the following health response for IPA on-site: (i) Clinical triage and health supports as required; (ii) Infectious Disease screening is offered; and Individual health questionnaires are available for completion as part of an initial pilot.</p>		
CRR19_03	<p>Infection Prevention and Control (IPC)</p> <p>Public Health [PH] has developed a suite of Public Health guidance documents for accommodation providers, local health teams, local authorities and the incoming displaced Ukrainian population which aim to support the maintenance of good health and prevent the spread of infection and illness, in particular in high density communal and dormitory style settings.</p> <p>These documents are available on the Health Prevention Surveillance Centre [HPSC] website: https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/</p> <p>Phases 1 and 2 of St Itas' Isolation Facility in Portrane are fully operational. The facility can accommodate up to 43 residents, 41 cohabiting and 2 Isolation Rooms.</p>	CCO	Continuous
CRR19_04	<p>Resources and Communication:</p> <p>Ukrainian Nationals: A Ukraine specific page on the HSE website provides the introduction to Irish health services including specialist services, how they work and how to access them at www.hse.ie/ukraine. Information is available in English, Ukrainian and Russian and is also delivered via a series of videos (provided in 16 languages). A wide range of health information resources have been translated, printed and distributed to services and facilities accommodating displaced Ukrainians.</p> <p>International Protection Applicant [IPAs] population:</p> <p>Resources for IPA populations are available on https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/translation-hub/multilingual-resources-and-translated-material/ and are accessed by IPAs or NGOs for circulating to IPAs as required.</p> <p>HSE sends Partner Packs to over 3000 partners, comprising of patient advocacy groups, community organisations and others (predominantly section 38 and 39 organisations, as well as to some of our internal audiences). These packs share all weekly HSE communication topics which can include supports for Ukrainians and IPAs.</p>	COO; National Director Communications	Continuous
CRR19_05	Operational Service Delivery	COO; National Director	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>A streamlined Medical Card Application process is in place for the incoming Ukrainian population</p> <p>Arrangements are in place to access GP Out of Hours Services and prescribed medication if they have not yet applied for/ been issued with their medical cards.</p> <p>The Access to GP Framework developed in conjunction with the Irish Medical Organisation [IMO] makes provision for a range of options to deliver GP services to communal setting. These bespoke GP arrangements have been put in place Ukrainian population in communal settings.</p> <p>Provision of Covid Safety advice, PPE, Antigen tests and access to COVID 19 Vaccination clinics.</p> <p>Multidisciplinary teams provide in-reach services to communal settings to assess the urgent needs of individuals and signpost/refer to appropriate services.</p> <p>Nursing assessments for children.</p> <p>A specific urgent referral service has been set up at the Rotunda Hospital, for pregnant women near term (> 32 weeks) or those who require urgent access for assessment. The senior midwife can refer to any maternity unit nationally where the case is not Dublin based.</p> <p>National Disability Operations has distributed Visual Cues posters to accommodation sites to encourage those with disabilities to make themselves known to HSE staff so they can be referred to local disability services.</p> <p>National Disability Operations are engaging with NGO umbrella groups to ensure that a coordinated approach is taken to the evacuation of people with specific needs from congregated settings in the Ukraine to Ireland</p>	Community Operations; National Director Schemes & Reimburse ^s	
CRR19_06	<p>Data</p> <p>Sit Rep is received bi-weekly from Department of Justice [DoJ] on overall arrivals, ports of arrival, demographic profile and numbers seeking temporary accommodation</p> <p>Facilities dataset is received daily from DCEDIY which provides an overview of where all incoming Ukrainian arrivals availing of State accommodation are placed. This data is aggregated to populate the Ukraine Health Response Dashboards and inform exploratory analysis conducted by National Health Intelligence Unit (NHIU) of the impact of Ukrainian arrivals in the Irish Health services.</p> <p>The NHIU has developed a methodology to spatially display Ukraine and IPA arrivals by Primary Care Team (PCT) and their relative impact on local primary care/community services.</p> <p>HIPE coding developed to capture activity in Acute Hospitals associated with the Ukrainian displaced population.</p> <p>The Citywest Individual health Questionnaire has been digitised.</p>	COO; CSO; Department of Justice; Department of Children Equality Disability Integration and Youth	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	<p>Ukraine Response Dashboards have been developed and are hosted by HSE Integrated Information Services to visualise and track metrics relating to the Ukraine response</p> <p>5 dashboards are currently available for review: PPSN, Medical cards, Acute activity, Accommodation, Citywest Health Questionnaire data</p>		
CRR19_07	<p>Operational Service Delivery</p> <p>CHOs have put in place additional initiatives to enhance GP service provision to communal settings: (i) Maximising the provision of Safetynet primary care services; (ii) Commissioning Out of Hours providers to deliver sessional clinics; (iii) Utilisation of Pop up GP Clinics and Inclusion Health GP led drop in clinics; and (iv) A forum has been established between the HSE and the nine CHO GP Leads supporting the Ukraine response to address GP capacity challenges.</p>	COO	Continuous
CRR19_08	<p>A sub-group of the Ukrainian Health Response Planning and Coordination Group has been established to develop the future Migrant Health Response Service Delivery Model in the context of rising Ukrainian and IPA arrivals and service capacity considerations regarding projected demand.</p>	COO	Continuous
CRR19_09	<p>The International Protection Accommodation Service (IPAS), DCEDIY, has established processes in place to address accommodation requirements for IPA on the basis of health vulnerabilities (Vulnerability Assessments and a Resident Welfare Team).</p>	COO; Department of Children Equality Disability Integration and Youth; International Protection Accommodation Service	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR19_A01	<p>The National Planning and Coordination Group will continue to monitor the evolving situation and work with government partners to identify and implement additional response actions as required including information provided by the Department of Foreign Affairs and the Department of An Taoiseach. The information provided by the Departments includes intelligence from Ukraine and modelling of likely levels of inflow and associated impact as carried</p>	COO; National Director Integrated Operation Planning	31/03/2023	Ongoing; weekly meetings with DoH. Meetings with DCEDIY scheduled as required.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	out by external experts under the oversight of the Departments.			
CRR19_A03	<p>Data and Modelling</p> <p>To analyze the health needs data emerging from completed Citywest Individual Health Questionnaires, to assess and anticipate the potential demand for health services by displaced Ukrainians.</p> <p>The analysis has three components: a) health profiles derived from the Citywest Health Status Questionnaire; b) referral patterns based on the City West Triage Questionnaire, and c) HIPE inpatient activity (national) to estimate the potential demand for health services by displaced Ukrainian nationals, and in the context of the Irish population.</p>	CSO;COO	31/12/2022	As of 9/12/22. Analytics underway. The Health Intelligence Unit, based on available data, is undertaking modelling to estimate priority health needs of the Ukrainian population and to inform service planning processes. As more data becomes available it is enabling more informed modelling which is being inputted into the overarching model for Migrant Health Service design work
CRR19_A04	<p>Case Coordination</p> <p>To develop a case co-ordination function for the displaced Ukrainian population with identified acute medical needs. This will be linked with services in Citywest in the first instance with a plan to broaden it into a National function.</p>	COO; National Director Acute Operations	31/12/2022	As of 9/12/22. Acute Operations is in ongoing discussion with St. James to establish this service.
CRR19_A06	<p>Access to Mental Health Services</p> <p>To develop a wider Psychosocial response for the displaced Ukrainian population.</p>	COO; National Director Community Operations	31/03/2023	Discussion is ongoing with DoH on 2023 funding for core components of the model. The development of a wider Psychosocial response has been incorporated into the future Migrant Health Response Service Delivery Model.
CRR19_A08	<p>To develop Future 'whole-of-organisation' Migrant (Ukr and IPA) Health Service Delivery Model.</p> <p>The Service model will incorporate the first health response for people when they arrive at their accommodation, acute services, primary</p>	COO; National Director Integrated Operation Planning;UKR Planning &	31/12/2022	As of 9/12/22. All sub-groups have produced draft components of the overarching model which have been costed for delivery in 2023.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
	<p>and community services, integrated Paediatric services, and public health and disease management programmes.</p> <p>A specific sub-group has been established to progress the Public Health priority following priority areas: (i) Establishing a systematic Programme of Testing and referral of the incoming displaced Ukrainian and IPA populations for Blood Borne Viruses (BBV) and (ii) Establishing a systematic Programme of age-appropriate vaccination for all migrant children, up to the age of 23 years, against vaccine preventable illness in line with the Irish Immunisation Schedule.</p>	Co-Ordination Group		The HSE has submitted the 2023 costing plan to the Department of Health (DoH) which is under review and further work is being carried out on the same as new information emerge etc.
CRR19_A09	To centrally coordinate health related accommodation needs for Beneficiary of Temporary Protection (BOTP) in the context of an emergency response and higher levels of arrivals. This is led by IPAS, DCEDIY with the HSE supporting as required.	COO; International Protection Accommodation Service; Department of Children, Equality, Disability, Integration and Youth	31/12/2022	As of 9/12/22. HSE National Social inclusion Office is developing an Accommodation Protocol and supporting processes and escalations to support a more structured response when Beneficiary of Temporary Protection [BOTP] are identified as having particular accommodation needs on the basis of health or other vulnerabilities. HSE will look to identify a dedicated resource to operationalize this response working centrally with DCEDIY.

CRR Reference	Risk Title
CRR 020	Workplace Violence and Aggression

EMT Risk Owner	Board Committee	Date added to Register
NDHR	People and Culture	12/01/2023

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk that the exposure of staff to work related violence and aggression, including intentional or unintentional physical assault and verbal abuse could, [i] seriously impact on the physical and psychological health, safety and wellbeing of staff, [ii] diminish the quality of working life for staff; [iii] compromise organisational effectiveness and [iv] impact negatively on the provision of care services due to the variable implementation of relevant policies, inadequate response plans being in place to remediate same and poor monitoring of and response to incidents of violence and aggression towards staff.

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Cautious	People	5	5	25	4	5	20	<12

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR20_01	HSE Linking Service and Safety - Strategy for Managing Work-related Aggression and Violence within the Irish Health Service (December 2008) in place.	National Director Human Resources	Continuous
CRR20_02	HSE Policy on the Prevention and Management of Work-Related Aggression & Violence 2018 in place to support and guide the prevention and management of aggression and violence.	National Director Human Resources	Continuous
CRR20_03	HSE Policy on Lone Working 2022 which acknowledges aggression and violence as a risk 'Provides a framework to support managers in managing lone working activities and documents risk reduction measures to manage this risk'.	National Director Human Resources	Continuous
CRR20_04	HSE Best Practice Guidance for Mental Health Services, 2017, setting out key principles of quality and safety.	COO	Continuous
CRR20_05	The HSE Incident Management Framework, 2020, which sets out requirements and guidance for reporting and managing all incidents of workplace violence and aggression is in place.	CCO	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
CRR20_06	Policy on Statutory Occupational Safety & Health Training 2016	National Director Human Resources	Continuous
CRR20_07	Managing Attendance Policy and Procedures 2009 (Revised 2014)	National HR	Continuous
CRR20_08	Rehabilitation of Employees Back to Work After Illness or Injury Policy & Procedure 2020 and E- learning programme "Work Rehabilitation in the HSE"	National Director Human Resources	Continuous
CRR20_09	Corporate Safety Statement (outlines the requirement for site or service safety statements)	National Director Human Resources	Annually
CRR20_10	Guidance on completion of Occupational Safety and Health Risk Assessments	National Director Human Resources	Continuous
CRR20_11	Risk Assessment Training (e-learning) - HSELand	National Director Human Resources	Continuous
CRR20_12	NHSF Level 1 Audit Tool- (conducted by the National H&S Function and local management)	COO; National Director Human Resources	Continuous
CRR20_13	HSE Training Needs Assessment (TNA) process available/accessible	National Director Human Resources	Continuous
CRR20_14	Local coordination and delivery of training in the prevention and management of Aggression and Violence in the Workplace.	COO	Continuous
CRR20_15	Critical Illness Protocol - HSE Circular 005/2014	National HR	Continuous
CRR20_16	Employee Assistance Programme in place	Workplace Health and Wellbeing Unit	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR20_A01	Establish a subject matter expert group to support the HSE in the proactive management of work-related violence and aggression, using a contextual understanding of the wide spectrum of behaviours ranging from intentional to those which occur as a result of a clinical condition, to inform risk assessment and risk treatment responses.	National Health & Safety Function	31/03/2023	Katrina Dempsey – Head of the National Health & Safety Function to propose draft Terms of Reference.

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR20_A02	Specific Actuarial Risk Assessment Tool (Aggression and Violence Risk Assessment Pathway (AVRAP)) developed for Acute Mental Health Facilities.	National Director Human Resources; Mental Health Services	30/09/2023	
CRR20_A03	Different models of V&A training (incorporating physical containment interventions) available within the HSE. National Health and Safety Function have engaged with Quality and Qualification Ireland (QQI), the Mental Health Commission and the Health and Safety Authority (and will be talking with HIQA) to scope out the development of a standard similar to the QQI level 6 for manual handling that is now the established standard.	National Health & Safety Function	30/09/2023	
CRR20_A04	HSE Policy on the Prevention and Management of Work-Related Aggression & Violence 2018 will be reviewed and updated to include a contextual understanding of the wide spectrum of behaviours.	National Director Human Resources	30/06/2023	Review Commenced
CRR20_A05	Implement further pilot of the Aggression and Violence Risk Assessment Pathway (AVRAP) Tool in Acute Mental Health Facilities. (Proposal submitted to Head of Operations, Quality and Service Improvement Mental Health Services for consideration).	National Director Human Resources; Head of Operations, Quality and Service Improvement, Mental Health Operations	30/09/2023	<p>Provided the Head of Operations, Quality and Service Improvement, Mental Health Operations with:</p> <ul style="list-style-type: none"> • Presentation titled 'Theory to Practice in the Drogheda Department of Psychiatry' • Briefing report (to include evidence) to assist Services in considering implementation of the Aggression Violence Risk Assessment Pathway (AVRAP) • Draft AVRAP Project Plan • As of 23/12/22, the AVRAP tool has been piloted in one unit in the

Additional Actions

Additional actions that need to be taken to further reduce the likelihood or impact of the risk

No	Action	Owner	Due	Status update
				<p>Drogheda Department of Psychiatry.</p> <ul style="list-style-type: none">• An evaluation in other sites will be completed before further roll out.• Other tools/models for managing aggression and violence were invested to some mental health units where AVRAP will be unlikely to be rolled out.

CRR Reference	Risk Title
CRR 021	Data Protection

EMT Risk Owner	Board Committee	Date added to Register
COO	Audit and Risk	16/01/2023

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]
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There is a risk of loss, theft, illegal or unauthorised use of service user, employee and partner personal data (paper-based and digital) due to: (i) non-compliance with statutory, and regulatory data protection obligations; (ii) lack of clearly established data protection roles and responsibilities across the HSE (outside the National DPO Office) to ensure that every employee understands their individual obligations in protecting personal data; (iii) inadequate resources to drive improvement in overall Data Protection/ Privacy Framework and internal processes across the organisation; and (iv) low monitoring compliance capabilities, insufficient organisational and technical security measures resulting in an increased exposure to data breaches, regulatory investigations, fines and loss of trust to the HSE; and potential disruption to Operational and Clinical services.

Risk Appetite		Risk Rating						Risk Appetite Target
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			
		Likelihood	Impact	Total	Likelihood	Impact	Total	
Averse	Security	5	5	25	5	4	20	</=6

Risk Controls	A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.		
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No	Control	Control owner	Frequency
CRR21_01	The National Data Protection Office (DPO) manages timely responses [within 1 month] to data protection queries, data subject access requests, complaints and other ad-hoc queries from service users, employees, other HSE and government departments as well as external suppliers and interested parties.	COO;HSE National Data Protection Officer	Continuous
CRR21_02	The Regional Deputy Data Protection Officers manage timely responses [within 1 month] to data protection queries, data subject access requests, complaints and other ad-hoc queries from service users, employees, other HSE and government departments as well as external suppliers and interested parties.	COO;HSE National Data Protection Officer	Continuous
CRR21_03	Training is required or should be complete shortly after starting employment in HSE to help staff in understanding the requirements of data protection regulation. The following HseLand training programmes are available to all staff: (i) Good Information Practices; (ii) The Fundamentals of GDPR; (iii)	COO;HSE National Data Protection Officer	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
	Data Protection eLearning Programme; and (iv) Processing of Subject Access Request [SARs]		
CRR21_04	National DPO sends out regular memos across HSE organisation on Data Protection to help increase Data Protection Awareness.	COO;HSE National Data Protection Officer	Continuous
CRR21_05	Processes, templates and guidance for carrying out Data Privacy Impact Assessments have been developed and are available on hse.ie: (i) privacy-impact-assessment-pia-guidance.pdf (hse.ie) and (ii) privacy-impact-assessment-pia-form-hse-staff-vaccination-data.pdf.	COO;HSE National Data Protection Officer	Continuous
CRR21_06	Data breach reporting process in place for a data breaches within the HSE.	COO;HSE National Data Protection Officer	Continuous
CRR21_07	Reporting process is in place for the general public to make complaints about data breaches.	COO;HSE National Data Protection Officer	Continuous
CRR21_08	Regulatory Reporting processes, Incident response and ICT service continuity policies and plans in place.	COO;HSE National Data Protection Officer	Continuous
CRR21_09	EMT Oversight Group established to oversee the implementation of the recommendations included in the Post Incident Review into the cyber-attack on the HSE's systems and the implementation of legal and data work stream as part of the overall implementation Programme. A Project Management Office [PMO] is in place to monitor and report on progress.	CRO	Continuous
CRR21_10	<p>Legal and Data Workstream established to provide the governance and oversight on all actions required to meet the HSE legal obligations arising from the data breach that occurred during the cyber-attack and to protect the HSE's interests as much as possible in any potential legal actions arising from the data breach. The HSE has established the capability to enable more effective detection, management and response to any future cyber-attacks or data breaches.</p> <p>The following are in place: (i) a High Court Injunction restricting any sharing, processing, selling or processing or publishing of illegally accessed data; (ii) legal review of all documents known to be part of the cyber-attack has identified the notifiable data as set out under the GDPR legislation; (iii) a case management system that includes a call centre to manage the notification process; (iv) engagement with the Data Protection Commissioner, the Department of Health and the Attorney General's Office, legal experts and Consultancy Company regarding the notification process; and (v) notification process in place for notifying all notifiable subjects.</p>	COO ND OPI (Operational Performance and Integration)	Continuous
CRR21_11	ICT & Cyber Workstream established to implement the key recommendations of the Post Incident Report (PIR) within the funding provided.	CTTO (Chief Technology)	Continuous

Risk Controls		A mechanism, process, procedure or action which can be <u>verified</u> , which seeks to reduce the likelihood and/or consequence of a risk.	
No	Control	Control owner	Frequency
		Transformation Officer)	
CRR21_12	The Operational & Clinical Resilience [OCR] Steering Group established to oversee OCR work stream and implementation of key OCR recommendations.	COO ND OPI (Operational Performance and Integration)	Continuous
CRR21_13	HSE communications team in place and will continue to support stakeholder's communication plan, to manage media queries and communication to both internal and external stakeholders. Detailed planning in place around the upcoming data breach notifications arising out of the cyber-attack.	National Director Communications	Continuous

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
CRR21_A01	An implementation programme with dedicated budget and experienced resources will be established to address the high risk priority gaps identified from Data Privacy Governance Framework and Operating Model Review in 2021.	COO ND OPI (Operational Performance and Integration)	31/03/2023	Revised plan being prepared including seeking EMT approval in line with limited budget focused on priority risk areas and aligned to Regional Health Areas Implementation.
CRR21_A02	The National DPO office will be strengthened with additional resources in order to achieve a more mature compliance position with data protection legislation and to support all functions across the HSE to meet its obligations under GDPR regulations.	HSE National Data Protection Officer	30/09/2023	National DPO hired, commencement on 2/1/2023. External consultancy to help interim DPO duties and support DPIAs
CRR21_A03	An implementation plan for the revised Data Retention Policy will be prepared.	HSE National Data Protection Officer	31/03/2023	Preparation of implementation plan in progress.
CRR21_A04	The Data protection/ Data Privacy Engine tool will be enhanced to enable centralized monitoring of risks and issues.	HSE National Data Protection Officer	30/12/2023	Privacy engine tool to support the centralized management and oversight over data protection Breaches, Subject Access Request [SAR], Data Protection

Additional Actions		Additional actions that need to be taken to further reduce the likelihood or impact of the risk		
No	Action	Owner	Due	Status update
				Impact Assessment [DPIA], Transfer Impact Assessment [TIA], etc. is being piloted in HSE Research team and the HSE National DPO office, with a view to rolling out the regional offices in 2023.
CRR21_A05	The HSE will apply for membership of the International Association of Privacy Professionals [IAPP] to facilitate access to international recognized training.	HSE National Data Protection Officer	30/06/2023	The National DPO has engaged with International Association of Privacy Professionals [IAPP] with the view of obtaining enterprise membership for the HSE as well as professional courses to be offered to HSE Data Protection staff in the regions and functions (such as research)
CRR21_A06	The HSE will explore the options for making GDPR training a 'mandatory' policy requirement rather than 'essential' requirement to ensure staff understand and have the tools they need to comply with the regulation.	HSE National Data Protection Officer	30/06/2023	To progress agreement on training to be made mandatory.
CRR21_A07	A formal Notification process will be in place to allow those affected by a data breach to be informed.	COO ND OPI (Operational Performance and Integration)	30/06/2023	As of 29th November 2022, the notification process has commenced.