



HSE Corporate Risks 2022

Quarter 3 2022

Risk Summary and individual Risk Assessments

EMT and ARC Version: 29 September 2022

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.

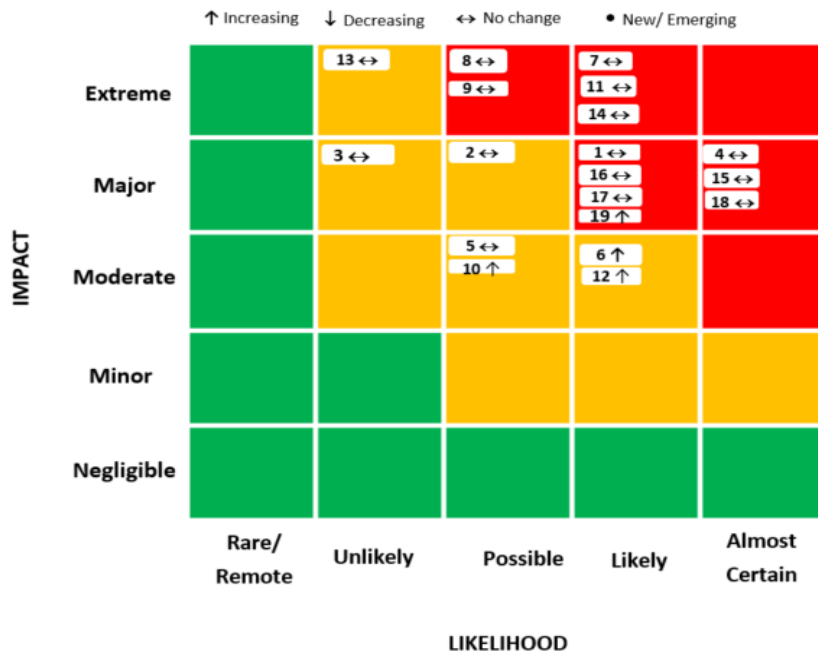
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Section 1: Dashboard

Heat Map

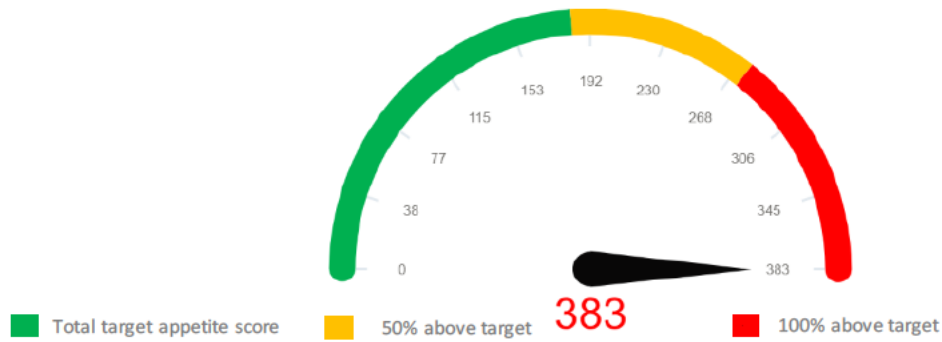
Residual rating changes from Q2 to Q3 2022



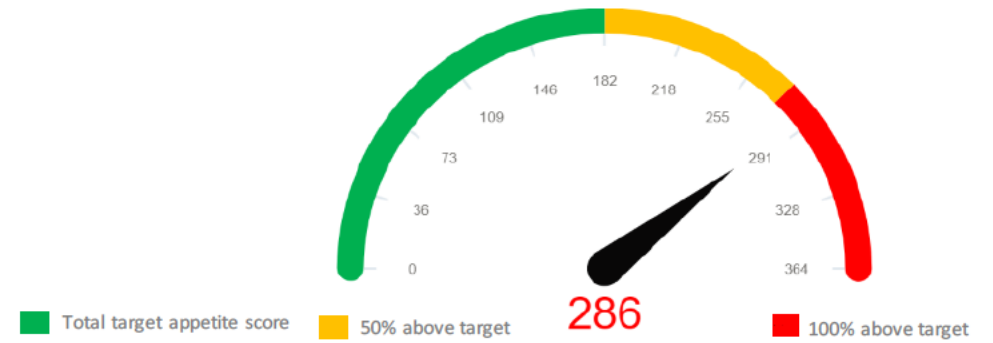
Risk ID	Risk Title	Risk Rating			
		Residual rating [with controls]		Movement	Risk Appetite Target
		Q2	Q3		
CRR 001	Major service disruption and operational resilience.	16	16	↔	</=6
CRR 002	Future trajectory of COVID.	12	12	↔	</=6
CRR 003	New pandemic outbreak [serious/high consequence] infectious disease [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	Major capital projects.	9	12	↑	<12
CRR 007	AMR and HCAI.	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 and sustainability.	6	9	↑	</=25
CRR 011	Digital environment and cyber failure.	20	20	↔	</=6
CRR 012	Delivering Sláintecare.	6	12	↑	</=25
CRR 013	Internal controls and financial management.	10	10	↔	<12
CRR 014	Sustainability of screening services.	20	20	↔	</=6
CRR 015	Sustainability 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	20	20	↔	</=6
CRR 019	Invasion of Ukraine	6	16	↑	</=6

Section 1: Dashboard

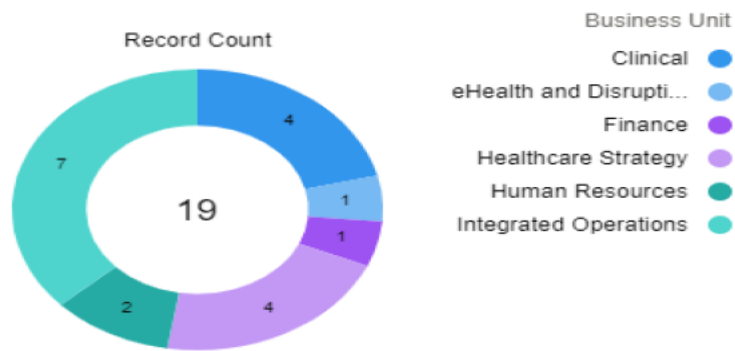
Total Inherent Risk Score



Total Residual Risk Score



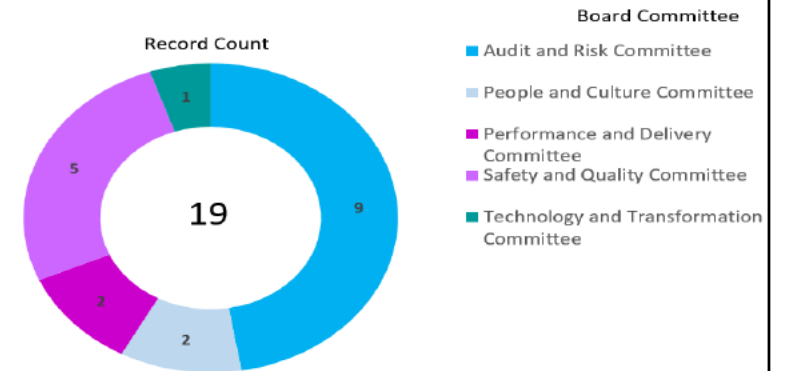
Risks by EMT



Corporate Risks

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Risks by Board Committee



Risks by Inherent and Residual Score



Section 2

Risk Summary Table

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	3	4	12	</=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 and sustainability	CSO	Audit and Risk	Eager	Strategy	5	4	20	3	3	9	</=25
CRR 011	Digital environment and cyber failure	CIO	Technology and Transformation Committee	Averse	Security	5	5	25	4	5	20	</=6

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 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	3	5	15	2	5	10	<12
CRR 014	Sustainability of screening services	CCO	Safety and Quality	Averse	Patient Safety	5	5	25	4	5	20	</=6
CRR 015	Sustainability 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	4	20	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	COO	Safety and Quality	Averse	Patient Safety	5	5	25	5	4	20	</=6
CRR 019	Displaced Ukrainian Population	COO	Audit and Risk	Averse	Operations and service disruption	5	4	20	4	4	16	</=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 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 including 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 to Covid; as well as uncertainties about the effectiveness of vaccines, waning immunity and the impact of Covid on healthcare resources.	CCO	Averse	Patient Safety	4	5	20	3	4	12	</=6
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,	CCO	Averse	Patient Safety	2	5	10	2	4	8	</=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	
		unclear prioritisation and planning, inadequate information systems, insufficient capacity and capability within the health service and within public health and inadequate procurement arrangements for health measures.										
CRR 004	Access to care	There is a risk to safety and health outcomes for patients as a result of demographic change, demand for health services exceeding capacity [long waiting lists and waiting times and potential for the unscheduled care system to become overwhelmed] and the non-availability of suitably qualified healthcare staff.	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 care and safety of patients and staff as a result of inadequate and ageing infrastructure appropriate to 21st century healthcare.	CSO	Cautious	Property and Equipment	3	4	12	3	3	9	<12
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 risk of adverse impact on the delivery of health and social care services, and an ancillary risk of reputational damage to the HSE in seeking to advance these works. These risks arise particularly as a result of such factors as: market conditions, availability of resources, supply chain	CSO	Cautious	Property and Equipment	5	3	15	4	3	12	<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	
		considerations, contractor capacity and availability, and the governance and management of projects.										
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 of harm to patients and service users as a result of avoidable errors/ incidents	COO	Averse	Patient Safety	4	5	20	3	5	15	</=6
CRR 009	Health, wellbeing, resilience and safety of staff	There is a risk to the safety, health, well-being and resilience of the health service workforce as a result of inadequate measures and structures to protect staff and uncertainties concerning the operation of preventative measures in place due to inadequate uptake of statutory and mandatory training.	NDHR	Cautious	People	5	5	25	3	5	15	<12
CRR 010	Climate action failure and sustainability	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	CSO	Eager	Strategy	5	4	20	3	3	9	</=25

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	
		and implement appropriate carbon reduction and other sustainability activities.										
CRR 011	Digital environment and cyber failure	[REDACTED]	CIO	Averse	Security	5	5	25	4	5	20	</=6
CRR 012	Delivering Sláintecare	There is a risk that the Sláintecare Programme implementation could be delayed, improvements in patient care not delivered and the reputation of the HSE damaged due to ongoing HSE recruitment challenges leading to an inability to deliver operational priorities, the capacity of the operational system to deliver the scale of change envisaged, new critical infrastructural developments lagging behind the pace of required operational changes and uncertainties in the wider fiscal environment requiring re-prioritisation of major Sláintecare priorities.	CSO	Eager	Strategy	4	4	16	4	3	12	</=25

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 013	Internal controls and financial management	There is a risk to the delivery of the HSE's National Service Plan and confidence in the HSE's management of public monies, as a result of; (i) failure to achieve national and local financial targets; (ii) costs related to state indemnity; (iii) failure to manage planned activity within allocated budget levels; (iv) non-adherence to financial 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.	CFO	Cautious	Financial	3	5	15	2	5	10	<12
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	Sustainability of disability services	There is a risk to service continuity and the provision of appropriate, safe and quality care for people with disabilities as a result of; deficits in the current delivery model; absence of agreed multi-annual investment 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	
		reform; funding and governance challenges on the provision of service to children with complex disability needs; and the requirements of Part 2 of the Disability Act 2005 (assessment of need).										
CRR 016	Workforce and Recruitment	There is a risk to the effectiveness of current and new health services potentially leading to a prolonged, widespread reduction in the quality and consistency of care as a result of the combined scale, labour market supply and timeline envisaged to recruit the full complement of new staff targeted under the HSE's National Service Plan. Challenges relate to the recruitment and retention of critical clinical professions, specific skills and grades that are in short supply both domestically and internationally. This is alongside the uncertainties driven by (i) increased healthcare worker demand in the global market; (ii) an ageing population and increasing demand and within more economically developed countries; (iii) the emergence from COVID-19; and (iv) the impact of COVID-19 related absences.	NDHR	Cautious	People	5	4	20	4	4	16	<12
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	COO	Averse	Operations and service disruption	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	
		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.										
CRR 018	Assisted Decision Making	There is a risk to vulnerable persons lacking capacity or persons with complex needs cared for by the health service, where detention orders are in place and for staff who will continue to have a duty of care to these patients and service users as a result of a lack of a clear legislative basis governing restraints on liberty, the absence of deprivation of liberty safeguards (DOLS) and the release from detention of those service users whose care needs necessitate the restriction of their liberty [excluding those who fall under the Mental Health Act 2001] following the full commencement of the Assisted Decision Making Act in June 2022, the abolition of the Lunacy Regulations (Ireland) Act 1871 and where there is the abolition of the current ward-ship system.	COO	Averse	Patient Safety	5	5	25	5	4	20	</=6
CRR 019	Displaced Ukrainian Population	There is a risk that the capacity of the healthcare system, will be challenged leading to poor, delayed or non-delivery health service provision for people arriving from Ukraine and the	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	
		general population as a result of increased healthcare demand due to the numbers of people displaced by the invasion of Ukraine and seeking refuge in Ireland and the potential for the current situation in Ukraine to deteriorate further.										

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.		
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	Quarterly
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	Quarterly
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	Quarterly
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	Quarterly
CRR1_05	HSE Business Continuity Management policy in place.	COO	Quarterly
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	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
	document and develop Severe Weather preparedness for his/her area of responsibility.		
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	Quarterly
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	Quarterly
CRR1_09	There is continued monitoring of this risk utilising HSE Integrated Risk Management Policy.	CRO	Quarterly
CRR1_10	Engagement process for national and regional management with unions and strike committees in place for large scale industrial relations disruption.	National HR	Quarterly
CRR1_11	Engaged external expertise specialist support to assist in the design, planning, management, monitoring and reporting of Operational Resilience Programme implementation.	COO	Quarterly
CRR1_12	New Control. Continued interagency engagement through structures established under the Strategic Emergency Management and a Framework for Major Emergency Management guidance documents.	COO	Continuous
CRR1_13	New Control. The OCR (Operational & Clinical Resilience) Steering Group established to oversee OCR work stream and implementation of key OCR recommendations.	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
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	30/12/2022	Steering Committee established with ToR approved on 4th Aug 2022. A Gap Analysis was initiated in July 2022 Scope agreed at Steering Committee on 14 July 2022 with proposed date of completion of gap analysis 30 Nov 2022.
CRR1_A03	Operational Resilience design and resourcing.	COO	31/01/2023	Work has commenced, and resources

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
	An initial high level design with initial business case for NSP 2023 will be completed.			allocated to prepare a business case for the resourcing of the initial OCR work streams. In addition, work on a business investment case for the design, procurement, development and operation of a Situation Centre (to be aligned with the need of the cyber work stream) has also commenced.
CRR1_A04	Detailed Implementation and resourcing plan to be brought to the EMT for approval.	COO		To follow on Action 2. Target Completion date TBD.
CRR1_A05	Operational Resilience implementation to commence.	COO		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		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	31/12/2022	Dependent upon clarity from DOH regarding EU Directive detail.
CRR1_A09	New Action. Implementation of the Trauma System – Phase 1 development of two major trauma centres at the Mater Hospital and Cork University hospital.	CCO	30/12/2022	Implementation plans for the two Major Trauma Centres (MTCs) have been developed and the individual hospitals are progressing towards commencement of services later this year. Recruitment: <ul style="list-style-type: none"> Recruitment is underway at the two MTCs with 24 staff on boarded at the Mater Hospital and a further 24 at the final stages of recruitment. CUH have launched a recruitment campaign for all nursing, HSCP and NCHD posts

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>Capital:</p> <ul style="list-style-type: none"> The Mater Hospital is progressing funded capital and infrastructural developments, with construction of trauma resuscitation bays and CT scanner underway <p>Funding approval to progress the design of two new theatres and an IR suite at the Mater Hospital have been provided by HSE Estates.</p>
CRR1_A10	<p>New Action</p> <p>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.</p>	COO	30/12/2022	New Action. Updates not due.

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 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 including 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 to Covid; as well as uncertainties about the effectiveness of vaccines, waning immunity and the impact of Covid on healthcare resources.

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	4	5	20	3	4	12	</=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 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, and 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 public health response to the COVID-19 pandemic. There are 2 streams of testing: <ol style="list-style-type: none"> routine surveillance of representative sample and targeted sampling of outbreaks, travel related cases etc. The National seroepidemiology programme enables detection of SARS CoV-2 antibody levels in residual samples taken for other reasons. Falls 	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>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</p> <ul style="list-style-type: none"> 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 – Swabbing & Referral</p> <ul style="list-style-type: none"> The Referrals & Swabbing manages and delivers the national programme for both PCR and Antigen testing pathways in line with national public health guidance. HSE testing programme is available to at-risk groups , demand led, and informed by daily and weekly real time monitoring of the prevalence of the disease within the community and overseen by the T&T SMT. <p>Tracing- Contact Management</p> <p>The national contact management programme is centrally managed and clinical governance is provided by public health experts and based on national guidance.</p> <p>COVID Vaccination Programme</p> <ul style="list-style-type: none"> Sufficient COVID-19 vaccination capacity is in place through the National COVID-19 Vaccination programme established within the HSE which enables the delivery of COVI-19 vaccination programmes in line with recommendations from NIAC. Future vaccination planning: Engagement with the DOH and vaccine manufacturers to secure required vaccine supply as well as any future new vaccines continues (e.g. multi valent vaccines) 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. 	HSE National Lead Test and Trace	Quarterly
CRR2_04	<p>VACCINATION & TEST and TRACE PROGRAMME:</p> <p>Transition Planning Vaccination and Test and Trace</p> <ul style="list-style-type: none"> A future sustainable operating model has been developed for each program bringing the delivery of all COVID 19 services into the Business-as-Usual operations of the HSE & allowing flexibility to respond to local and regional surges and /or changes in NIAC / Public health recommendations. An interim emergency management plan, integrated across all programmes, is in draft in line with a whole of government response, in the case of an “emergency scenario” requiring speed in response to a dangerous emerging variant. 	HSE National Lead Test and Trace	Quarterly
CRR2_05	<p>PUBLIC HEALTH REFORM CAPACITY and CAPABILITIES:</p>	CCO	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
	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.		
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>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 Preparedness Group Weekly Meeting where monitoring of COVID-19 Demand and Capacity happens generally with input from COO's divisions</p>	COO	Quarterly
CRR2_09	<p>OPERATIONAL READINESS AND CAPACITY:</p> <p>Healthcare worker resilience & recovery:</p> <p>Promote staff resilience to ensure/and recovery of HCWs to include:</p> <ul style="list-style-type: none"> • 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. • 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 EAP supports for HCW (in place) 	National Director Human Resources	Quarterly
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	OPERATIONAL READINESS and CAPACITY:	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
	National Service Plan 2022/ Winter Plan and Operational Plans - initiatives (Restart, Alternate Pathways, Sub Acute Additional Capacity Beds etc.). Initial Funding in place with further negotiation ongoing with DOH.		
CRR2_12	OPERATIONAL READINESS and CAPACITY: Panel Agreement with Private Health Providers for provision of additional healthcare capacity (inpatient, outpatient and diagnostics) post Safety Net 2 in place	COO	Quarterly
CRR2_13	OPERATIONAL READINESS and CAPACITY: 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	OPERATIONAL READINESS and CAPACITY: Policy procedures and guidelines in place to enable service provision in Covid -19 including; <ul style="list-style-type: none"> • HR Guidance documents • Workplace Health & Wellbeing - Occupational Health Guidance 	National Director Human Resources	Quarterly
CRR2_15	OPERATIONAL READINESS and CAPACITY <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. 	CFO	Quarterly
CRR2_16	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.	COO	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	VACCINATION & TEST and TRACE PROGRAMME Facilitate agreement on future operating model for COVID-19 testing and vaccinations which will enable the development of 4 phase response: 1. Managing current phase	HSE National Lead Test and Trace	31/12/2022	- Proposal on the future operating model and a 3 phased transition strategy was approved by the EMT & submitted to the DoH with a request for funding sanction in March 22.

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>2. Transition phase</p> <p>3. Long term strategic model</p> <p>4. Scaling up emergency response</p>			<p>- Engagement on funding has been ongoing with details of prioritised requirements re-submitted at regular intervals.</p> <p>1&2. Current model is being maintained as per Transition Plan.</p> <p>3. Proposed timing for the implementation for the final stage clinical care model submitted to the DoH – awaiting approval.</p> <p>-Letter from CMO 25/08 to HSE advising that date for implementation of new public health advice is with DOH and holding the closure of the self-referral portal until GP agreements are concluded. This delay will impact on the implementation of the current transition plan. National Director for VT&T continues to engage with COO, CCO, CMO and DOH regarding transition implementation requirements</p> <p>4. Emergency response – See CRR2A03</p>
CRR2_A02	Develop a transition plan for COVID-19 testing and tracing.	HSE National Lead Test and Trace	31/03/2022	Completed
CRR2_A03	<p>VACCINATION & TEST and TRACE PROGRAMME:</p> <p>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</p>	HSE National Lead Test and Trace	31/12/2022	<p>Workshop was held on 16 August 2022 to support the further development of the emergency plan.</p> <p>Updated version to be developed based on themes and feedback.</p>
CRR2_A04	PUBLIC HEALTH CAPACITY and CAPABILITIES	CCO	31/12/2022	PH reform programme sub-groups established

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>Interim Programme Management Office to begin preparedness planning, with a key focus on:</p> <ul style="list-style-type: none"> Needs based approach to resource allocation Planning to reconfigure 8 departments of Public Health into 6 health areas Finalising detailed design elements. 			to define the specific activities. National Health Protection reform workshops continue to finalise design elements
CRR2_A05	<p>OPERATIONAL READINESS and CAPACITY:</p> <p>To take forward a programme for enhanced community services and hospital care capacity.</p>	CSO	31/12/2022	Ongoing programmes in place to increase community capacity (ECC, community beds, etc.), and acute capacity (critical care beds, general in-patient beds, etc.).
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> <p>Implement chronic disease management initiatives</p> <ul style="list-style-type: none"> 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	As of end of July 2022, 87 CHN's (Community Healthcare Networks), 21 Community Specialist Teams Older people & 14 Community Specialist Teams (CST) Chronic Disease are now operating. It is envisaged that 96 CHNs and 30 CST (Older People & Chronic Disease) will be in place by Q4 2022. Recruitment of required levels of appropriately skilled staff may impact on ability to deliver new models of care and integrated ways of working in line with targets. An accelerated recruitment process is in place with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme
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
CRR2_A08	Expand sequencing capacity through the implementation, with significant EU funding, of the	HPSC	30/09/2023	Action now incorporated in

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
	Whole Genome Sequencing Programme over the next two years.			Control No. 1 & Action No.9
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	31/12/2022	Business case finding approved. Recruitment commenced for posts Enhanced surveillance workstream commencing
CRR2_A10	Supplement surveillance in 2022 with population infection survey, coordinated by the HPSC.	HPSC	31/12/2022	Not Progressing. Action Closed
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; HPSC	31/12/2022	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.
CRR2_A12	<p>AMRIC GUIDANCE:</p> <ul style="list-style-type: none"> Review and publish AMRIC COVID Guidance to support staff with mitigating IPC risks. Review and consider international evidence, emerging trends and experience of staff to inform updates to AMRIC guidance. Engage with key internal and external stakeholders to ensure AMRIC guidance addresses IPC operational issues and is practical for implementation. Review and report on experience of HA COVID cases. Engage with procurement to support review of any AMRIC PPE Guidance issues arising that impacts on PPE procurement and logistics planning. 	HPSC	31/12/2022	AMRIC published an additional 5 AMRIC COVID Guidances during Q3, this is a cumulative 49 AMRIC COVID guidances year to date. A further 5 AMRIC COVID Guidance documents currently under review Weekly reports developed, agreed and issued to CCO and NPHET/COVID CAG on Hospital Associated COVID cases, trends are reviewed with acute operations on a weekly basis. Plans are

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
				agreed to stand down the weekly reporting of this data in Q4 and revert to including this data in routine monthly reporting
CRR2_A13	<p>VACCINATION & TEST and TRACE PROGRAMME</p> <p>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.</p>	HSE National Lead Test and Trace	30/09/2022	Workshop was held on 16 August 2022 to support the further development of the surge plan. Updated version to be developed based on themes and feedback.
CRR2_A14	<p>VACCINATION & TEST and TRACE PROGRAMME</p> <p>Continue engagement between T&T and HPSC to ensure surveillance monitoring data will inform T&T operational decision making.</p>	HSE National Lead Test and Trace	31/12/2022	Ongoing engagement seeking clarity on the status of surveillance development for operational planning in relation to transition and development of emergency plan
CRR2_A15	<p>OPERATIONAL READINESS AND CAPACITY</p> <p>Action to be developed by Procurement in relation to procurement and supply chain of critical supplies of PPE.</p>	CFO	30/09/2022	PPE Demand System included as a new control.

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 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 National Crisis Management Team in place NCMT established but currently paused. Will be kept under review.	CEO	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	31/12/2022	Intra-action review on governance and communication complete. New service development funding requested for after-action reviews
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 'playbook' to guide the planning and response to a new pandemic.</p>	CCO	31/12/2022	Progressing. Surge and Emergency Response Plans for Health Protection and Testing, Tracing and Vaccination for Winter Preparedness 22/23 currently in development. Collaboration between Operations and Public Health/Health Protection in this regard. Integrated planning workshop held in August 2022.
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	On target. Health Protection Strategy Development Working Group, led by NCD Health Protection progressing. Final draft expected Q3 2022
CRR3_A04	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p> <p>Develop proposals for improving the linkages 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	31/12/2022	HCID consolidated business case and bid for expansion of Health Threats Preparedness Programme submitted to National Service Plan estimates 2023.
CRR3_A05	<p>PREPAREDNESS STRATEGY and PRIORITISATION PLANNING</p>	CCO COO	31/12/2022	Requests have been made for engagement re: pandemic planning to DOH.

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
	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.			High consequence Infectious Diseases: HSE Public Health are supported by HSE Emergency Management in the area of preparedness and monitoring of High Consequence Infectious Diseases. A current example of this is the on-going work on Monkeypox preparedness.
CRR3_A06	PREPAREDNESS STRATEGY and PRIORITISATION PLANNING Develop proposals for regular pandemic preparedness exercises in conjunction with the DOH	CCO COO	30/06/2023	Requests have been made for engagement re: pandemic planning to DOH. HSE Exercises have taken place for specific incidences of high consequence infectious disease. High consequence Infectious Diseases: HSE Public Health are supported by HSE Emergency Management in the area of preparedness and monitoring of High Consequence Infectious Diseases. A current example of this is the on-going work on Monkeypox preparedness.
CRR3_A07	PREPAREDNESS STRATEGY and PRIORITISATION PLANNING Develop a proposal for consideration by the DOH in relation to health security prioritisation in budgets and increased resource mobilisation where required.	National Director Public Health	31/12/2022	HCID consolidated business case and bid for expansion of Health Threats Preparedness Programme submitted to National Service Plan estimates 2023
CRR3_A08	INFORMATION SYSTEMS Develop a business case for a series of technology solutions including real time epidemic forecasting/ modelling capability, the national centralised	National Director Public Health	31/12/2022	Work underway to progress procurement of case and incident management system as part of Public Health

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
	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			Reform Programme with consideration being given to requirement for other PH IT solutions such as those mentioned across.
CRR3_A09	CAPACITY and CAPABILITIES Implement the Public Health function development plan (Crowe Howarth Report)	National Director Public Health	31/12/2022	Work underway and progressing as part of the PH Reform Programme.
CRR3_A10	PROCUREMENT ARRANGEMENTS Review of all pandemic procurement and pandemic stock arrangements to be completed.	CFO	30/09/2022	The HSE engaged KPMG to conduct an audit in the area of the HSEs procurement of PPE during the initial phases of the COVID-19 pandemic. KPMG issued their report in June 2021 which contained 41 findings and 17 recommendations. As of August 2022 13 recommendations are fully implemented, a further 3 are on track and expected to be implemented by the end of Sept 2022. By end of Q3 2022 16 will be completed. The one outstanding is in relation to IFMS and therefore is not expected to be implemented until IFMS go live at end of 2023. This audit essentially is the review and has informed the current procurement protocols accordingly
CRR3_A11	CAPACITY and CAPABILITIES Complete enhancements to the Mater National Isolation Unit	COO	30/06/2023	Work progressing but risk of delayed commissioning due to budget and staffing constraints. HCID consolidated business case submitted to

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
				National Service Plan estimates 2023.

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 to safety and health outcomes for patients as a result of demographic change, demand for health services exceeding capacity [long waiting lists and waiting times and potential for the unscheduled care system to become overwhelmed] and the non-availability of suitably qualified healthcare 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	
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	National Service Plan 2022 - funding and initiatives (Safe Return to Health Services, Enhanced Community Care programme, Scheduled Care Transformation programme, Acute and Sub-Acute additional capacity beds, Additional home support packages etc.)	COO	Quarterly
CRR4_02	HSE Operational Performance monitoring and control process, NPOG - KPIs Targets etc. (data /monitoring of activity including HR, scheduled care, Unscheduled Care, occupancy Waiting Lists)	COO	Quarterly
CRR4_03	NTPF / Private Hospitals arrangements to provide additional hospital capacity to the HSE.	National Director Acute Operations	Quarterly
CRR4_04	Capacity and Access Sláintecare Programme (including in particular Elective Care Centres, together with other key reform programmes as referred to at one above) which aims to provide timely care and prevention initiatives to promote health and well-being.	CSO	Quarterly
CRR4_05	Recruitment Governance Group in place to monitor the recruitment of additional workforce	National Director Human Resources	Quarterly
CRR4_06	Investment in egress supporting a de-escalation of delayed transfer of care (DTC) in order to identify factors which are causative of Delayed Discharges including performance monitoring and management.	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
CRR4_07	Development of Models of Care to enable increased access to care and supports at home and in the community, thus reducing the requirement for long-term residential care and acute services.	CCO	Quarterly
CRR4_08	Expanded community diagnostic pathways (Community Intervention Teams) to ensure timely egress of patients from the acute setting.	COO	Quarterly
CRR4_09	Community Response Teams (CRT) in all CHO's – to ensure outbreaks are managed and maintained.	COO	Continuous
CRR4_10	<p>New Control: The 2022 Waiting List Action Plan includes 45 key actions which focus on (i) delivering additional activity in 2022, (ii) reforming scheduled care, (iii) enabling scheduled care reform and (iv) addressing community care access and waiting lists. Significant non-recurrent funding has been made available in 2022 to provide additional care in the acute and community settings. Other key initiatives which are being progressed and seek to reduce the time the patients are waiting for access to scheduled care, include:</p> <ul style="list-style-type: none"> • Patient centred booking arrangements • Patient initiated reviews • Advanced clinical prioritisation • DNA reduction strategy • Modernised care pathways 	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
CRR4_A02	<p>1,228 additional acute beds by Q1 2023 (following increase:</p> <ul style="list-style-type: none"> • 1,055 beds delivered by the end of 2022 • 149 beds to be delivered in 2023 which includes an additional 72 beds (48 at Mater Misericordiae and 24 at Cork University Hospital) to be delivered by Q1 2023 • * note, balance of acute beds requiring further capital assessment: 24 	COO National Director Acute Operation	31/12/2022	As of 11th August 896 beds have been delivered and a further 159 are planned for delivery by the end of 2022, bringing the total for 2022 to 1,055 as planned.
CRR4_A03	<p>19 additional critical care beds, bringing total to 333 by end 2022</p> <ul style="list-style-type: none"> • 12 beds in TUH, 4 in CUH and 3 in SVUH. • The 12 beds in TUH are on target for delivery in Q4 2022. • The 4 beds in CUH are to open 1 per quarter, with 2 of the 4 beds open in April 2022. <p>The 3 beds in SVUH are expected in September 2022.</p>	COO National Director Acute Operation	31/12/2022	Updates not due until end of Sept 2022

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_A04	<p>Implementation of Waiting List Action Plan 2022 to deliver more timely care and support service planning. Progress of agreed key actions are reviewed during CEO WLAP 2022 Weekly Meeting.</p> <p>NSP Maximum wait time targets (Acute)</p> <p>NSP Maximum wait time targets to be achieved by end-2022 (OPD 98% of patients to be seen within 18 months, 100% to be seen within 36 months; IPDC 98% of patients to be treated within 12 months, 100% to be treated within 24 months; GI Scope 100% of patients to be treated within 12 months)</p>	COO	31/12/2022	<p>(Acute Ops)</p> <p>The numbers waiting for GI scope are broadly in line with the reduced targets.</p> <p>As of 01/07/2022</p> <ul style="list-style-type: none"> •Additional activity to date has been delivered through SN4 and Access to Care funding. It is currently behind target for OPD and IPDC and ahead of target for GI Scopes. •NSP Targets: OPD is currently 47,122 (56%) behind target, IPDC is 5,809 (62%) behind target and GI Scopes is 65 (3%) behind target. (NTPF Extract Date: 30 June) <p>(Community Ops WL Initiatives)</p> <p>The % of accepted referrals seen within 12 weeks by CAHMS is 71% at end of May compared to a target of 75%. The number of CAHMS referrals seen is higher than the targeted figure at the end of May.</p> <p>Community MDR Extract Date 27 June:</p> <p>As of 01/07/2022</p> <ul style="list-style-type: none"> • 4 initiatives are operational in orthodontics, child psychology, CAMHS Phase 1 and Counselling in Primary Care. • Initiatives approved and in implementation planning are Audiology procurement and in

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>principle approval for Children’s Disability Assessments as part of a broader project and pending further ongoing discussions.</p> <ul style="list-style-type: none"> • A reprioritisation and reallocation has been approved to reflect the achievability of planned initiatives at mid-year point. This has resulted in funding that was earmarked for CAMHS Phase 3 and Primary Care Therapies being reassigned to additional Grade IV Orthodontics activity.
CRR4_A05	<p>Roll-out of the Enhanced Community Care Programme aligned with Sláintecare, including:</p> <ul style="list-style-type: none"> - 96 Community Healthcare Networks, including: - 30 community specialist teams for older persons - 30 community specialist teams for people living with chronic disease. 	COO	31/12/2022	<p>As of end of July 2022, 87 CHN’s (Community Healthcare Networks), 21 Community Specialist Teams Older people & 14 Community Specialist Teams (CST) Chronic Disease are now operating. It is envisaged that 96 CHNs and 30 CST (Older People & Chronic Disease) will be in place by Q4 2022.</p> <p>Recruitment of required levels of appropriately skilled staff may impact on ability to deliver new models of care and integrated ways of working in line with targets. An Accelerated recruitment process is in place with dedicated service & HR supports provided to CHOs to assist the delivery of the ECC programme</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
CRR4_A07	Three mental health crisis resolution teams and cafes in place by end 2022, providing 900 additional interventions.	COO	31/12/2022	Planning and design phases are ongoing.
CRR4_A08	Two further CAMHS tele-health hubs established by the end of 2022, with an anticipated 200 new service users seen.	COO	31/12/2022	Recruitment and design phase ongoing.
CRR4_A09	New National Forensic Mental Health Service opened with an initial 110 beds increasing to 130 by end 2022.	COO	30/09/2022	Site commissioning and workforce planning phase on target. Opening by end Q3 subject to WRC engagement. Target completion date amended from Q4 2022 to Q3 2022.
CRR4_A10	120,000 additional hours of personal assistant support and 30,000 additional home support hours in disability services.	COO	31/12/2022	Additional hours are being brought on stream on a phased basis.
CRR4_A11	Three additional specialist centre-based services, providing 4,032 respite nights to 90 children and young adults.	COO	31/12/2022	Forecast for Q4 is for two of the three centres to be operational. An alternative is being scoped for the third centre which will not proceed as initially planned.
CRR4_A12	Expansion in our workforce equating up to: <ul style="list-style-type: none"> Over 3,000 WTE in our acute services, including NAS Over 7,000 WTE in our community services 	COO	31/12/2022	Updates not due until end of Sept 2022
CRR4_A14	Implementation of the CSTs to maintain more people in nursing homes and avoid hospital admission.	COO	31/12/2022	CST operating model is in design phase, including workforce model.
CRR4_A15	Continued extended criteria for access to Transitional Care funding.	COO	30/09/2022	Transitional model of care, including discharge to assess to be implemented from Q3.
CRR4_A16	Continued roll out of the pathfinder project.	COO	31/12/2022	<ul style="list-style-type: none"> 3 Pathfinder teams will be commenced in Q3/Q4 between the NAS & Tallaght University Hospital,

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"> • Pathfinder service model will be replicated and mainstreamed into 8 new sites, starting with Tallaght University Hospital & University Hospital Limerick by Q3 2022 – Tallaght will be operational ahead of UHL. • 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. 			<p>the NAS & University Hospital Waterford & the NAS & University Hospital Limerick</p> <ul style="list-style-type: none"> • Recruitment processes are in progress to establish the remaining 5 Pathfinder teams in Q4 2022, if the H&SCP posts can be filled/backfilled in this timeframe.
CRR4_A17	Progress the development of Elective Care Centres.	CSO	30/03/2028	<p>A Programme Level Preliminary Business Case and Project Level Preliminary Business Cases for the centres in Cork and Galway have been prepared and are currently undergoing an External Assurance and Review Process, which is expected to conclude shortly.</p> <p>An update for consideration and comment will be brought to future meetings of ARC and the Board.</p> <p>Upon completion of the external review, a memo will be brought to Government seeking approval for Approving Authority Decision Gate 1 – Approval in Principle.</p> <p>Work is also underway to develop a plan setting out the workstreams and steps required to advance the Elective Care Centre project to Public Spending Code Decision Gate 2. The Elective Hospital</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>Oversight Committee convened on 28th May 2022 to discuss the outline approach to the development of Elective Care Centres.</p> <p>Once approved, this plan will be implemented to support the creation of documentation required for Decision Gate 2, namely, a Detailed Project Design and Procurement Strategy.</p>
CRR4_A18	Maximise use of private hospital capacity as per Safety Net 4 Agreement 2022.	National Director Acute Operation		Ongoing. While the overarching agreement/framework ends on June 30th in recent weeks the COVID conditions which triggered the surge event have re-emerged and as provided for under the Agreement the “surge event” will continue until the formal issuance of Cessation Notices by the HSE.
CRR4_A19	<p>New Action. A workshop will be held with COO Risk Management Working Group to:</p> <ul style="list-style-type: none"> Align the risk description with controls and mitigating actions. Understand controls/actions and linking them to the risks that they are treating. Look for gaps, where there are causes and consequences for which there are no matching controls/actions. Identify options for creating new controls to fill the gaps. 	COO	30/12/2022	Planning Session to facilitate this action will be scheduled with Enterprise Risk Management leads.

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 care and safety of patients and staff as a result of inadequate and ageing infrastructure appropriate 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 is taken into account when consulting with the services as part of the annual prioritisation of projects for 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	Condition Surveys are in progress and will inform both the Capital and Estates Property Strategy and shorter term prioritisation and funding requirements.	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 upgrade programme is in progress with significant investment already deployed to enhance the supply and provision 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_A01	Ensure the developed Property Strategy is used to inform the direction of future capital investment and management of the healthcare estate.	CSO	30/09/2022	Strategy developed and 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	30/09/2022	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 risk of adverse impact on the delivery of health and social care services, and an ancillary risk of reputational damage to the HSE in seeking to advance these works. These risks arise particularly 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 related to budget and cost for all Major Capital Projects, including specific project cost management arrangements in accordance with the HSE Capital Projects Manual and Approvals Protocol and through the approval, review and management of the HSE Capital Plan.	National Director Capital and Estates	Quarterly
CRR6_03	Established protocols and procedures are in place and are followed in relation to the management of Major Capital Projects. These include adherence to the Capital Works Management Framework, Public Spending Code, HSE Capital Projects Manual and Approval Protocol document, and HSE National Financial Regulations.	National Director Capital and Estates	Quarterly
CRR6_04	All major Capital and Estate 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. This allows for mitigation measures to be instigated. Quarterly reviews of the Capital Programme supplement individual project reviews. Overall performance of the Capital Programme is core to monthly	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
	meetings between Capital and Estates and the Planning and Infrastructure Unit in the Department of Health.		
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

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 in development to determine the future direction and management of the healthcare estate, including the planning, prioritisation and delivery of Major Capital Projects.	CSO	30/09/2022	Strategy developed, approved by EMT and in progress through ARC for approval.
CRR6_A02	A Resourcing Plan for HSE 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	30/09/2022	Preparatory work underway – outputs from Property Strategy will inform process.
CRR6_A03	Key project management replacement posts submitted for approval and recruitment.	CSO	31/12/2022	All replacement posts HR applications submitted by Capital and Estates have been approved by the CSO. New development posts as outlined in NSP 2022 are currently being considered.
CRR6_A04	Capital and Estates anticipate and ensure appropriate preparation for Internal and/or External Audit reviews.	National Director Capital and Estates	31/12/2022	Ongoing
CRR6_A05	Appropriate resources to oversee and deliver Major Capital Projects (including NMH) to be put in place across all phases of project delivery.	National Director Capital	31/12/2022	Ongoing

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
		and Estates		
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	30/09/2022	Work in Progress
CRR6_A07	The National Estates Information System is in development 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	31/12/2022	Ongoing

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	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
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	31/12/2022	5 additional AMRIC COVID guidance documents reviewed, updated and published. 5 AMRIC COVID guidance documents under review. Published V1 HSE AMRIC antimicrobial stewardship guidance. Published Pharmacist Antimicrobial Stewardship Network (PAMS-net) IPC guidance provided to support monkeypox response. 10 AMRIC guidance documents 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	31/12/2022	Internal and external stakeholders consulted on all AMRIC guidance updates during Q3 2022
CRR7_A03	AMRIC Education and Training delivered	CCO	31/12/2022	2022 – Jan – Sept eLearning Programme agreed 4 new eLearning programmes at gold build stage. As planned, these will be published in Q4 2022 Educational podcasts delivered to GPs 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
				Pharmacists on AMRIC guidance updates published to antibioticprescribing.ie AMRIC education webinars delivered on Core Competency Framework AMRIC Educational webinars planned – aligned to publication of updated AMRIC guidance
CRR7_A04	Ensure timely and accurate AMRIC surveillance reporting	CCO	31/12/2022	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. Planning underway for 2022 National annual acute hospital antimicrobial point prevalence study AMRIC input (national data) provided to: National Healthcare Quality Reporting System (NHQRS) and EU Commission AMR Survey on Medical Countermeasures
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	31/12/2022	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

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
				supports services to adhere to good IPC practice in health and social care settings 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	31/12/2022	Updates including quarterly updates and status on new WTE approved recruitment provided to AMRIC Oversight Group and DOH 2023 Estimates submission completed
CRR7_A07	Scope and plan an infection prevention and control information management system (Acute and Community services)	CCO COO	31/12/2022	Planning for phased implementation underway Local Implementation Teams being established and engagements underway Community data validation completed for this phase Communications plan developed
CRR7_A08	Procure infection prevention and control information management system	CCO COO	31/12/2022	Procurement evaluation near completion OCIO resources (3 WTEs) to support planning and implementation in place Digital Government Oversight Unit (DGOU) approval being progressed
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 encompasses antimicrobial resistance which integrates infection prevention and control (IPC)	CCO	31/12/2025	Ongoing and progress is being presented to the Safety & Quality Committee for oversight.

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
	and antimicrobial stewardship across community and acute settings.			

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 of harm to patients and service users as a result of avoidable errors/ incidents

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, 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	Quarterly
CRR8_02	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	Quarterly
CRR8_03	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	Quarterly
CRR8_04	Governance, Oversight & Surveillance: National, local and operational surveillance of reported incidents and risks in place.	COO	Quarterly
CRR8_05	Patient Safety Programme in place as per the HSE Patient Safety Strategy implementation plan commitments. 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.	National Clinical Director NQPS	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>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 Incident Management to share lessons learned with QPS community.</p>		
CRR8_06	<p>On-going quality and safety improvement projects at national and service level to eliminate or mitigate underlying risks.</p> <ul style="list-style-type: none"> • AMRIC program to reduce HCAI & AMR and related NSP KPIs. • National Deteriorating Patient Recognition and Response Improvement Programme and Early Warning System and associated NSP KPIs. • National medication improvement program and associated NSP KPIs. • National neonatal encephalopathy group – reducing preventable harm in babies. 	COO	Continuous
CRR8_07	Internal and External Structures and processes to provide a level of assurance against compliance with local and national policies and standards.	COO	Quarterly
CRR8_08	<p>New Control. Ongoing quality and safety improvement projects at national and service level to eliminate or mitigate underlying risks.</p> <ul style="list-style-type: none"> • Implementation of Community Health & Social Care IPC Strategy. • Medication safety learning and improvement program. • Safeguarding systems improvement programme. 	COO	Quarterly
CRR8_09	New Control. 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.	National Clinical Director NQPS National Director Acute Operations National Director Community Operations	Monthly
CRR8_10	New Control. 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.	National Clinical Director NQPS National Director Acute Operations National Director Community 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
CRR8_A01	Governance, Oversight & Surveillance: Establish the Executive Patient Safety and Quality Governance Committee.	National Clinical Director NQPS	30/09/2022	<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 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>HSE Patient Safety Strategy implementation:</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>	National Clinical Director NQPS	30/06/2024	<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</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>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>
CRR8_A03	<p>Governance, Oversight & Surveillance:</p> <p>Business Case for additional resource to support the roll-out of electronic point of entry 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>	National Clinical Director NQPS	30/12/2022	<p>Business case has been written and submitted under the Estimates programme. 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.</p> <p>Sites currently engaging in terms 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
				ePOE roll-out are Saolta, CHI & IEHG.
CRR8_A04	<p>Governance, Oversight & Surveillance:</p> <p>Develop and implement a national Patient Safety Surveillance system that will provide insight into emerging risks and safety issues</p>	National Clinical Director NQPS	31/12/2024	<p>Development Steering Group approved Business case, name (Quality and Safety Signals) and purpose statement.</p> <p>Business case submitted to estimates process to secure funding</p> <p>Liaising with DOH on Sláintecare funding opportunities</p> <p>Collaboration commencing with the National Women & Infants Healthcare Programme as phase 1 implementation partners</p> <p>Proposal Mandate for ICT system developed with and submitted to eHealth & Disruptive Tech.</p> <p>Progression to Design Phase dependent on securing funding.</p>
CRR8_A05	<p>Learning and Development:</p> <p>Undertake research to examine the application of the IMF and learning</p>	National Clinical Director NQPS	31/12/2022	Funding confirmed. Collaborating with academic body currently to agree contract etc. Working with academic body to progress contractual side of this research.
CRR8_A06	HSE Patient Safety Strategy implementation: Develop and roll-out a national platform for shared learning from patient safety, in particular patient safety incidents	National Clinical Director NQPS	30/09/2022	Work is progressing. Platform to launch in autumn. Development of website near complete. Content for site is currently being written.
CRR8_A07	HSE Patient Safety Strategy implementation: Roll-out of national patient safety alerts that stem from incident reviews and require mandated responses to the alerts	National Clinical Director NQPS	31/12/2022	Currently liaising with operational colleagues to identify coordinators from each HG & CHO to identify the designated

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
				persons 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_A09	<p>Learning and Development:</p> <p>Evaluate current National Quality and Patient Safety improvement and learning programmes (Human Factors, SIMT, OD/Other) to ensure that staff in services are trained in line with best practice and can deliver safe services.</p>	National Clinical Director NQPS	31/12/2022	<p>As recommended by the recent evaluation of QPS learning programmes an NQPSD Education and Learning working group has been established to enable collaboration and learning and develop an integrated standardised approach across the directorate to the design, development, delivery and evaluation of NQPSD learning programmes.</p> <p>The group has agreed governance and an operation model for QPS Education and learning with a current focus on prioritising SOPs, templates to underpin the operational model.</p>
CRR8_A10	<p>Learning and Development:</p> <p>Implement the Just Culture Guide</p>	National Clinical Director NQPS	31/12/2022	<p>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</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
				awareness. Further on-going work is required to impact culture.
CRR8_A11	<p>New Action</p> <ul style="list-style-type: none"> • A workshop will be held with COO Risk Management Working Group to: • Align the risk description with controls and mitigating actions. • Understand controls/actions and linking them to the risks that they are treating. • Look for gaps, where there are causes and consequences for which there are no matching controls/actions. • Identify options for creating new controls to fill the gaps. 	COO	30/12/2022	Planning Session to facilitate this action will be scheduled with Enterprise Risk Management leads.

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, well-being and resilience of the health service workforce as a result of inadequate measures and structures to protect staff and uncertainties concerning the operation of preventative measures in place due to inadequate uptake of 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.		
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.	Dr Lynda Sisson – Occupational Health Physician - Workplace Health & Wellbeing Unit (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	Implementation of workforce plan that reviewed existing capacity and skill mix across WHWU and identification of shortfalls whilst emerging from COVID-19.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_05	Monitoring tool developed (Self-assessment audit) for Return to Work guidelines for COVID-19.	Workplace Health and Wellbeing Unit	Quarterly
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	Quarterly

Risk Controls

A mechanism, process, procedure or action which can be verified, which seeks to reduce the likelihood and/or consequence of a risk.

No	Control	Control owner	Frequency
CRR9_07	CPD requirements identified and validated through performance achievement process.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_08	OH [Occupational Health] participation on Integrated Clinical Risk Governance group - specifically looking to address staffing shortages related to post peak Covid.	Workplace Health and Wellbeing Unit	Quarterly
CRR9_09	Continued rollout of COVID-19 and flu vaccine and boosters to healthcare workers and support staff.	National Clinical Lead WHWU	Continuous
CRR9_10	Implementation of recommendations of National Psychosocial Framework and integration with WHWU staff mental health support structures.	Workplace Health and Wellbeing Unit	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_14	Escalation of PPE Equipment for front line staff during pandemic.	Workplace Health and Wellbeing Unit/Ops	Quarterly
CRR9_15	Availability of bespoke COVID-19 Health & Safety training programme	Workplace Health and Wellbeing Unit	Continuous
CRR9_16	The National OSH Training matrix has been updated and is reviewed on a regular basis (currently being further updated in relation to V&A 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_18	Published guidelines on venues and control measures for face-to-face practical Manual Handling training	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_26	Implementation of the risk assessment for unvaccinated frontline healthcare workers.	Workplace Health and Wellbeing Unit and CMP	Quarterly
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

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 strengthen the existing operational services for staff including Health & Safety, Occupational Health, Rehabilitation, Organisational Health and Employee Assistance Programme in a post peak COVID environment and to ensure compliance at the operational levels.	National Director Human Resources	31/03/2022	Ongoing and necessarily reactive as pandemic evolves
CRR9_A02	Assist local management in identifying appropriate training modules, reviewing the National OSH training Policy.	National Director Human Resources	30/06/2023	<p>The updated version 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 Q4 2022 publication date is anticipated.</p> <p>The Training Needs Assessment (TNA) spreadsheet and accompanying smart survey are currently under trial in CHO1.</p> <p>The second generation Manual Handling single supplier training contract is in place.</p> <p>Two training programmes for intoxicants are ready for launch at the end of Q3. Intoxicants policy is ready and intoxicants testing service has been procured and is in the final phase of completion.</p> <p>Blended training on V & A is in the development stage and as a result the completion date for this action is extended to end Q2 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
CRR9_A03	Complete the procurement of the National Occupational Health Software project for the introduction of the National Software Programme.	National Director Human Resources	31/12/2022	Currently software being implemented in Occupational Health Department Dr Steeven's Hospital. Six Occupational Health Services will have the software in place by Q4 2022. On Target
CRR9_A04	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	30/03/2023	Head of National Health and Safety Function met with ND HR and Head of the Workplace Health and Wellbeing Unit and a programme of measures has been agreed. This represents a substantial body of work and a completion date of Q1 2023 is anticipated. On target
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 OHP and OHN due to critical short supply of staff nationally and internationally	National Director Human Resources	31/12/2022	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

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 the specialty 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	31/12/2022	Steering Group in place and project is moving to implementation phase status
CRR9_A12	Violence and Aggression has been removed from this risk and so will form a new corporate risk - CRR 20.	National Director Human Resources	31/12/2022	CRR 20 has been drafted. Liaison to take place between NDHR and COO in order to agree control and action ownership. Draft will be ready after same.
CRR9_A13	Liaison to take place with office of COO to identify further controls and actions in place for this risk.	National Director Human Resources	31/12/2022	National HR Risk Lead to engage with COO risk lead as regards this action in order to resolve and close for Q4 report.

CRR Reference	Risk Title
CRR 010	Climate action failure and sustainability

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 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 sustainability 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 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 and Sustainability Strategy and Implementation Plan.	CSO	30/09/2022	Final draft of Climate Action and Sustainability Strategy presented to Climate Action and Sustainability Steering Group in August. Aim for circulation and sign off by EMT at meeting at the end of Sept 2022, and to the Board thereafter. Implementation planning process has commenced with a further Steering group meeting for mid-September to discuss. Specifically, in relation to the decarbonisation element of the wider Climate Action and Sustainability Strategy a, Decarbonisation Roadmap is being finalised.
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	31/12/2022	In total, 111 Energy/Green Teams were in place at the end of Q2. Progress impacted by: <ul style="list-style-type: none"> •Ongoing restrictions to facility access and •Challenges to recruitment and current global market environment.

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_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	30/09/2022	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.
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	30/09/2022	DT's 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 report revised to Q4 2022.

CRR Reference	Risk Title
CRR 011	Digital environment and cyber failure

EMT Risk Owner	Board Committee	Date added to Register

Risk Description	IMPACT [There is a risk to.....] CAUSE [as a result of.....]

Risk Appetite		Risk Rating						
Risk appetite	Risk appetite theme	Inherent rating			Residual rating [with controls]			Risk Appetite Target
		Likelihood	Impact	Total	Likelihood	Impact	Total	

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

Risk Controls

A mechanism, process, procedure or action which can be verified, which seeks to reduce the likelihood and/or consequence of a risk.

No	Control	Control owner	Frequency

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

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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
	[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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
		[REDACTED]		[REDACTED]

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 Sláintecare Programme implementation could be delayed, improvements in patient care not delivered and the reputation of the HSE damaged due to ongoing HSE recruitment challenges leading to an inability to deliver operational priorities, the capacity of the operational system to deliver the scale of change envisaged, new critical infrastructural developments lagging behind the pace of required operational changes and uncertainties in the wider fiscal environment requiring re-prioritisation of major Sláintecare priorities.

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. The CEO of the HSE also holds weekly internal HSE Waiting List meetings.	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
CRR12_04	The Sláintecare National Elective Ambulatory Care Strategy has been approved by Government which includes the establishment of three Elective Care Centres in Cork, Galway and Dublin. This progression demonstrates firm commitment with the establishment and approval of the Cork and Galway Business cases, including recommended sites as early as possible in Q4.	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_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 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	30/09/2022	<p>Recruitment underway with interviews completed week beginning 12 September 2022.</p> <ul style="list-style-type: none"> Full time ND Implementation Lead identified to support RHA implementation commenced on 5 September 2022. Work stream membership and TOR finalised. Six RHA Regional Engagement Events

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>are scheduled for September 2022</p> <ul style="list-style-type: none"> • Work streams have substantially completed dedicated work on key functions and activities at DOH, HSE Centre and RHA level • Consultation planned with HSE Board stakeholders to consider outputs of key functions and activities and regional engagement events. Ongoing input from RHA Advisory Group and system leaders informing the detail of the plan. <p>The RHA Implementation Plan will be finalised following completion of the Design Phase. Further work is ongoing re Integrated Service Delivery model.</p>
CRR12_A02	Establish a dedicated Intervention, Optimization & Innovation function within Healthcare strategy Change and Innovation Function responsible for identifying and progressing innovation and improvement opportunities.	National Director Change and Innovation	30/09/2022	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	31/12/2022	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

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
				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 optimize 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	31/12/2022	<p>The Public Health Reform Programme is progressing recruitment and implementation of reform towards definitive timelines. From 1 May 2022, six new Public Health Areas were launched led by Area Directors of Public Health as the first Consultants in Public Health Medicine appointments in Ireland. The six new Public Health Areas are aligned with the RHAs and this will enable Public Health to contribute effectively to major service design, policy implementation based on a population needs approach.</p> <p>Recruitment is progressing at pace with 93% of the 250.6 WTE MDT staff recruited and 34 WTE Phase 1 Consultant in Public Health Medicine posts recruitment on target. The appointment of a National Director of Public Health was unsuccessful, despite an extensive Executive Search and international advertising campaign.</p>
CRR12_A05	Ensure new developments funded in 2022 are progressed.	CSO CCO COO	31/12/2022	Progress on new developments reported on a 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
				basis to HSE Board and Doha.
CRR12_A06	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	30/09/2022	Monthly meetings scheduled with Capital and Estates and Doha. Collaborative management of agenda and arising actions.

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 Service Plan and confidence in the HSE's management of public monies, as a result of; (i) failure to achieve national and local financial targets; (ii) costs related to state indemnity; (iii) failure to manage planned activity within allocated budget levels; (iv) non-adherence to financial 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.

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	3	5	15	2	5	10	<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
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). 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. Implementation of NFRs is the responsibility of each National division, CHO and HG, with training and support provided by NFD.	CFO	Continuous
CRR13_03	HSE Integrated Risk Management Policy 2017	CRO	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
	HSE Integrated risk management policy part 1_Managing Risk in Everyday Practice HSE Integrated risk management policy part 2 _Risk Assessment & Treatment HSE Integrated risk management policy part 3_Managing and Monitoring Risk Registers		
CRR13_04	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.)]		Continuous
CRR13_05	Procurement Strategy in place. Corporate Procurement Plan (2022 - 2024) approved by the Board June 2022. Annual compliance monitoring programme in place. In 2021 all major budget holders were required to complete a self-assessment of spend >€20k to determine the level of non-competitive and non-compliant spend. Results included in Statement on Internal Control.	CFO	Annually
CRR13_06	Corporate and National Service Plans in place setting out the type and quantum of services for the budget provided. Corporate Plan 2021-24 published in Feb 2021. NSP 2022 published in March 2022.	CSO	Quarterly
CRR13_09	Submitted monthly to EMT and Board; <ul style="list-style-type: none"> • Performance Reporting versus Budget • Working Capital Management • National Service Plan KPIs and performance monitoring 	CFO	Monthly
CRR13_10	Activity Based Funding (ABF) Model supporting hospitals and Hospital Groups / regional health bodies to better understand activity and opportunities for improvement.	CFO	Quarterly
CRR13_11	Ongoing engagement with DOH/DPER through monthly Health Budget Oversight Group (HBOG) meetings as well as regular monthly meetings with Chair of HSE Board, CEO and Minister for Health.	CFO COO CSO	Monthly
CRR13_12	Production of Annual Report and Annual Financial Statements – 2021 Financial Statements were approved by the Board on 27 May 2022 and then presented to the Minister for Health.	CFO	Annually
CRR13_13	Annual Review of HSE’s system of internal control/ ICQ - CARP process. CARP findings presented to EMT and ARC in March 2022. Following this, each National division, CHO and HG lead received a full controls findings report for their areas, which included a proposed action plan to address their key weaknesses. Governance & Compliance are liaising with each unit to agree the adoption of these proposed plans (or their own alternatives) and assigned timelines.	CFO	Annually
CRR13_14	Performance Oversight	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>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>		

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> <ul style="list-style-type: none"> • WS1 Review, revise and rollout NFRs. • WS2 Enhanced Communication and Training undertaken. • WS3 Reporting and Monitoring system in place. • WS4 Internal controls framework testing complete. • WS5 Performance Management process commenced. • WS6 2nd line of defence process in place. 	CFO	31/03/2024	<p>WS1 remains on track for Jan 2023</p> <p>WS2 essentially BAU</p> <p>WS3 “as is data repository” live. All CARP findings and action plans are included along with IA and C&AG findings from 2018 onwards. Combined controls reporting being developed and will be piloted from end of September 2022. WS3 tender currently being finalised, having completed technical specification.</p> <p>WS4 internal controls framework submitted to EMT Q2 2022, with an overall update of the programme provided. WS4 Pilot sites testing Q4 2022</p> <p>WS5 dependent on WS3/WS4, WS 3 reporting will support performance management process.</p> <p>WS6 recruitment substantially complete.</p>
CRR13_A04	Enhanced Risk Management	CRO CFO	31/12/2022	Plan for embedding risk management in

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>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 defense</p>			<p>financial management process to be developed by Q4 2022</p> <p>Risk support staff (Grade V and Grade VI) recruitment in progress.</p>
CRR13_A05	<p>Procurement</p> <p>Self-Assessment of non-compliance as part of Statement on Internal Control (SIC) process</p> <p>Delivery of Corporate Procurement 3 year plan (2022-2024)</p>	CFO	30/06/2022	<p>Statement on Internal Control (SIC) process completed and internal control issues identified reported in AFS 2021.</p> <p>The Corporate Procurement Plan was brought to the ARC on 16 June 2022, where they provided feedback. The CPP then went to the HSE Board 29 June 2022 meeting, where the CFO advised that the Plan circulated to the Board had addressed the feedback of ARC, and the HSE Board supported the plan for publication.</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 	CFO	30/06/2025	<p>Approval received from FRP and HSE Governance for the Contract Approval Request for the new System Integrator for IFMS.</p> <p>Signed contract with the new SI is now in place and their project team resources mobilised.</p> <p>Project is in Design Review and Validation Stage, due to complete 12 Oct 2022. This stage includes re-planning of the implementation approach to meet 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
				2025 target and commence the first deployment for HSE East, Shared Services and Tusla by Q4 2022.
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 - Use Economic reports to evidence need to keep health spending stable 	CFO	31/12/2022	This is an aspirational action with a decision on whether the action can be progressed to be taken by Q4 2022.
CRR13_A09	<p>Governance and Compliance Project – Design Phase</p> <ul style="list-style-type: none"> • Design of a Governance and Compliance Framework for the HSE, including; • Identification of core compliance and governance responsibilities • Design of a conceptual framework for the integrated and effective working of governance and compliance functions • Development of a governance, risk and compliance assurance framework • Development of a high level implementation and resourcing plan 	CSO;CRO;CFO	30/09/2022	This work is on target for completion in Q3 with the approval process to be progressed in Q4.
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 is under review.

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_01	Laboratory contract in place until end of 2022 with possibility of an additional three-month extension if required, reducing previous likelihood of inability to contract for continuing services. Procurement process for a new contract for the provision of screening laboratory services has commenced and a new contract expected to be in place Q4 2022.	Programme Manager Cervical Check	Quarterly
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.	Communication s 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 Cervical Check	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

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_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
CRR14_09	Laboratories are encouraged to enter mediation early	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.</p>	CCO	31/12/2022	<p>Significant progress has been made in 2022 on our 33-point action plan created from the findings of our large-scale attitudes survey (end of 2021). Actions completed include the development of communications to address the knowledge gaps (risk reduction and cancer), interval cancer information, and barriers to attending screening in our major screening communications campaigns throughout 2022.</p> <p>We have developed new resources to provide appropriate information to facilitate informed choice on screening participation. These resources have neutral staging (balancing the benefits and potential harms of screening). They include new leaflets and /or website content for</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>DRS; Breast Check and Cervical Check. We field testing new Bowel Screen resources to engage with people who currently do not attend screening on the benefits and harms of screening.</p> <p>Blog content for our new corporate website for NSS continues to be developed.</p> <p>Screeningservice.ie provides our participants to open access to information about how screening programmes are run, new developments in screening (eg age range extension in BowelScreen; Self-sampling in CervicalCheck). We invite public feedback on all our screening blog posts.</p> <p>Decision-making tools for all screening participants for use at point of screen are currently being field tested. The tools are aimed at enhancing understanding and increasing informed consent for screening. They provide a focus on the limitations of screening and a clear recognition at point of first screen that interval cancers can occur.</p> <p>Work is under way in Q3 on materials explaining how cancer develops despite screening as part of our communications tools for patient-centred reviews.</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>An NSS stakeholder engagement strategy has been drafted in conjunction with patients and advocacy groups.</p> <p>Our media engagement plan continues in operation throughout 2022 to offer evidence-based sources of information to national and local media and to correct misinformation for our participants wherever it occurs. We have created a media reporting guide to CervicalCheck and plan to develop further guides for each of the screening programmes, resources dependent.</p> <p>A new communications hub has been formed within NSS in conjunction with public health to focus on creating participant-centred information.</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	31/12/2022	<p>Legal Framework interim report completed and circulated to Interval Cancer Steering Committee.</p> <p>Themes emerging on need for alternative system presented to HSE safety & Quality Committee on 12- July</p> <p>Awaiting update from DOH on correspondence send regarding proposed amendment to the Patient Safety Bill regarding 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
CRR14_A03	<p>LEGAL</p> <p>Interval Cancer Reports 2020 implementation of the recommendations 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	31/12/2022	<p>CervicalCheck preparatory work is continuing in order to commence Phase 1 of the Patient Requested Reviews (PRR's) in Q4. All external stakeholders including 221+ continue to be engaged in finalising the review process. A bespoke training course is currently being designed with the CervicalCheck team, HSE Open Disclosure National Office and HSE National Healthcare & Communications Department. This training will be delivered to NSS staff involved in meetings with participants.</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. 23 cases were made to the CervicalCheck Tribunal. Of these cases</p> <ul style="list-style-type: none"> -13 are ongoing (one of these may be withdrawn -GP Issue) -1 is not proceeding in CC Tribunal as no consent received from Laboratory -5 cases settled -3 cases withdrawn -1 case reverted to the High Court <p>Hearing dates for the ongoing cases will be scheduled after the Courts Summer recess. Review of the impact will commence once</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
				13 ongoing tribunal cases are closed To date 331 claims submitted to SCA in regard to CervicalCheck (including approx. 60 cases not eligible for CervicalCheck Tribunal). 65 claims are resolved.

CRR Reference	Risk Title
CRR 015	Sustainability 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 as a result of; deficits in the current delivery model; absence of agreed multi-annual investment and reform; funding and governance challenges on the provision of service to children with complex disability needs; and the requirements of Part 2 of the Disability Act 2005 (assessment of need).

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	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	Quarterly
CRR15_02	Provider fora exists with the umbrella organisations to enable the return to safe service, including capacity and risk assessments.	COO	Quarterly
CRR15_03	Regular performance monitoring of service arrangements with providers is in place.	COO	Quarterly
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	Quarterly
CRR15_05	HSE has in place an existing Consultative Forum (CF) that has key stakeholder representation including: <ul style="list-style-type: none"> • Federation of Voluntary Bodies • Disability Federation of Ireland • Inclusion Ireland • National Advocacy Service • Not for Profit Organisation 	COO	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
CRR15_A01	Establish an operations led reform team to support reform of CHO funded provider or funded entities struggling with sustainability issues, aligned to the programme for government July 2020. (An external factor to enable this is government reform policy aligned to Sláintecare.)	COO	30/09/2022	Stability & Sustainability function has been put in place with AND and Head of Service positions filled and in place from April 2022. Project Management Structure and support in place. Work underway with named service provider, due for completion September 2022. Work commencing to develop scope and approach with second provider.
CRR15_A02	Revision of the HSE governance framework for Section 38s and 39s [including compliance].	COO	30/12/2022	The Law Agents have drawn up a working draft in relation to the Section 38 Service Arrangement Part 1 and the updates in this draft once agreed will form the basis for the other related governance documents, where applicable. When the HSE is satisfied that the documentation is satisfactorily updated, a process will be put in place to communicate the background and engage in discussion with the relevant representative bodies regarding the updated documentation.
CRR15_A03	A strategy to support the continued implementation of the CDNT model of service is	COO	30/12/2022	91 Children's Disability Network Teams (CDNTs) were established 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
	<p>being agreed in consultation with the DOH and DCEDIY</p> <p>Each CHO needs to progress their local plans to address delayed AONs using the available additional funding.</p>			operational by the end of Q4 2021. Significant challenges with the implementation of the new model have been reported. A detailed roadmap to address these challenges will support the continued implementation of this model of service.
CRR15_A04	Roll out the single assessment of need (AON) tool to enable efficient, transparent and equitable service. [Based on the outcome of the Personalised Budget Demonstrator pilot].	CSO COO	30/12/2024	<p>Target Completion date adjusted from Q3 2022 to Q4 2024.</p> <p>Community Ops Update: A High Court ruling in March 2022 has affected the timelines for the delivery of the Assessment of Needs process. The ruling has required the development of a revised assessment protocol which is being agreed with Trade Unions and Legal Services (Sept 22). A widespread consultation was held on 13/05/22 to develop clinical guidelines for child AON, was completed and clinical guidance has been approved by the CCO. Engagements with unions to progress implementation are planned for August. Revised clinical guidance for Assessment of Need will be implemented once appropriate consultation with staff representative bodies has been completed. Funding has been secured in principle to</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>facilitate a waiting list initiative to provide additional assessments required under AON.</p> <p>CSO Update: As part of the pilot demonstrator towards the introduction of personalised budgets for people with a disability, two individual single assessments tools are currently in use to assess the individual's needs and plan to meet these needs through the provision of a personalised budget. The two assessment tools which are currently in use are Imosphere and InterRAI. This work will influence the final decision regarding the implementation of a single assessment tool across disability services. Due to Covid restriction this work has been delayed, Minister Rabbitte has approved the extension of the pilot to Q2 2024 and work is ongoing in this regard.</p>

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 effectiveness of current and new health services potentially leading to a prolonged, widespread reduction in the quality and consistency of care as a result of the combined scale, labour market supply and timeline envisaged to recruit the full complement of new staff targeted under the HSE's National Service Plan. Challenges relate to the recruitment and retention of critical clinical professions, specific skills and grades that are in short supply both domestically and internationally. This is alongside the uncertainties driven by (i) increased healthcare worker demand in the global market; (ii) an ageing population and increasing demand and within more economically developed countries; (iii) the emergence from COVID-19; and (iv) the impact of COVID-19 related absences.

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	4	20	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.	AND of HR Recruitment, Reform & Resourcing	Quarterly
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.	Chief Clinical Officer	Quarterly
CRR16_03	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	Continuous
CRR16_04	Monthly monitoring of staff absence with bespoke reporting on COVID-19 absence to inform planning and response actions required to address absence.	AND of HR Strategic Workforce Planning & Intelligence	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
CRR16_05	HR Circulars, Memos and Policies in response to COVID-19 to support deployment, flexible working and return to premises as appropriate developed and communicated.	AND of HR Employee Relations	Continuous
CRR16_06	Managed Service Provider in place to increase recruitment capacity.	AND of HR HRSS	Quarterly
CRR16_07	Communication for early offer of permanent posts to New Graduate Nurses and Midwives completed for 2022.	National Director Human Resources	Annually
CRR16_08	Campaign to target Irish and UK H&SCP graduates of 2022 initiated and live.	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.	AND of HR HRSS	Annually

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	Establish new resourcing function for the implementation and development of the resourcing strategy.	AND of HR Recruitment , Reform & Resourcing	31/12/2022	Head of Programme appointed. Programme pillars agreed with senior leaders. Governance structures established. Compilation and Terms of Reference agreed. Steering and governance groups to commence work in September.
CRR16_A02	Development and implementation of new recruitment operating model.	AND of HR Recruitment , Reform & Resourcing	31/12/2023	Implementation projected by end of 2023. On Target
CRR16_A03	Early offer of permanent posts to New Graduate Nurses and Midwives.	National Director Human Resources	31/03/2022	Completed for 2022. Now in place as Control 7.

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_A04	Establishment of a new medical consultant recruitment microsite (an auxiliary HSE website) as a one stop digital source for all consultant recruitment in Ireland.	AND of HR Recruitment , Reform & Resourcing	31/12/2022	Content developed - build commenced. On Target
CRR16_A05	Campaign to target Irish and UK H&SCP graduates of 2022.	National Director Human Resources	30/06/2022	Initiated and live.
CRR16_A06	International recruitment campaign for Dietitians.	National Director Human Resources	30/06/2022	Initiated and live - Now Control 9
CRR16_A07	Targeted campaign to recruit range of ambulance grades.	National Director Human Resources	30/06/2022	Completed - In place as Control 10
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
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.
CRR16_A10	Ensure the requirements for staff are identified at an early stage in order to ensure that the necessary estates infrastructure is in place to meet the additional accommodation needs.	CSO COO	31/12/2022	
CRR16_A11	Development of resourcing projections to support planning and monitoring.	AND of HR Strategic Workforce Planning & Intelligence; AND of HR Recruitment , Reform & Resourcing	31/12/2022	First stage of resourcing projections complete.

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_A12	Develop and implement resourcing procedures for posts that are unable to be filled.	AND of HR Recruitment , Reform & Resourcing	31/12/2022	Working group established. Identified Grade categories. Developing and implementing actions per grade category.
CRR16_A13	Finalise the draft medical workforce targets up until 2035. This draft was presented to the Minister of Health and Executive Management Team of HSE and included specific targets for reducing NCHDs not in training posts, increasing NCHDs in training posts and increasing Consultant posts.	CCO	31/12/2022	New action resulting from clarification around control 2

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 including management meetings with providers in the agreement and monitoring of Service Arrangements.	National Director Acute Operations; National Director Community Operations	Quarterly
CRR17_02	Engagement with providers in service planning, development and delivery.	National Director Acute Operations; National Director Community Operations	Quarterly
CRR17_03	Input to multi-agency provider forum / task force - chaired by DoH.	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
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_05	Establishment of a strategic change team to work collaboratively with government departments and all stakeholders to develop an operationally and financially sustainable model of service and governance. Dialogue Forum is now in place.	National Director Operational Performance and Integration	Quarterly
CRR17_06	Specific governance and contingency planning work in place specific to agencies at highest risk of unsustainability.	National Director Community Operations	Quarterly
CRR17_07	Contracts Management Support Unit resources in CHOs funded under NSP2021.	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
CRR17_A01	HSE will engage with the Dialogue Forum and agree any actions pursuant of that process.	COO	30/09/2022	Ongoing. Due to be reviewed Q3 2022. The HSE are continuing to participate in the forum.
CRR17_A03	Review the HSE Governance Framework for funded agencies to include review of service arrangements contracts including compliance.	COO	30/12/2022	Target Completion Date amended from Q3 2022 to Q4 2022. The Law Agents have drawn up a working draft in relation to the Section 38 Service Arrangement Part 1 and the updates in this draft once agreed will form the basis for the other related governance documents, where applicable. When the HSE is satisfied that 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
				documentation is satisfactorily updated, a process will be put in place to communicate the background and engage in discussion with the relevant representative bodies regarding the updated 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	30/12/2022	New Action. Update not due.

CRR Reference	Risk Title
CRR 018	Assisted Decision Making

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 to vulnerable persons lacking capacity or persons with complex needs cared for by the health service, where detention orders are in place and for staff who will continue to have a duty of care to these patients and service users as a result of a lack of a clear legislative basis governing restraints on liberty, the absence of deprivation of liberty safeguards (DOLS) and the release from detention of those service users whose care needs necessitate the restriction of their liberty [excluding those who fall under the Mental Health Act 2001] following the full commencement of the Assisted Decision Making Act in June 2022, the abolition of the Lunacy Regulations (Ireland) Act 1871 and where there is the abolition of the current ward-ship system.

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	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	The Chief Operations Officer has convened a group comprising of but not limited to representation from Community Ops, Acute Ops, Governance and Risk, HSE National Office for Human Rights and Equality Policy, HSE Office for Legal Services to manage the operational implications of the commencement of the ADM Act in the absence of a legislative basis for the deprivation of liberty coming into effect.	COO	Quarterly
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	HSE Office for Legal Services has been issuing communications to 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

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_04	The National Office for Human Rights and Equality Policy has been engaging with the Department of Children Equality Disability 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.	CSO	Quarterly
CRR18_05	The names of all the individuals that are likely to be at risk if the ADM Act is implemented without an alternative legislative basis for deprivation of liberty has been compiled (circa 220). This information allows for CHO's to work with the individuals and their legal teams in preparing for any further legal actions that might be required to safeguard the people impacted.	COO	
CRR18_06	The HSE National Office for Human Rights and Equality Policy has undertaken a programme of work to prepare services for commencement of the ADM Act including the development of an e-learning programme and a webinar series focussing on the implications of the Act.	CSO	

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	Ongoing engagement with the HSE Office for Legal Services, the Department of Children, Equality, Disability, Integration and Youth, the Department of Health and the Office of the COO to assess and understand the implications of the changes to the Wardship system and its implications for health and social care services.	CSO	30/09/2022	Ongoing. The Assisted Decision-Making (Capacity) (Amendment) Bill 2022 is currently progressing through the Dáil. Until then the current wardship system continues. An amendment has been included in the Amendment Bill to clarify the inherent jurisdiction of the High Court in matters regarding treatment and detention orders. Further wording will be published in September.
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 Service. This work will not be finalised until the Codes of	CSO	30/09/2022	Development of resources for staff is ongoing. The Amendment Bill will resume its progress

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
	Practice have been published and the Amendment Bill has completed its passage through the Dáil.			through the Dáil in the autumn.
CRR18_A03	Establishment of an operational group to implement and monitor actions required to ensure appropriate safeguarding measures are put in place following the implementation of the ADM act. This contingency planning will include a review of the care needs of each person impacted, consideration of alternative supports and legal remedies.	COO	30/09/2022	<p>A Community Operations ADM working group has been established to develop an implementation plan for CHO areas.</p> <p>The COO has established a group, with membership from the Office for Legal Services, HSE Acute, HSE Community, CCO, National Office for Human Rights and Equality Policy, to meet on a monthly basis looking at implications of the Act for health and social care services.</p>

CRR Reference	Risk Title
CRR 019	Displaced Ukrainian 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 that the capacity of the healthcare system, will be challenged leading to poor, delayed or non-delivery health service provision for people arriving from Ukraine and the general population as a result of increased healthcare demand due to the numbers of people displaced by the invasion of Ukraine and seeking refuge in Ireland and the potential for the current situation in Ukraine to deteriorate further.

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	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 displaced population	CEO	Continuous
CRR19_02	Point of Entry Response The HSE delivers a first health response to the incoming displaced population at the National Interagency Accommodation Transit and Processing Centre Citywest. This serves all those arriving via Dublin Ports which equates to approx. 85% of total arrivals. The first health response for Ukrainians arriving via non-Dublin ports is delivered at their allocated accommodation (for those not seeking temporary emergency accommodation).	COO	Continuous
CRR19_03	Infection Prevention and Control (IPC) Public Health has developed a suite of Public Health guidance documents for accommodation providers, local health teams, local authorities and the incoming displaced 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.	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
	<p>These documents are available on the HSPC website https://www.hpsc.ie/a-z/specificpopulations/migrants/ukrainianrefugees/publichealthresources/</p> <p>These documents have been circulated to DCEDIY and IPAS and shared with accommodation providers by local health teams.</p> <p>CHO 7 PH Services engage with DCEDIY regarding on-site Public Health recommendations in Citywest.</p> <p>Public Health has completed the scoping of requirements for Isolation Facilities to support the Citywest Transit Centre and other communal settings.</p>		
CRR19_04	<p>Resources and Communication:</p> <p>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.</p> <p>A wide range of health information resources have been translated, printed and distributed to services and facilities accommodating displaced Ukrainians.</p>	COO National Director Communication	Continuous
CRR19_05	<p>Operational Service Delivery</p> <ul style="list-style-type: none"> • A streamlined Medical Card Application process is in place for the incoming Ukr population • 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 • The Access to GP Framework developed in conjunction with the IMO (Irish Medical Organisation), makes provision for a range of options to deliver GP services to communal setting • These bespoke GP arrangements have been put in place for the Ukr population in communal settings <p>GP capacity is very stretched across the country. Additional initiatives have been implemented to enhance GP service provision to communal settings</p> <p>Maximising the provision of Safetynet primary care services.</p> <ul style="list-style-type: none"> • Commissioning Out of Hours providers to deliver sessional clinics • Utilisation of Pop up GP Clinics and Inclusion Health GP led drop in clinics. • Clinics forum has been established between the HSE and the nine CHO GP Leads supporting the Ukraine response to address GP capacity challenges. • Provision of Covid Safety advice, PPE, Antigen tests and access to COVID 19 Vaccination clinics. • Multidisciplinary teams provide in-reach services to communal settings to assess the urgent needs of individuals and signpost/refer to appropriate services. • Nursing assessments for children. 	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
	<ul style="list-style-type: none"> 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. 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. 		
CRR19_06	<p>Data</p> <ul style="list-style-type: none"> Sit Rep is received bi-weekly from DoJ on overall arrivals, ports of arrival, demographic profile and numbers seeking temporary accommodation Facilities dataset is received daily from DCEDIY (Department of Children Equality Disability Integration and Youth) which provides an overview of where all incoming Ukr availing of State accommodation are placed. This data is aggregated to populate the Ukr Health Response Dashboards and inform exploratory analysis conducted by HIU of the impact of Ukr arrivals in the Irish Health services. The National Health Intelligence Unit (NHIU) has developed a methodology to spatially display Ukraine arrivals by Primary Care Team (PCT) and their relative impact on local primary care/community services HIPE coding developed to capture Ukr activity in Acute Hospitals Ukr Health Response Dashboards have been developed and are hosted by HSE Integrated Information Services to visualise and track metrics relating to the Ukr response 5 dashboards are currently available for review: PPSN, Medical cards, Acute activity, BOTP Accommodation, Citywest Health Questionnaire data 	COO CSO Department of Justice Department of Children Equality Disability Integration and Youth	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	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 out by external experts under the oversight of the Departments.	COO	30/12/2022	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
CRR19_A02	<p>Targeted Actions to help to manage the immediate demand for GP services</p> <p>Full roll-out of HSE Citywest service model comprising the following key components;</p> <ul style="list-style-type: none"> • Orientation to the Irish Health Services and medical cards applications process – this supports the incoming population to understand what services they can access and how. • Covid safety advice and access to vaccination services - this helps to keep the population well informed. • Immediate medical supports for those presenting as unwell or requiring repeat prescriptions – immediate needs are met in CW reducing any urgent demand on GP services following arrival to their accommodation. • Supporting the completion of individual health questionnaires for those transiting through the center – this facilitates a triaging of need. • Bespoke GP arrangements will continue to be put in place to support the incoming displaced population as they are accommodated in communal settings. 	COO	30/09/2022	<p>Full efficacy of this model has been hindered by a change in the Citywest model by DCEDIY to include the temporary accommodation of IPAs onsite. The Health Model was designed to address the needs of the Ukr population only but has been required to support a wider cohort with differing needs. HSE has now been facilitated by DCEDIY to move its Ukr Health response onsite to a dedicated area allowing for a targeted health response for the IPA and Ukr populations separately.</p>
CRR19_A03	<p>Data and Modelling</p> <p>Health Intelligence Unit will analyze the health needs data emerging from completed Citywest Individual Health Questionnaires to assess and anticipate the potential demand for health services by displaced Ukrainian nationals. This methodology will cover primary care (GP practices), Community Care (public health nursing, dental, physiotherapy, speech therapy, disability services etc.) and mental health/psychological support services.</p>	CSO COO	30/09/2022	<ul style="list-style-type: none"> • Work is ongoing in relation to displaying current Ukraine and IPAS arrivals by Primary Care Team (PCT) and their relative impact on local primary care/community services. • Health status Questionnaires completed by Ukrainian arrivals at City West are currently being analysed to summarise the health status of arrivals by age group. • Ukr Health Response Dashboards have been

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
				developed to visualise and track metrics.
CRR19_A04	<p>Case Coordination</p> <p>A case co-ordination function for the displaced population with identified acute medical needs is in development. This will be linked with services in Citywest in the first instance with a plan to broaden it into a National function.</p>	COO	30/09/2022	Work ongoing.
CRR19_A06	<p>Access to MH Services</p> <p>The development of a wider Psychosocial response for the displaced Ukrainian population is underway.</p>	COO	30/11/2022	Work ongoing.
CRR19_A07	<p>Isolation Facilities</p> <p>The requirement for Isolation facilities is critical in the context of potential surges in Covid rates, congregated living arrangements and recent outbreaks of Covid, Chickenpox and Scabies in communal centres.</p> <ul style="list-style-type: none"> • From Mid Sept; Phase I Isolation accommodation will open with a max of 15 beds for residents • Phase II will be completed mid Oct. <p>The full capacity overall will be 42 beds.</p>	COO	30/12/2022	DCEDIY has stated that it cannot provide dedicated isolation accommodation. HSE PH has scoped Isolation requirements and Estates has identified suitable accommodation for same in St Ita's Portrane
CRR19_A08	<p>Future 'whole-of-organisation' Ukr Health Response Service Model</p> <p>A sub-group of the Ukr Health Response Planning and Coordination Group is being established to develop the future Ukr Health Response Service Model in the context of rising UKR and IPA arrivals, increasing DCEDIY reliance on tented accommodation which impacts health services responses, and service capacity considerations regarding projected demand</p> <p>A further sub-group will work to agree upon, plan for and coordinate the delivery of the operational requirements to implement the recommendations of the Public Health Workstream of the Ukr Health Response Planning and Coordination Group with respect to the following priority areas;</p>	COO	30/09/2022	New Action. TORs drafted and groups being established Beginning of Sept

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>(i) Establishing a systematic Programme of Testing and referral of the incoming displaced Ukr population for Blood Borne Viruses (BBV) and</p> <p>(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>			

