

**Risk Register Covid-19 – Cross-cutting Whole of NPHET Risks**

<b>No.</b>	<b>Nature of Risk</b>	<b>Likelihood of risk crystallising</b>	<b>Impact if risk crystallises</b>	<b>Mitigation Measures</b>	<b>Risk Owner</b>
1.	Insufficient public health capacity to respond to Covid-19 in terms of testing, isolating and contact tracing	Medium	High – Inability to conduct timely analysis of epidemiology, contact tracing and analysis of information;  Inability to exit social distancing measures	New laboratory testing capacity being developed; expanded contact tracing operation	HSE
2.	Staffing levels prove insufficient to respond to service demands  Risk of nosocomial infection further impacts on staff availability	High	High	<i>Ireland on Call</i> initiative; fast track recruitment and professional re-registration processes;  Early intake of medical interns;  Temporary Reassignment Scheme for SNAs;  Staff Accommodation Arrangements being considered by HSE to reduce risk of nosocomial transmission	DOH/HSE
3.	Inability to provide care (related to both Covid-19 and urgent elective care) due to insufficient bed or staffing numbers, or infrastructural deficits	Medium	High – Inability to provide care for acutely ill patients which will lead to increased patient morbidity /mortality	Significant funds provided for additional capacity both in acute hospitals and the community  fast track recruitment and professional re-registration processes; accelerated training programmes;	HSE

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
				Implementation of measures mandated by NPHE to reduce risk of nosocomial infection and ensure focus on outbreak prevention	
4.	<p>Postponing of elective care</p> <p>Patients choosing not to attend for urgent acute non-Covid-19 related care</p>	Medium	High	<p>Parallel Hospital Framework and subsequent measures to protect time critical essential, non COVID-19 care, mandated by the NPHE; ethical guidance to support decision-making that treats all patients equally; Private Hospitals agreement.</p> <p>Comms messaging around 'business as usual' to encourage patients to attend EDs</p>	HSE/DOH
5.	Insufficient supply of PPE, equipment, medical gases and medicines	Medium	High – Risk of nosocomial spread; care of acutely unwell patients will be compromised	Adoption of enhanced, integrated, strategic approach to procurement	DOH/HSE
6.	Challenge to protect vulnerable residents in <i>Long Term Residential Care (LTRC)</i> setting due to the non-homogenous, non-clinical nature of the sector (i.e. predominately private providers, weak formal links to HSE structures and safety nets, high staff turnover and weak clinical governance, regulated as a home not a clinical setting)	High	High – transmission rates in LTRC settings and increased risk of broader community transmission.	<ul style="list-style-type: none"> <li>• Additional HSE supports provided to sector (operational and clinical)</li> <li>• Continuous review of international evidence in relation to the sector and COVID-19</li> </ul>	HSE

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
				<ul style="list-style-type: none"> <li>• Guidance on protecting those over 70 and those medically vulnerable to COVID-19 (cocooning)</li> <li>• Enhanced measures recommended by NPHE on 31 March and 3 April.</li> <li>• Financial Assistance Scheme established.</li> </ul>	
7.	Ethics Guidance is applied in an inconsistent manner across the healthcare system.	Medium	High Impact	<ol style="list-style-type: none"> <li>1. Ethics subgroup to liaise with HSE to ensure rapid dissemination of ethical guidance.</li> <li>2. All ethical guidance to be added to the Covid-19 HSE Clinical Guidance and Evidence repository</li> </ol>	DoH and HSE
8.	Reduction in compliance with public health guidance due to either a significant 'counter movement' or reduced comprehension (and implementation) by certain groups of key behaviours, as well as risk of adverse mental health and wellbeing impacts	Medium	<p>High –</p> <p>Increased risk of transmission of virus; Erosion of trust in public health communications;</p> <p>Reduced mental health and wellbeing which will impact on other behaviours. Increased demand for mental health services.</p> <p>Potential increase in alcohol, drug use or other behaviours with</p>	<p>Continued articulation of the 'why' of measures and importance for public good. Continued monitoring of public attitudes. Communication around 'end in sight'/hope;</p> <p>Mental Health &amp; wellbeing initiative (including promotion of online mental health services) and Communications messages;</p>	DOH/HSE / Wider Govt.

No.	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner
			implications for health and other services	Continue to identify higher risk groups and develop specific messaging and/or resources to support comprehension and compliance	
9.	NPHET not supplied with sufficient data and information to provide for full situational awareness and real time understanding of the prevailing epidemiological situation or to enable appropriate decision making	High	High – NPHET unable to have confidence in making recommendations to the Government;  Potential that recommendations made prove incorrect	Development of new data flow and real time reporting by HSE; GeoHive; CRM;	HSE

**Risk Register Covid-19 – Break Down by Sub-Group**

<b>NPHET Sub-Group</b>	<b>Nature of Risk</b>	<b>Likelihood of risk crystallising</b>	<b>Impact if risk crystallises</b>	<b>Mitigation Measures</b>	<b>Risk Owner (e.g. DOH, HSE etc.)</b>
Acute Hospital Preparedness	Nosocomial infection	High	High. Workforce depletion. Increased morbidity and mortality	Implementation of the specific measures mandated by NPHET to reduce risk and ensure focus on outbreak prevention	HSE
	Insufficient bed capacity	Medium	High. Inability to provide care for acutely ill patients which will lead to increased patient morbidity /mortality	Significant funds have been provided to fund additional capacity both in acute hospitals and the community	HSE
	Insufficient workforce to staff additional beds	High	High. Inability to provide appropriate care for acutely ill patients	'Ireland on Call' initiative; fast track recruitment and professional re-registration processes; accelerated training programmes.	DoH/HSE
	Negative impact on the mental health of the acute hospital workforce	Medium	High; Absenteeism; long term impact of moral injury	Provide ongoing and focussed occupational health support	HSE
	Difficulties in the nursing home/long term residential care sectors will result in additional hospital admissions and place increased pressure on acute hospitals	High	High. Patients not receiving care in the most appropriate setting; inefficient use of acute hospital resource	Package of measures to support the nursing home/long term residential care sectors	HSE
	The ability/capacity to maintain full maternity services in 19 maternity	Medium	Medium. Women may have to travel to another hospital for intra partum care	'Ireland on Call' initiative; fast track recruitment and	HSE

<b>NPHE T Sub-Group</b>	<b>Nature of Risk</b>	<b>Likelihood of risk crystallising</b>	<b>Impact if risk crystallises</b>	<b>Mitigation Measures</b>	<b>Risk Owner (e.g. DOH, HSE etc.)</b>
	hospitals/units due to staffing shortages			professional re-registration processes.	
	Accelerated training programme which is being rolled out to upskill ICU nurses	Medium	High. Care of acutely unwell patients might be compromised	Through rostering, ensure that a sufficient level of supervision is provided within ICUs	HSE
	Insufficient supply of PPE, technical and other equipment, medical gases and medicines and vaccines when available	High	High. Risk of nosocomial spread; care of acutely unwell patients will be compromised	Adoption of strategic approach to procurement	HSE
	Infrastructural deficiencies will limit hospitals' capacity to support medical gas supply to additional ventilators /critical care beds	Low	High. Oxygen flow will not be sufficient to meet the requirement for patient ventilation	HSE Estates assisting hospitals to enhance medical gas capacity and improve the resilience of supply	HSE
	Storage and usage of a large quantity of CD cylinders poses a fire risk	Low	High. Harm to staff, patients and infrastructure	Provision of appropriate training for staff	HSE
	Failure to protect urgent elective work	High	High. Increased morbidity /mortality	Parallel Hospital Framework and subsequent measures to protect time critical essential, non COVID-19 care, mandated by the NPHE T; ethical guidance to support decision-making that treats all patients equally; Private Hospitals agreement.	HSE

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	Failure of patients to attend acute hospitals for emergency treatment	High	High. Increased morbidity /mortality	Comms messaging around 'business as usual' to encourage patients to attend EDs	HSE
	Continued postponement of non-urgent elective work over medium term	High	High. Increased morbidity	A focussed initiative will be required to address the backlog when normal services resume	HSE
	Failure of patients to attend GP for conditions that require assessment or diagnosis	High	High. Delayed diagnosis could give rise to increased morbidity/ mortality	Comms messaging to encourage patients to attend GP if necessary; availability of virtual OP consultations	HSE
	Increased emergency ambulance response times due to elongated infection control procedures; delays in turnaround at EDs	Medium	High. Delay in transferring patients to hospitals could give rise to increased mortality/ morbidity	Escalate delays in line with the <i>Ambulance Turnaround Framework</i>	HSE
	Insufficient mortuary capacity	Medium	High. Inability to store bodies appropriately and respectfully	Actions being undertaken in line with the Mortality Plan developed by the Covid-19 Mortality, National Coordination Group including; additional temporary capacity at HSE mortuaries; additional capacity at national level	HSE

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
	Lack of timely data provided to the NPHET to inform decision making	Medium	High. Insufficient evidence to inform decisions	Timely completion of data on CRM and daily reporting on same	HSE
Medicines and Medical Devices					
Vulnerable People Subgroup	Vulnerable groups in society not identified and the required public health, and operational measures, not put in place in a timely manner to contain outbreaks of COVID-19.	LOW	High transmission rates among vulnerable groups	<ul style="list-style-type: none"> <li>• Whole of Government approach with all Department/Agencies required to have preparedness plans in place.</li> <li>• NPHET Subgroup on Vulnerable People established.</li> <li>• HSE Vulnerable People group established to lead on HSE operational issues.</li> </ul>	Responsibly of relevant Department e.g. DHPLG for Homeless Sector
	Challenge to protect vulnerable residents in <i>Long Term Residential Care (LTRC)</i> setting due to the non-homogenous, non-clinical nature of the sector (i.e. predominately private providers, weak links to HSE structures and safety nets, high staff turnover and weak clinical governance, regulated as a home not a clinical setting)	HIGH	High transmission rates in LTRC settings and increased risk of broader community transmission.	<ul style="list-style-type: none"> <li>• Additional HSE supports provided to sector (operational and clinical)</li> <li>• Continuous review of international evidence in relation to the sector an COVID-19</li> <li>• Guidance on protecting those over 70 and those medically vulnerable</li> </ul>	HSE



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				to COVID-19 (cocooning) <ul style="list-style-type: none"> <li>• Enhanced measures recommended by NPHET on 31 March and 3 April.</li> <li>• Financial Assistance Scheme established.</li> <li>• HIQA regulatory and risk assessment role</li> </ul>	
	Lack of accurate, timely information available from HSE on community outbreaks of COVID-19, and related operational matters, impacting on the ability of the system to manage risk and put in place appropriate measures.	HIGH	Delays in putting in measures required to tackle the spread of the disease in the community.	<ul style="list-style-type: none"> <li>• CRM system prioritised</li> </ul>	Dept. of Health & HSE
	Lack of access to PPE and other essential medical supplies	HIGH	Patient and staff safety and quality of care compromised	<ul style="list-style-type: none"> <li>• Clear pathways for access to PPE and other essential medical supplies in place</li> </ul>	HSE
Workforce	<b>Maximising and Expanding the Workforce</b>				
	Temporary Reassignment Scheme for SNAs – garda vetting delays	Low	Medium	DOJ / Garda putting extra resources in place. HSE / PAS instigating electronic solution in place.	HSE / PAS
	Temporary Reassignment Scheme for SNAs – indemnity	High	High	Proactive work taking place to consider options for insurance for SNA's moving to	DOH

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
				non HSE services (S.39s)	
	Early intake of medical interns – process	High	Low	'Matching' process for interns being pursued by NDTP. Means an intake date of 17 <sup>th</sup> May rather than the April date requested by NPHET / Minister	HSE NDTP
	Private Hospital Consultants refusing to take HSE contracts	Medium	Medium	Engagement with representative bodies and individual consultants ongoing	HSE
	Private Sector essential workers (Agency staff and S.39) Covid related absence pay	High	Medium	DEASP payment of €350 available for those on Covid related absence.	DOH
	Staff not being able to come to work due to caring duties, especially childcare	Medium	Medium	Consideration being given to supports.	DOH / DCYA
	<b>Staff Supports &amp; Protection</b>				
	Staff Induction & Training	Medium	High	Staff training needs assessed on ongoing basis	HSE
	Staff living with at risk / vulnerable people	Medium	Medium	Staff Accommodation Arrangements being consider by HSE	HSE
Health Legislation					

<b>NPHEP Sub-Group</b>	<b>Nature of Risk</b>	<b>Likelihood of risk crystallising</b>	<b>Impact if risk crystallises</b>	<b>Mitigation Measures</b>	<b>Risk Owner (e.g. DOH, HSE etc.)</b>
Pandemic Ethics Advisory	Misinterpretation of ethics guidance leading to public concern.	2. Possible	4. Significant but containable impact	1. Ethical guidance written in an accessible way. 2. Key points document provided with each paper to ensure the information is presented in digestible manner. 3. All ethical guidance published for transparency and accountability.	DoH
	Ethics Guidance is applied in an inconsistent manner across the healthcare system.	3. Possible	4. High Impact	1. Ethics subgroup to liaise with HSE to ensure rapid dissemination of ethical guidance. 2. All ethical guidance to be added to the Covid-19 HSE Clinical Guidance and Evidence repository	DoH and HSE
Behavioural Change	Significant 'counter movement' leading to reduction in compliance with public health measures	Medium but potentially increasing over time	Reduction in motivation or ability to comply with behaviours necessary to control spread. Erosion of trust in public health communications	Continued articulation of the 'why' of measures and importance for public good. Continued monitoring of public attitudes. Communication around 'end in sight'/hope	DH Wider Gov
	Adverse Mental Health & Wellbeing impacts	Medium	Reduced mental health and wellbeing which will impact on behaviours.	Mental Health & wellbeing initiative (including promotion of online mental health	DH, HSE Wider Gov

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
			Increased demand for mental health services. Potential increase in alcohol, drug use or other behaviours with implications for health and other services	services) and Communications messages	
	Reduced comprehension (and implementation) by certain groups of key behaviours	Medium	Higher levels of risk and virus spread in particular groups	Continue to identify higher risk groups and develop specific messaging and/or resources to support comprehension and compliance	DH, NPHET
Guidance and Evidence Synthesis	There is a risk that evidence synthesis and guidance work will be duplicated	Moderate	Wasted effort by scarce evidence synthesis /guidance resources and unavailability to undertake other evidence synthesis / guidance work of value	Database of evidence synthesis commissioned by NPHET, NPHET EAG, NPHET subgroups or DoH as part of the COVID-19 response Database of HPSC public health guidance and HSE clinical guidance	Subgroup membership
	There is a risk that evidence synthesis to inform key decisions by NPHET, NPHET EAG or NPHET subgroups will not be available in a timely manner	Moderate	Decisions taken not informed by the best available evidence	Minimising duplication to maximise the available capacity. Leveraging off all capacity available to support evidence synthesis requests in a timely manner. Prioritisation of evidence synthesis	Subgroup membership

NPHET Sub-Group	Nature of Risk	Likelihood of risk crystallising	Impact if risk crystallises	Mitigation Measures	Risk Owner (e.g. DOH, HSE etc.)
				requests to ensure timely response.	
	There is a risk that evidence synthesis or guidance development will not be of adequate quality	Moderate	Incorrect decisions or incorrect guidance leading to poor outcomes	Promotion of a quality assurance approach to evidence synthesis and guidance development	Subgroup membership
Irish Epidemiological Modelling Advisory Group					