

CEF	CRR16	<p>Risk/Issue: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather</p> <p>Plant room roofs at UHW are showing signs of degradation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk</p> <p>UHL Staff Restaurant Major Roof Leaks into servery and dining area. Possible Food Standards Agency (EHO) Food Hygiene rating could be affected/contaminated food</p>	5x4=20	x				x	x	x							
CEF	CRR17	<p>Risk/Issue: Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major risk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.</p>	5x4=20	x					x	x							
CEF	CRR18	<p>Risk/Issue UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023</p>	5x4=20	x													
	CRR19	<p>The return of listeria within the high risk kitchen and not enough patient provisions being produced to satisfy demand: Food production capacity reduced due to new food safety measures and controls required as identified by the food safety assurance manager. 4 hours to blast freeze compared to 2 hours previously. New enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day. CFPU unable to increase provisions of patient frozen meals to provide a contingency levels should equipment fail.</p>	5x4=20														
	CRR20	<p>The continuing deterioration of Whitchurch Hospital (building structure). Ongoing issues of trespass and material thefts. Damage to asbestos materials. Damage to wooden floors to allow access to the basement.</p> <p>Based on a recent incident at the facility there is a foreseeable risk of further structural failures to the building infrastructure. Injuries to the trespassers/ exposure to asbestos to both trespassers and thieves during their presence on site.</p>	5x4=20														
	CRR21	<p>Financial Requirement for the ongoing management of St David's post handover Financial requirement associated with the ongoing operation of the site post PFI.</p> <p>3PD Transition - Potential End Term Payment 3PD requires payment of sum to 3PD partner in the region of £1.2m</p>	5x4=20														
Med	CRR22	<p>There is a risk of patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveillance and planned recall endoscopy procedures.</p>	5x4=20	x	x	x	x			x							
Med	CRR23	<p>Risk of patient harm due to workforce and capacity constraints across Gastroenterology & Endoscopy.</p>	5x4=20	x	x		x	x	x								
Med	CRR24	<p>Risk of patient harm due to delays receiving timely assessment for Thrombolysis</p>	5x4=20	x	x	x	x		x	x							
Med	CRR25	<p>Risk of patient harm due to delays providing Home Parenteral Nutrition services and treatment</p>	5x4=20	x	x		x		x								
C&W	CRR26	<p>Risk of patient harm due to inadequate midwifery and medical staffing issues on obstetric assessment unit</p>	5x5=25	x	x		x		x								
C&W	CRR27	<p>Risk of harm to mothers and babies due to delayed lift replacement works and inadequate repairs within the Maternity Services lifts.</p>	5x4=20	x	x		x	x	x	x	x						
C&W	CRR28	<p>Issue - Fetal medicine capacity shortfall and breach of ASW 5 day referral standard.</p> <p>Risk/Impact - due to fetal medicine capacity shortfall and breach of ASW 5 day referral standard, there is a risk of harm to compromised foetuses and reduced options for termination of pregnancy if delayed beyond 21+6 weeks. Delayed termination beyond 24 weeks means patients have to register the baby as a stillbirth and since criteria for termination is stricter after 24+0 weeks some women may be denied that option after 24+0 weeks which they could have had if seen earlier i.e. potential for wrongful life litigation.</p>															
C&W	CRR29	<p>Issue - Obstetric Staffing Level Challenges</p> <p>Risk/Impact - Risk of serious adverse outcomes (stillbirth, neonatal death and/or maternal morbidity) due to delayed or moved antenatal appointments due to inadequate senior obstetric staffing levels. Additionally the quality of care women receive may be lower due to not having senior reviews.</p>	5x4=20	x	x		x	x	x	x	x						

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Risk of patient harm due to obsolete Medical Gas and Air Delivery Equipment and plant at various UHB sites	All existing plant is maintained in line with manufacturers recommendations. Manifolds quarterly and Medical air plant six monthly.	All inspections have passed their relevant checks. Continually monitored through maintenance reports.	No reports received of unsatisfactory performance.	Assurance & compliance meetings are held monthly at which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.	Continually monitored through maintenance reports. Replacement of the manifold has been instructed. Date of works to be confirmed. The Medical Air Plants at UHW has been included in the EFAB replacement schemes for 2023/2024. This has been endorsed by NWSSP and we await final approval from WG for replacement of both plants at UHW.	Last risk register workshop for CEF was held on 5th October 2022. Risk Description reviewed January 2023 by Risk Manage Team.	No Regulatory Body reports as system still meeting requirements. NWSSP have recommended replacement of the Medical air plant due to none conformity to HTM.	Review undertaken by NWSSP Authorising Engineer. NWSSP have recommended replacement of the Medical air plant due to non conformity to HTM - NWSSP Authorising Engineer (Medical Gas Pipe Line Systems) Annual Report Estates Review Follow-up report	
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HiW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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Risk of patient harm due to interruption of oxygen supply to the whole of UHW tunnels resulting from a corroded oxygen pipeline.	Weekly visual monitoring of pipeline carried out.	Continually monitored through maintenance reports.	Surveys are ongoing to determine isolation & back up requirements.	Assurance & compliance meetings are held monthly at which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.	Continually monitored through maintenance reports. Replacement of the O2 pipeline has been identified in backlog maintenance. Surveys are ongoing to determine isolation & back up requirements. Replacement has been included in the EFAB replacement schemes for 2023/2024. This has been endorsed by NWSSP and we await final approval from WG.	Last risk register workshop for CEF was held on 5th October 2022. Risk reviewed by Risk and Regulation team in January 2023	None as system still meeting requirements. NWSSP Authorising Engineer (Medical Gas Pipe Line Systems) Annual Report	Review undertaken by NWSSP Authorising Engineer - Replacement has been included in the EFAB replacement schemes for 2023/2024. This has been endorsed by NWSSP and we await final approval from WG. - Authorising Engineer (Medical Gas Pipe Line Systems) Annual Report Estates Review follow-up report	
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Risk of loss of heating throughout UHL due to serious corrosion of Main Boiler F&E Tanks	Weekly visual monitoring of the tank is carried out.	Continually monitored through maintenance reports	Replacement of the F&E Tanks has been included in the EFAB replacement schemes for 2023/2024.	Assurance & compliance meetings are held monthly at which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.	Continually monitored through maintenance reports	Last risk register workshop for CEF was held on 5th October 2022. Risk reviewed by Risk and Regulation team in January 2023	None as system still meeting requirements.	Replacement of the F&E Tanks has been included in the EFAB replacement schemes for 2023/2024. This has been endorsed by NWSSP and we await final approval from WG for replacement of F&E Tanks.	
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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Risk to staff safety and regulatory compliance due to non-compliance with HTMs for ventilation - multiple locations UHW	All existing plant is maintained in line with manufacturers recommendations. AHU are serviced every quarter. However some areas do not have HTM compliant system in place. Other areas have non compliant systems above ceiling which can not be accessed for regular maintenance due to location above ceiling.	Continually monitored through maintenance reports	Issues have been raised with NWSSP. Major cost and disruption implication to upgrade. Some issues being dealt with under Acute Master Planning Programme.	Assurance & compliance meetings are held monthly which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.	Continually monitored through maintenance reports		NWSSP Authorising Engineer (Ventilation) Annual Report	Authorising Engineer (Ventilation) Annual Report - Ventilation AE	
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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Risk to estimated expenditure in financial plans due to significant increases in energy tariffs	Energy usage is constantly monitored against usage & cost.	Electronic data measuring of meters is in place.		Energy costs are reported at CMG monthly.	Meetings with suppliers, HB's within Wales via NWSSP are regularly held to ensure continuity of service	Risk Description reviewed May 2023 by Risk Management Team.		Weekly meetings are held with NWSSP and other HB in Wales to monitor the buying of energy. This assess markets and react collectively to purchase energy credits in advance. These meetings have their frequency increase or decrease to demands / changes in markets.	
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaking to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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<p>Satchwell Sigma BMS control cards are no longer supported with increased outstation failures due to the start-up of heating session instigation across various locations</p> <p>BMS Controls Failure of IT to provide connectivity from new systems to BMS</p>	<p>All systems are under a regular PPM program and can be analysed by taking a tablet to the system and plugging in directly to the system</p>		<p>Local management relies on a visit to the site to check the systems are working appropriately and efficiently. This is time consuming and prone to errors</p>	<p>Assurance & compliance meetings are held monthly which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.</p>	<p>Continually monitored through maintenance reports</p>	<p>Last risk register workshop for CEF was held on 14th June 2023.</p>			
<p>unable to connect now</p>	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issues: Ventilation Smoke/Fire Dampers. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure.</p> <p>Fire Doors. Insufficient asset identification and lack of regular inspections and / or maintenance resulting in defects leading to temporary or permanent failure. Fire doors identified as requiring replacing due to condition of doors not meeting fire requirements</p> <p>Risk/Potential Impact: Potential for loss of service. Disruption to patient care. Danger of fire spread.</p>	<p>Assets are currently on long term contract arrangement with a single supplier for all UHB sites. Dampers 40% of dampers are not being serviced due to access issues. These range from no access hatches through to existing services prevent void access.</p>			<p>Assurance & compliance meetings are held monthly which escalated risks can be discussed. Six monthly reviews of risk assessments carried out by Assurance & Compliance team.</p>	<p>Continually monitored through maintenance reports</p>	<p>Last risk register workshop for CEF was held on 14th June 2023.</p>			
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<p>During maintenance and testing works for operation POET (power outage emergency test) an issue was encountered in electrical sub station 2A where the automatic changeover system to start the low voltage generator is not functioning. Maintenance and re-testing has been carried out on numerous times however has not resolved the issue. The equipment cannot be directly replaced due to the age of the panels and equipment is now obsolete. In the event of an unplanned power outage the changeover system will not work and will require manual switching by Estates staff. Sub 2A provides power for a number of essential areas including Main Operating Theatres, Dy theatres and recovery, SDEC, Mortuary, Cath labs A B and C, sections of the LGF tunnels and other essential plant.</p>	<p><i>On call Estates Staff are aware of the issue and will attend as a priority in the event of a power loss</i></p>								
	<p><i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i></p>	<p><i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i></p>	<p><i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</i></p>	<p><i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i></p>	<p><i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i></p>	<p><i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i></p>	<p><i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HiW Inspection, feedback on Nurse Staffing Levels.</i></p>	<p><i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i></p>	<p><i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i></p>

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Lifts urgently require replacement. A phased approach has been adopted with the following lifts to be reviewed: Maternity Lifts 8 & 9 All to be considered. Failure of lifts restricts public and staff movement around site.	Maintained on a best endeavours philosophy until scheme to replace these lifts is conducted			The UHB has an annual testing program in place that inspects all lifts. These lifts require major overhaul and upgrade to latest standards					
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g, CHC or other external review?</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g, CHC or other external review?</i>

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UHW HSDU Chiller Plant. Chiller is 22 years old and falling with new spare parts now unavailable chiller will require to be renewed in the near future. Failure leading to loss of cooling to HSDU department.	Regular maintenance being carried out. Actions currently being progressed.			System is subject to statutory testing and inspection in line with legislation and HTM					
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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<p>Risk/Issue: Main walk in Drugs fridge in UHW Pharmacy stores LGF, is old and requires renewing due to being unreliable and parts difficult to obtain. SPS walk in Drugs fridge in UHW Pharmacy stores GF is old and requires renewing due to being unreliable and parts difficult to obtain.</p> <p>Impact: Loss of refrigerated drugs causing interruption to service</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing;</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Risk/Issue: Biochemistry Lab at UHW over heating due to increased equipment and failure of existing cooling systems.</p> <p>Impact: Potential closure of Lab and service loss.</p>	<p>Temporary Cooling installed to keep Lab to correct temperature.</p>				<p>Regular checking of temporary installation.</p>				
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/NWOSP Estates	External Audit
Auto Changeover system - On loss of power to LV sub A1 panel, ACB failed to take secondary supply system (SPS generator backup) ACB failed to take load on 3 separate attempts of testing – on all occasions ACB fired through Gaps in control – Unable to test	None Specified								
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliances / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/NWOSP Estates	External Audit
Risk/Issue: Both D554 Maternity HV substation double doors and LV switchroom single door are made fro slatted wooden doors and rotten, damaged and not secure for the location of the HV/LV substations.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectivess of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Controlled access to areas, base supports appear to be in good condition								
	Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles	Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports	Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.	Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.	Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.	When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?	Have Internal Audit/ NW/SP Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/AVSPP Estates	External Audit
<p>Risk/Issue: Roofing sheets, rusted through S.W corner of A block, to A Block Link - Several holes and sheeting could be affected by inclement weather</p> <p>Plant room roofs at UHW are showing signs of degradation and failure. Roofs are metal profile on steel girders. On A block plant room there is obvious signs of Corrosion with daylight showing clearly on the far right side. Lift rooms roofs leaking causing down time on lifts - Risk / roofs sheets corroding causing collapse of roof - Impact / loose sheets have the potential to fall putting pedestrian and vehicle traffic at risk</p> <p>UHL Staff Restaurant Major Roof Leaks into</p>	<p>Early signs of corrosion, roof is reasonably stable at present roof is to be continually monitored to check for further signs of structural loss</p>				<p>Roof is being monitored</p>				
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</p>	<p>Are the regulatory Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HiW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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Main piped oxygen from estates VIE tank runs underground, no ducting and a large tree growing directly above the ground/pipework route. Major risk if tree roots cause unseen damage to pipework which would disrupt oxygen supply to hospital.	We have emergency manifold system for any emergency scenario, but not for longevity to maintain oxygen demand for hospital. This concern has also been raised by the MGPS Authorising								
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/NIOSP Estates	External Audit
UHW CHP Plant current O and M contract with Clarke Energy will expire in December 2023	Current O and M contract is in place until December 2023. Internal discussions are being held to develop proposed solutions.								
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Review	Management Information and data	Other - Self assessment	Compliance/ Quality	Health and Safety / Estates	Risk Management	Regulatory body	Internal Audit/ NW/SP Estates	External Audit
The return of listeria within the high risk kitchen and not enough patient provisions being produced to satisfy demand. Food production capacity reduced due to new food safety measures and controls required as identified by the food safety assurance manager. 4 hours to blast freeze compared to 2 hours previously. New enzyme treatment shock treatment cleaning process takes 3 hours per day instead of previous 1 hour per day, CFPU unable to increase provisions of patient frozen meals to provide a contingency levels should equipment fail.	Team Managers checking rotas off. Ensuring adequate staff levels maintained all areas covered. Overtime to be offered and the use of Bank staff to be utilised. Production maximised and cleaning regime completed as per instruction.								
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, Feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and Data	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit/NVSSP Checks	External Audit
The continuing deterioration of Whitchurch Hospital (building structure). Ongoing issues of trespassers and material thefts. Damage to asbestos materials. Damage to wooden floors to allow access to the basement. Based on a recent incident at the facility there is a foreseeable risk of further structural failures to the building infrastructure. Injuries to the trespassers/ exposure to asbestos to both trespassers and thieves during their presence on site.	The site is currently monitored externally by an onsite security team (with dogs). The onsite security team do not enter the building. Externally the site is also monitored by localised CCTV cameras feeding back to a central control point. The CCTV cameras are solar powered. Patrol site visits (internal) are carried out by the assurance and compliance team. There is no bone working permitted on the site. The site is surrounded by palisade fencing. Structural engineer attended during the last site visit. Experienced personnel only enter the building. PPE is mandatory. Security screens have been installed to the GF windows and doors.								
	Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles	Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports	Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.	Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.	Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.	When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. H&W inspection, feedback on Nurse Staffing Levels.	Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?

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<p>Joint UHB/PFI Expiry Plant A joint plan including strong governance structure is required to oversee the end of the PFI. This does not exist at the moment.</p> <p>3PD Transition - Potential End Term Payment 3PD requires payment of sum to 3PD partner in the region of £1.2m</p>	<p>None provided at the present time.</p> <p>Valuation being undertaken. Contracts being reviewed by specialist</p>								
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing;</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HiW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
There is a risk of patient harm due to the progression of conditions from benign to malignant disease due to increased waiting times for surveillance and planned recall endoscopy procedures.	Ringfencing of capacity for surveillance stool testing FIT	Datix Reports BIS NEP surveillance		Monthly Clinical Board SMT and Directorate Q&S Gastro Summits Directorate and Executive Performance Reviews	Estates supporting the endoscopy expansion				
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of patient harm and experience alongside a detrimental impact on staff due to workforce and capacity constraints within Gastroenterology and endoscopy.	Weekly rota and endoscopy scheduling meetings Insourcing Referral vetting / USC prioritisation	Datix Reports Trainee / Trainer Forum reports	Validation of waiting lists	Monthly Clinical Board SMT and Directorate Q&S Gastro summits Directorate and Executive Performance Reviews WHSSC meetings	Estates supporting the endoscopy expansion		Nurse Bank Report HEIW Report relating to Gastroenterology identified detrimental impact on trainees		
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk -</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g -</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection,</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other</i>

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<p>There is a risk that stroke patients do not receive timely assessment for thrombolysis which can result in physical and emotional harm to patients. Secondary to this is the failure to meet SSNAP measures.</p>	Stroke on call, flag system	Datix reports, SSNAP data	Deep dive review of breaches, senior escalation	Stroke summits with Executive oversight, Improvement plan under development supported by DU					Delivery Unit feedback and All Wales review of pathways
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of delay in offering nutrition to intestinal failure patients due to fragility of single-handed service.	Regular review of position by Nutrition Service and escalation as appropriate.	Datix reports.	Local assessments performed to develop extensive business case (submitted to WHSSC).	WHSSC review meetings.		Medicine QSE Meetings			
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of patient harm due to inadequate midwifery and medical staffing issues on obstetric assessment unit									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Regular reviews of bed availability or patient flow.</i>	<i>Are there any data systems or streams that highlight the effectiveness of controls in place - e.g. Datix Reports to show a decline in entries following implementation of controls.</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tenable Reviews, Senior Manager/Lead Nurse Walk Arouns, Patient Feedback.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk .</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, Audit Wales</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Due to delayed lift replacement within Maternity Services. There is a risk for potential harm to mothers and babies.	Regular review and assessments undertaken and any issues escalated directly to Estates Team for support/resolution. Interim plans implemented where required to manage/mitigate risks of any lift failure	Datix Reporting & Monitoring	Escalation to Clinical Board/Capital Estates	Monthly Review of Risks Directorate Q&S Meetings (monthly) Clinical Board Q&S Meetings (monthly) Regular walkabout with Estates (monthly)	Lifts are part of the UHB Lift Refurbishment Programme. Regular updates provided on progress and management when lifts are out of action	Monthly Review of Risks by Directorate 3-6 monthly review of Risks by Clinical Board	HIW Maternity Report and CHC Maternity Report and survey	Estates Review Follow-up Report	
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Regular reviews of bed availability or patient flow.</i>	<i>Are there any data systems or streams that highlight the effectiveness of controls in place - e.g. Datix Reports to show a decline in entries following implementation of controls.</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns, Patient Feedback.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk .</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, Audit Wales</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
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Fetal medicine capacity shortfall and breach of ASW 5 day referral standard resulting in a risk of compromised foetuses and reduced options for termination of pregnancy if delayed beyond 24 weeks means patients have to register the baby as stillbirth and since criteria for termination is stricter after 24 weeks, some women may be denied that option after 24 weeks which could have a potential for wrongful life litigation									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Regular reviews of bed availability or patient flow.</i>	<i>Are there any data systems or streams that highlight the effectiveness of controls in place - e.g. Datix Reports to show a decline in entries following implementation of controls.</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns, Patient Feedback.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk .</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HW Inspection, Audit Wales</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of serious adverse outcomes due to delayed or moved antenatal appointments and inadequate senior obstetric staffing levels.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
<p>Issue - Paper Based Clinic Records - PAS Service</p> <p>Risk/Impact - A) Treatment delay and thus need for more invasive treatment. Increased risk of complications (admission for haemorrhage, additional surgery, infection and additional psychological trauma). B) Poor service data quality, underreporting of clinical workload, loss of funding, prolonged or insufficient clinical governance projects C) Treatment delay, vital info previously gathered unavailable at the point of care – risk of</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectvess of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - Inadequate Emergency Gynaecology Facilities</p> <p>Risk/Impact - There is a risk of harm and poor patient experience as a result of lack of available provision for emergency gynaecology care resulting in delays and patients waiting to be seen in the corridor due to lack of designated area and staff to review and triage patients</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - UK wide shortage of Paediatric & Neonatal Intensive Care Capacity</p> <p>Risk/Impact - There is a risk that C&YP who are admitted or waiting to be admitted to the CHFW will suffer harm due to the increased demand for PCCU and NICU bed. If children require care in either critical care areas and we are at maximum capacity for the number of nurses we have, then we have to review children that can be moved out of each area, which depends on ward capacity also. In addition to this we review children that can go to local DDH's. We often cancel elective admission to critical care which can lead to more complex surgery later and longer hospital admission times.</p>									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaking to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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<p>Issue - Publication of UK Maternity & Neonatal Services Report (Ockenden) detailing standards and requirements</p> <p>Risk/Impact - There are risks clinically, experientially and reputationally associated as a result of the current non-compliance against the Ockenden Report recommendations across Maternity and Neonatal Services.</p> <p>This includes: Insufficient Staffing resulting in an inability to learn from adverse events and specifically undertaking learning from adverse events within a timely manner to ensure any learning is embedded into practice and to mitigate/avoid reoccurrence of any themes identified</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - Waiting times for C&YP awaiting ND Assessment</p> <p>Risk/Impact - There is a risk of harm and poor patient experience as a result of current waiting times for CYP awaiting ND Assessment. Waiting times are currently significantly high and also the increase in referrals, currently significantly exceeds capacity.</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - UK wide challenges in recruitment, retention and wellbeing of staff (predominantly Nursing & Midwifery)</p> <p>Risk/Impact - There is a risk of morbidity & mortality to patients as a result of insufficient medical and nursing/midwifery staffing levels. This has been made significantly worse by post COVID-19 pandemic and the need to staff additional capacity services. Also, only one outtake of newly qualified nurses and midwives per year, and limited recruitment pool in paediatrics</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - Lack of room space in Antenatal Clinics</p> <p>Risk/Impact - delay in review of new gestational diabetic patients in medical antenatal clinics due to lack of room space</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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<p>Issue - Lack of appropriate Fetal Monitoring Capability on Delivery Suite</p> <p>Risk/Impact - risk of inadequate monitoring and the missed opportunity to identify fetal compromise in labour if monitors were to fail.</p> <p>There is also the risk of inadequate storage of fetal heart tracings and the inability of the Health Board to use these in cases of litigation.</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</p>	<p>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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Issue - Euroking System Capability - UK Wide Alert Risk/Impact - Data Overlay of any previous medical/surgical history for patient data									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate across the Clinical Board	Regular walkarounds of high risk estate, e.g mortuary and Radiopharmacy. Escalating immediate works to CEF colleagues. Working with national programmes on regional solutions regarding radiopharmacy (TrAMS)	Incidents monitored through regulatory compliance and QSE meetings	Regular audit undertaken as part of regulatory compliance meetings, including environmental monitoring.	Monthly regulatory compliance meetings for regulated areas. QSE meetings for directorates to escalate risks. Monthly clinical board reviews with execs to escalate risks when required	CEF and mortuary working up outline business case for submission to WG to seek additional capital funds.	Risk Management Review May 2023	MHRA inspected radiopharmacy Dec 2019: findings included major deficiencies in facility not meeting current design and maintenance expectations in that the Grade B clean room is directly linked to unclassified hot lab support room. The Grade C/B change room is		The external inspections review all of the quality management systems ensuring that we continue to evidence the sustaining of other quality factors through the regulatory compliance dashboard, providing some mitigation to the
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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There is a risk to the delivery of modern, safe and sustainable healthcare due to ageing equipment across the Clinical Board	Regular walkarounds of high risk estate, e.g mortuary and Radiopharmacy. Escalating Immediate works to CEF colleagues. Working with national programmes on regional solutions	Incidents monitored through regulatory compliance and QSE meetings	Regular audit undertaken as part of regulatory compliance meetings, including environmental monitoring.	Monthly regulatory compliance meetings for regulated areas. QSE meetings for directorates to escalate risks. Monthly clinical board reviews with execs to escalate risks when required	CEF and mortuary working up outline business case for submission to WG to seek additional capital funds.	Risk Management Review May 2023	MHRA inspected radiopharmacy Dec 2019: findings included major deficiencies in facility not meeting current design and maintenance expectations in that the Grade B clean room is directly		The external inspections review all of the quality management systems ensuring that we continue to evidence the sustaining of other quality factors through the regulatory
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<p>There is a risk that Non compliance with regulatory and accreditation requirements may lead to impact on service delivery and patient safety (potential for cease and desist of service) - reputational risk and financial risk.</p>									
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

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	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of air conditioning not providing adequate air cooling, which has failed, in the biochemistry lab and is unable to maintain a consistent temperature and has the potential to produce erroneous results									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Aounds.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other- Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
<p>Risk to patient safety causing serious incidents due to patients not being admitted Critical Care Department in a timely manner due to insufficient nursing workforce.</p>	<p><i>ITU Phased 'Doubling up' of nursing staff where 1 nurse cares for 2 patients instead of 1</i> <i>Use of overtime, bank, agency & locum staff to fill gaps in rates</i> <i>Staff redeployment to areas with greatest need</i> <i>Delayed ITU transfers to CT/MRI etc to balance clinical requirements</i> <i>Daily prioritisation of clinical caseload based on those with highest need.</i> <i>Flexible AHP workforce between critical care and long-term ventilation service.</i> <i>Weekly multi-professional meetings to discuss patient goals and needs</i> <i>Regular senior AHP meetings to discuss service provision</i></p>	<p><i>Management tracking of staff changes to ensure prompt recruitment to minimise gaps</i> <i>Vacancy tracking and recruitment data from Trac</i> <i>Patient acuity data</i> <i>Safe staffing compliance data per shift</i> <i>Regular daily huddles and coordination with Senior Management Team as risk level increases.</i> <i>Weekend planning process</i> <i>Tendable audit data</i> <i>Datix incident data</i> <i>Nationally Reportable Incident investigations</i> <i>Mortality Review Process</i></p>	<p><i>BIS Dashboard data</i> <i>Quarterly Intensive Care National Audit & Research Centre (ICNARC) Audits</i> <i>Values based appraisal process</i> <i>Exit questionnaires</i> <i>Staff sickness absence data</i></p>	<p><i>Monthly Directorate DMT and Q&S Meeting.</i> <i>Issue regularly escalated to Clinical Board Q&S and via Directorate and Clinical Board Performance Reviews</i> <i>Multiple Q&S initiatives to improve the working environment reduce turnover including Health & Safety Initiatives, policy and equipment updates</i> <i>Focus on staff wellbeing led by the ITU Clinical Psychology Service</i> <i>Team meetings provide educational and general support systems for staff as well as creating a feedback loop</i></p>	<p><i>No clear plan for increase in ITU AHP workforce in line with national guidelines and existing workforce vulnerable to further deterioration e.g., maternity leave, long term sickness, relocation of LTV services</i> <i>Director of Finance and Clinical Board exploring commissioning arrangements to agree strategy for increased ITU funding in line with required capacity.</i> <i>Engagement with key stakeholders in the production of the Critical Care escalation policy.</i></p>	<p><i>An increase in AHP workforce within critical care will reduce the associated risks however there is currently no clear plan for this to occur.</i> <i>Previous attempts to increase funding and hence staffing to recommended standards (GPICS v2.1) have not been successful.</i> <i>Risk Management Review May 2023</i></p>	<p><i>Non-compliance with GPICS V2.1 Guidelines advocated by Intensive Care Society and Faculty of Intensive Care Medicine</i> <i>Interaction with Welsh Critical Care Network</i></p>	<p><i>None known</i></p>	<p><i>Excess patient deaths associated with the Standardised Mortality Ratio in Critical Care (provided by ICNARC) being above the national mean.</i> <i>FICM External Audit of Compliance with GPICS V2.1 Guidelines</i> <i>Ongoing potential for Healthcare Inspectorate Wales Audit/Inspections</i></p>
	<p><i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i></p>	<p><i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i></p>	<p><i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arounds.</i></p>	<p><i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i></p>	<p><i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i></p>	<p><i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i></p>	<p><i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i></p>	<p><i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i></p>	<p><i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i></p>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
<p>Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient bed capacity.</p>	<p>Temporary surge capacity in use within C3 Link to provide 10 additional beds.</p> <p>Prioritisation of patients with highest IP&C risk/need for isolation.</p> <p>Risk of capacity loss due to plumbing leaks and blockages minimised by prompt fault reporting.</p> <p>Plumbing infrastructure on site known to be unfit for purpose. Escalation of unresolved issues to clinical board.</p> <p>PACU designated as decant location for significant infrastructure failures.</p> <p>Local Operational Policies, SOP's and operational guidelines to be followed.</p> <p>Maintenance of clutter-free clinical environment</p> <p>Precise stock management and decanting processes</p>	<p>Regular daily patient flow huddles and coordination with Patient Access Team.</p> <p>Escalation to, and involvement of, Senior Management Team as risk escalates.</p> <p>Prompt repatriation and warding of patients deemed suitable for discharge.</p> <p>Tendable audit data including monitoring compliance with operational, clinical, IP&C, environmental and waste management policies as well as the general condition of facility environment</p> <p>Datix incident data</p> <p>Nationally Reportable Incident investigations</p> <p>Mortality Review Process</p>	<p>BIS Dashboard data</p> <p>Housekeeping C4C score data</p> <p>IP&C Specialist Nurse Audit</p> <p>Targeted environmental microbial screening as required</p> <p>Quarterly Intensive Care National Audit & Research Centre (ICNARC) Audits</p>	<p>Monthly Directorate DMT and Q&S Meeting.</p> <p>Issue regularly escalated to Clinical Board Q&S and via Directorate and Clinical Board</p> <p>Performance Reviews</p> <p>There is a requirement for a bespoke 10 bed LTV facility but no funding and location is available.</p> <p>Approach made to Critical Care Network to seek an alternate provider of LTV services but none available</p>	<p>Director of Finance and Clinical Board exploring commissioning arrangements to agree strategy for increased funding in line with required capacity</p> <p>Engagement with key stakeholders in the production of the Critical Care escalation policy.</p> <p>Acute Hospital Service relocation and renovation scheme commenced.</p> <p>Architectural drawings for refurbishment being developed. The design will include pendant replacement.</p> <p>Space constraints mean that full WHBN04-02 compliance is unlikely without a full rebuild</p> <p>Plumbing potentially replaceable with a refurbishment provided work required in other departments/floors can take place.</p>	<p>Risk escalated to Clinical Board, Estates and Capital Planning Team who are in the design process for refurbishment and expansion of Critical Care.</p> <p>It is unclear whether C3 Link (or another surge location) will continue to be available and not all aspects of the escalation policy have been signed off by the relevant stakeholders</p> <p>Risk Management Review May 2023</p>	<p>Non-compliance with GPICS V2.1 Guidelines advocated by Intensive Care Society and Faculty of Intensive Care Medicine</p> <p>Non-compliance with WHBN04-02</p> <p>Interaction with Welsh Critical Care Network</p>	<p>None known</p>	<p>Excess patient deaths associated with the Standardised Mortality Ratio in Critical Care (provided by ICNARC) being above the national mean.</p> <p>FICM External Audit of Compliance with GPICS V2.1 Guidelines</p> <p>Ongoing potential for Healthcare Inspectorate Wales Audit/Inspections</p>
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Rounds.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
<p>Risk that patients will not receive care in a suitable environment due to a number of shortcomings in critical care facilities.</p>	<p>Local Operational Policies, SOP's and operational guidelines to be followed. Facility Cleaning and Task Schedules. Prompt reporting of facility maintenance requests and escalation of persisting problems. Maintenance of clutter-free clinical environment Precise stock management and decanting processes</p>	<p>HCAI monitored monthly and RCA completed for monitored organisms. Tenable audit data including monitoring compliance with operational, clinical, IP&C, environmental and waste management policies as well as the general condition of facility environment Datix incident data Nationally Reportable Incident investigations Mortality Review Process</p>	<p>BIS Dashboard data Housekeeping CAC score data IP&C Specialist Nurse Audit Targeted environmental microbial screening as required Quarterly Intensive Care National Audit & Research Centre (ICNARC) Audits</p>	<p>Monthly Directorate DMT and Q&S Meeting. Issue regularly escalated to Clinical Board Q&S and via Directorate and Clinical Board Performance Reviews</p>	<p>Acute Hospital Service relocation and renovation scheme has commenced and the Capital Planning team are in the process of developing architectural drawings for a reconfigured space. Refurbishment design work includes pendant replacement. Due to space constraints, full WHBN04-02 compliance is unlikely to be possible, but it is possible to reduce this risk further. A full rebuild would be required to reduce this to zero</p>	<p>Risk escalated to Clinical Board, Estates and Capital Planning Team who are in the design process for refurbishment and expansion of Critical Care. Risk Management Review May 2023</p>	<p>Non-compliance with GPICS V2.1 Guidelines advocated by Intensive Care Society and Faculty of Intensive Care Medicine Non-compliance with WHBN04-02 Interaction with Welsh Critical Care Network</p>	<p>None known</p>	<p>Excess patient deaths associated with the Standardised Mortality Ratio in Critical Care (provided by ICNARC) being above the national mean. FICM External Audit of Compliance with GPICS V2.1 Guidelines Ongoing potential for Healthcare Inspectorate Wales Audit/Inspections</p>
	<p>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</p>	<p>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</p>	<p>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</p>	<p>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</p>	<p>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</p>	<p>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</p>	<p>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</p>	<p>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</p>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other- Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risks to harm to haematology patients (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Monthly reviews						JACIE accreditation report		
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of patient harm due to reduced access to Epilepsy Telemetry Services.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other- Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk failure to achieve revenue statutory duty breakeven duty and achieve an approved three year IMTP								Financial Reporting and Savings Target Report	Audit Wales
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of failure to achieve an approved 3 year IMTP due to a planned deficit of £88.4 million								Financial Reporting and Savings Target Report	Audit Wales
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaking to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other- Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of service interruption and potential patient harm due to cyber security threats	Tech and Cyber Group meets monthly to discuss operational issues	Cyber Policy and Procedure documentation being reviewed for discussion and agreement at DHIC August 2023	Audit into Cyber NIS Directive reporting to Wales CRU	Reported to DHIC as a standing item in the Private Session	N/A	BAF Corporate Risk Register Local Risk Register	CRU	Network and Information Systems Report	Wales CRU
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaking to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouds.</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance/ Quality	Health and Safety/ Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of patient harm due to a potential inability to support patients with Monitored Dosage Systems in their own homes									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns.</i>	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance/ Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
There is a risk that the Healthcare Dept at HMP Cardiff is unable to meet the needs of patients due to a high number of vacancies in the nursing team.									
	Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles	Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports	Are there any local assessments or audits undertaken to monitor the effectiveness of controls in place to manage this risk - e.g. Tendable Reviews, Senior Manager/Lead Nurse Walk Arouns.	Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.	Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.	When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.	Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?	Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?

	First Line of Defence			Second Line of Defence			Third Line of		
	Operational Processes and Management Reviews	Management Information and data.	Other - Self assessment	Compliance/ Quality	Health and Safety/ Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of Service Interruption due uncomprehensive and inconsistent Business Continuity procedures and processes across the Health Board									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>CRR36</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CIC or other external review?</i>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Risk of patient harm to do severe high risk eating disorders getting timely access to inpatient beds									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g. Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>CRR36</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Management Reviews	Management information and data	Other Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Pendine, Pentwyn, Gabalfa, Park Road, CAU, Hamadryad - damp issues, water leakage from roofs, poor facilities such as meeting rooms and limited office space. Lack of panic alarms, uncontrolled access to clinic rooms due to lack of internal lockable doorways - poor wireless signal. Fire Officer has recommended CAU shuts due to estates and fire risks. Alternative accommodation will be required.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	CRR36	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management Information and data	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Due to staffing and operational pressures within the Children's hospital, Paediatric scoliosis theatre lists are being cancelled repeatedly. This is due to requiring PACU service, which is currently not available in Childrens hospital, and limited HDU provision due to emergency admissions taking priority.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>CRR36</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence			Second Line of Defence			Third Line of Defence		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Service requirement for Centralisation of OG will require a 24/7 rota for provision of care for major UGI patients in South Wales. The impact will be a reduction of workforce for provision of GS on call for the UGI									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	<i>CRR36</i>	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

	First Line of Defence Management Controls			Second Line of Defence Oversight functions, e.g. Compliance and quality sub-groups and risk management			Third Line of Defence Internal Audit, External Audit and other regulators and independent assurance providers.		
	Operational Processes and Management Reviews	Management information and data.	Other - Self assessment	Compliance / Quality	Health and Safety / Estates	Risk Management	Regulatory Body	Internal Audit	External Audit
Service requirement for Centralisation of OG will require a 24/7 rota for provision of care for major UGI patients in South Wales. The impact will be a reduction of workforce for provision of GS on call for the UGI half of the rota.									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	CRR36	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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<p>Failure of ventilation air handling unit (AHU) unit within Terminal Sterilisation Unit at UHW compromising ability to maintain aseptic conditions. The AHU has been deemed end of life, and is in need of replacement. Due to the age of the AHU, it is no longer working as it should. It does not meet air change requirements for class 8 clean room conditions. There are regular breakdowns which are costly, and disruptive to the service HSDU provide to the UHB. If the AHU were to fail completely, this would result in HSDU having to move processing offsite until the AHU was replaced.</p>									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	CRR36	<i>Are the regulary Q&S or Compliance Meetings that take place to review the effectivness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HIW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>

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<p>Patients Lost to Follow Up (LTFU): There are 6109 ophthalmology patients that require follow up, 4222 of these do not have a date to come in (figures transient but correct at time of writing RA). Review of a random sample has indicated that the cause of this is not limited to capacity and demand but also a result of patients that should also have been discharged safely, incorrectly being listed for follow up they do not require.</p> <p>Depending on their condition and pathway, categories of these patients that do require a follow up they have not received will be at risk of irreversible, permanent loss of vision. Patients LTFU is a theme of patient concerns raised in Ophthalmology and Datix submissions. Review of these and the patients is ongoing to determine whether any are nationally reportable incidents.</p>									
	<i>Please include the detail of any operational processes or checks that are in place which show the effectiveness of controls in place - e.g Staff huddles</i>	<i>Are there any data systems or data streams that highlight the effectiveness of controls in place - e.g. Datix Staffing reports</i>	CRR36	<i>Are the regular Q&S or Compliance Meetings that take place to review the effectiveness of controls to mitigate this risk - e.g - Monthly Clinical Board Reviews or Escalations to Corporate Nursing.</i>	<i>Have H&S or Estates provided any support or assurance regarding controls in relation to this risk - Unlikely for this specific Risk.</i>	<i>When was this risk last reviewed by the Risk Management Team - To be populated by Risk Colleagues.</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. HiW Inspection, feedback on Nurse Staffing Levels.</i>	<i>Have Internal Audit Undertaken a Review in Relation to the issues identified by this risk? If so what was the Audit Report Title and Outcome?</i>	<i>Have we received any feedback from an external regulator in relation to this issue? What was the feedback? - E.g. CHC or other external review?</i>