

| Date | Risk ID | Description | Rationale for consideration | Decision/commentary | Outcome |
|--------------------------|---------|--|--|--|--|
| 18/9/2019 | 3139 | Lack of attendance at waste segregation training | Routine review of all risk associated with waste | The Committee received a full review of all risks on the risk register in relation to the management of clinical waste | Risks were reviewed and consolidated and to continue to be directly monitored by the Health and Safety Committee |
| 18/9/2019 and 16/9/2019 | 3244 | Integrity of patient records | Review of change in score | The Committee were informed that processes were in place to manage scanning backlog and the consequence for the integrity of the patient record, and accepted the reduction in risk score. The Committee requested that the risk is re-assessed by the care groups in light of the broader work on data quality. This work was completed and task and finish group which includes a number of clinicians from across the Trust have agreed that this risk does not need to remain on the SRR. The committee agreed to close this risk on the SRR but it will continue to be monitored on the Informatics risk register in the future | Risk reviewed and then closed |
| 18/9/2019 | 3203 | Age and condition of aseptic production unit | Routine review | The Committee was informed that a piece of work is being undertaken by Director of Pharmacy, on a wider business case, and requested that the mitigation wording was strengthened to reflect the controls now in place | Routine review and escalation |
| 18/9/2019 | 3142 | E Block- medical records storage | Routine review | The Committee were informed that this risk was recently discussed at Health & Safety Committee and SLT. There have been previous attempts to find an off-site solution to the hazards identified. The business case is being produced looking at longer term options, which is likely to be a managed service. The Committee requested that this risk be reviewed again at IGRC once the business case has been finalised. | Further review following completion of business case |
| 18/9/2019 and 16/10/2019 | 3280 | Failure to anticipate the possible Brexit outcomes | Routine review | The Committee were updated in relation to the national position and the EPRR focus on Winter and the implications of the EU Exit. The Committee were advised that the fortnightly meeting of leads and subject matter experts continued and that plans to begin buffering stock be enacted, using the previously methodology used earlier in the year. | Continued review and update as national position (deal/no deal exit/further delay) becomes clearer |
| 18/9/2019 | 3294 | Inadequate Middle Grade Medical Staff in General Paediatrics. | Review of Care Group risk | The Committee were informed that the risk is being managed in a business as usual way and it was agreed that the level of risk should be reduced from 15 to 12. The Committee received a risk assessment of the ED paediatric interface and agreed the risk did not require management on the strategic risk register. | Routine review and escalation |
| 18/9/2019 | 3154 | Joint Advisory Group on gastro-intestinal Endoscopy (JAG) | Review of care group risk | The Committee received a brief overview of the validation work that is taking place with patients with regard to their length of wait and clinical risk and prioritising them appropriately. The committee agreed that a further risk assessment of potential patient harm should be undertaken. The risk assessment and proposal to open a new risk was brought to the October meeting. | Continuous review of risk through established review processes |
| 18/9/2019 | 3417 | Duplicate and compromised electronic patient records | Escalated from care group/corporate directorate | A risk assessment and analysis has been undertaken into the issues arising from duplicate and confused electronic patient records. The Committee reviewed the risk and mitigation. | Routine review and escalation |
| 18/9/2019 | 3278 | Radiation doses to eyes for staff working with diagnostic x – rays | Routine review | The Committee were informed that the risk was discussed at the last Health & Safety Committee. There has been another period of assurance, and further work is required to assure compliance at an individual level. | Further period of assurance |

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| 16/10/2019 | 3378 | De-escalation of violent behaviour | Formal review and revised risk assessment | <p>The Committee were informed that following the review the risk has been separated out into two separate risks. There have been two risk assessments that have been completed these are:-</p> <ul style="list-style-type: none"> The physical restraint of adults behaving in a violent and/or aggressive manner Unable to appropriately de-escalate patients with challenging behaviours. <p>The Committee agreed that the risk should be closed on the SRR, and the two new risks be managed on the Chief Nurse Risk Register. The Committee requested that the closer of this risk was highlighted to the Quality and Workforce Committees and the risks will be monitored by the Health and Safety Committee.</p> | Risk closed from the Strategic risk register |
| 16/10/2019 | 3368 | Provider to Provider Contracts | Request to close risk on strategic risk register | <p>The Committee were reminded that a previous Internal Audit limited assurance report was received. A risk assessment was undertaken and a risk added to the strategic risk register. Significant assurance in the follow up audit has been provided on the basis that the Foundation Trust has made substantial progress in introducing appropriate controls to reduce the risks associated with the recommendations issued, in particular those that were assigned as 'Major' priority. The committee agreed to the closure of the risk.</p> | Risk closed from the Strategic Risk register |
| 16/10/2019 | 3169 | Suboptimal treatment resulting from Medicine shortages | Review of risk score | The Committee were informed of a risk score increase following a re-assessment of risk. | Routine review and escalation |
| 16/10/2019 | 3369 | Infectious Diseases HIV Microbiology Service | Review of reduced risk score | The Committee were informed that the mitigation plan has been implemented. Additional Consultants have been appointed along with additional pharmacists to support antimicrobial stewardship and infection control disease support. The Committee agreed the reduction in risk score | Routine review and Escalation |
| 16/10/2019 | 3370 | Non-compliance with the safety standards for invasive procedures in a non-theatre environment | Review of reduced risk score | The Committee were informed of a reduction in risk score, following assurance that the mitigation in place was effective through audit and a review of incidents | Routine review and escalation, reduction in risk score approved |
| 16/10/2019 | 3046 | Software Licensing | Increase in risk score | The Committee were informed that additional mitigation had been put in place and the logout time has been reduced. Work ongoing with admin and secretaries to see if we can reduce the number of EPR licences we are using. | Routine review and Escalation |
| 16/10/2019 | 3380 | The Impact on BTHFT of the NCEPOD guidance "Treat as one". | Risk score increased | The Committee were informed of additional mitigation being put in place, for instance that a staff member had been seconded to help on a part time basis. In addition a business case been developed to consider substantive post holder which has been agreed. Despite the mitigation in place the Trust is experiencing challenges in delivering its Mental Health Strategy. | The Committee approved the reduction in risk score and noted an update will be provided to the Quality Committee in October |
| 16/10/2019 | New risk | Gastrointestinal Endoscopy waiting times | New risk assessment | The risk assessment presented to the Committee related to the divisional risk ID 3467 and Strategic risk ID 3154 and reflects a significant issue with surveillance backlog, and a number of incidents, which are being investigated where potential harm has been identified affecting patients. | The Committee approved the escalation of the risk to be managed on the Strategic Risk Register |