

NWCHDN Document Control

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North West, North Wales & Isle of Man CHD Network (NW CHD Network) Risk Reporting Procedure

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NW CHD Network Risk Management

This document sets out the process by which network risks in the North West, North Wales and Isle of Man Congenital Heart Disease Network should be reported and the process for overseeing action against those risks, mitigating further risk and ameliorating any future risk. Managing risk and embedding internal control into the process is extremely important. The production of a 'live' risk register is considered to be an integral element of good risk management practice.

Context

The national policy document Developing Operational Delivery Networks - The Way Forward (NHS Commissioning Board, 2012) states:

'A governance framework underpinning the network will be fundamental for both provider and commissioner assurance. This will encompass a governance structure including clear terms of reference and mechanisms for identifying, managing and escalating *The NHS Operational Delivery Networks Governance Framework (2013)* outlines the following requirements:

- Risk management and assurance processes are in place to ensure ODN risks are identified, analysed, evaluated, controlled, monitored and communicated appropriately.
- Network escalation plans and structures are established in the event of a major incident/surge with links to appropriate organisations for effective Emergency Preparedness, Resilience and Response (EPRR) arrangements.
- Risk sharing agreements are established in the event of network closure.
- Risk sharing agreements are established across provider organisations.
- Risk sharing agreements are in place with Independent Sector partners as appropriate.
- Service Level Agreements are in place to support Network, Host Provider and NHS England ODN functions.

Definition

A risk is an uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives of a programme area (critical success factors). In the context of the NW CHD Network any risk has the potential to affect the delivery of patient care which in turn may have an impact on morbidity or mortality. It is measured in terms of impact and likelihood. It consists of a combination of the probability of a perceived threat or opportunity occurring and the magnitude of its impact on the objectives of the organisation where:

- Threat is an uncertain event that could have a negative impact on objectives.
- Opportunity is an uncertain event that could have a favourable impact on objectives.

NHS Commissioning Board Risk Management strategy & policy (2012)



The North West, North Wales & Isle of Man Congenital Heart Disease Network

- The Network will be responsible for identifying any risks to their function.
- *Clinical risks will remain the responsibility of the individual Trust's governance process.*
- The register will be available for all members of the NW CHD Network, NHS England and WHSSC to review on request.

Management Process

- Anyone working in the NW CHD Network may identify what they consider to be a risk. Once a risk has been identified the Network should be informed.
- All CHD providers should inform the Network of items listed on individual Trusts risk registers pertaining to the care of children and adults with congenital heart disease. It may be appropriate that some of these risks are jointly listed on the NW CHD Network risk register as well.
- The Network Risk Management Team will ensure a risk assessment is undertaken as soon as possible after a risk is identified.
- The Network Risk Management Team will agree the validity of the risk and will enter it on to the "Ulysses" Risk Management Platform at Alder Hey Children's Hospital.
- The Network Risk Management Team will be responsible for scoring the risk using the risk scoring matrix on page 9. They will identify and name a key person responsible for the risk.
- The identified lead for a particular risk will be responsible for updating the Network on action plans and mitigations in place.
- The Network Risk Management Team will be responsible for informing the relevant NHS Trust and CHD provider and Adult or Paediatric Partnership Board as necessary.
- If despite actions and controls the risk remains elevated at > 12, The Network Clinical Director will be responsible for escalating the risk to NHS England or WHSSC. See Risk Escalation Pathway.
- The Network Board will review the Network's principal risks, their status (i.e. progress against action plans) and their residual risks as a standing item at least quarterly. North West Commissioners will as part of the Board membership be able to review and have access to the risk register. The risk register will be shared with The WHSSC Planning Manager at their request.

Trigger List for CHD Network Risks

This list is not exhaustive, but serves as a prompt for staff to consider how to identify network risks.

1. Impact on safety of patients, staff and public

- Excessive wait for outpatient review, leading to delays to patient's treatment / diagnosis, resulting in an impact on the clinical condition / outcome



- Excessive wait for MDT review, leading to delay to patient's discussion and treatment planning, resulting in an impact on the clinical condition / outcome.
- Excess wait for surgery or procedure leading to delay to patient's treatment, resulting in an impact on the clinical condition / outcome.
- Inability to admit patient to appropriate level of care (e.g. NICU / PICU / children's cardiac ward / CICU / CCU / adult cardiac ward) bed within network, resulting in transfer out of area, or patient being held in inappropriate bed.
- Inability to access timely clinical advice from specialist centre in accordance with network standards.

2. Quality / complaints / audit

- Where a centre or network is an outlier against national quality or outcome measures e.g. PRAiS mediated VLAD outcomes and unplanned re-interventions, mortality, morbidity, NICOR.
- Poor quality or limited communication of clinical information between centres (e.g. delayed clinic letters, failure to receive test results).
- Lack of local management engagement, impacting on ability to deliver service
- Lack of facilities (e.g. outpatient, ward, family accommodation, diagnostic) to deliver service.

3. Workforce

- Loss of key staff, resulting in inability to maintain service.
- Centre unable to release staff for training / professional development.
- Inability to identify appropriate staff with an interest / expertise in CHD.

4. Statutory

- Service / unit fails a national inspection or is put into special measures (e.g. CQC or Monitor/ CHD Peer review).
- Significant outlier against CHD Standards, with inability to address concerns.

5. Reputational

- Incident relating to CHD patient resulting in adverse publicity / media interest.

6. Business Objectives

- Inability to secure funding, putting key objectives (e.g. network) at risk.

7. Finance

8. Service Interruption / Environmental

- Loss of service, impacting on ability to meet service needs (e.g. building damage resulting in temporary closure of service).



Identifying controls

- What is in place to reduce the likelihood?
- What is in place to reduce the impact?
- What contingencies are in place should the event occur and the risk is realised?

Identify the adequacy of controls and the gaps

- What is missing?
- Are the controls in place adequate to reduce or manage the risk to a tolerable level?
- What actions need to take place to close the gaps?
- Identify assurance:
 - assurance is the way you measure if the controls are working
 - Assurance measures are often the same as your sources of risk identification

Identifying and implementing actions

If the assurance measures are inadequate the gaps must be identified and the Network needs to take action to close them. The Network will identify and ensure there is a named accountable lead and that they are aware of their accountability.

Actions will always be

- S** - Specific
- M** - Measurable
- A** - Achievable – appropriate
- R** - Realistic
- T** - timely/time bound

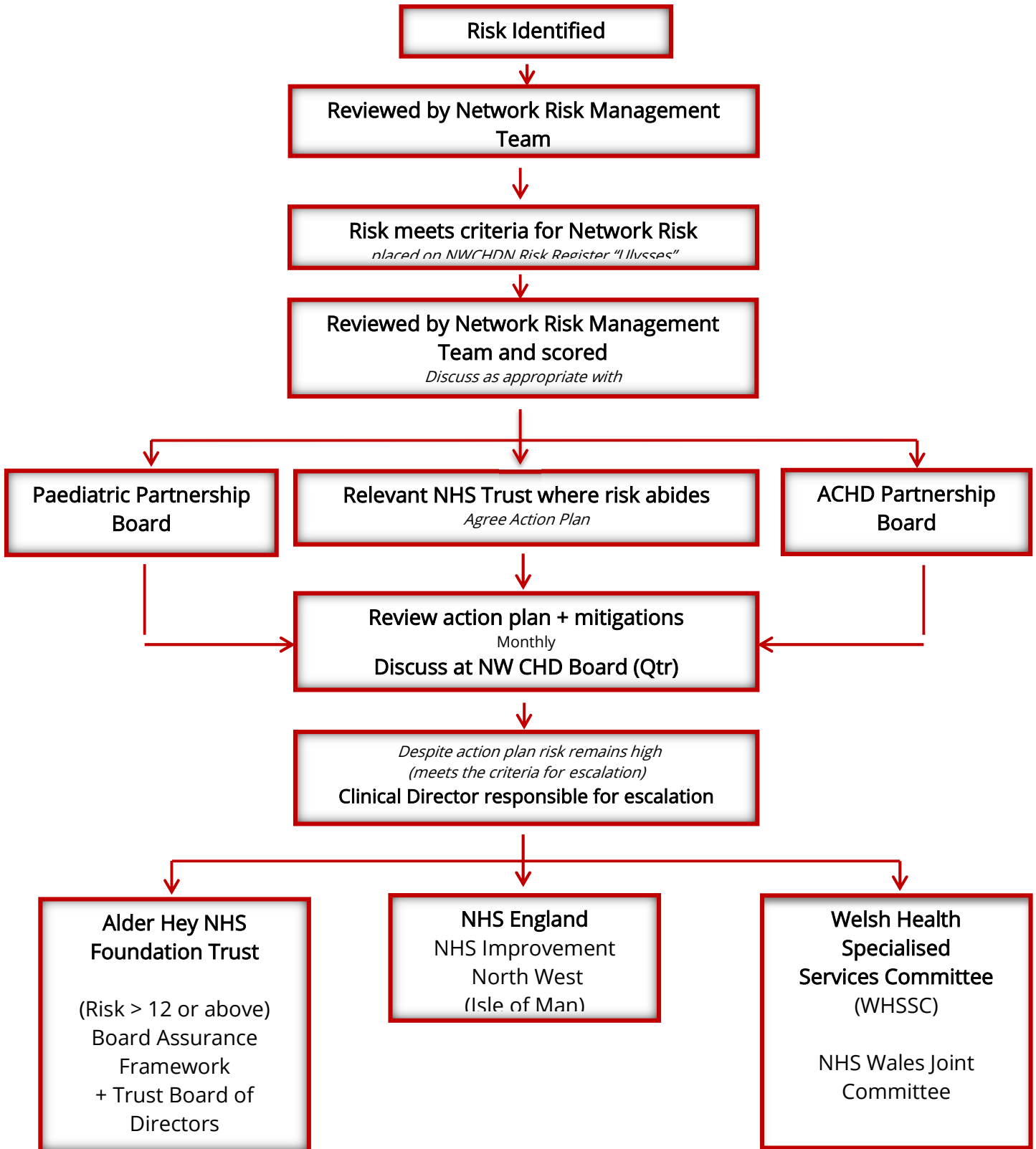
Escalation Process:

The management of risk is based on

- The risk score.
- The area it affects.



Escalation Process



The Network Risk register should be made available to the three oversight bodies at any time. The Network Board may choose to specifically escalate risks at the following times:

- With controls and mitigation in place the risk still scores above 12.
- The Network Board are not in a position to satisfactorily resolve the risk, such that significant risks to service remain.
- The risk may result in significant adverse media attention.





NW CHD Network Risk Scoring

All risks will be discussed at NWCHDN CHD Board (on a quarterly basis).
 Low (1 - 3) and Moderate (4 - 6) risks should be managed at Network Level.
 High (8 - 12) and Extreme (15 - 25) risks will be discussed at joint Network and NHSE Commissioner meetings at least monthly.

Risk scoring = consequence x likelihood (C x L)

Likelihood score	Likelihood/Probability				
	1	2	3	4	5
	Rare 0.5%	Unlikely 6 – 20%	Possible 21 – 50%	Likely (50 – 80%)	Almost certain 81-100%
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

	1 - 3	Very Low
	4 - 6	Low
	8 - 12	Moderate
	15 - 25	High/extreme



Definitions:

A risk: is an uncertain event or set of events that, should it occur, will have an effect on the achievement of objectives of a programme area (critical success factors). It is measured in terms of impact and likelihood. It consists of a combination of the probability of a perceived threat or opportunity occurring, and the magnitude of its impact on the objectives, where:

- Threat is an uncertain event that could have a negative impact on objectives.
- Opportunity is an uncertain event that could have a favourable impact on objectives.

Risk management: is the systematic application of management policies, procedures and practices of identifying, analysing, assessing, treating and monitoring risk.

Risk assessment: is the process used to evaluate the risk and to determine whether precautions are adequate or more should be done. The risk is compared against predetermined acceptable levels of risk.

Impact: is a measure of the effect that the predicted harm, loss or damage would have on the people, property or objectives affected.

Likelihood: is a measure of the probability that the predicted harm, loss or damage will occur.

Strategic risk: is a significant risk that will impact organisation wide and not just a directorate.

Operational risk: is a key risk, which impacts on a programme's operational achievement.

Inherent risk: is a risk which is impossible to manage or transfer away. All NHS CB strategic risks have been assigned an inherent risk scoring.

Critical Success Factor (CSF): is a measure used by NHS CB to ensure that the key programme objectives are being met.

The Board Assurance Framework (BAF): is an integral part of the system of internal control and defines the high-level potential risks. It also summarises the controls and assurances that are in place or are planned to mitigate them, and aligns principal risks, key controls, and assurances on controls alongside each objective. Gaps are identified where key controls and assurances are insufficient to reduce the risk of non-delivery of objectives. This enables the Board to develop and subsequently monitor a Board Assurance action plan for closing the gaps.

Key control mechanisms: are the systems and processes in place that mitigate this risk. The control of risk involves taking steps to reduce the risk from occurring such as application of policies or procedures

Management assurance/actions: are what we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board of Directors.

Independent assurance: is external evidence that risks are being effectively managed (e.g. planned or received audit reviews).

Gaps: in controls or assurance are where an additional system or process is needed, or evidence of effective management of the risk is lacking.



The action plan: is how the identified gap is to be addressed and how the risk is to be diminished.

