

CHD Network Risk Management

This document sets out the process by which network risks in the South Wales and South West Congenital Heart Disease Network should be reported and the process for overseeing action against these risks.

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 risks’.

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 major incident/surge with links to appropriate organisations for effective Emergency Preparedness, Resilience and Response (EPRR) arrangements.
- Risk sharing agreement 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). 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.

NHS Commissioning Board Risk Management strategy & policy (2012)

South Wales and South West CHD 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.***
- The Network's principal risks, their status (i.e. progress against action plans) and their residual risks will be a standing item on the NHS England ODN Oversight Committee Agenda / WHSSC Committee Agenda.
- The register will be available for all members of the CHD Network, NHS England South and WHSSC to review on request.

Management Process

- Network management team will ensure a risk assessment is undertaken as soon as possible after a risk is identified.
- Network will use the Risk Matrix set out in the CHD Network Risk Register (appendix 1).

- The Network Clinic Director will be responsible for escalating risks, where required to the appropriate commissioning body – NHS England or WHSSC. See Risk Escalation (appendix 3)
- 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 and report progress to the NHS England South Clinical Director and WHSSC Planning Manager.

Document Control

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Appendix 1: Trigger List for CHD Network Risks and Incidents

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

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 JCC / 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
- Re-presentation of a patient with concerning symptoms after missed diagnosis
- Inability to access timely clinical advice from specialist centre in accordance with network standards
- Identification of clinical decision making not having been in line with current guidelines and protocols
- Any Serious Untoward Incident or Never Event relating to a CHD patient

Quality / complaints / audit

- Formal patient complaint relating to the provision of care or communication across or between centres (level 1, 2 or 3)
- 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

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

Statutory

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

Reputational

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

Business Objectives

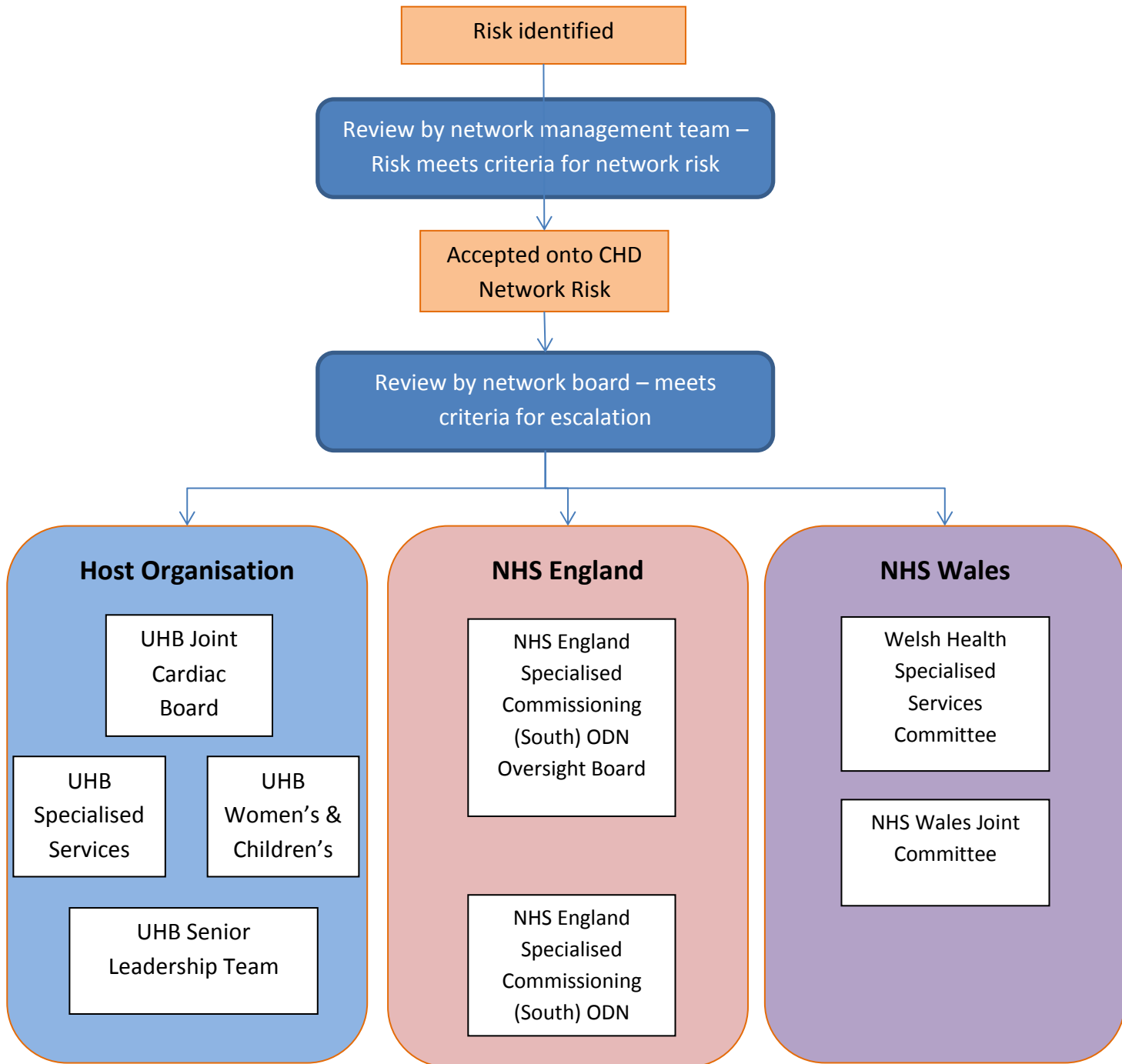
- Inability to secure funding, putting key objectives (e.g. network) at risk

Finance

Service Interruption / Environmental

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

Appendix 3: Risk Escalation Chart



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

Appendix 2 – 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 to the tasks 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.

The control of risk involves taking steps to reduce the risk from occurring such as application of policies or procedures.

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.

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.

Appendix 3 – Risk Reporting Form (copied from Excel)

ID REFERENCE	DATE OPENED	DATE CLOSED	RISK TITLE	RISK DOMAIN	DESCRIPTION	CONTROLS IN PLACE	FURTHER ACTIONS REQUIRED	RESPONSIBLE LEAD	INITIAL RISK RATING (C X L)	CURRENT RISK RATING (C X L)	COMMENTS	MONITORING GROUP	REVIEW DATE	FINAL TARGET DATE FOR MITIGATION OF RISK
Guidance	Date risk is recorded	Board approves closure	Describe the potential result, starting risk that / risk of	See guidance tab for options	Keep it brief, but describe situation, event and possible outcome :	The things you have already put in place:	The additional actions that need to be taken	The person who owns the risk at the local Trust	. Use the descriptions on the 'Guidance' tab to allocate risk	The score after the current controls have been put in place	Any comments on the scoring or actions that are underway	Where the risk and actions will be reviewed	When progress against the actions needs to be reviewed	Date for closure / mitigation of risk
<i>Example</i>	01/01/2017		<i>Risk that patients will come to harm as a result of delayed follow up</i>	<i>Impact on safety of patients</i>	<i>Lack of consultant time in job plan has resulted in a backlog of follow up patients (currently c.50) who are more than 6-months beyond their due date. There is the possibility that this will result in a delay to a patient's treatment or care planning, ultimately resulting in harm to the patient</i>	<i>Backlog has been validated to prioritise highest risk patients. Clinical lead is aware. Network team informed</i>	<i>Short-term: consultant will complete 5 WLIs before end of quarter Long-term: demand and capacity assessment to be completed which will inform the investment in additional PAs for service</i>	<i>Joe Bloggs, Clinical Lead for Paediatric Cardiology</i>	<i>3 x 3 = 9</i>	<i>3 x 2 = 6</i>	<i>The validation of the waiting list has moved the likelihood of a patient coming to harm from 'Possible' to 'Unlikely'</i>	<i>CHD Network Board</i>	<i>01/04/2017</i>	<i>01/09/2017</i>

Appendix 4 Risk Matrix (from National Patient Safety Agency)

Table 1 Consequence scores

Choose the most appropriate domain for the identified risk from the left hand side of the table Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Note: the above table can be tailored to meet the needs of the individual organisation.





Some organisations may want to use probability for scoring likelihood, especially for specific areas of risk which are time limited. For a detailed discussion about frequency and probability see the guidance notes.

Risk scoring = consequence x likelihood (C x L)

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
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

Note: the above table can to be adapted to meet the needs of the individual trust.

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

	1 - 3	Low risk
	4 - 6	Moderate risk
	8 - 12	High risk
	15 - 25	Extreme risk

Instructions for use

- 1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- 2 Use table 1 (page 13) to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- 3 Use table 2 (above) to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not

possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

- 4 Calculate the risk score the risk multiplying the consequence by the likelihood: C (consequence) \times L (likelihood) = R (risk score)
- 5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.