NWCHDN Document Control

Title: NWCHDN Risk Procedure	
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Directorate/ Network: The North West, North Wales & the Isle of Man Congenital Heart Disease Operational Delivery Network

Version	Date Issued	Status	Comment/ Change/ approval
V2.0	01/04/25	Draft	Clarification of process, including escalation routes
V2.1	22/04/25	Draft	NM comments and further amendments. Draft exception report added NWCHDN 13.1
V2.2	09/06/25	Draft	Updated at SLT
V2.3	07/08/25	Draft	Amended to define Network risk tracker
V2.4	01/10/25	Draft	Amended – Network risks to be on In-Phase
V2.5	02/10/25	Final	Duplications removed

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Superseded Documents: Version 1 (28/09/2020)

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Stakeholders Consulted: > NW CHD Board Members		
Approved By: NW CHD Network Board **Date: 17th November 2025**		

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North West, North Wales & Isle of Man CHD Network (NW CHD Network)
Risk Reporting Procedure (v2)

Date 17/11/2025

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1. Purpose

This SOP explains how the Network identifies, manages, and escalates risks. Its aim is to make sure risks are:

- Recognised early
- Clearly recorded
- Regularly monitored
- Actively reduced or controlled

The process helps us deliver safe and effective services. The Network has authority to manage its own risks and will do so within the framework of the host trust's policies.

2. Scope

This SOP applies to all risks that could affect the work of the Network. It ensures:

- A consistent approach to risk management
- Clear governance for assessing and escalating risks
- Timely action to reduce risks
- Reporting of all risks scoring **12 or higher** to the CHD Network Board

This SOP does **not** replace provider organisations' responsibility to manage their own risks. Providers must keep their own risk registers, but risks that are high (12+) must also be shared with the Network.

3. Responsibilities

3.1 CHD Network Lead Nurse / Risk Manager
- Oversee the risk process
- Keep Network risks on Inphase up to date in line with Alder NHS Foundation Trust policy
- Keep overall risk tracker up to date
- Ensure correct governance and escalation routes are followed

3.2 CHD Network Manager
- Provide oversight and coordination of risk management

3.3 CHD Clinical Directors
- Provide clinical leadership
- Review risks at both Network and provider level

3.4 Providers' Risk Managers
- Manage and score risks locally
- Escalate risks scoring 12+ to the Network

3.5 Network Board
- Provide assurance and oversight
- Review high-level risks and system-wide themes

3.6 Clinical and Operational Leads
- Take part in risk discussions
- Support effective mitigation

3.7 NHSE Service Specialists
- Review risks escalated to the Programme of Care (PoC) group

4. Recording and Scoring Risks

4.1 Network
- Record all Network risks in **Inphase** (Alder Hey NHS FT system)
- Keep a high-level record of provider risks scoring 12+
- Maintain a Network Risk Tracker (SharePoint) to include all high scoring risks
- Review risks monthly at the Senior Leadership Team (SLT) meeting
- Use the standard 5x5 Risk Matrix (Likelihood x Impact)
- Escalate risks scoring 12+ to the Board Using the document **NWCHDN_13.1 Risk Board Report**, submitted 4 weeks before each meeting

4.2 Providers
- Maintain local risk register and manage their own risks
- Use the same 5x5 Risk Matrix
- Escalate risks scoring 12+ to the Network via the Risk Board Report (4 weeks before the Board meeting)

4.3 Risk Scoring
All risks should be scored using the standard 5x5 risk matrix format, calculating:
- > **Low (1–6)** and **Moderate (8–10)** risks → managed at provider level
- > **High (12)** and **Extreme (15–25)** risks → managed at provider level but also reported to the Network Board and escalated to NHSE PoC if need

Risk scoring = consequence x likelihood (C x L)

	Likelihood/Probability				
Likelihood score	**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

5. Escalation and Reporting

5.1 Network
- SLT will reviews risks monthly, looking at:
  - > All open risks on the tracker
  - > Long-standing risks with no progress
  - > Escalating risks
  - > Updates on mitigations
  - > New risks
- The Network Lead Nurse/Manager updates the tracker and coordinates reports

5.2 Submitting Board risk Report
- High or extreme risks (12+) must be escalated to the Board via the Risk Board Report and must include:
  - > Risk description (clear and concise)
  - > Current, residual, and target scores
  - > Mitigating actions in place
  - > Timescales for resolution
  - > Risk owner and escalation path
- Reports must be submitted 4 weeks before each meeting
- Urgent risks can be escalated outside the Board cycle
- Risks may be further escalated to NHSE PoC where necessary

6. Documentation
- The Network will keep a complete and up-to-date record of risks and mitigation plans
- All documents are stored securely and available for review

7. Training
- All staff involved in risk management should receive regular training
- Training covers how to identify, score, and escalate risks
- Communication channels will be maintained so everyone understands their role in managing risk

8. Review of SOP
- This SOP will be reviewed every 3 years, or earlier if clinical practice, governance, or best practice changes.