



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Accessing and Prioritising Fragile Services
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mrs Sharon Daniel, Interim Executive Director of Nursing Quality and Patient Experience Mr Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Sharon Daniel, Interim Executive Director of Nursing Quality and Patient Experience

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This SBAR provides an update on implementation of the framework for determining the fragility of a clinical service provided by Hywel Dda University Health Board (HDUHB). The Quality, Safety and Experience Committee (QSEC) are asked to discuss the framework which measures the criterion for assessing the fragility of services.

Cefndir / Background

A paper to QSEC in June 2023 presented a definition of what is meant by fragility (in the context of services delivered by HDUHB) together with a set of criterion/triggers that could be used to enable the organisation to identify and prioritise services that are classified as fragile. The aim was to articulate the level of risk each service holds so that the Board can be adequately sighted.

Underpinning this framework is the HDUHB [Risk matrix.docx \(sharepoint.com\)](#) and quality management system (QMS) strategic framework [Quality Management System \(sharepoint.com\)](#), also the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Framework for Safe, Reliable, and Effective Care [A Framework for Safe, Reliable, and Effective Care | Institute for Healthcare Improvement \(ihi.org\)](#).

In January 2024 the Deputy Chief Executive NHS Wales, as part of the work programme of the clinical variation and service configuration workstream, and the implementation of the National Clinical Framework, commissioned a national project of work aligned to the degree of fragility of services across Wales and the opportunities for consolidation/regionalisation to aid service sustainability.

The NHS Wales oversight and escalation framework, sets out the process by which Welsh Government maintains oversight of NHS bodies and gains assurance across systems. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each Health Board will be assessed. Under the domain of

'Fragile services' there is a requirement to demonstrate there is an effective process to recognise and respond to services that are at risk of becoming fragile.

In progressing this work consideration has also been the work of the HDUHB Clinical Services Plan (CSP) Phase 1.

Asesiad / Assessment

In April 2024 the number of risks on the HDUHB risk Register citing fragility was 252 as summarised in Table 1:

Table 1: Fragile services identified on the Risk Register

Fragile Services themed risk register summary	Apr-24		
	Directorate level	Service level	Total
TOTAL NUMBER OF RISKS	84	168	252
EXTREME (RED) RISKS (based on 'Current Risk Score')	34	32	66
HIGH (AMBER) RISKS (based on 'Current Risk Score')	44	117	161
MODERATE (YELLOW) RISKS (based on 'Current Risk Score')	6	18	24
LOW (GREEN) RISKS (based on 'Current Risk Score')	0	1	1

In addition to the services currently included in the CSP i.e. Endoscopy, Critical Care, Anaesthetics, Urology, Orthopaedics, Ophthalmology, Emergency General Surgery, Dermatology and Radiology; the 10 risks with the highest risk scores have also been exported from DATIX and are presented in Table 2.

Table 2: Top 10 risks citing Fragility of Service

Risk Ref	Service/Department	Date Risk Identified	Title	Risk Level (Current)	Current Risk Score	Risk Level (Target)	Domain	Lead Committee
1528	USC: GGH	01/08/2022	Risk of overspend against site budget due to increasing operational pressures and costs	Extreme	25	Extreme	Finance inc. claims	Sustainable Resources Committee
1692	Ceredigion	23/06/2023	Risk of safe nursing staffing levels not being met due to changes in contractual arrangements	Extreme	20	Moderate	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee
1557	Women and Children: Midwifery and Maternity	05/09/2022	Risk of non-adherence to national guidance on ultrasound scanning requirements during pregnancy	Extreme	20	Moderate	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee
1517	Therapies and Health Science: Physiotherapy	31/08/2022	Risk of patient harm due to lack of workforce resulting in escalating routine Physiotherapy waiting times	Extreme	20	Moderate	Quality/Complaints/Audit	Operational Quality, Safety and Experience Sub Committee
1082	Scheduled Care: Trauma	01/09/2020	Risk of avoidable patient harm due to a lack of Major Trauma weekend theatre sessions, GGH.	Extreme	20	Moderate	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee
1661	Therapies and Health Science: Dietetics and Nutrition	18/05/2023	Risk of waiting time breaches due to demand for adult weight management services outstripping capacity	Extreme	16	Moderate	Quality/Complaints/Audit	Operational Quality, Safety and Experience Sub Committee
1576	Scheduled Care: ENT	05/09/2022	Outpatient endoscopic laryngeal biopsy for head and neck cancer	Extreme	16	Low	Quality/Complaints/Audit	Operational Quality, Safety and Experience Sub Committee
1522	Scheduled Care: Pain	21/10/2022	Inability to deliver intravenous analgesia to surgical and trauma patients across the Health Board	Extreme	16	Moderate	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee
1401	Scheduled Care: OPD	27/04/2022	Risk of slips, falls and injury due to leaking roof in Red Conservatory Main Entrance, BGH	Extreme	16	Low	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee
834	USC: Pathology	06/02/2020	Service resilience within the Clinical Haematology sub speciality.	Extreme	16	Moderate	Safety - Patient, Staff or Public	Operational Quality, Safety and Experience Sub Committee

To identify and prioritise services that are classified as fragile the methodology presented to QSEC in June 2023 built on the traditional risk management (5x5 risk matrix: likelihood x impact) approach. The criterion/triggers included in the methodology were identified/themed following a thorough review of the existing risks in DATIX citing fragility of service as illustrated in Table 2.

Table 2: Criterion/Triggers contributing to fragile services:

Criteria & Weighting:	Weighting
• Imminency of service cessation. NB: Will need to consider immediacy versus an impact that is already happening, compared to something which we predict may happen 3 months down the line / 6 months down the line etc.	1-5
• Workforce challenges (recruitment, retention, roster stability, reliance on temporary staffing, skill mix, wellbeing).	1-5
• Environmental factors (accommodation, estate, equipment, rurality, capital resource)	1-5
• Finance/Resource	1-5
• Demand / Capacity (system waits)	1-5

A small working group tested the triggers/criterion in Diabetes, Endoscopy and Ophthalmology.

Example: Risk 1609: Medical Diabetes Service at Withybush General Hospital (risk score of 20) was reviewed with the Diabetes Team and additional trigger/criterion scored = 14. Total risk score of 30.

Risk	Title	Service	Risk Score	Imminency of cessation	Workforce	Environment	Finance	Demand	Overall Score
1609	Risk for avoidable harm due to fragile Medical Diabetes Service at Withybush Hospital	USC; Diabetes	16	1	3	3	5	2	30

The purpose of the triggers/criterion, in addition to the risk score, was to facilitate prioritisation of risks and enable teams to develop a shared vision of the risks that exist, and to inform the controls/mitigating actions thus building on traditional risk management approaches. However, since the presentation in June 2023, a further review of the literature has identified criterion taken from the work of Rafa Bengoa relating to reconfiguration of services which is being adopted in Northern Ireland and now reflected in the National Clinical Framework as criterion by which by which services may be identified as ‘fragile’ and potentially being stabilised by reconfiguration [Transformation Programme | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/transformation-programme). As follows:

One or more of the following criterion can be demonstrated:

Criterion 1: There is evidence that the outcomes for people are significantly below comparator providers or there are significant patient safety concerns.

Criterion 2: There is no viable prospect of the service meeting professional standards and/or recommended minimum volumes of activity to maintain high standards of care.

Criterion 3: The workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed, or retained - or can only be delivered by a dependency on agency or locum staff.

Criterion 4: There is professional consensus on the merits of reconfiguring services to deliver an enhanced pathway or a new service model.

Criterion 5: There is significant public support or democratic mandate to change a service model.

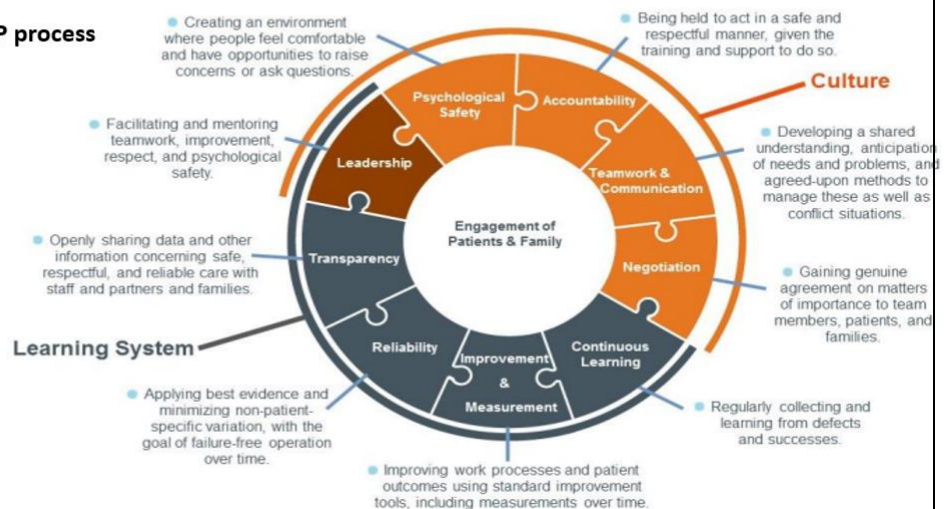
Thus, the group is currently reflecting on the requirement for scoring the additional triggers/criterion and instead developing and implementing a flow chart for fragile services as illustrated in Appendix 1. This approach will enable inclusion of other governance processes, including external reviews, Directorate Improving Together sessions and performance reports to identify services that may not yet be captured via the Risk Register on DATIX. It also utilises a combination of criterion developed from the Rafa Bengoa work and the themed analysis of the HDUHB Risk Register and sets out 5 criterion under the headings of Quality, Safety, Patient Experience and Performance, Workforce and Culture, Environmental and Financial Stability.

To support Steps 2 and 3 of the flow chart, the HDUHB Patient Safety Leadership Team (PSLT), created as part of the Safer Care Collaborative, is working with the teams listed in Table 2 to complete a self-assessment of Culture and Learning Systems utilising the Framework for Safe Reliable and Effective Care as illustrated in Figure 1. This self-assessment will inform where the organisation invests time, skills, and funds to empower at-risk services, helping them to better absorb challenges, or adapt/transform so that they can effectively mitigate risks.

Figure 1: Framework for Safe Reliable and Effective Care (FSREC)

Next Steps:

- PSLT to work with Teams to conduct Self-Assessment
- Feed into Phase 2 of the CSP process



Thus, developing:

- a shared view of the risk faced.
- an understanding of the broader system.
- an analysis of how the risk landscape affects the key components of the well-being system, which components are resilient, which are not, and why.
- a shared understanding of team dynamics, and the level of psychological safety, accountability, teamwork and communication and leadership capacity that exists to determine how this helps or hinders people’s ability to absorb, adapt or transform (Figure 2)
- a shared vision of what needs to be done to boost resilience in the system, and how to integrate these aspects into policies, strategies, and development efforts at every layer of the organisation.

Figure 2: Example of Self-Assessment against FSREC

Safe Care Collaborative Diagnostic Tool:
A Framework for Safe, Reliable and Effective Care

Landing Page
Data Collection



	Selected assessment:	Numerical value
Psychological Safety	Exemplary	4
Accountability	Significant impact	3
Teamwork and communication	Making progress	2
Negotiation	Making progress	2
Continuous Learning	Significant impact	3
Improvement	Just beginning	1
Measurement	Making progress	2
Reliability	Exemplary	4
Transparency	Making progress	2
Leadership	Significant impact	3



Early feedback from the PSLT members supporting each risk indicate that the process is enabling teams to consider more effective mitigation e.g.:

- 1609: Risk of avoidable harm due to fragile Medical Diabetes Service at Withybush Hospital: Recent recruitment has reduced the Risk Score to 16 and the team are currently drafting a new risk.
- 1557: Risk of non-adherence to national guidance on ultrasound scanning requirements during pregnancy: The team are considering demand management opportunities by reviewing “Grow 2.0 and the pathway for low gestational age” to further mitigate this risk. A presentation is planned for QSEC in August 2024.

By adopting this approach, the HDUHB will be better placed to demonstrate that there is an effective process to recognise and respond to services that are at risk of becoming fragile and, through robust articulation of risks, inform future phases of the CSP.

Argymhelliad / Recommendation

QSEC is asked to discuss the work that has progressed in relation to fragile services and consider whether the revised methodology represents an effective process to recognise and respond to services deemed at risk of being or becoming fragile. Also, to consider whether the process has the ability to influence organisational culture and learning systems and improve risk mitigation.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	As identified in the body of the paper
Parthau Ansawdd:	7. All apply

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6a Clinical services plan 2c Workforce and OD strategy 3a Transforming Urgent and Emergency Care programme 5b Research and innovation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners 6. Contribute to global well-being through developing international networks and sharing of expertise

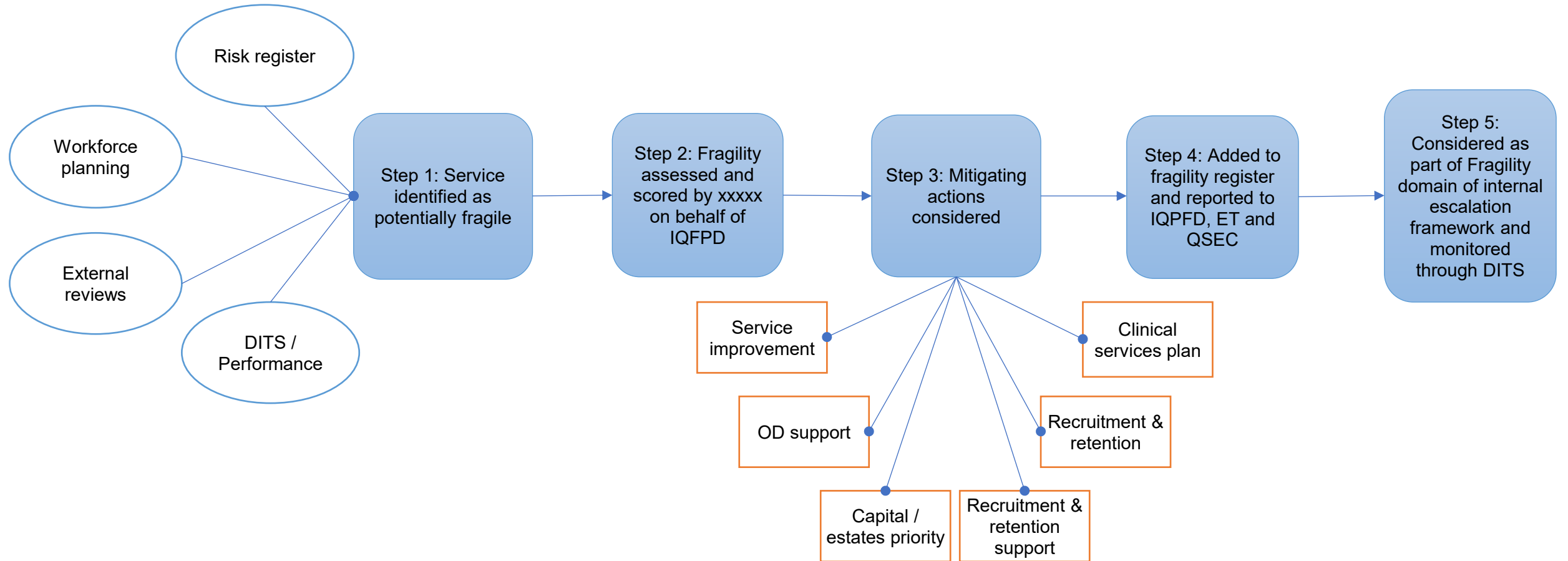
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	A Framework for Safe, Reliable, and Effective Care Institute for Healthcare Improvement (ihi.org). Quality Management System (sharepoint.com)
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the body of the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the body of the report.
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Contained within the body of the report.

Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Contained within the body of the report.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Contained within the body of the report.

DRAFT

Flowchart for Fragile Services



- Criterion 1: Quality and safety** - there is evidence that the outcomes for patients are significantly below comparator providers; or there are significant patient safety concerns; or service does not meet minimum volumes of activity to maintain high standards
- Criterion 2: Patient experience and performance** - there is no viable prospect of the service meeting professional standards, including delivery of timely services
- Criterion 3: Workforce and culture** - the workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed, or retained - or can only be delivered by a dependency on agency or locum staff
- Criterion 4: Environmental** - the equipment and estate is not fit for purpose or at risk of imminent failure
- Criterion 5: Financial sustainability** - the service operates at significantly higher costs than comparator providers

