Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

TÎM CYFARWYDDWYR
QUALITY, SAFETY & EXPEREINCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Defining Fragility and Risk Management
CYFARWYDDWR ARWEINIOL:	Mandy Rayani/Andrew Carruthers
SWYDDOG ADRODD: REPORTING OFFICER:	Subhamay Ghosh

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 proposes a framework for determining the fragility of a clinical service provided by the Health Board. The Quality, Safety & Experience Committee (QSEC) are asked to consider the proposed governance framework for measuring the criteria of a fragile service and consider whether a resilience system analysis approach or a Safe care Collaborative approach would be useful in developing a shared vision of the risks that exist and what to do about them, both now and in the longer term.

Cefndir / Background

Following the Executive Risk Meeting on the 5 May 2023 a rapid piece of work was commissioned to agree:

- A clear definition of what is meant by fragility (in the context of services)
- A clear definition of what constitutes a single point of failure
- What criteria/triggers would be used to enable the organisation to identify that a service is classified as fragile
- How the prioritisation of these would be weighted to determine the level of risk

The aim is to be able to identify services that are fragile, or have the potential to become fragile, and the impact of this, whether it be on a single population/client group or has a wider/domino effect. The outcome is to articulate the level of risk each holds so that the Board can be adequately sighted.

The request has been considered within the following governance frameworks:

- Hywel Dda UHB Risk matrix.docx (sharepoint.com) i.e Likelihood x Impact = Risk Score (5x5 Matrix as currently utilised on Datix)
- Health and Social Care (Quality and Engagement) (Wales) Act 2020. Within the Act: Quality is defined as *"continuously, reliably and sustainably meeting the needs of the population we serve".* The Duty of Quality (DoQ) Statutory Guidelines & Quality

standards are set out under the six domains of quality together with the five Quality enablers
- Hywel Dda quality management system (QMS) strategic framework which provides a system-wide approach to achieving quality of care in a way that secures continuous improvement, bringing together quality control, quality planning, quality improvement & quality assurance
- The Framework for Safe, Reliable, and Effective Care provides clarity and direction on the key strategic, clinical, and operational components involved in achieving safe and reliable operational excellence. By employing this framework it will be possible, over time, to improve the safety, reliability, and effectiveness of the care provided.

Asesiad / Assessment

As an organisation we know a great deal about different risks through our risk matrix, and existing risks currently noted on Datix. However, the development of a shared a vision of how to respond to those risks is required: How to boost the resilience of individuals or teams to the risks they face every day, where to invest time, skills, and funds to empower at-risk services, helping them to better absorb shocks, or adapt so that they become less exposed to shocks, or transform so that shocks no longer occur?

To achieve this shared vision there is a requirement to build on traditional risk management approaches and consider the organisational culture. This can be achieved by utilising the Framework for Safe Reliable and Effective Care and undertaking a 'resilience systems analysis' for an understanding of service capacity to absorb, adapt or transform and ultimately help develop a road map to boost resilience. This will provide:

- 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 & communication & leadership capacity that exists to determine how this helps or hinders people's ability to absorb, adapt or transform
- 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

Definitions: Below are the proposed definitions as requested by the Executive Team:

- Fragile = easily broken or damaged.
- Fragile services by definition have higher risks and lower coping capacities.
  Fragility is multidimensional. It occurs over a spectrum of intensity that can ebb and flow as challenges arise, conflicts flare up, and demand levels rise. It's a consequence of multiple challenges converging and each bringing its own set of risks. When these risks accumulate, there can be a collapse of services.
  Within the context of health systems in fragile states the challenge is how to deliver a safe / efficient / effective / timely service to a specific population/client group whilst coping with these multi-dimensional risks.
- A single point of failure (SPOF) is…. *a part of a system that, if it fails, will result in the cessation of service delivery. SPOFs are undesirable in any system with a goal of high availability or reliability.*

In summary for benefit of wider services: *"A fragile service is one where there is a risk of a diminished service being delivered, or a service being unable to be delivered"*

Resilient health systems are constructed with an awareness of how complex, overlapping risks will affect vulnerable groups and system performance, and are then able to focus on how to mobilise diverse coping capacities, or enact contingency plans.

What criteria/triggers to enable identification of fragile services:

Risks are currently scored on Datix using a 5x5 risk matrix, based on the likelihood of the risk occurring x impact of the risk should the event occur. Certain criteria/triggers have been considered & weighted in addition to the Risk Scoring Matrix to assist with quantifying service fragility and measuring impact as follows, to ascertain which services should be prioritised in terms of service provision:

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.	5
• Workforce challenges (recruitment, retention, roster stability, reliance on temporary staffing, skill mix, wellbeing).	4
• Environmental factors (accommodation, estate, equipment, rurality, capital resource)	3
• Finance/Resource	2
• Demand / Capacity (system waits)	1

Additional criteria that will influence assessment, and would be expected to be included in the risk assessments in terms of its controls if in place and working effectively, or within risk action plans if further steps are required to mitigate the risk, include:

- Efficiency of Business Continuity plans
- Whether the service is dependent on a single person for success or whether there is reliance on cohort of Specialists (co dependencies).
- Impact of a fragile service in one area having a knock-on effect on other areas. NB: Whole System Lens. Related risks can be linked on Datix, providing context and wider impacts of a fragile service across the Health Board.

Current Service Risks

As at 31 March 2023, there were 302 operational risks noted on Datix in terms of service fragility, with 77 scoring "extreme" as follows:

- 2 of which are assessed as extreme level risks (Score of 25)
- 24 of which are assessed as extreme level risks (Score of 20)
- 37 of which are assessed as extreme level risks (Score of 16)
- 24 of which are assessed as extreme level risks (Score of 15)

In addition, there are three corporate level risks relating to fragile services as follows.

Proposal:

1. Conduct a thematic analysis against the Risk Impact Domains to determine the criteria/triggers for reporting service fragility e.g. Safety, Quality, Workforce, Statutory Inspection, Adverse publicity, Business Objectives, Finance, Service disruption, Health Inequalities.
2. Test the model, by conducting a self-assessment / resilience system analysis of three extreme / high level risk via a Sub-Group of Operational QSEC and expertise from the Transformation team, with the aim of getting key stakeholders to develop a shared vision of both the risk that exist in their contexts, and what to do about them, both now and in the longer term.

   Proposed Risks for testing:
   - 1609: Medical Diabetes Service at Withybush General Hospital (current risk score of 20)
   - 1521: Multiple failures of scopes across all endoscopy units having knock-on effect to service provision (current risk score of 20)
   - New service risk currently being drafted by the Scheduled Care Directorate in terms of the Ophthalmology Service

The aim to create a roadmap to resilience i.e. a shared view of the way forward. Utilising existing evidence & frameworks as follows:

- Reviewing Risk: Our Performance Dashboard to identify services deemed to be fragile (Red)
- Utilising criteria within the Risk Matrix to conduct an assessment of the strategic risk identifying co-dependencies. Cross referenced against:
  - the 6 Domains of Quality (the enablers)
  - the QMS
- Explore opportunity to boost resilience capacity: absorptive, adaptive, transformative by conducting a self-assessment against the Framework for Safe reliable and Effective Care
- To do this we will need a subgroup that reports to the Operational Quality, Safety and Experience Sub Committee with representation from:
  - Clinical Leaders/Service Leaders
  - Experts in Risk
  - Experts in Public Health
  - Expert is Transformation
  - Key Decision makers

Outcome:

Enable the Executive Directors to understand where the fragilities lie across the whole system and design a process for having a consistent means of building resilience, building on traditional risk management approaches through the lens of organisational culture and learning systems. This can be achieved by utilising the Framework for Safe Reliable and Effective Care and undertaking a ‘resilience systems analysis’ so that we understand the services capacity to absorb, adapt or transform and ultimately help develop a road map to boost resilience.

Argymhelliad / Recommendation

QSEC are asked to consider the proposal and support the establishment of a Task & Finish Group to create a roadmap to resilience / a shared view of the way forward for fragile services utilising existing evidence and frameworks as described.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 7. Staff and Resources 5. Timely Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	A Framework for Safe, Reliable, and Effective Care | IHI - Institute for Healthcare Improvement
Rhestr Termau: Glossary of Terms:	HDdUHB: Hywel Dda University Health Board. QSEC: Quality, Safety & Experience Committee

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr: Parties / Committees consulted prior to Quality, Safety & Experience Committee:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Yes
Gweithlu: Workforce:	Yes
Risg: Risk:	Yes
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Yes
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	Not Applicable