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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Commissioning Assurance Framework (CAF)

APPROVED

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1.0 INTRODUCTION & AIMS

The Welsh Health Specialised Services Committee (WHSSC) is responsible for the joint planning of Specialised and Tertiary Services on behalf of the Local Health Boards in Wales. Our strategic aim is, on behalf of the Health Boards to ensure that there is equitable access to safe, effective and sustainable specialised services, as close to patients' home as possible, within available resources. Specialised services are those provided in relatively few hospitals accessed by comparatively small numbers of people at high cost. Many specialised services are delivered and coordinated nationally through a very small number of expert centers. This trade-off for delivering specialised, highly expert care is that access may be more difficult for patients who live a long way from their nearest centre.

Organisationally WHSSC is split into five Directorates; Corporate, Finance, Medical, Nursing and Quality and Planning and five cross directorate commissioning teams. The commissioning teams are;

- Cancer and Blood
- Cardiac Services
- Mental Health and Vulnerable Groups
- Neurosciences and Long Term Conditions
- Women and Children's Services

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services. Quality is everyone's business and all of our staff strive to ensure that quality and patient centred services are at the heart of commissioning. The WHSSC Quality Framework was first developed in July 2014 with the purpose of setting the direction to quality assuring services and providing a structure for both the commissioning and provider element of specialised and tertiary services for the population of Wales. The framework has been revised and renamed the Commissioning Assurance Framework to encompass all of the components necessary to provide assurance. The aim is to provide assurance to Health Boards and the public that WHSSC commissions high quality clinical care and there are robust processes in place to monitor services and where there is concern regarding the quality of services and remedial action is required escalation processes are initiated and acted upon in a timely manner.

Central to our approach is to develop open and transparent relationships with our providers, to engage and involve the clinical teams and work in partnership with stakeholders. This requires a facilitative and proactive approach where intervention as early as possible is key in order to provide support to services where issues of concern are identified.

In order to implement the Quality Framework (2015) a quality team was appointed in 2019 to strengthen the focus on quality monitoring and improvement. The 'Quality Team' have a pivotal role in the co-ordination of

quality monitoring and interventions within commissioned services. In addition there is a focus on building relationships with providers to develop robust reporting mechanisms. Internally, they work closely with the Medical Directorate, within the Commissioning Teams in order to monitor the quality elements of commissioned services.

Quality activities include:

- **Compliance with legislation and regulation:** This includes the Nurse staffing Act (2016) where applicable to specialist services, Putting things right (2011) and Once for Wales (2020). Working with providers in management and learning from serious untoward incidents and never events monitoring the timeliness and quality of investigations and responses to complaints and reported near misses. Compliance with key legislation such as the Welsh Government's Health and Social Care Act (Quality and Engagement 2019) and Safeguarding and Public Protection.
- **Quality planning:** Supporting the development of the WHSSC Integrated Commission Plan by contributing to the commissioning cycle including planning, contracting and quality assurance of provider services.
- **Quality improvement:** For example promoting increased clinical effectiveness via research, audit, implementation of NICE guidelines professional and service specific standards, learning, education & training, research & development, organisation-wide and national sharing of learning. Working with relevant networks and providers to evaluate clinical services and patient pathways. Using quality data analysis patient experience, principles of equality and diversity, workforce development and wellbeing as well as public engagement to inform service development.
- **Quality assurance:** For example by promoting service improvements using learning generated by internal and external scrutiny processes, including those undertaken by Health Inspectorate Wales, the CQC, Community Health Councils, and other regulatory bodies. Using speciality, service specific and professional standards reviews, mortality reviews, evidence-based policies and protocols, and data collection tools of services such as the NHS England Quality Surveillance Information System (QSI) and Commissioning Care and Performance System for mental health services (CCAPS).
- **Managing risk:** This includes assessing, understanding and articulating risk via risk registers. Ensuring infection prevention and control, decontamination, clinical incident reporting and investigation, managing concerns, implementation of patient safety solutions alerts and notices applying learning are all in place for commissioned services.

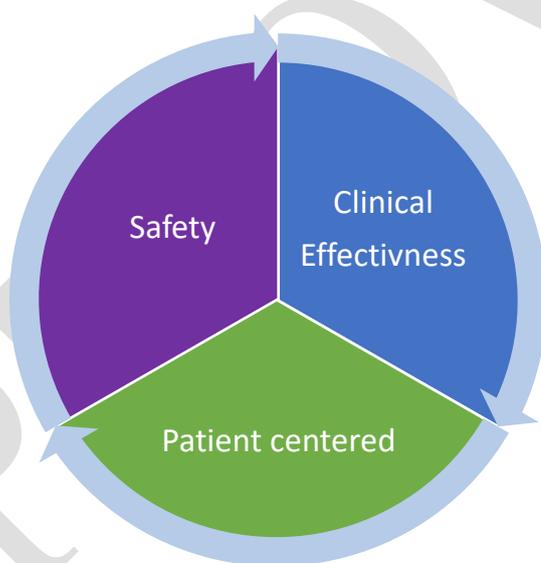
The QAF was established to ensure the basic infrastructure was in place to drive forward the quality assurance and quality improvement of specialised commissioned services. As such it sets out the systems and processes that need to be in place, the roles and responsibilities of key staff and the tools developed to support staff to deliver their responsibilities.

The aim of this framework is to move beyond the basic infrastructure to the next stage of driving quality assurance and more importantly improvement in our specialised commissioned services. The introduction of the Commissioning Assurance Framework (CAF) is supported by a suite of documents designed to support this ambition by:

- Gaining assurance regarding the quality of commissioned services
- Identifying and addressing variation in access and outcomes for populations
- Ensuring services are sustainable and there is continuous service improvement.

2.0 QUALITY

Quality in health care supports a system-wide approach which requires an organisational culture of openness and honesty with continual public engagement in the planning and commissioning of services. Building on the previous definition of quality the Health & Care Act (2012) sets out a single definition of quality whereby the following three dimensions must be present in order to provide a high quality service.



- **Safety:** people are protected from avoidable harm and abuse. When mistakes occur lessons will be learned.
- **Clinical Effectiveness:** people's care and treatment aim to improve an individual's health outcomes, promotes a good quality of life and is based on the best available evidence.
- **Patient centered**
 - Caring: staff involve and treat patients with compassion, dignity and respect.
 - Responsive and person centred: services respond to people's needs and choices and enable them to be equal partners in their own care.

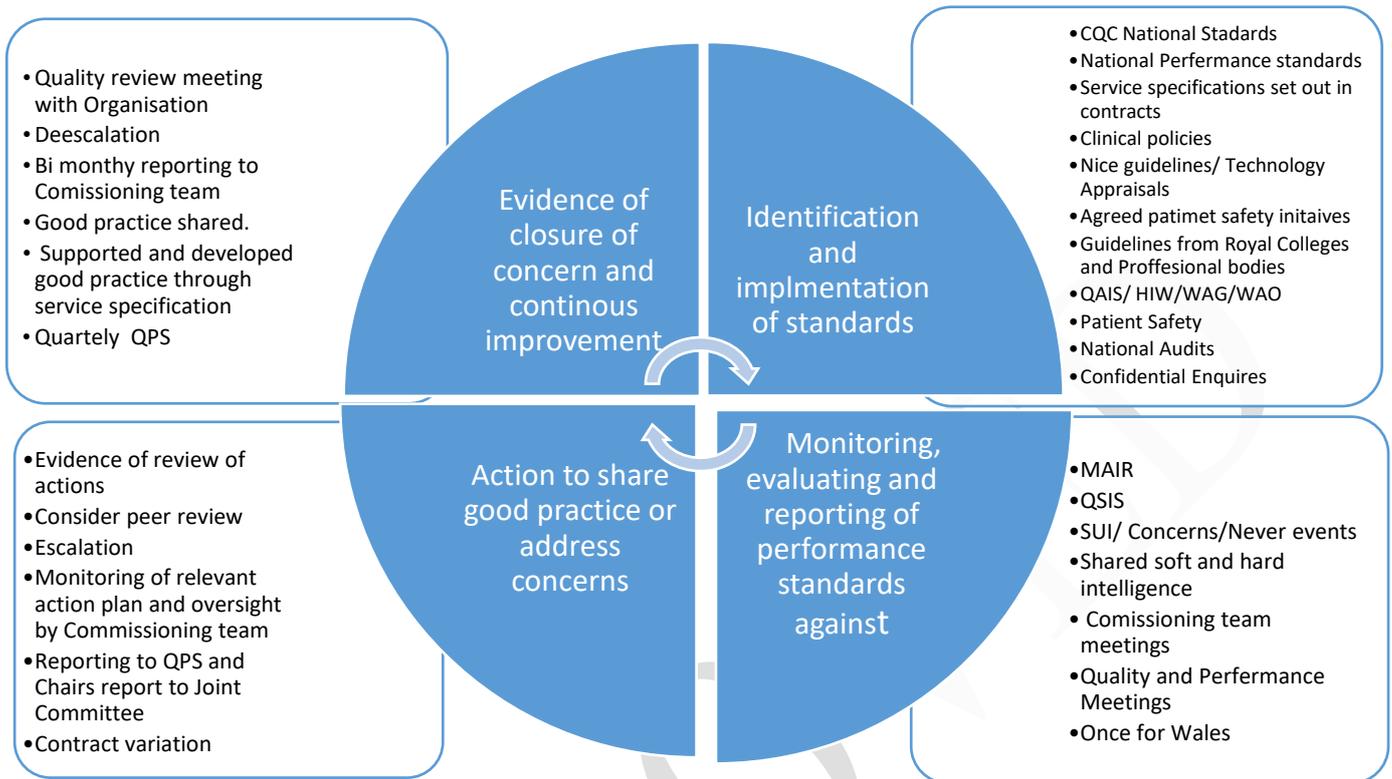
- Aims to give the individual as positive an experience of and recovering from the care as possible

Fundamental principles underpinning the Commissioning Assurance Framework Implementation Plan include:

- Ensuring that the patient is at the centre of the services commissioned by WHSSC. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and service users in line with the Welsh Government framework for Assuring Service User Experiences (2018).
- Work in partnership with providers to agree Service specifications.
- Ensuring that the development of quality indicators that are clinically-led and reflect the specialist nature of the service delivered.
- Develop and support tools /mechanisms for analysis and reporting of Quality Indicators.
- Embed a culture whereby quality is seen as everybody's business across the organisation
- Reducing duplication and unwarranted variation.

These fundamental principles bring the concept of Prudent Healthcare to the forefront and in line with Welsh Government policy direction. Segmenting the individual elements of this definition gives rise to four components on which to build the various elements of the framework

1. Identification and implementation of standards,
2. Monitoring, evaluating and reporting of performance against standards
3. Action in response to monitoring; sharing good practice, disseminating and embedding lessons learnt
4. Evidencing closure of concerns and continuous improvement



The following diagram sets out the systems and processes which need to be in place in order to achieve the above.



In addition to the expectation set out in the contracting arrangements with providers the following sources of internal and external intelligence are used to gain a better understanding from a provider and service perspective. The sources

of intelligence builds on quality reporting from the providers, gathers assurance from the regulators and provides an emphasis on the reporting back to the Health Boards for the services that WHSSC commission on their behalf.

The following illustration shows the internal, external and local sources of evidence which are used to gather as much information as possible by which assurance is sought and can be reported or necessary action taken.

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Provider evidence sources

- Monthly Board Quality Report/ Quarterly Governance Report or equivalent
- Annual Quality Account (NHS England) Annual Quality Statment (NHS Wales)
- Patient Survey or Equivalent
- Any safe staffing reviews including benchmarking Safe staffing Act if applicable
- Notification of CQC (England) HIW (Wales) visits QSI or other external commissioned services and action plans to address any complaints,
- Safeguarding or serious incidents including never events relating to contracted services which should be reported to WHSSC within 48 hours of the event
- Any Claims as a result of a SUI or complaint Notification of organisational intervention and arrangements
- For Welsh providers Monitoring of Health & Care StandardsWales (2015)

External evidence sources

- CQC/ HIW
- CCAPS/QAIS Framework (Mental Health)
- QSI SELF ASSESSMENT
- National Audits / Welsh Audit Office/ Kings Fund/CKHS
- Health & Safety Alerts (HSE)
- CHC /Citizen Voice
- HEIW/ Deanery reports

Internal evidence

- Referral to Treatment times breaches
- Complaints which may come from users or Assembly Members
- Communication with WHSSC from providers of a concern
- Escalation status of services
- MAIR information
- Soft intelligence

3.0 REPORTING MECHANISMS

IMPROVED PATIENT OUTCOMES AND EXPERIENCE

ACCOUNTABILITY: JOINT COMMITTEE, QUALITY AND PATIENT SAFETY, CORPORATE DIRECTORS GROUP, COMMISSIONING TEAMS

OUTCOMES: HEALTH AND CARE WALES STANDARDS, OUTCOMES FRAMEWORK, TARGETS

GOVERNANCE: RISK MANGEMENT, COMPLAINTS, INCIDENTS, INFORMED TRANSPARENT DECISION MAKING

ENGAGEMENT: RELATIONSHIPS EXTERNAL AND INTERNAL CO-PRODUCTION

WHSSC reports through an Executive Board, to the Quality Patient Safety Committee through to Joint Committee (JC) which is a statutory subcommittee of each of the Local Health Boards in Wales. Through the commissioning teams and in conjunction with the Information department within WHSSC the available data and data sources are analysed. These are used to compile a performance and commissioning team report to highlight service development and good practice, alongside key risks and monitor progress of services that are in escalation. In partnership with the provider, the Quality standards/ indicators alongside the Key Performance Indicators and performance Outcomes are reviewed as part of the SLA meeting and are described in more detail in the Performance Framework (Appendix A).

These are monitored by WHSSC via the bi monthly QPS and reported to the JC through a chairs report. This is supported by a work plan and an annual report is produced outlining the quality findings and summarising the work undertaken over the previous year.

One of the key features in the development of the Commissioning Assurance framework is the strengthening of the interface with LHBs and the role of their Quality & Patient Safety Committees. This is core in ensuring they are fully sighted on the key risks and are assured appropriate action is being taken.

The Risk Management Strategy supports the monitoring and reporting of risk within the organisation and is described in more detail in Appendix (B).

4.0 RISK MANAGEMENT

WHSSC is committed to developing and implementing a Risk Management Strategy that will identify, analyse, evaluate and control the risks that threaten the delivery of its strategic objectives and delivering against its Integrated Commissioning Plan (ICP). The Risk Management Strategy and ensuing Risk Register will be used by the Joint Committee to identify, monitor and evaluate risks which impact upon strategic objectives. It will be considered alongside other key management tools, such as performance, quality dashboards and financial reports, to give Joint Committee a comprehensive picture of the organisational risk profile.

The objectives of WHSSC's Risk Management Strategy are to:

- minimise impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment and management;
- ensure that risk management is an integral part of WHSSC's culture;
- maintain a risk management framework, which provides assurance to Joint Committee that strategic and commissioning risks are being managed effectively;
- maintain a cohesive approach to corporate governance and effectively manage risk management resources;
- minimise avoidable financial loss;
- ensure that WHSSC meets its obligations in respect of Health and Safety and Quality and Safety
- Manage all potential risks WHSSC are exposed to.

5.0 ESCALATION PROCESS

The WHSSC escalation process provides a clear methodology by which providers and the organisations understand the reporting mechanisms, identify any issues and the actions required to find a joint resolution. This process should not be seen as a punitive one but a means by which problems are identified as early as possible with the aim that support and partnership working will lead to an improvement in the service commissioned.

Routine Monitoring is the term used to report on all Commissioned services where there are no identified concerns around the service being delivered. Where there are performance concerns and there is lack of available assurance in terms of improvement, there is an escalation process in place. This process is structured to allow engagement with providers, local and regional commissioners and regulators where necessary. It is a system whereby there is continuous service improvement or decommissioning/outsourcing of services if necessary.

This process is described in more detail in Appendix (C). In summary the

process is aligned to a tiered approach similar to the Welsh Government (NHS Wales Escalation and Intervention Arrangements 2014) the Local Health Boards will be familiar with when receiving assurance reporting:

- Routine Monitoring
- Escalated Monitoring
- Escalated Intervention
- Escalated Measures
- Decommissioning/Outsourcing

All services in escalation are reported through to the Quality Patient Safety Committee via the Commissioning Team reports and a summary of services in Escalation submitted with the Chairs report to the Joint Committee. This in turn is circulated the Local Health Boards.

6.0 SOURCES OF INFORMATION

6.1 My Analytics and Information Reports (MAIR) System.

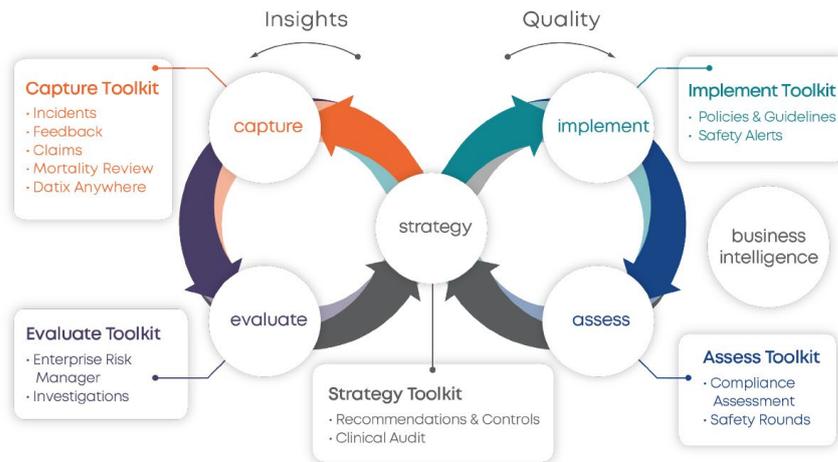
In order to gather the information access to data sources is vital. There are a number of information sources used to inform the commissioning teams to feed into the process. The information capability of WHSSC has continued to develop significantly with the launch of the My Analytics and Information Reports (MAIR) System. Access is available to Health Boards and the information is valuable in highlighting trends in for improving both forecasting and contracting to demonstrate equitable access.

6.2 Once for Wales Concerns Management System/Datix/StEIS

The Service Level Agreement (SLA) contracting requirements in place for all providers requires the reporting of any complaints or claims or serious incidents including never events directly to WHSSC within 48hrs of the event.

The Datix system operates in Wales which is a web based incident and risk management system. This is soon to be replaced by the Once for Wales Concerns Management System Programme

DatixCloudIQ



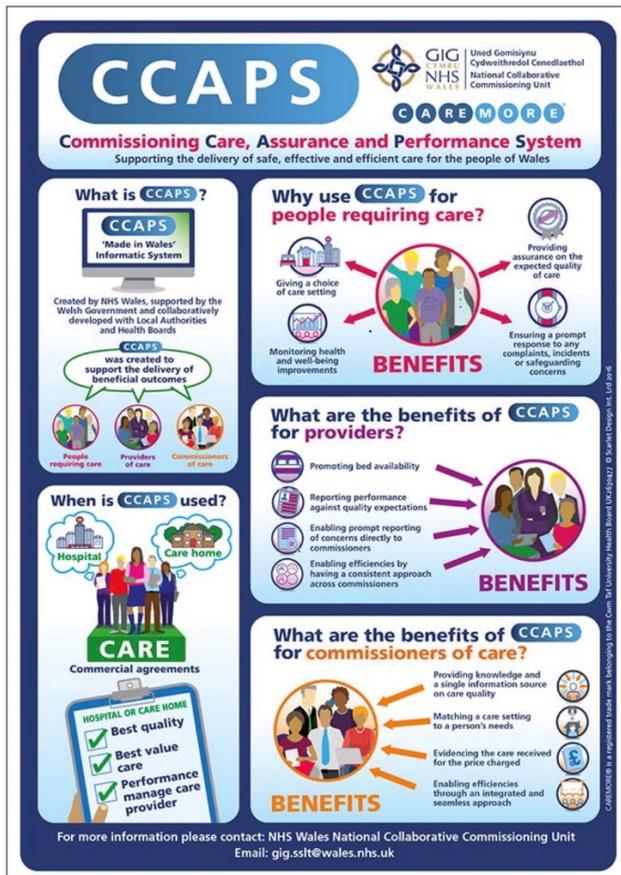
Similarly, in NHS England the Serious Incident to the Strategic Executive Information System (StEIS) requires all providers to report and monitor the progress of Serious Incident investigations between NHS providers and commissioners.

6.3 Quality Surveillance Information System (QSIS)

A large percentage of the services WHSSC commission are from NHS England. Sharing of intelligence and access to assurance systems and processes not only prevents duplication but utilises the workforce and resources to compliment the systems and processes within WHSSC. The Quality Surveillance Team (QST), supports the monitoring of quality of all specialised commissioning services in England. Information on the quality of services is made available through a single portal known as the Quality Surveillance Information System (QSIS) this used to gain assurance from a provider perspective through the self-assessment process but also through access to the service dashboards capturing the key quality indicators agreed through the service specifications. Bringing NHS Wales providers on line will further enhance national benchmarking of specialised services.

6.4 Commissioning Care, Assurance & Performance System (CCAPS)

The National Collaborative Unit operates an informatics system known as the Commissioning Care, Assurance & Performance System (CCAPS). This system provides assurance and a prompt response to complaints incidents or safeguarding issues relating to mental health placements accessing services on the framework. The quality team at WHSSC work closely with the Quality Assurance & Improvement team (QAIT) in the NCCU who oversee the quality of placements on WHSSCS behalf.



7.0 PATIENT EXPERIENCE

A key element of commissioning serves is ensuring that patients are put at the centre and is seen pivotal to the success of the framework. Patient experience is an important element of the quality cycle and whilst the Patient Engagement Framework (Appendix D) provides more detail the main aims of patient and public engagement are summarised as follows:

- Understand the patient's expectation of a particular service
- Put things right if the patient experience was not as expected or unplanned
- Understand differences in patient experience between locations and types of treatment
- Make changes where needed and highlight areas where changes have improved care
- Monitor the outcomes and benefits of treatment in terms of a person's physical, mental and social wellbeing
- Inform WHSSC how a service or particular treatment is being provided
- Plan future service provision

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