

## WELSH HEALTH SPECIALISED SERVICES COMMITTEE

### SPECIALISED SERVICES COMMISSIONING FRAMEWORK

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FINAL v4

Document information	
<b>Document purpose</b>	The purpose of the Commissioning Framework is to document the Welsh Health Specialised Services Committee's (WHSSC) approach to commissioning specialised services.
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## **1.0 INTRODUCTION**

### **1.1. Purpose and Aims**

The purpose of the Commissioning Framework is to document the Welsh Health Specialised Services Committee's (WHSSC) approach to commissioning specialised services. The Framework will form part of WHSSC's legacy statement moving in to the new NHS Wales Joint Commissioning Committee and can also be used by all staff as the repository of existing documentation, tools and ways of working.

The aims of the Framework are:

- to support WHSSC to deliver the Specialised Services Strategy including our mission 'to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources';
- to support the implementation of the WHSSC Integrated Commissioning Plan (ICP) through our multi-disciplinary Commissioning Teams;
- to ensure a common understanding of what commissioning is and our agreed commissioning cycle, and to use this understanding to manage our commissioning activities effectively;
- to provide a coherent approach to commissioning specialised services;
- to act as a central resource document and repository for everyone in the organisation including as a reference to other WHSSC frameworks;
- to lay out the aims, objectives, method, tools, templates and roles and responsibilities for commissioning by WHSSC.

### **1.2. Definition**

The definition of commissioning used in the Framework is as follows:

*'Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.'*

## **2.0 STRATEGIC CONTEXT**

### **2.1 Specialised Services Strategy**

In May 2023, the [Specialised Services Strategy 2023-2033](#) was approved by the Joint Committee. The Strategy sets out the vision and priorities for commissioning Specialised Services for the Welsh population and the five strategic aims of WHSSC as shown in the Strategy on a Page below.

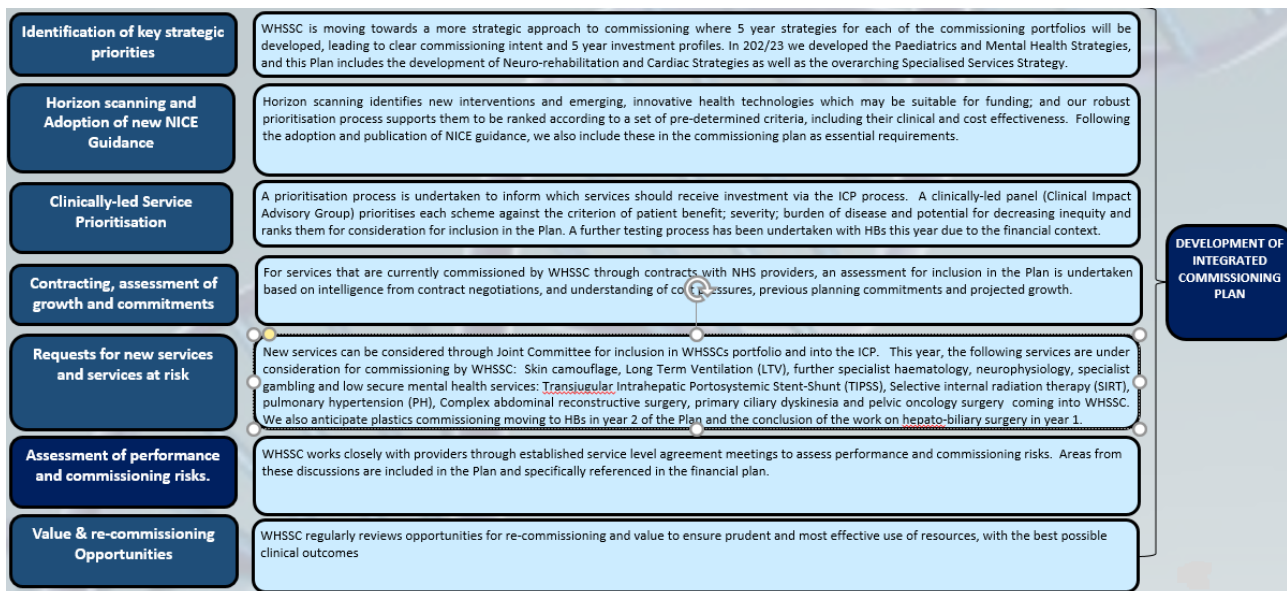
Our Vision What is our goal?					
Our Mission What will we do to achieve our goal? We seek to ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources					
Our Values What matters to us?					
<p><b>RESPECT</b></p>  <p>We will listen to everyone's view We will treat people fairly We will recognise everyone's contribution</p>		<p><b>PARTNERSHIP</b></p>  <p>We will work as a team We will communicate effectively We will build strong and inclusive relationships We will be positive role models</p>		<p><b>IMPROVEMENT &amp; INNOVATION</b></p>  <p>We will continuously learn We will strive for excellence We will accept challenge and opportunity</p>	
Our Strategic Aims What do we want to achieve?					
1. To ensure the provision of safe, high-quality services for the people of Wales		2. To plan for the long term to ensure sustainable, accessible service provision for the residents of Wales, which is responsive to change		3. To provide an expert approach to national healthcare commissioning	4. To be an effective partner, supporting service and system transformation
5. To maximise value and outcomes within available resources					

The development of a Commissioning Framework covering the WHSSC commissioning cycle and methodology together with the development of a suite of commissioning tools are identified in the Strategy as key objectives.

## 2.1. The Integrated Commissioning Plan

Each year WHSSC responds to the requirements of Welsh Government's NHS Wales Planning Framework by developing an Integrated Commissioning Plan<sup>1</sup> for Specialised Services, on behalf of the seven Welsh Health Boards. There are a number of processes that run each year to inform this plan, as outlined below. There is a clear process that spans across the year for the development of the Plan including the issuing of commissioning intentions; the prioritisation of new proposals and horizon scanning with regard new services and developments.

<sup>1</sup> [WHSSC Integrated Commissioning Plan](#)



### 3.0 GOVERNANCE AND ORGANISATION

#### 3.1. Delegated Responsibility

WHSSC is responsible for the joint planning and commissioning of specialised and tertiary services on behalf of the seven NHS Wales Health Boards. WHSSC was established in 2010 as a Joint Committee of each local Health Board in Wales under the WHSSC (Wales) Directions 2009 (2009/35). The remit of the Joint Committee is to enable the seven Health Boards in Wales to make collective decisions on the review, planning, procurement, and performance monitoring of delegated specialised and tertiary services.

The list of the services that WHSSC is currently responsible for commissioning can be found on this link [Commissioned Services - Welsh Health Specialised Services Committee](#).

#### 3.2. WHSSC Governance Structure

WHSSC is a standing Committee of the 7 Health Boards and acts on their behalf, to ensure good governance on decision-making across our services we have a clear system of governance across the following Committees/Groups to ensure that safe, high quality, sustainable and equitable services are provided for NHS Wales which provide value for money. Staff who are involved in preparing reports for the Committees use the standard template which is available from the Corporate Services team and is designed to enable decisions, scrutiny and assurance by the relevant Committee/Group.

The governance structure includes the following Committees and Groups:

### **3.2.1. Joint Committee (JC)**

The Joint Committee<sup>2</sup> is ultimately responsible for the governance of WHSSC, setting the strategic direction and holding responsibility for approving the Integrated Commissioning Plan.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services. Cwm Taf Morgannwg University Health Board as host LHB, employs the staff supporting the Joint Committee and the Financial Statements of Welsh Health Specialised Services Committee (WHSSC) have been incorporated into their Financial Accounts.

The Joint Committee is supported by the Committee Secretary, who acts as the guardian of good governance within the Joint Committee.

### **3.2.2. Management Group (MG)**

The overall purpose of the Management Group<sup>3</sup> is to make recommendations to the Joint Committee and be the Specialised Services commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group is responsible for undertaking the following functions:

- To agree, make recommendations and monitor the Annual Plan for Specialised Services for sign off by the Joint Committee;
- To receive recommendations from Programme Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change;
- To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation;
- To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues;
- To undertake the role of Project Board for specific work streams and projects as approved by the Joint Committee and its Members and monitor their implementation;

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<sup>2</sup> [WHSSC Joint Committee: Governance](#)

<sup>3</sup> [Management Group Terms of Reference](#)

- To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee;
- To ensure the development and maintenance of the needs assessment across Wales for Specialised Services; and
- To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Plan. This will include issues which will have an impact on the plan raised by other subcommittee/advisory groups.

### **3.2.3. Corporate Directors Group Board (CDGB)**

The purpose of the Corporate Directors Group<sup>4</sup> is to assist the Managing Director of Specialised and Tertiary Services Commissioning in the performance of their duties, including:

- (a) The development and implementation of strategy, operational plans, policies, procedures and budgets;
- (b) The monitoring of operating and financial performance;
- (c) The assessment and control of risk;
- (d) The prioritisation and allocation of resources;
- (e) Monitoring the issues in each of the Commissioning Teams

The roles of the group include:

- To develop and review objectives and strategy for WHSSC in the development of its business, having regard to the interests of patients, stakeholders and employees.
- To develop the business cycle and ensure that appropriate preparation is given to Joint Committee business. Ensure actions are taken after Joint Committee and Management Group meetings as agreed.
- To agree the draft agenda and timescales for papers for discussion with the Chair.
- To agree final papers being taken to Joint Committee and subcommittee meetings, including the Management Group, to ensure they are fit for purpose.
- To consider the implications of horizon scanning intelligence incorporating this into prioritisation and planning processes.
- To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues.

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<sup>4</sup> [Corporate Directors Group Terms of Reference](#)

- To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation.
- To make recommendations to the Management Group regarding service improvements including investments, disinvestments and other service change.
- To review the organisational structure and make recommendations for change.
- To ensure the control, co-ordination and monitoring within WHSSC of risk and internal controls.
- To exercise effective oversight of WHSSC's arrangements to ensure compliance with its statutory and regulatory obligations.
- To facilitate effective internal communications.
- To ensure corporate responsibility and working as a corporate team.

### **3.2.4. Quality and Patient Safety Committee (QPSC)**

The purpose of the Quality and Patient Safety Committee<sup>5</sup> is to provide timely assurance to the Joint Committee that it is commissioning high quality and safe services by:

- Providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the Joint Committee;
- Addressing concerns delegated by the Joint Committee;
- Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of specialised service may impact on primary and secondary and vice versa (whole pathway); and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with WHSSC Commissioned Services.

The Joint Committee has delegated the following powers to the QPSC:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales;
- Monitor and support the development and implementation of the patient engagement and experience framework ensuring that there is continuous

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<sup>5</sup> [Quality and Patient Safety Committee Terms of Reference](#)



improvement in the commissioning of specialised services for the people of Wales;

- Consider the quality and patient safety implications arising from the development of commissioning strategies, including developments included in the Integrated Commissioning Plan;
- Ensure that all commissioning teams, through regular reporting to the sub-committee consider quality and safety as part of service commissioning;
- Receive from the commissioning teams, when required, items for urgent consideration and escalation;
- Receive regular updates on the development of commissioning policies and any implications for the quality and safety of commissioned services;
- Oversee the development and implementation of the risk management systems for WHSSC, ensuring that quality and safety of specialised services are a priority for the organisation;
- Monitor and scrutinise risk management and assurance arrangements from the perspective of clinical and patient safety risks;
- Monitor and scrutinise concerns management arrangements ensuring that patient safety and safeguarding is paramount within WHSSC; and
- Ensure that lessons are learnt from patient safety incidents, complaints and claims (within specialised services) and that all such lessons are disseminated to all providers of services commissioned by the Joint Committee.

### **3.2.5. Integrated Governance Committee (IGC)**

The purpose of the Integrated Governance Committee<sup>6</sup> is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services commissioned by the Welsh Health Specialised Services Committee and provide assurance to the Joint Committee that effective governance and scrutiny arrangements, in accordance with the standards of good governance determined for the NHS in Wales, are in place across the organisation.

The IGC will, in respect of its provision of advice to the Joint Committee, ensure that:

- Appropriate mechanisms are in place to manage risk identifying and reviewing the top level risks and ensuring that plans and processes are in place to manage those risks;
- It maintains an oversight of the work of the WHSSC QPSC;

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<sup>6</sup> [Integrated Governance Committee Terms of Reference](#)

- It maintains an oversight of the work of the CTMUHB Part B Audit & Risk Committee (ARC);
- The sub-committee will ensure integration of the governance work, addressing issues which fall outside or between the work of the these sub-committees, ensuring no duplication and coordinating those issues which need the attention of all three sub-committees;
- It oversees the Joint Committee's Integrated Commissioning Plan (ICP) for Specialised Services, scrutinising the delivery and performance of the ICP; and
- It maintains an oversight of the work of the Welsh Kidney Network (WKN) addressing issues which fall outside or between the work of the network and the Welsh Health Specialised Services Team.
- It oversees the development of the Annual Governance Statement (AGS), specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity.

### **3.2.6. Commissioning Teams**

On a day-to-day basis, the commissioning of services is driven by the 5 multi-professional Commissioning Teams. The Commissioning Teams are organised around the following portfolios of services:

- Cancer and Blood
- Cardiac
- Neurosciences
- Women and Children
- Mental Health and Vulnerable Groups
- Intestinal Failure (temporary)

WHSSC also hosts the Welsh Kidney Network (WKN) and Traumatic Stress Wales (TSW).

Each Commissioning Team is made up of the following members of staff:

- Associate Medical Director
- Asst. Director of Planning/Specialised Planning Manager
- Assistant Specialised Planning Manager
- Finance Manager
- Head of Information
- Quality Team Manager

- Clinical Network Lead (where available)

The commissioning teams meet monthly and follow a standardised agenda and Terms of Reference.

The role of the Commissioning Team is:

- To assure the Joint Committee regarding the process of commissioning, and the recommendations made.
- To deliver the commissioning of specialised services on behalf of the Joint Committee to ensure a multi-professional approach is taken to the commissioning process, providing a structure for co-ordinating the work of the functional departments within WHSSC.
- To deliver robust commissioning documentation, particularly Commissioning Policies and Service Specifications.
- To ensure that the commissioning intentions are reflected in the Integrated Commissioning Plan.
- To ensure the commissioning teams work plan fits with the wider priorities of WHSSC and the wider NHS Wales.
- To ensure that quality and risk issues in the commissioned services are formally reported and action taken where appropriate and appropriate decisions are made on performance and escalation.
- To receive, review and consider appropriate action from the Assistant Director of Evidence and Evaluation.

The Associate Medical Director usually chairs the Commissioning Team, and the Planner sets the agenda for the meetings and drives the work programme.

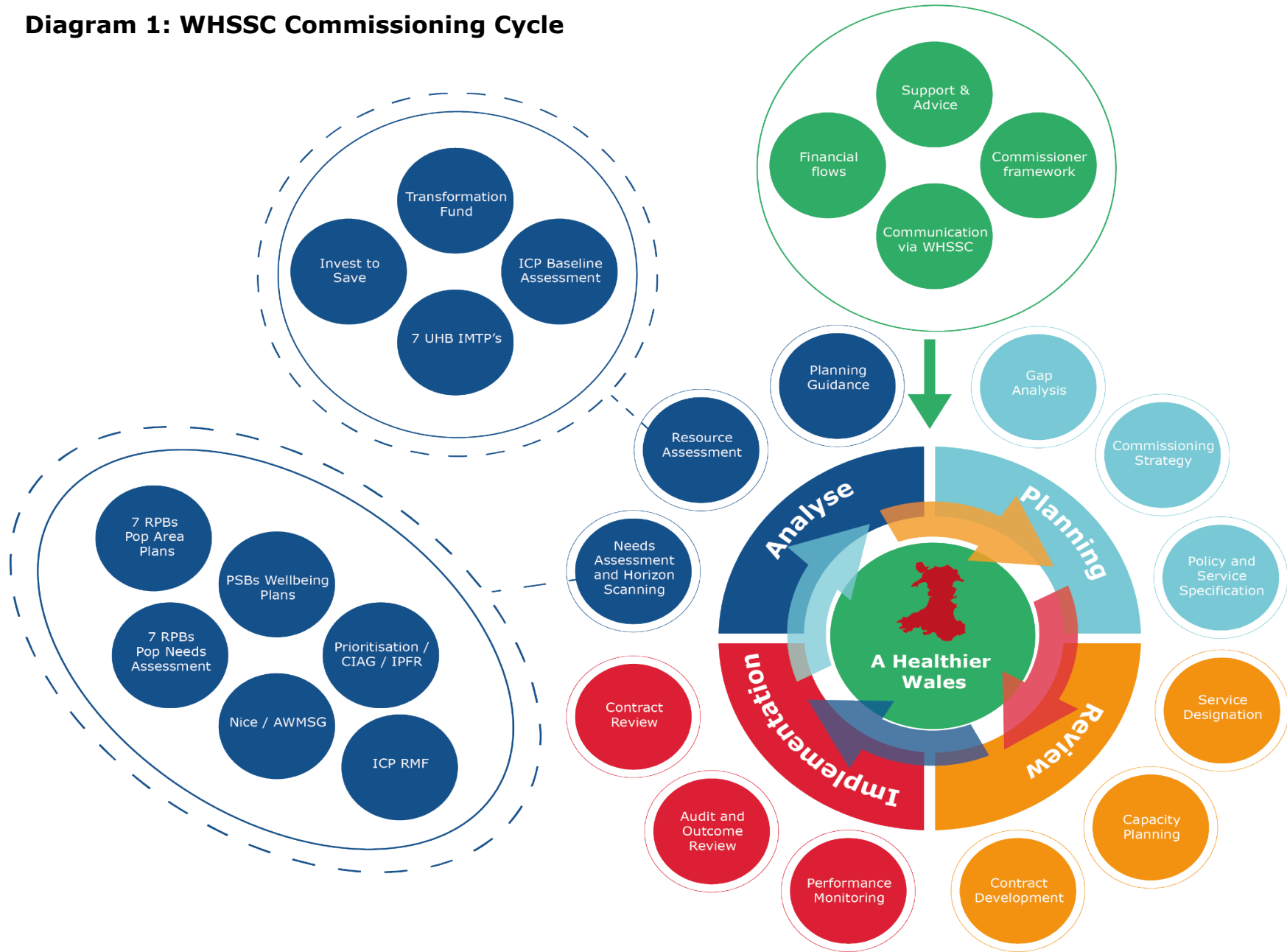
#### **4.0 COMMISSIONING CYCLE**

Our agreed Commissioning cycle sets out the range of activities associated with effective commissioning in WHSSC.

As set out in our Strategy throughout the commissioning cycle we are constantly seeking opportunities to improve quality, efficiency, value and re-commissioning, whether through strategy development, strategic service reviews, repatriation or contract re-basing.

The remainder of this Framework explains each stage of the Commissioning Cycle in turn.

**Diagram 1: WHSSC Commissioning Cycle**



## **4.1. ANALYSE**

### **4.1.1. Needs Assessment, Horizon Scanning and Prioritisation**

Needs Assessment is the foundation of the commissioning process. The Needs Assessment form the basis from which current and intended outcomes are identified, services are planned, resources committed and progress measured. It is imperative to understand the patient population and prevalence for which a service is being designed for and to understand any changes over the medium to long term. Whilst we do not currently have routine access to Public Health input technical input, the Commissioning Team follow a typical needs assessment process which would pull together the existing patient group, potential future demand, current and future outcomes, and associated demographics including geography. This work is usually led by the Associate Medical Director for the Commissioning team, and may include securing external support for the work.

Horizon scanning identifies new interventions and emerging, innovative health technologies which may be suitable for funding; and our robust prioritisation process supports them to be ranked according to a set of pre-determined criteria, including their clinical and cost effectiveness. . Following the technical appraisal a New Interventions Prioritisation process is undertaken, led by the Medical Directorate to inform the ICP on an annual basis, usually in Quarter 1 of the financial year.

Following the adoption and publication of NICE guidance, we also include these in the commissioning plan as essential requirements. The Directorate can also undertake bespoke horizon scanning for individual services/technologies as required.

As part of the ICP Plan development each year, WHSSC also undertakes another annual prioritisation process to address service issues, standards, quality and risks in services that are already within the commissioning remit. Each year the Commissioning Teams prepare a set of Commissioning Intentions for the services in their portfolio which set out the Commissioning Priorities for the following year. This is usually undertaken in Quarter 1 of the financial year. The process is coordinated by the Assistant Director of Planning.

Following the publication of the Commissioning Intentions a prioritisation process is undertaken to recommend which services should receive investment via the ICP process. A clinically-led panel, known as the [Clinical Impact Assessment Group](#) (CIAG) prioritises each scheme against the criteria of patient benefit, severity, burden of disease and potential for decreasing inequity and ranks them for consideration for inclusion in the

Plan, and form part of the workplan of the Commissioning Team if approved by the Joint Committee in the final Plan.

#### **4.1.2. Resource Assessment**

At this stage of the cycle the Commissioning Team will seek to understand the current commissioning budget, performance and contract frameworks for the service. The Finance lead, usually working closely with the Planner, will undertake a baseline assessment of resources and any opportunities to use them differently to improve services.

There are historical discrepancies in some services where the resources required to commission the service have not been fully transferred to WHSSC. In this case there is a standing Finance Sub-Group (led by the Assistant Director of Finance) which takes forward this work with Health Boards. This Group always leads this work when new services are transferred into WHSSC.

### **4.2. PLANNING**

#### **4.2.1. Planning Guidance**

In developing our strategic plan each year, WHSSC responds to the NHS Wales Planning Framework. We also commission services to meet the agreed national performance targets and other measures that apply to our commissioned services.

#### **4.2.2. Gap Analysis and Service Review**

To prepare effective commissioning plans and strategies it is important to first review the services which are currently in place and undertake a gap analysis. Wherever possible, the gap analysis should be undertaken against an approved WHSSC Service Specification (see section 4.2.4). If there is no specification in place, the gap analysis is undertaken against the relevant national standards, or the NHS England Service Specification could be used as a proxy.

The service review will include a review of the health needs, clinical standards, demand and capacity plans, commissioning budget and performance, workforce, digital and capital enablers, risks and opportunities for change. Leadership from the Commissioning Team's Assistant Medical Director, and/or independent clinical advice should be sought to inform a service review as required. Examples of recent service reviews include the Specialised Haematology Service Review and Neonatal Cot Reconfiguration (Phase 1).

#### **4.2.3. Commissioning Strategy**

WHSSC aims to be a strategic commissioner as well as reacting effectively

to risks and urgent service matters within commissioned services. All service commissioning strategies should reference the aims and objectives of the Specialised Services Commissioning Strategy and show how they support its delivery. At the time of writing there are three service strategies in place:

- Specialised Paediatric Services Commissioning Strategy
- Specialised Mental Health Services Commissioning Strategy (to be approved January 2024)
- Specialised Rehabilitation Services Strategy (to be approved March 2024).

Strategic commissioning plans are also in place for other individual services and should be developed to support delivery of the ICP and investment decisions by the Joint Committee as required. Where a commissioning plan includes a change to the service model or other major service change, there may be a requirement for formal engagement and consultation using the national guidance [here](#) and [here](#) and the WHSSC Standard Operating Procedure.

#### **4.2.4. Commissioning Policy and Service Specification**

As laid out in the Specialised Services Strategy WHSSC is an evidence-based commissioner. Led by the Medical Directorate, the WHSSC Policy Group co-ordinates the internal governance arrangements for the management, approval and review of all Commissioning Policies and there is a rolling programme of review and renewal. The Medical Directorate also undertakes evidence appraisal and advises the Commissioning team on the clinical effectiveness of a service, drug or technology.

WHSSC has an approved approach to the development of Commissioning Policies and Service Specifications as published in the [Policy for Policies](#). All WHSSC Policies and Service Specifications are available [here](#). As laid out in the Policy for Policies there are three categories:

- **Commissioning Policies**

These define the specialised services commissioned by WHSSC on behalf of the seven HBs and the criteria that has to be met for Welsh patients to access the service, drug or technology. They describe the clinical indications that are commissioned and funded and also summarise which groups of patients can access the treatment, based on the best available evidence of clinical and cost effectiveness.

Occasionally WHSSC will decide that there is insufficient evidence to commission a particular treatment or service and will produce a 'do not routinely commission' policy. In this instance patients who might individually benefit can still access the treatment through the Individual Patient Funding Requests (IPFR) process. For more detail on this process see the published [NHS Wales IPFR Policy](#).

- **Service Specifications**

These clearly define the core requirements that WHSSC expects to be in place for providers to offer evidence-based, safe and effective services, whilst ensuring equitable access to services for Welsh patients. They describe what service is provided, and also the quality of the service that WHSSC expects to be delivered. The specification also sets out the way in which the quality of the service will be measured, and monitored by WHSSC.

- **Policy Position Statements**

These outline the criteria for a particular treatment or intervention by directly cross referring to existing published guidance. This guidance will usually have been produced by the National Institute for Health and Care Excellence (NICE), All Wales Medicines Steering Group (AWMSG) or NHS England and will contain a full description of the evidence that has been considered in reaching a commissioning decision.

### **4.3. REVIEW**

#### **4.3.1. Service Designation**

Following approval of the Service Specification WHSSC will secure provision of the service to meet the required standards in the Specification including outcomes and quality as well as the activity and cost parameters agreed in the commissioning strategy. To ensure there is good governance WHSSC has an agreed [Designated Provider Framework](#) that ensures a structured process is in place for the assessment and designation of a service provider. For Independent Sector providers advice must be sought from the Finance team to assess whether formal procurement is required through NHS Wales Shared Services Partnership.

The remit of the Framework covers:

- Highly Specialised and Specialised Services currently commissioned by WHSSC.
- New or novel services or treatments not currently commissioned
- Existing non-contract services or treatments which may need to be routinely commissioned on an ongoing basis.



The Framework does not apply to the commissioning of secure or specialist Mental Health services, independently provided dialysis services, which have their own procurement and commissioning arrangements, or new or novel drugs which have their own assessment process.

#### **4.3.2. Capacity Planning**

Assurance on providers being able to deliver the required capacity will be undertaken as part of the service review and designated provider processes. WHSSC also requests and monitors demand and capacity modelling to plan to meet the NHS Wales performance targets in the annual ICP Process, to agree contracts with individual providers and to monitor progress and trajectories for delivery.

#### **4.3.3. Contract Development and Outsourcing**

- **Contract Development**

All services delegated to WHSSC are secured and managed via a formal contract; there are over 50 contracts in place covering more than 250 service lines. The Finance and Information Directorate leads the contracting and provides specialist advice on contract development and management.

NHS to NHS contracts are not technically legally binding (unlike contracts with the Independent Sector). Within Wales, for NHS to NHS contracting a system-wide framework of Service Level Agreements (SLAs) is in place that is overseen by the NHS Wales Directors of Finance Peer Group. NHS England has a different system of contracting and WHSSC abides by the NHSE rules when contracting with designated providers in England. WHSSC has a standard SLA document that is used for all providers which includes the activity, cost, quality and outcomes parameters required from the provider. This forms the basis for performance management of the contracts (see section 4.4.1).

For Independent Sector providers, advice must be sought from the Finance team in all cases to assess whether formal procurement is required through NHS Wales Shared Services Partnership.

Contracts are enablers of value and levers of change for WHSSC as a commissioning organisation. When developing contracts, the Commissioning team should consider the improvement and changes for patients that the contract is designed to deliver, based on the commissioning strategy, Policy and Service Specification. In conjunction with the Finance lead this can include the design of the type of contract, the contract currency, pricing structure, incentives for performance and other matters.

- **Outsourcing**

Outsourcing describes the contracting out of a service (or part of) to an external supplier. Outsourcing can be required for various reasons, e.g. a provider's inability to deliver performance targets or where quality or continuity of access to specialised services is in jeopardy due to service failure. In these circumstances it may be necessary to outsource capacity from providers in NHS Wales or England or from the Independent Sector. As in the Contract Development section above, NHS Wales procurement rules apply where capacity is sourced from the Independent Sector.

The WHSSC Outsourcing Framework lays out that activity can be outsourced to either NHS or Independent Sector providers as follows:

- Primary provider to provider outsource: Existing NHS primary provider is responsible for all aspects of outsourcing.
- WHSSC to provider outsource: WHSSC takes the lead in selecting an outsource provider. NHS provider(s) requiring the outsource support are responsible for all other aspects of outsourcing including selecting and booking patients.

In order to address pathway and continuity of care issues, it is WHSSC's preference that all outsourcing arrangements for specialised services utilise the primary provider to outsource provider sub-contracting model thereby reducing complexity and maintaining clear accountability.

#### **4.4. IMPLEMENTATION**

##### **4.4.1. Commissioner Assurance**

The quality of care and experience that patients and their families receive, is central to the commissioning of specialised services, and is enshrined in Wales in the statutory Duty of Quality. Quality is everyone's business and all of WHSSC staff strive to ensure that quality and patient centred services are at the heart of commissioning. The [Commissioner Assurance Framework](#) (CAF) encompasses all of the components necessary to provide assurance to the Joint Committee on the quality and delivery of commissioned services.

The senior owner of the CAF is the Director of Nursing and it sets out the system of Quality Assurance and is the overarching Framework that includes WHSSC's:

- [Patient Experience and Engagement Framework](#)
- [Performance Management Framework](#)
- [Escalation Process](#)

- [Risk Management Strategy](#)

These frameworks and strategies are used continuously by the Commissioning teams to ensure the delivery of services meets the standards required by the Commissioner.

- **Patient Experience and Engagement**

The Patient Experience and Engagement (PEE) Framework is designed to ensure that patients are put at the centre of commissioned services. They are integral in monitoring the quality of care and in the development and improvement of services for the future. Patient experience can be measured as a suite of outcomes as laid out in the Framework and should be used throughout the commissioning cycle to inform the planning, securing and monitoring of services. Patients should also be engaged throughout the cycle in the planning and monitoring of services.

- **Performance Management**

The purpose of the Performance Framework is to describe the organisation's system for ensuring effective commissioning including appropriate monitoring, performance management and escalation. Working on behalf of the 7 Health Boards in Wales, WHSSC has a duty to monitor and report on providers performance and ensure contracted services are delivered within cost, to the appropriate levels of activity and to the standard and quality set out within WHSSC Service Specifications.

As a national commissioner this a major part of WHSSC's role. We have a responsibility to performance manage commissioned services and are committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. We consider that effective performance management is the responsibility of every member of the WHSSC team.

There are regular structured meetings in place that underpin the annual cycle of performance management and monitoring and these are described in the Framework. Regular reports based on best practice in performance monitoring are also provided to Management Group and Joint Committee at each meeting to allow them to effectively discharge their functions of scrutiny and assurance of commissioned services.

- **Escalation Process**

Where there is variance from planned performance, Commissioning teams work together within the agreed Escalation Process to support organisations to improve quality, address concerns and recover their performance position. As set out in the above document, 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.

- **Risk Management Strategy**

WHSSC's Risk Management Strategy covers the management of principal and organisational risks and the process for the escalation of risks for inclusion on the Corporate Risk Register:

- **Principal Risks:** are significant risks that have the potential to impact upon the delivery of strategic objectives and are monitored by the WHSSC Corporate Directors Group and Joint Committee.
- **Organisational Risks:** are key risks that affect individual directorates or commissioning teams (in relation to commissioned services) and are managed within individual directorates or commissioning teams and, if necessary, escalated through the risk reporting structure.

To identify and manage risks, each Directorate and Commissioning Team should complete risk assessments in line with the agreed approach to assessing risk. Any risks identified and evaluated as having a low/moderate rating, i.e. a score of between one and six, can be managed locally within the relevant Directorate and Commissioning Team. These risks are recorded locally in the local risk register. Risks scoring 8 or above are added to the Directorate and Commissioning Team risk register for monitoring of actions. Each Directorate and Commissioning Team will review its risk register on a monthly basis.

If it is felt that the risk can no longer be managed locally and requires more senior input and support then it will be escalated up through the Directorate or Commissioning Team to the Corporate Directors Group Board via the Corporate Risk Assurance Framework (CRAF). The CRAF includes the serious risks listed on the Corporate Risk Register (scored 15 or above) and summarises the controls and assurances that are in place or plans to mitigate them. The CRAF aims to align principal risks, key controls and assurances on controls alongside each of WHSSC's strategic objectives. The CRAF is reported to the Corporate Directors Board, Joint Committee and its sub-committees on a regular basis.

Commissioning teams should use the CRAF to develop their annual Commissioning Intentions and commissioning strategies where service

improvement and investment is required to reduce or mitigate the risks in commissioned services.

#### **4.4.2. Contract Review**

In the development of the ICP each year the Finance team assess the contract performance, Ministerial waiting times targets and other changes required on an annual basis and work with the Commissioning teams to review the contract baselines for the following year. SLAs are agreed and signed with all NHS providers on an annual basis in line with the all-Wales timetable agreed by DoFs, and the NHSE rules (all NHS SLAs usually to be signed by the end of Quarter 1).

With the agreement of providers, and as required, the Joint Committee, contracts can be reviewed and varied in-year, using the agreed contract terms and notice periods in the standard SLA documentation.

## **5.0 ROLES AND RESPONSIBILITIES**

The Director of Planning and Performance is the Senior Responsible Officer for the Commissioning Framework. The Director of Planning and Performance (DoP&P) will lead the development and implementation of it and has delegated responsibility for preparing, implementing and updating this. The DoP&P will also ensure that the toolkit and systems are in place for its implementation.