

BETSI CADWALADR  
UNIVERSITY HEALTH  
BOARD  
COMMISSIONING  
ASSURANCE  
FRAMEWORK

Approved by the  
Board on 28.05.2026



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## 1 Introduction

Betsi Cadwaladr University Health Board's (BCUHB) primary function is to improve the health and wellbeing of the population and secure or deliver quality care to directly meet the healthcare needs of its patient population. There is a range of services that the Health Board (HB) either cannot deliver directly due to the requirement for a specific specialism or geography, and as such the HB must commission some patient care services from external providers. There is a requirement to ensure that robust commissioning and contractual arrangements are in place to enable confidence that care is safe, effective and appropriate.

**This Framework outlines the approach the Health Board will take to enable effective systems and processes are in place that promote effective commissioning and contracting, and thus enhance patient care provision.**

### 1.1 Commissioning

The Health Board is both a commissioner and provider of services for its population, given the abolition of the purchaser-provider split in Wales in 2009. Most often, the health board acts as a 'commissioner' of care for services where it cannot directly provide a service to patients.

Commissioning is a strategic function involving the identification of population needs, service design, outcomes and decisions to secure provision. This is an area of development for the health board and the expertise, capacity and capability will continue to grow as part of the organisation's improvement journey. Procurement, contracting and contract management are mechanisms through which commissioned services are secured, monitored and assured. While closely linked, these functions serve different governance purposes, and the Board remains accountable for commissioning decisions across the full commissioning lifecycle, including pre-award decision-making.

It is often described as the Commissioning Cycle:



The health board aims to commission services that improve the health and wellbeing of the people of North Wales. The organisation will do this by securing sustainable care that enables

patients to receive modern, responsive, high quality yet cost-effective care and treatment that is effectively commissioned within the health board's financial resource limits.

This Commissioning Assurance Framework (CAF) describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that BCUHB is operating effectively to commission safe, high-quality and sustainable services within the resources available, delivering on statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients. This framework will be subject to an annual review.

## 1.2 Legal Framework and Core Principles

In delivering this Framework, the health board is required to operate within, and demonstrate compliance with, the Welsh statutory and policy framework governing commissioning and assurance. This includes duties under the Well-being of Future Generations (Wales) Act 2015, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (including the Duty of Quality in relation to services delivered on the Health Board's behalf), the Social Partnership and Public Procurement (Wales) Act 2023 (including socially responsible procurement and social value obligations), and applicable procurement legislation and Welsh Government policy, including the Procurement Act 2023 as it applies in Wales and the Health Service Procurement (Wales) Act 2024. The CAF supports the Board in discharging these duties through effective commissioning assurance.

Fundamental principles underpinning the Commissioning Assurance Framework:

- Ensuring that the patient is at the centre of the services commissioned by BCUHB. Capturing the patient experience alongside quality indicators is key to inform quality improvements. This involves working collaboratively with patients and carers in line with the NHS Wales People's Experience Framework (2025). This framework encompasses all services provided by NHS Wales organisations, including commissioned services.
- Work in partnership with providers to agree Service specifications.
- Ensuring the development of quality and safety indicators that are clinically-led and reflect the 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.
- Ensuring appropriate safeguarding arrangements are in place to support our patients.

The CAF operates alongside, and does not replace, detailed procurement and contract governance processes. It provides Board-level assurance that commissioning activity and subsequent contract management are undertaken lawfully, transparently and in accordance with applicable procurement legislation and Welsh Government procurement policy.

The CAF approach places sustained quality standards and improvement at the heart of monitoring of healthcare that is commissioned. It is aligned with the BCUHB Quality Management System (QMS) and aims to ensure continuous improvement in the quality of care and treatment of services available for the people of North Wales.

This framework describes BCUHB's approach to commissioning assurance including:

- The principles and behaviours which will underpin the approach to assurance.
- The contents of the assurance framework.
- How the assurance process will operate; and,
- BCUHB's potential responses to the assurance process.

## 1.3 Standards of Good Practice in Contract Management

In the development of the CAF consideration has also been given to the principles of the National Audit Office Good Practice Contract Management Framework. The framework is designed to assist organisations in managing their contracts effectively. It emphasises the importance of structured contract management leading to better service delivery and improved value for money in public bodies.

The framework is structured around four main blocks that encompass 11 key areas for contract management. These blocks are:

1. **Structure and Resources:** ensuring that the right organisational structures and resources are in place for effective contract management.
2. **Delivery:** Focusing on the execution of the contract terms and ensuring that the services are delivered as agreed.
3. **Development:** Continuous improvement of contract management practices and capabilities.
4. **Strategy:** aligning contract management with organisational goals and strategies.

Each of these areas include specific activities that organisations should consider when planning and considering contract management.

The Framework outlines the fundamental activities to be executed during the operational phase of contracts including:

- Establishing clear contract ownership and governance structures.
- Regular assessment and evaluation of contract performance.
- Ensuring effective communications and reporting mechanisms are in place.
- Embedding knowledge management practices to capture lessons learned and improve future contract management efforts

## 2 Scope of the Commissioning Assurance Framework

This Framework applies to healthcare services commissioned by BCUHB and delivered by external providers, including services secured through legally binding contracts, NHS Long Term Agreements and Service Level Agreements, and commissioned services delivered by the independent, private or third sector. Where services or arrangements are subject to separate statutory assurance or governance regimes, this will be made explicit and managed through appropriate alternative processes. This framework does not apply to primary care commissioning and non-healthcare services.

The assurance process is a risk-based approach which differentiates high performing providers and those whose performance gives cause for concern. It provides a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers.

A continuous assurance approach helps to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings is dependent on the circumstances, the range of risks identified, and on the leadership response. The assurance framework recognises that assurance is a continuous process that considers the breadth of a Health Board's responsibilities.

It consists of the following five key areas:

- **Access to Care** - the timely access to health services to achieve the best health outcomes within agreed Referral to Treatment Time/and or other related targets;
- **Quality and Safety** - ensure that services being commissioned are safe, personal, effective and continuously improving;

- **Finance & Activity** – patterns and variation from the planned level of activity or a variation in cost that indicates higher/lower target performance;
- **Patient Experience** – Triangulating patient and carer feedback, along with complaints, and concerns and incident data raised with the Health Board, to strengthen its ability to detect early warning signs of deterioration in quality, as well as evidence of excellence that should be adopted and spread;
- **Governance and strategic change** – cover's the degree of government or regulator intervention and sustainability (planned and unplanned service changes).

A set of broad principles have been identified, which should underpin how commissioning assurance is undertaken:

- Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services.
- Assurance is primarily about providing confidence.
- Assurance should build on what commissioners and providers are already doing to hold themselves accountable locally to communities and stakeholders, for both statutory requirements and for national and local priorities.
- Providing patients and carers the opportunity to provide feedback on commissioned services, demonstrating ongoing learning and service improvements through “you said, we did” methodology
- Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork.
- Assurance should be proportionate and respect the time and priorities of BCUHB and Providers.
- Assurance should be summative and take place over the year as on-going conversations.
- The tone, process and outcomes need to focus on development as well as performance.
- Accountability, learning and development will be integral to the process.
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, BCUHB will be open minded in understanding the reasons for variation and, where a problem is found, clear on the consequences and actions needed in response.

The importance of a proportionate approach is emphasised above. Across all sector commissioning arrangements, the health board will work in partnership with providers to support continuous improvement, promote strong governance and safeguarding standards, and ensure that services remain safe, effective and responsive to the needs of patients, service users and communities.

Assurance approaches will be proportionate, risk-based and consistent with Welsh Government policy, while recognising the diversity, scale and operating environment of different sector, for example Third Sector organisations.

### 3 Components of the Commissioning Assurance Framework

#### 3.1 Commissioning Arrangements

The Health Board Healthcare Providers fall into four distinct categories, including NHS/Joint Commissioning Committee, Independent/private, Third Sector organisations and Local Authorities, which determines the available procurement routes and type of contractual agreement.

### **3.1.1 NHS/Joint Commissioning Committee**

NHS Long Term Agreements (LTAs) and Service Level Agreements (SLAs) between NHS bodies for healthcare in relation to NHS statutory functions reflect statutory duties of cooperation and are not commonly intended to act as legally enforceable contracts. Any disputes would normally be dealt with through an arbitration process involving Welsh Government and/or NHS-E as appropriate.

However, NHS bodies are legally capable of entering into binding contracts with one another, and in a commercial context there is a presumption of an intention to create legal relations unless clearly displaced through drafting and conduct. Care must therefore be taken to ensure that the form and operation of NHS-to-NHS arrangements accurately reflect the intended legal position.

BCUHB is not the main commissioner of any other Health Board or NHS Trust. The HB must constantly collaborate with more than 15 other NHS organisations across five health economies in England and Wales to secure the services its residents need. Constructive relationships, rooted in statutory duties of cooperation, are extremely important. The health board seeks to work with others to secure preventative and long-lasting solutions, delivered close to home where possible.

The commissioning arrangements for some healthcare services such as for specialised health services and emergency ambulance services are on a collective or all-Wales basis through the Joint Commissioning Committee (JCC).

### **3.1.2 Independent/Private Sector**

For independent/private sector commissioned services contracts are put in place following a procurement exercise via NHS Wales Shared Services Partnership in line with Standing Financial Instructions, these contracts are legally binding.

All Wales, Crown Commercial, NHS and Shared Services Frameworks should be used where available before going out to the market through open competitive tendering procedures.

Commissioning arrangements in residential settings are through an overarching Pre Placement Agreement, supported by Individual Placement Agreements.

### **3.1.3 Third Sector Organisations**

Third Sector organisations play a vital role in the delivery of health and wellbeing services for the population of North Wales, often providing flexible, community-based and preventative services that complement statutory provision and support wider system sustainability. Commissioning arrangements with the Third Sector may take the form of formally contracted services, similar to independent or private sector arrangements, or grant funding awarded as a contribution towards agreed service objectives.

Where services are commissioned under a contractual arrangement, Third Sector providers will be subject to proportionate commissioning assurance and performance monitoring arrangements, aligned to the principles set out in this Commissioning Assurance Framework.

Where grant funding is used, assurance arrangements will focus on ensuring transparency, value for money, delivery against agreed objectives and compliance with grant conditions, whilst recognising the distinct nature of grant funding and avoiding undue burden. Grant-funded services will be monitored through agreed reporting mechanisms and reviewed to ensure they continue to align with BCUHB strategic priorities and population needs.

### **3.1.4 Local Authorities**

Local Authorities (LAs) are key strategic partners in the planning and delivery of health, care and wellbeing services across North Wales, particularly where responsibilities intersect across health, social care, public health, and preventative services. The health board commissions and, in many BCU HB Commissioning Assurance Framework – Draft v8.1

cases, jointly commissions services with Local Authorities through a range of statutory and non-statutory arrangements, including pooled budgets, partnership agreements, service level agreements and collaborative delivery models.

Commissioning arrangements with Local Authorities are underpinned by statutory duties of cooperation and partnership working and are not generally legally enforceable contracts in the same way as independent sector agreements. However, the health board remains accountable for assuring itself that services delivered on its behalf are safe, effective, person-centred and represent appropriate value for money.

Assurance of Local Authority-delivered or jointly commissioned services will be proportionate and risk-based, drawing on agreed governance structures, performance and quality reporting, safeguarding assurance and existing partnership mechanisms.

### **3.2 Register of Healthcare Contracts**

A central “register” of contracts is held within the Healthcare Contracts Team and includes all contracts, Long Term Agreements and Service Level Agreements issued for healthcare services within BCUHB. Service areas and Corporate Directorates will ‘own’ each contract with each Contract, Long Term Agreement or Service Level Agreement being given a unique reference number.

Where BCUHB is the commissioner the principles of good contract management remain an important part of the wider commissioning process, at a basic level, good contract management is about attention to detail.

It means understanding what the contract contains, who has responsibility for managing it, and whether performance, including quality performance, and costs are on track. The best results are achieved when those who are involved in commissioning and running the service work together to manage the agreement and have clear agreed processes and procedures in place to help them do so.

As a minimum the Central Contract’s Register will contain the following key fields:

- Contract Unique Identifier
- Type of Contract (SLA, Framework, Grant etc.)
- Status (active/inactive)
- Value of contract, including extension periods
- Length of contract
- Date due for renewal
- Service Area
- Service Description
- Operational Leader
- Contractual Lead
- Overall Risk Rating (Level of Assurance)

The current system is being reviewed in 2026/27, and this section will be updated to reflect any changes resulting from the implementation of a new system.

### 3.3 Governance and oversight

The governance structure is intended to ensure that issues arising from commissioning assurance are considered and addressed at the appropriate level. Operational and performance concerns should ordinarily be escalated through Executive-level delivery and oversight groups before progressing to Board Committees, ensuring that the Board receives assurance following appropriate Executive scrutiny and intervention.

#### 3.3.1 Executive Committee: sub-group on Commissioning and Contracting

In order to ensure the robustness of commissioning performance management, a Commissioning and Contracting sub-group to the Executive Committee will be established. This will oversee the implementation of this Framework enabling a robust assurance process, requiring collective leadership and management within the HB, including Quality, Finance, Service, Planning and Performance Departments.

The Group will also take into account local commissioning plans and patient flows / repatriation plans from England and additional outsourcing or insourcing initiatives in support of the HB short term plans. In addition, for consistency, this group will also oversee the healthcare contracts where BCUHB is the provider of services.

The Group will report via the Executive Committee to the Performance, Finance and Information Governance Committee and via the Quality Lead to the Quality, Safety and Experience Committee, on a quarterly basis. In addition, there will be strong links with the Continuing Health Care Strategic Group and the Planned Care Delivery Group. The executive lead for each of these groups will be responsible for escalation to the Group for their respective areas. In the first instance the focus of this group is limited to contracts delivering healthcare activity and how the HB builds the quality measures that are required for the delivery of services to patients as set out within the internal audit and Ombudsman reports. Once established the framework would be adopted for other non-healthcare contract monitoring arrangements.

#### 3.3.2 Contract Monitoring Assurance Meetings (CMAM)

The Contract Monitoring Assurance Meetings (CMAM) are regular meetings covering the different sectors. There are separate arrangements for CHC, Third Sector, Planned Care, NHS/Other Healthcare and Local Authority contracts however within their remit they all have oversight and monitoring responsibility for the contracts in their sector including:

- Oversee the review of healthcare contracts; ensuring the work is outcomes-focused and driven by the needs of people and communities.
- Oversee the development and implementation and monitoring of BCUHB commissioning strategies.
- Monitor performance and quality outcomes against patient experience metrics and Welsh Government targets.
- Provide assurance through exception reports for the HOG on key performance indicators.
- Identify opportunities to minimise variation in service provision.
- Direct actions to address any performance issues including the mitigation of risk and escalating risks.
- Ensure that balance is achieved between the needs of communities, providers and commissioners, in order to deliver change that is sustainable.

The Internal Contract Assurance Meetings provide the opportunity for key people to meet on a monthly basis to look at data received from providers.

The data and discussion will enable BCUHB to form conclusions on whether there are any areas of concern and whether to recommend to the Executive level Commissioning and Contracting Group that a service should 'step up' or 'step down' the Escalation Process for Providers (see Section 4.5). This provides BCUHB with a mechanism for monitoring and follow-up which can then be used to strengthen assurance and enables it to show how it is using the data to improve patient outcomes.

Key data is captured in a highlight report for each organisation and records exceptions and key trends drawn from for example:

Table 1: Monitoring Categories

Quality & Safety	Finance (Cost & Activity)	Access	Patient Experience
<ul style="list-style-type: none"> <li>☐ Serious incidents</li> <li>☐ Breakdown of serious incidents (themes)</li> <li>☐ New serious incidents</li> <li>☐ Never events</li> <li>☐ Mortality</li> <li>☐ Clinical Audit</li> <li>☐ Internal / External Audit</li> <li>☐ C.diff rates</li> <li>☐ MRSA rates</li> <li>☐ HCAI/ pressure damage rates</li> <li>☐ Safety solutions compliance</li> </ul>	<ul style="list-style-type: none"> <li>☐ Cost against the plan</li> <li>☐ Activity against plan</li> <li>☐ Any other cost and activity information considered useful</li> </ul>	<ul style="list-style-type: none"> <li>☐ Patient waiting times A&amp;E</li> <li>☐ RTT Urgent suspected cancers</li> <li>☐ RTT Diagnostics</li> <li>☐ RTT normal referrals</li> <li>☐ Ambulance times</li> <li>☐ Stroke bundles</li> </ul>	<ul style="list-style-type: none"> <li>☐ Public service ombudsman responses</li> <li>☐ Coroner responses</li> <li>☐ HIW</li> <li>☐ CQC</li> <li>☐ CHC</li> <li>☐ CIW</li> <li>☐ WAO</li> <li>☐ Complaints 1and compliments from any source</li> <li>☐ Welsh language access and compliance with the Welsh Language (Wales) Measure</li> </ul>
<b>These may need to be varied dependent on the type of contract</b>			

The highlight report should also consider the following areas of governance and strategic significance:

Governance and Strategic Change
<ul style="list-style-type: none"> <li>• Healthcare Inspectorate Wales, Care Inspectorate Wales or Care Quality Commission inspection reports, notices and action</li> <li>• Levels of Government intervention</li> <li>• Wales Audit Office structured assessment reports</li> <li>• Annual Governance Statements</li> <li>• Well-led Assessments</li> <li>• High level reference to strategic change programmes</li> <li>• Independent inquiries and reviews</li> <li>• Service closures or suspended services</li> <li>• High level reference to organisational assurance processes</li> <li>• Changes to leadership</li> <li>• Staff engagement and surveys</li> <li>• Soft intelligence</li> <li>• Media issues</li> </ul>

The highlight report will include commentary where further investigation may be needed or where further consideration may be given and be included within exception reports to the Commissioning and Contracting Group.

### **3.3.3 Contract Quality Review & Performance Management**

Contract Quality and Performance Review Meetings (CQPRMs) will be held regularly with providers. The CQPRM will monitor all aspects of the provider contracts, including;

- Access
- Scheduled and Unscheduled Care
- Quality & Safety including patient safety and clinical effectiveness
- Patients Experience
- Finance (Activity & Cost).

The expected frequency of CQPRMs will be dependent on the circumstances, the range of risks identified, and on the leadership response.

Within these meetings, assurance on compliance will be sought and information reviewed in line with the contract requirements to ensure national standards for quality, performance, finance and patient experience as laid down in the NHS Wales Delivery Framework and that local expectation and targets are met. These processes will be led and co-ordinated by a commissioning team as appropriate to the contract, including representation from finance, contracts, planning, performance, quality and operation/planned care and informatics.

A critical gap in the system of oversight of quality and safety was identified in the Francis report (2013), which arose from the inability of commissioners to collect information on provider quality and to understand and make use of the contractual mechanisms that were available to them.

BCUHB recognises the importance of information and an understanding of how to act on it, and will use contractual mechanisms such as audit and investigation to understand quality in provider organisations. Where possible the triangulation of data relating to patient safety and quality of care will be undertaken. In addition, analysis of the concerns process and patient experience mechanisms will be utilised to evaluate impact on quality and patient safety.

These will be Commissioner managed meetings with a standardised agenda to ensure a holistic overview of performance relating to access, quality & safety, patient experience, finance and service developments. Membership and attendance will be agreed to ensure that the whole agenda is managed in a lean way with minutes and action points produced following each meeting.

An assessment of the provider escalation level will take place during each CMAM in line with the escalation process set out below and reported to Commissioning and Contracting Group. A policy will be in place for the retention of contract monitoring records within a central repository.

### **3.4 Developing and Implementing a Rating System for Providers**

As a Health Board BCUHB needs to provide effective and robust monitoring arrangements to ensure performance, quality and efficiency of all services delivered on its behalf. It will have in place systems and processes for anticipating and responding to performance trajectories and risk assessments including measures of safety, effectiveness and user experience. There is strong evidence to suggest a rating should be based on a combination of indicators compiled from routinely available data, information from inspections and patient experience and not just data alone.

The Rating system to be used will be developed further by the Commissioning and Contracting Group an example is set out below:

Each provider will be rated to help BCUHB compare services and to highlight where care is good or outstanding and expose where care is inadequate or requires improvement. BCUHB will use the following categories for assessment; Access – Scheduled and Unscheduled Care, Quality & Safety, Patients Experience and Finance (Activity & Cost). Information is also collected in relation to Governance and Strategic change. Special Measures and levels of Government intervention are recorded. The BCUHB scoring system is used in addition to help provide assurance within the Health Board in relation to the services provided to its residents. This will be displayed in a high-level dashboard to show at a glance the provider rating (Arrows will be used to indicate the direction of monthly changes). Absence of required information will be recorded and the score will reflect whether there is an agreed development plan to provide such information.

Table 2 - High level Overview Scorecard

Provider	Assurance Framework Rating Assessment (Date)				
	Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating
	USC / Planned				
1	Green	Green	Green	Green	Level 1
2	Yellow	Green	Green	Green	Level 1
3	Yellow	Yellow	Yellow	Green	Level 2 (2 or more ambers)
4	Yellow	Red	Yellow	Yellow	Level 3
5	Red	Red	Yellow	Green	Level 4 (2 or more reds for 3 months or more)

The Health Board's Integrated Performance Framework uses a red / amber / green system to facilitate the appropriate prioritisation and escalation of performance issues. The rating system for providers will utilise the same level of assurance and hence any adjustments made in the Integrated Performance Framework will be reflected in this Framework.

Tolerances may be agreed by the Executive Committee, for example, in relation to financial performance. The levels for assurance that will be utilised are as follows:

Table 3- Levels of Assurance

Green	On target. The number of milestones met greater than number of milestones not yet met (with no significant outliers)	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources
Amber	Risk to delivery (number of milestones met equals milestones not met) Missing objective/target but on agreed performance improvement trajectory	Enhanced monitoring via an exception report and associated remedial actions and trajectory for improvement includes Contract Quality Performance Review Meetings (CQPRM)
Red	Not on target Number of milestones not met is greater than those met Persistently not meeting threshold (3 months); and highly unlikely to achieve recovery within specified period	Escalated performance monitoring requiring detailed action plan and additional CQPRMs

### 3.5 Escalation Process for Providers

This Framework sets clear thresholds for intervention in underperforming providers and a rules-based process for escalation, including defined timescales for demonstrating improved performance.

Provider performance is assessed against a series of indicators using the most current data available, and the results trigger intervention by commissioners in the case of performance concerns. The escalation process will be a 'step-up, step-down' process. There will be a proportionate approach which takes into account the degree of risk for North Wales residents. For example, a small number of Betsi Cadwaladr Health Board residents may attend a large organisation in Special Measures, but the specific services used by Betsi Cadwaladr Health Board residents may not be a cause for concern.

#### 3.5.1 Escalation Levels

Dependent on the level of escalation, the frequency and required attendee list for the CQPRMs will be determined by the CMAM's as appropriate to the type and value of contract.

	Level of Monitoring	Escalation	CQPM Meeting Frequency
Level 1	Routine Monitoring - Evidence and data will be provided through the Quality Schedules and/or information from national assessments and usual data sources	None - Routine monitoring	Routine Monitoring via CMAM
Green			
Level 2	Enhanced monitoring via exception and associated remedial actions and trajectory for improvement includes Contract Quality Performance Review Meetings (CQPRM)	Enhanced monitoring	Increase frequency as recommended by CMAM and reported to HOG
Amber			
Level 3	One Red area Escalated performance monitoring requiring detailed action plans for exceptions	Escalated Monitoring <i>Reported to PFIG through Exec Committee</i>	Monthly meeting
1 xRed			
Level 4	Two or more Red areas CEO made aware – Provider summit may be arranged Escalated performance monitoring requiring detailed action plan for exceptions and increased frequency of CQPRMs	Escalated monitoring CEO informed & <i>Reported to Board</i>	Executive Lead to Chair meeting. Further escalation to CEO Led meeting and focused risk-based plan if there are significant and persistent concerns (supported by a provider summit where appropriate)
2+ Red for 3+ months)			

The Executive Committee will be informed if there is difficulty securing the frequency or attendance at the meetings needed.

Reasons for Escalation include:

- Any issues that present an immediate challenge to service continuity, which may affect the reputation of the commissioner and/or the provider and could result in any closure or partial closure of a service;
- Alarms or concerns arising from the examination of qualitative and quantitative data. For example, raised mortality rates, deteriorating infection profiles or concerning patient harm reports;
- Alternatively, a worrying set of workforce metrics (for example in relation to the Nurse Staffing Levels (Wales) Act 2016) or credible soft intelligence which is not readily accounted for by the provider;
- When a concern about quality has been identified and acknowledged by the provider and commissioner but where the mitigating actions to improve the situation are showing little signs of having an impact and patients continue to be at risk, or potentially at risk;
- Repeated failure to deliver agreed improvement plans;
- Evident or suspected poor leadership and/ or governance, particularly clinical governance;
- Serious media exposure / covert reporting;
- Increase of the number and type of minor concerns that begin to raise more fundamental questions of governance or competence of the provider to deliver a safe service;
- Highly critical independent service review reports which identify repetitive serious failures;
- Serious concerns raised by HIW, CHC, WG Intervention process or professional bodies.

BCUHB will review its use of the process if there is a civil contingency.

As matters escalate, particularly where contractual levers, sanctions or formal enforcement options are being considered, early engagement with BCUHB Legal Services should take place to support lawful, proportionate and defensible decision-making. BCUHB Legal Services involvement is not required for routine assurance activity but is expected at an appropriate early escalation point to manage legal risk.

An example of how the escalation process would be applied against the high-level dashboard is set out in Appendix 1.

Organisations in Government/Regulator “special measures” will be subject to a BCUHB Executive Committee decision about the level of BCUHB escalation and monitoring required. BCUHB may participate in arrangements involving Regulators and other Commissioners.

### **3.5.2 Chief Executive Level Escalation and Provider Summits**

Where BCUHB has persistent and significant concerns that actions are not reducing risks at Level 4 the Chief Executive Officer will seek a series of focused meetings. Initially with relevant executives and other Commissioners of the service. A plan focusing on the major risks will be agreed and monitored. It may be supported by a summit meeting, the purpose of which will be to examine issues in detail and to have an open discussion about the concerns and testing the potential for improvement.

The summits may form two parts; the first an internal summit at an executive level and secondly a joint provider summit where the provider is invited to attend. The summit will involve crosschecking multiple sources of information such as complaints data, the public voice, performance, incidents, and infection rates, staffing ratios, together with reports and or concerns reported by HIW, CHC, CIW or WG. There will be a ‘Core Agenda’ for a collective internal summit to share intelligence and assess priority providers. There will be a robust record of the summit

conclusions including actions to be included in the risk-based plan. All provider summits held will be reported through to the relevant Board Committee of the BCUHB. A sample Agenda can be found at **Appendix 2**.

### **3.6 De-escalation Process**

As the performance improves and risk assessments indicate a reduction in level of intervention required, de-escalation will be discussed by the members of the Internal Commissioning Assurance meeting and agreed by those responsible at the escalation level, i.e., level 3 Exec Director, level 4 CEO.

Any level 4 escalations will be reported to the relevant Board Committee. All Level 3 and above escalations will be reported to the PFIG by the HOG and considered there for de-escalation.

As de-escalation occurs, the membership of the CQPRM meeting will be reviewed to ensure that the correct level of intervention continues to support the improvement journey for the provider.

## 4 Appendices

### 4.1 Appendix 1

Table 4.4 Example of escalation level against high level performance overview

Provider	Date	Assurance Framework Rating Assessment (Date)					Escalation Level
		Access	Finance & Activity	Quality & Safety	Patient Experience	Overall Rating	
		USC Planned	USC Planned				
1						Level 1	<b>Level 1</b> – Routine monitoring
2						Level 1	
2						Level 2	<b>Level 2</b> - Enhanced monitoring Service Director informed
3						Level 3	<b>Level 3</b> Escalated monitoring (Executive Director) informed
4						Level 4	<b>Level 4</b> Escalated monitoring  CEO informed  Special Measures

## 4.2 Appendix 2 Internal Provider Summit

### Attendees:

The Chief Executive Officer will decide the appropriate representation which may include:

Chief Executive

Executive Director of Finance or their deputy

Chief Operating Officer

Executive Director of Nursing and Midwifery or their deputy

Executive Director of Public Health or their deputy

Executive Director of Strategy and Transformation

Executive Medical Director or their deputy

(Other attendees may also be invited)

### Sample Agenda for an Internal Provider Summit

1. Background and Purpose
2. How we are proposing to run the summit
3. Examination of available information and data including a summary and flagging of the big issues:
  - Governance and Strategic Change
  - Access
  - Quality & Safety
  - Finance
  - Patient Experience
  - Any other relevant data / information
  - No surprises
4. How concerned should we be?
5. Next steps