Title of the Committee Paper

Implementation of the Quality Framework

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Author: Director of Nursing & Quality
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Purpose of the Committee Paper

The aim of the following paper is to propose the process for the implementation of the Quality framework. This paper will be supported by a presentation to facilitate both discussion and clarification.

Joint Committee / Committee Resolution (insert ✓) to:

<table>
<thead>
<tr>
<th>APPROVE</th>
<th>ENDORSE</th>
<th>SUPPORT ✓</th>
<th>NOTE</th>
</tr>
</thead>
</table>

Recommendation

Members are asked to:
- **NOTE** the content and to approve the approach outlined; and
- **AGREE** to revise the current Quality Framework to reflect and support the updated standards in both Wales & England and function of an implementation team.

Governance

<table>
<thead>
<tr>
<th>Link to WHSSC Strategic Objective(s)</th>
<th>Quality Assurance</th>
<th>Performance Monitoring</th>
<th>Risk &amp; Safety</th>
</tr>
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<tr>
<th>Link to Integrated Commissioning</th>
<th>Quality &amp; Safety and aligned to the 3 year integrated plan</th>
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### Plan

| Supporting evidence | WHSSC Quality Framework |

### Engagement – Who has been involved in this work?

Assistant Medical Director,  
Head of Business Development  
Chair Quality & Safety,  
Finance, data & planning representatives

### This paper has been considered and supported by:

<table>
<thead>
<tr>
<th>Finance</th>
<th>Clinical Evidence Evaluation Group</th>
<th>Programme Team</th>
<th>Corporate Directors Group</th>
<th>Management Group</th>
<th>Joint Committee</th>
<th>Other</th>
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</table>

### Commissioner Health Board affected

| Abertawe Bro Morgannwg | √ | Aneurin Bevan | √ | Betsi Cadwaladr | √ | Cardiff and Vale | √ | Cwm Taf | √ | Hywel Dda | √ | Powys | √ |

### Provider organisation affected

| NHS Wales (please state) | √ | WG | Other NHS | √ | England | Other private | √ |

### Summarise the Impact of the Committee Paper

<table>
<thead>
<tr>
<th>Equality and diversity</th>
<th>Monitoring and application of agreed standards and approach will provide equitable access to high standards of health care and consistency for providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal implications</td>
<td>Where performance falls below an expected standard then escalation and de commissioning of may have legal implications</td>
</tr>
<tr>
<td>Population Health</td>
<td>Implementation of the Quality Framework will undoubtedly ensure that the aim of WHSSC in providing on behalf of the seven Health Boards equitable access to safe, effective, and sustainable specialist services for the people of Wales.</td>
</tr>
<tr>
<td>Quality, Safety &amp; Patient Experience</td>
<td>WHSSC recognises that providing high quality patient centred care is central to the aims of the organisation. Implementation of the framework will strengthen and enhance the patient experience by ensuring that there is a robust process in place for monitoring and improving.</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>A commitment will be required to support the infrastructure that will be required to deliver the quality agenda. This may have a financial consequence as there is no dedicated team supporting this function at present. Some may be identified within the current organisational structure however there may potentially be a need for additional investment once structure mapping is complete. It is also recognised that there will be a time resource required for staff to attend training workshops however it is envisaged that this will be within their current work time and not in addition to hence there will be no financial consequence.</td>
</tr>
<tr>
<td><strong>Risks and Assurance</strong></td>
<td>Implementation of the quality framework is key to ensuring that safe commissioned services are in place. This framework will strengthen the current systems and hence reduce the risk for both providers and commissioners alike.</td>
</tr>
<tr>
<td><strong>Health and Care Standards</strong></td>
<td>All Health &amp; Care Standards Quality Assurance and Improvement framework(QAIF) NHS England Outcomes</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td>Consideration needs to be given to the structure within WHSSC that is required to deliver the quality agenda and ensure monitoring of the data submitted by providers. A further paper will be submitted once clarification is provided around the commissioning processes to describe this in more detail.</td>
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</table>
IMPLEMENTATION OF THE QUALITY FRAMEWORK

1. SITUATION / PURPOSE OF REPORT

Following the publication of the Welsh Health Specialist Services Committee (WHSSC) Quality Assurance Framework (QAF) a piece of work has been undertaken to consider the framework in light of the publication of the Welsh Government Heath & Care Standards (April 2015) and the NHS Outcomes Framework (April 2015) as well as a plan to implement the framework. The standards within the English healthcare system have also been cross referenced to ensure equity, consistency whilst providing assurance and prevention of duplication. The aim of the following report is to propose the process for the implementation of the given framework. This paper will be supported by a presentation to the Joint Committee for both discussion and clarification.

2. BACKGROUND / INTRODUCTION

Quality in the NHS

The NHS in Wales is committed to putting quality at the heart of its services and is underpinned by the core values set out in the strategic document Health in Wales (2011). Quality services provide the right care, in the right place in a timely way and in the right way. High quality healthcare is about caring for people ensuring that they have equitable access to services dependant on their need and circumstances.

One of the aims of Welsh Health Specialist Services is to strive to improve the quality of specialist services provided and ensure that the highest possible standards are met for the benefit of People of Wales. It also wants to ensure equity of access and excellence to the provision of specialised care and treatment.

In July 2014, the Joint Committee supported the proposal to enhance the Welsh Health Specialised Services approach to quality by ensuring that quality was central to all commissioning and performance management arrangements. The interim Director of Nursing and Quality led the development of a strategic Quality Assurance Framework by engaging with various stakeholders and the framework was formally endorsed by the Joint Committee in January 2015.

The Welsh Government consultation Green Paper Our Health, Our health Service (2015), puts quality at the centre of all that we do in the NHS. The NHS in Wales is committed to putting quality at the heart of its services and there are many examples of excellent healthcare being provided to patients.
The three dimensions of quality used within the Quality Framework are:

![Diagram showing three overlapping circles labeled Safety, Clinical Effectiveness, and Patient Experience.]

Applying this definition to patients ensures that specialist services commission services based on the three overriding principles:

**Safety:** Assured that patients will not come to harm and that services have systems in place to protect and safeguard them.

**Clinical Effectiveness:** Confidence that all healthcare provided will be based on the best available evidence that clinically addresses their needs and delivers the best outcomes.

**Patient Experience:** Ensure that patients are treated with compassion, dignity and respect at all times, receiving care that is personal and meets their needs.

The Health and Care Standards (2015) which revise the 2010 Healthcare Standards and aligned with the Fundamentals of Care, make them applicable to health settings and place them in the context of prudent healthcare. In NHS England the Quality Assurance and improvement Framework (QAIF) provides an overarching framework for quality assurance of the specialised services commissioned. In both countries the existing duty of quality requires HNS bodies to ensure arrangements are in place for monitoring and improving the quality of their services.
3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

As a commissioning organisation, Welsh Health Specialised Services is responsible for ensuring that providers deliver services of the highest possible standards of quality and safety. The two ways that this will be supported is by:

- Gaining assurance regarding the quality of commissioned services
- Identifying and addressing variation in access and or outcomes

To turn the vision outlined within the Quality Framework into a tangible reality, data will need to be gathered throughout 2016/17 and used as a baseline to evidence improvement in 2017/18.

To assist in achieving this, the following objectives will be implemented:

1. Engage with all partners, public, patients and cares to encourage their involvement in improving the quality of care provided; actively seeking feedback on their experiences of healthcare and using this information to improve services.

2. Work in partnership with our providers to ensure that they deliver safe, effective, accessible services and secure continuous improvement.

Welsh Health Specialised Services commission services from a range of providers both within and external to the NHS, it also commissions from services in England. The commissioning of services from England adds an additional layer of complexity as those providers must comply with the standards within both Wales and England. Following a mapping exercise of the Welsh and English standards it is clear that there are many similarities that can be drawn but where specific gaps are identified work will be undertaken with providers to gain both assurance and of mutual benefit.

Although Welsh Health Specialised Services currently uses all of the components of the framework for quality assurance and improvement the application is not always consistent across either services or providers. Therefore the application of the principles within the framework will both strengthen the assurance process and make it more meaningful for both parties. In addition it will have a far greater clinical input and be patient outcome focused. This rigour and consistency will allow for benchmarking within services and across providers.
**Approach**

The approach agreed within the framework outlines a process by which an annual review meeting, a site visit and a standardised template will be used. Whilst each of the component elements are vital the committee is asked to consider reversing the order and ensuring that contact through the contracting process and a continuous process of monitoring is established with a final evaluation to bring services and providers together. In this way there will be no delay in identifying problems with either the contract or the services and in turn the process will be proactive working in partnership with providers and not reactive and punitive. It will allow adjustments and improvements to be made in a fluid and transparent way and not only act when things go wrong.

The suggested approach is made up of four stages and these stages will be delivered through the contracting process, monitored via the Programme Teams and reported through the governance structure within the organisation:

1. Quality Data Analysis
2. Triangulation
3. Service Visits
4. Support Improvements

This approach enables exploratory reviews to be undertaken, allows for questions to be raised and supports quality improvement. It is designed to facilitate collaborative working enabling clear and effective communication between Welsh Health Specialised Services and providers, focusing on what adds value. Transparency underpins the approach, challenge and enquiry will focus on support and improvement rather than seeking to apportion blame.
The following diagram sets out the approach for implementation:

**Accountability:** Joint Committee, Quality & Safety Committee, Management Group

**Outcomes:** NHS Wales Health & Care Standards, Outcomes Framework, Targets

**Programme Teams: Role and Functions**

**Stage 1**
- Population needs assessment
- Resource analysis
- Review current service provision
- Agree processes with partners
- Agree programme outcomes with partners

**Stage 2**
- Undertake joint gap analysis
- Agree priorities to go forward with partners
- Undertake business case/option appraisal
- Joint design of service model
- Develop specification
- Contract development

**Stage 3**
- Manage provider relationships
- Effective clinical engagement
- Service visits
- Contract management against performance indicators
- Capacity building across provider landscape

**Stage 4**
- Assessment against outcomes
- Review ‘programme performance’
- Review plans /benchmarking
- Audit day
- Evaluation of service

**Engagement: Stakeholder Relationships External and Internal – Co-production approach**

**Governance:** Risk Management, complaints, incidents, informed transparent decision making

**Leadership, Ethics and Culture – commitment to good governance**

The following section elaborates on section 9 and 10 of the framework for clarity of approach:

1. **Data collection**

The key performance indicators specified within contracts will be built into a quality scorecard and monitored at least quarterly and scrutinised through SLA monitoring meetings with providers. As a minimum the domains will include:

- Patient experience
- Safety – incident reporting, investigations, lessons learnt
- Clinical effectiveness
- Leadership and culture

Patient and public experience of the commissioned services is perhaps the most valuable data that will be captured and incorporated into the evaluation of service provision. This will enable a picture to be built of how it feels to receive care from a particular service or provider.
2. Triangulation

Quality and safety information will not be reviewed in isolation. Triangulation of data obtained externally from inspectors and regulators will assist in building a picture of services commissioned. The use of benchmarking data to compare providers will help identify areas of concern and ensure that systems are in place to readjust both the indicators and frequency of monitoring if required.

3. Service Visits

These informal visits to service areas will consist of observations of care, discussions with patients and staff and will be seen as a key part of developing the commissioner/provider relationship. Ideally the visits will be clinically led or involve staff with relevant expertise. There is also a potential to include Community Health Councils in these visits. A template has been adapted using the same methodology from the Trusted to Care ‘Spot Check visits. Providers will also be asked to share any external visits that have taken place with relevant action plans to prevent duplication.

4. Support Improvement

In the context of the framework supporting improvement includes:

- Working with providers to support them in improving areas of underperformance as identified through our monitoring arrangements
- Facilitating opportunities for sharing investigations into patient safety incidents including lessons learned
- Involving clinicians in service specification and service re-design work.
- Shared approach to innovation and research
- Annual audits that currently take place will be implemented across all programme areas and will be seen as an integral part of supporting improvements, horizon scanning, sharing of good practice and identifying challenges.
Quality Cycle

The following cycle will be applied to all contracts and discussions held with providers and will form the basis of discussions.

A range of high-profile national reviews and investigations have all concluded that quality and safety must be at the heart of healthcare. The recommendations and lessons learned from these reviews need to be fully reflected and evidenced within the Quality Framework. Health care providers should already have systems and processes in place so this process should not involve a duplication of information but an agreement that this information will in the future be shared with the commissioner.

The launch of the new Health and Care Standards in April 2015 monitoring system has also been designed to allow sharing of key information which again will allow these key elements of health care to be reflected within the service specifications required for assurance of quality performance indicators.

Scrutinising the contracting process and working in true partnership with the providers will be the key element to the success of this process so that the indicators are agreed, meaningful and the process for monitoring is clear and robust. Ensuring that the patient is at the heart of all decisions and their experience when accessing commissioned services is central to the quality framework will undoubtedly strengthen assurance but also ensure that services are both fit for purpose and meet the needs of the patient. Clinically outcome indicators as well
target focused will ensure that the picture of reporting is balanced and delivers the best outcomes for patients.

**Next Steps**

Following the initial mapping of implementation it is planned to further test the proposed model on a range of both commissioned services and providers. During initial discussions a number of current providers have agreed to work with WHSSC to develop a set of key performance indicators that they are of mutual benefit and provide assurance from a governance perspective. The areas for initial testing have been identified as Paediatric Cardiology Services across 4 providers and two providers where contracts are currently in the process of being renewed. Full roll out will be incremental as contracts are due for renewal however discussions are already taking place within current audit and review days.

Alongside the testing of the approach there will be a series of workshops undertaken within the organisation and include the Management Team and Programme Team members. This will ensure staff are fully informed and ensure that there is consistency of approach. The Quality framework will also be an integral component of the emerging commissioning strategy and Communication with all providers that Welsh Health Specialised Services commission from will be informed of the implementation of the framework.

Two pieces of work are currently outstanding to support the process. Firstly there is a need to capture each contract currently in place and determine where they fit within the contracting timeframe and secondly there is a need to consider the workforce element required to deliver and implement the model. Both of these will be brought back to the committee once completed along with a working example of the audit cycle once completed.

**4. RECOMMENDATIONS**

Members are asked to:

- **NOTE** the content and to approve the approach outlined; and
- **AGREE** to revise the current Quality Framework to reflect and support the updated standards in both Wales & England and function of an implementation team.