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Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee



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Uned Gomisiynu
Cydwethredol Cenedlaethol
National Collaborative
Commissioning Unit

LEGACY STATEMENT

National Collaborative Commissioning Unit

DRAFT

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1. BACKGROUND

The functions within the National Collaborative Commissioning Unit (NCCU) which includes the Emergency Ambulance Services Committee (EASC) team and the Quality Assurance and Improvement Service (QAIS) will formally transfer to the NHS Wales Joint Commissioning Committee of health boards on the 1 April 2024.

This legacy statement summarises the resources, assets and liabilities of the NCCU that will transfer accordingly. The EAS Committee resources, assets and liabilities will be transferred and are contained in the EASC Legacy Statement.

The Service Level Agreement between the NCCUs Quality Assurance and Improvement Service (QAIS) and WHSSC will cease and delegated functions and finance will be replaced by direct funding by the NHS Wales Joint Commissioning Committee from 1 April 2024.

2. BACKGROUND

The NCCU has developed over the last 10 or so years.

A timeline has been drafted to capture the key issues and staff involved in the development of the Unit to date (**Appendix 1**). The original team were of about 5 staff which has increased to almost 40 (during the National Programme of Unscheduled Care) and has more recently reduced to just over 30 staff.

The NCCU vision is:

‘Leading quality assurance and improvement for NHS Wales through collaborative commissioning’

In order to deliver against the vision and respond to the growing demand for the services offered by the NCCU strategic aims have been developed with a plan to enable delivery.

The NCCU stated strategic aims are:

- Transformational drivers
- Collaborative Commissioning
- Integrated Thinking
- Shared Insight
- Evidence-Based Outcomes.

The work programmes are delivered on behalf of:

- Emergency Ambulance Services Committee (EASC) led the Chief Ambulance Services Commissioner (CASC).
- Improving Care, Improving Experience in Mental Health and Learning Disability Services Programme led by the Clinical Director NCCU.
- Health boards and Welsh Government through external commissioned bespoke areas of work led by the Managing Director for the NCCU.

The collaborative commissioning approach integrates the intentions of the Well-being of Future Generations (Wales) Act 2015 and the ‘Five Ways of Working’ into everyday practice. It aims to promote prevention; engage staff; enable collaboration and drive standards. It provides the evidence of the delivery of the Quadruple Aim in practice through the commissioning of services.

NCCU staff aim to think and work nationally; and deliver locally with clinical leadership supporting the alignment of the work programmes of EASC and QAIS and externally commissioned work. NCCU activities are outlined at **Appendix 2**.

The team at NCCU aim to work across organisational boundaries; collaborating with Welsh Government, Health Boards, Local Authorities, Regional Partnership Boards, Welsh Ambulance Services NHS Trust, Emergency Medical Retrieval and Transfer Services (EMRTS Cymru), NHS Wales Shared Services Partnership (and includes Velindre University NHS Trust) NHS Wales's central supporting organisations and external experts to deliver the vision and the work programme of the NCCU. Established under the organisational arrangements of EASC in 2015.

A list of commissioned services and delegated functions for the NCCU and EASC are attached at **Appendix 3**.

2.1 Cultural Competence Scheme

The NCCU has been awarded the Black Asian and Minority Ethnic Cultural Competence Scheme Silver Plus Award by Diverse Cymru 2 October 2023 – 2 October 2025. The award recognises the team's active support and commitment towards helping the NCCU become a culturally competent employer and ensuring the workplace is fair and equitable for those from Black, Asian and Minority Ethnic communities across Wales. The certification scheme is funded by Welsh Government and supports the Anti-Racist Wales Action Plan, which was published in June 2022.

The Award reflects the cultural competence progress as part of Diverse Cymru's Black, Asian and Minority Ethnic Cultural Competence Certification Scheme. This has been independently validated by the United Kingdom Investor in Equality and Diversity (UKIED).

3. THE QUALITY ASSURANCE AND IMPROVEMENT SERVICE (QAIS)

3.1 History

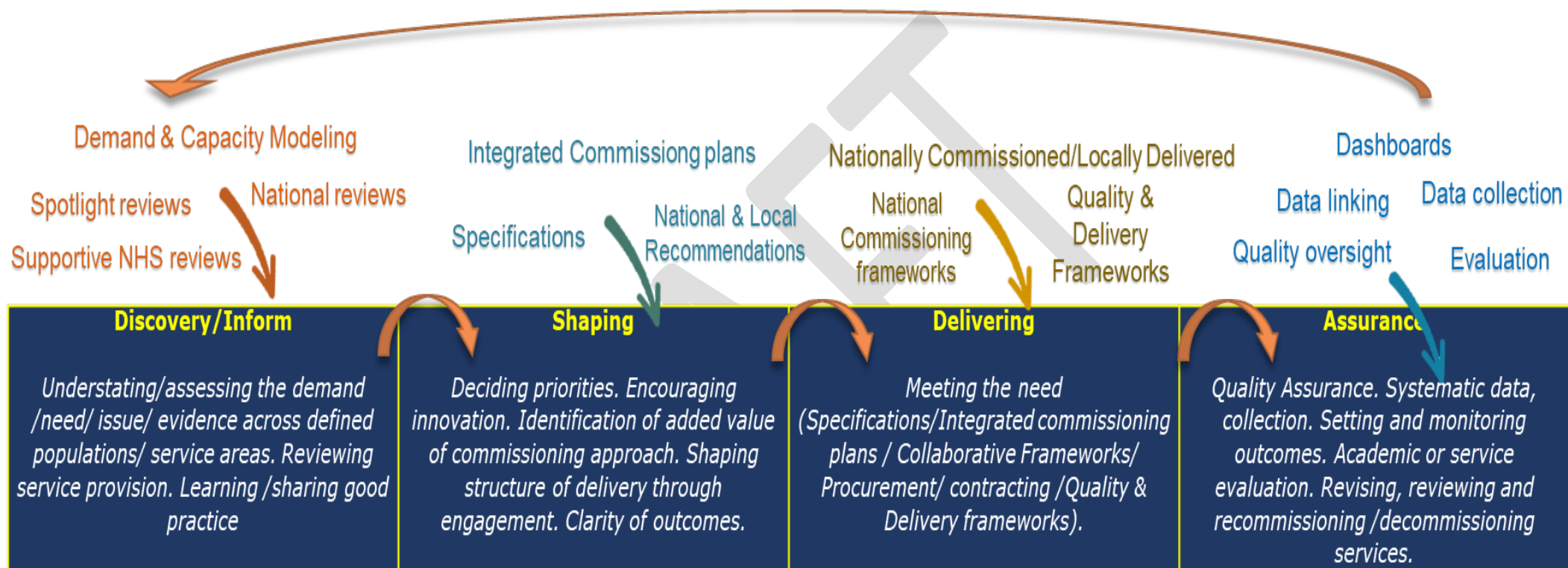
The NHS Wales Quality Assurance Improvement Service (QAIS) forms part of the National Collaborative Commissioning Unit (NCCU) and is a general term to cover a range of activities. The original part of the Quality Assurance and Improvement Service (called the secure services team) was established in 2012 to manage a contract to provide low and medium secure mental health services. The team was funded by the savings made on the previous arrangements and aimed to ensure better quality for the service users. Since then it has been requested, by a number of organisations or persons, to undertake a range of reviews, commission a range of services and support a wide variety of work.

3.2 Approach

The Quality Assurance and Improvement Service uses an award winning collaborative commissioning approach to delivery which means:

- **Discovery:** Assessing demand and needs
- **Shaping:** Agreeing priorities with Health Boards and Welsh Government and securing the right services or approaches to meet new or extant need
- **Delivering:** Designing new approaches and supporting the redesign of services
- **Assurance:** Assessing value of current and new service and approaches and monitoring, evaluating, assessing and learning from the commissioning approach.

See below for visual of this approach:



The QAIS can provide support across this commissioning approach from assessing demand to monitoring (such as in Mental Health 111 Service Press 2 (MH111#2) or National Collaborative Frameworks) or can support single or multiple aspects (such as in demand and capacity assessments, service reviews, evaluations).

The QAIS uses an integrated approach to reviews, monitoring improvement, quality appraisals, compliance assurance, performance monitoring and value assessments. This entails using a single team of staff with clinical, performance, compliance, management and academic expertise to complete commissions which ensures non-silo working or thinking and enables a prudent uses of resources.

The QAIS uses a flexible approach to commissioning that matches the variety of local, regional and national challenges: This means:

- Single reviews of services has been undertaken to support innovation and change or review efficiency and safety.
- National reviews of specific services have taken place at the request of Welsh Government officials to ascertain an all Wales perspective.
- During these local or national pieces of work the work has focused on what the commissioner wants; whether it is better quality services, better value services or recommending a change in delivery approach.

The ongoing approach has also been flexible in reprioritising work to match local or national challenges.

3.3 NHS Wales National Collaborative Frameworks

Prior to 2012, externally provided mental health and learning disabilities hospital services were commissioned separately by each Health Board or through the Welsh Health Specialised Services Committee. These commissioning arrangements led to disparity and variation in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these hospitals was the remit of individuals or small teams within health boards with little or no collaboration. An independent review in 2012 stated that the use of the independent sector and NHS England services by NHS Wales prior to the development of the National Framework was '*inefficient, ineffective and inconsistent*'.

In March 2012, a National Collaborative Framework for medium and low secure care was launched and has been successful in improving quality assurance, ensuring compliance with terms and reducing costs. Subsequently, the Chief Executives of the NHS Wales health boards considered that a broader suite of services required this level of assurance and in the following years several new or combined frameworks were developed and launched:

- April 2014 - NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals, expanded the original Framework to cover hospital types from medium secure to open rehabilitation. Finished in 2022.
- April 2015 - NHS Wales National Collaborative Framework for Children and Adolescent Mental Health Hospitals, covering CAMHS hospitals. Finished in 2022.
- April 2019 - NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Care Homes, covering all types of care homes.
- April 2022 - NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals, combining CAMHS and Adult Hospital frameworks and expanded to cover acute and psychiatric intensive care placements.

The National Collaborative Frameworks were signed by all Health Boards and all Local Authorities (for the Care home Framework). To date, all Health Boards and 13 Local Authorities have placed patients through one or more Frameworks. In 2023, there were circa 800 patients placed on the Frameworks.

The National Collaborative Frameworks were developed to enable:

- An approved directory of suitably qualified, financially viable providers to meet quality, service and cost criteria
- The establishment of bespoke care standards, standard contract terms/conditions, and a transparent pricing framework
- Consistent and sustainable high-quality service provision and improved patient/resident outcomes.

The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services supported by the NHS Wales Quality Assurance Improvement Service (QAIS). The NHS Wales National Collaborative Framework is a formal agreement and mechanism developed together by the NCCU and NHS Wales Shared Services Partnership (Procurement team). These services are provided once a patient is placed through the National Collaborative Framework processes and an individual patient placement agreement is generated, and therefore a contract enacted, between the commissioner (HB or WHSSC) and provider.

3.4 Enacting the Frameworks

The National Collaborative Frameworks enables all parts of NHS Wales and local authorities to procure and performance manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board Standing Orders and Financial Instructions.

The QAIS enact the National Collaborative Framework providers by;

- Ensuring providers reduce risk and dependency and promote hope, recovery and rehabilitation
- Challenging substandard provider performance and advising on improvement
- Collating and analysing performance management information in line with the National Collaborative Frameworks specifications, standards and contract conditions
- Ensuring all procured services are provided and deliver value for money
- Ensuring provider quality and safety concerns are raised, discussed and disseminated with commissioners and statutory agencies
- Facilitating collaborative working between providers and commissioners to ensure safe, effective and high-quality care that improves patient experience.

3.5 Enacting the Frameworks - Process

The QAIS enact the Frameworks by ensuring compliance with the following terms or processes:

- Finance
- Assurance
- Performance
- Outcomes
- Reporting
- Rating
- Supporting placement

Each of these are detailed below

3.6 Financial Due Diligence

Prior to accepting a Provider onto any of the National Collaborative Frameworks, a financial due diligence check is undertaken to ensure the Provider is solvent. These same checks are then periodically undertaken on Providers, based on gathered intelligence. Failure of these checks can result in a reduction in the Quality Assurance Rating and suspension/termination from the Frameworks.

3.7 Assurance

Assurances involve obtaining evidence that the Provider is maintaining the required environmental and clinical standards while delivering progressive care, reporting regularly and adhering to the terms of the Framework; there are set standards and terms that are audited periodically. Gaining assurance involves periodic reviews, regular reporting and gaining the views of local commissioners, regulators and other NHS services such as NHS England.

In terms of assurance reviews, each Provider site is periodically audited through an 'on-site' visit. This visit includes, checking the environment, interacting with staff and managers, checking clinical notes and other documentation and, most importantly talking to patients and viewing care being delivered. There are 5 general areas that are examined in relation to quality as laid out below:

- Effective Care & Treatment
- Dignity, respect, empowerment and patient centred values
- Skilled and Compassionate Staff
- Safe & Therapeutic Environment
- Robust Governance & a learning organisation.

Subsequent to each assurance review, a 'Provider Assurance Report' is completed and published on the Commissioning Care Assurance Performance System (CCAPS) which details the good practice viewed and the issues to be rectified. In 2023, the QAIS undertook 174 onsite reviews.

3.8 Performance

Should a Provider have issues that require rectification, then a Performance Improvement Notice (PIN) is issued. The notice details the justification for identifying non-attainment of the required standard or terms. It also details a series of actions to be completed by the Provider in order to provide assurance that National Collaborative Framework requirements can be met.

During the Performance Improvement Notice period, the Provider is subject to enhanced performance management. Regular updates on progress towards completion of the actions within the Performance Improvement Notice are required by the NHS Wales Quality Assurance Improvement Service. Failure to complete the actions within the Performance Improvement Notice may result in a reduction in the Provider's quality rating, a Provider or Unit's suspension – where the Provider cannot accept any more patients or termination from the National Collaborative Framework.

The Performance Improvement Notice is closed/concluded once the team has verified that all requested actions have been completed.

3.9 Outcomes

In place of numerous key performance indicators measuring organisational data normally seen in contracts, the QAIS has developed patient-level outcome measures. There are currently six Required Care Outcomes (RCO)' collated, analysed and verified by the NHS Wales Quality Assurance Improvement Service for *each patient every month*. This is done in order to:

- Ensure patient level outcome achievement is the focus of care provision
- Compare outcome achievement across providers delivering similar care
- Provide a detailed account of the Provider's attainment of the required patient- level outcome achievement
- Provide an indication of issues that may require remedial action
- Indicate where there is potential to improve the effectiveness of care.

Each Required Care Outcome is accompanied by 'achievement guidelines', which is information given to Providers on attainment of the Required Care Outcomes.

3.10 Reporting

The Frameworks lay out a reporting plan for all Providers. This is required information under the terms of the Framework. As well as regular reporting for all patients, there is also the requirement to report any other inspections by other bodies (or regulators) or any issues that may compromise care. Regular reporting includes:

Incidents: All incidents involving patients receiving assurance under National Collaborative Framework are monitored by the NHS Wales QAIS to highlight areas requiring intervention, remedial action or improvement. Incidents range from minor to severe. There are 12,000-15,000 such incidents reported annually.

Safeguarding: Safeguarding concerns cover

- physical abuse
- sexual abuse
- psychological abuse
- financial or material abuse
- discriminatory abuse
- neglect, and
- acts of omission.

The QAIS require Providers to report any potential safeguarding concern, the date it occurred and the local safeguarding team it has been reported to. It also requests the Provider to acknowledge whether the local safeguarding team escalated it to an actual 'reportable safeguarding event' as some reported concerns do not meet this threshold. All potential and actual safeguarding concerns involving patients receiving scrutiny and assurance under the National Collaborative Framework are monitored at a patient, unit, hospital, Provider, and service type level by the NHS Wales QAIS. There are 400-600 such concerns reported annually.

Complaints: All reported complaints involving patients receiving assurance of National Collaborative Framework are monitored by the NHS Wales Quality Assurance Improvement Service to highlight areas requiring investigation or improvement. Reported complaints are categorised against a bespoke 53 point matrix of 10 complaints areas with at least 4 sub-categories in each. There are 200-400 such concerns reported annually.

Other: The Framework also captures the care levels of each Provider, an outline care plan, history of placements, and distance from home, quality rating history.

3.11 Rating

The QAIS has developed a bespoke 'Quality Assurance Rating System'. The system works by making it a contractual obligation for Providers to make every effort to maintain a 'rating' of '3Qs' (Q for quality). The rating is periodically revalidated throughout the contractual term by the NHS Wales Quality Assurance Improvement Service. If a Provider fails to meet part of the specification it will constitute a performance issue and would lose one or more 'Qs' depending on the consequences or possible consequences of the failure. The three 'Qs' are re-established after the NHS Wales Quality Assurance Improvement Service is satisfied the performance issue is rectified.

The Quality Assurance Rating System allows as 'real time' as possible representation of current provider quality. This informs commissioning organisations at the point of patient placement and throughout the patient's treatment. The National Collaborative Framework encourages placement with the highest quality provider available at that time, although this may not always occur, either because of poor practice or because of bed availability/distance from home/particular patient needs.

3.12 Supporting Placement

The QAIS team provide information to local commissioners that supports them to choose the right care facility to manage and meet the patient's needs. This includes the latest assurance information, distance and information on the Provider.

3.13 National Reviews

The QAIS has been commissioned by Welsh Government to undertake national reviews of services to inform future strategy and planning, these include:

- Amber Review of Ambulance Waits
- Beyond the Call- National review of MH calls to Emergency services. [Oral Statement: Update on the Amber Review Implementation Programme \(4 June 2019\) | GOV.WALES](#)
- Improving Care, Improving Lives- National review of Welsh Patients in Learning Disability Hospitals. [Improving Care, Improving Lives \(gov.wales\)](#)
- Making Days Count- National Review of Welsh patients in Secure Mental Health Hospitals. [nccu.nhs.wales/qais/national-reviews/making-days-count/mdc-documents/making-days-count1/](#)
- National Review of Welsh Patients in CAMHS hospitals. [national-care-review-camhs-hospitals.pdf \(gov.wales\)](#).

3.14 Supportive Reviews

The QAIS has been commissioned by Health Boards and/or Welsh Government to undertake local supportive reviews of services to measure improvement process or future planning, these include:

- Reviews of mental health ward safety and risk.
- Reviews of certain services to ensure fitness for purpose.
- Reviews of processes to ensure adherence to good practice.

4. WORK COMMISSIONED VIA WHSSC / NCCU SERVICE LEVEL AGREEMENT

4.1 Specialist quality assurance function

WHSSC commission specialist mental health services for adults from Caswell Clinic and Ty Llewellyn. Specialist services for children are commissioned from the North Wales Adolescent Service (NWAS) and Ty Llidiard in Bridgend. The QAIS offer a quality assurance function on behalf of WHSSC, This entails undertaking a full site audit once per year against the following:

- The standards that are already included within the relevant National Framework Agreements for Non-NHS Wales Hospital provision.
- All reviews are announced with at least 10 days' notice being given in writing to the service manager of the relevant service to be reviewed.
- All reviews are planned and arranged by the QAIS.
- A report, outlining areas of good practice and identifying areas for improvement is generated following each review. This report is shared with WHSSC and the relevant personnel in the service being reviewed.
- Potential or actual safeguarding concerns identified through the course of the review are reported accordingly and through proper process.
- Serious or immediate safety concerns that are identified during the review process are reported to the service at the time the concern is identified.
- Following any focused or full reviews WHSSC and the service provider decide how best to improve/rectify any identified issues. The QAIS offer support and advice in relation to quality/safety improvement
- WHSSC may request an additional focused site audit due to a concern or issue, the agreement to undertake any such additional review is at the discretion of the QAIS.

4.2 Support to the Specialist CAMHS agenda

The QAIS also deliver specialist CAMHS support, through the SLA, in respect of:

- Interpreting national guidance and inform WHSSC of the impact of any new guidance
- Providing advice and support on complex case management. Sourcing advice from external agencies where appropriate
- Supporting the commissioned units in respect of environmental needs, training requirements and staffing levels
- Providing support to the WHSSC Tier 4 Bed management panel.

4.3 Specialist Advice

The QAIS also deliver specialist advice on request to WHSSC in respect of mental health, and neurodiversity.

4.4 Oversight of the gatekeeping & case management function

On behalf of WHSSC, QAIS provide oversight and performance management of the adult and CAMHS case management function by:

- Ensuring case managers participate in the relevant NHS Wales' Unit admission panel discussions to ensure they are the first point of placement and that a plan is in place to repatriate externally placed patients including high secure and women's enhanced medium secure services (WEMSS)
- Ensuring case managers monitor patient on NHS Wales units and out of area patients, attend care and treatment planning meetings (CTPs), and have repatriation plans in place to enable step down to less restrictive environments.
- Ensuring case managers issue delayed discharge notifications to Health Boards

- Undertaking the case management function for CAMHS placements and advise on how this function will be best delivered longer term.
- Reviewing the gatekeeping and gatekeeping policy and suggest amendments if necessary.

4.5 Quality assurance of non-framework placements

On behalf of WHSSC, QAIS provide quality assurance of non-framework hospitals, including high secure and WEMSS, where a Welsh patient is currently placed and within 28 working days of such a placement being made in a provider not quality assured within the previous 12 months. This is in addition (see above) to ensuring the case managers oversee all individual placements. When off framework placements are agreed, QAIS liaise with WHSSC to ensure each individual placement is supported by a specific off-framework contract.

5. OTHER COMMISSIONS

5.1 Futures 'Dyfodol' Programme

The QAIS have a Joint National Collaborative Commissioning Unit & Royal College of Psychiatrists Wales 'Dyfodol Programme' in place which supports the enhancement of secondary care mental health services and delivery of optimal care for those people in Wales with serious and enduring mental illness. The Dyfodol Programme provides health boards with Spotlight Reports to enable them to design and deliver effective and efficient services, whilst reducing inequities and variation. It also enables the Welsh Government and national partners to acquire valuable insights to plan and commission effectively. The programme has been in place since January 2023 and is funded by Welsh Government.

5.1.1 Enabling Environments

The Dyfodol Programme also includes the 'Enabling Environments' workstream which ensures that the state and organisation of the spaces in which we care for people, and in which our staff work, are viewed as an important aspect of care. An enabling environment refers to a set of factors that facilitate and support:

- Achievement of good care outcomes for patients
- Where staff and patients feel welcomed
- Valued and safe
- Where building design, leadership and processes promote an empowering, engaging and learning culture
- The environment to be more than bricks and mortar and that it promotes and protects: Belonging, Boundaries, Communication, Development, Involvement, Safety, Structure, Empowerment, Leadership, and Enabling).

Work to date include reviews of:

- Adult Community Mental Health Team Bases
- Perinatal Community Mental Health Team Bases
- Prison Health Units
- Mental Health Inpatient Units
- Learning Disabilities Inpatient Units.

5.1.2 Equitable Care

The programme will support the system to:

- Recognise Disparities: Understanding the scope and nature of the historical, social, and economic disparities
- Cultural Competence: Support services to better understand and respect the diverse cultural, linguistic, and social backgrounds of their populations.

- Health Equity: Guide the developments of policies and practice that explicitly aim to reduce health disparities and promote health equity.
- Implicit Bias: Recognize and mitigate implicit biases that may affect staff/patient interactions and decision-making.
- Data Collection and Analysis: Identify disparities and monitor progress toward equity goals by collecting and analysing healthcare data by demographic factors such as race, ethnicity, gender, socioeconomic status, and geographic location.
- Health Literacy: Improve health literacy among underserved populations to empower individuals to make informed decisions about their health and navigate the healthcare system effectively.
- Access to Care: Ensure that everyone has equal access to healthcare services, including primary care, specialty care, and preventive services. This may involve expanding healthcare coverage, reducing barriers to care, and increasing the number of healthcare providers in underserved areas.

Work to date include reviews of issues surrounding:

- Deaf/Hearing Impaired
- Deprivation.

5.1.3 Prompting Positive Choices

The programme will support the system to:

- 'Adopt a physical health culture': Assessment at first contact, regular physical screening, embedded health promotion initiatives
- Improved rapid referral pathways: To health promotion and physical healthcare services.
- Diagnostic Overshadowing: Acknowledging and mitigating risk of diagnostic overshadowing whilst tackling stigma.
- System and Process: Improved training, access and use of medical investigations and treatments
- Remote Monitoring: using technology to support patient choice, better value, better care outcomes

Work to date include reviews of issues surrounding:

- Smoking
- Substance Misuse
- Obesity
- Health Monitoring

5.1.4 Effective, Efficient & Emergent Care

The programme will support the system to improve:

- Cost-Effectiveness: Minimising waste and unnecessary procedures, streamlining procedures
- Timeliness: Minimising delays in assessment, diagnosis or treatment
- Resource Allocation: Staff, and facilities, are often limited. Efficiency helps ensure that these resources are used optimally, avoiding shortages and maximising their impact. This can be locally/regionally or nationally.
- Patient Satisfaction: Efficient healthcare often leads to higher patient satisfaction. When patients receive prompt and effective care, they are more likely to be satisfied with their healthcare experience.
- Quality of Care: Delivering care that meets or exceeds established standards. High-quality care can be efficient by minimising errors, complications, and readmissions.

- Prevention and Early Intervention: Efficient healthcare systems often focus on preventive measures and early intervention, which can reduce the need for costly treatments in the long run.
- Early or rapid adoption of new models/ processes/ tools/treatments: implementing evidence-based practices as soon as they are available can mean better outcomes and greater efficiency
- Healthcare technologies: Use of digital tools can mean better outcomes, greater efficiency and better value.

Work to date include reviews of issues surrounding:

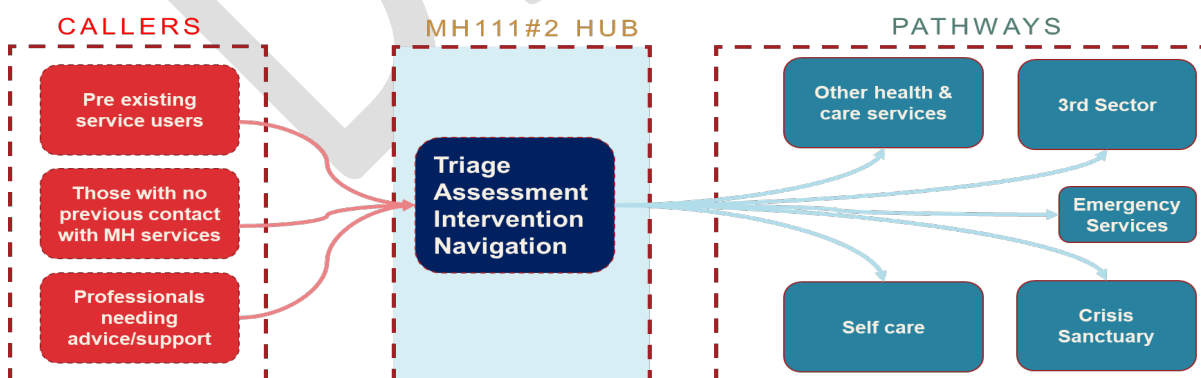
- Demand and Capacity for Primary Care Services
- Electroconvulsive Therapy Review
- Demand /Capacity for Substance Misuse Services
- Section 117 Guidance
- Section 112 Guidance
- Medical detoxification in MH units.

5.2 NHS 111 Press Option 2 for Mental Health

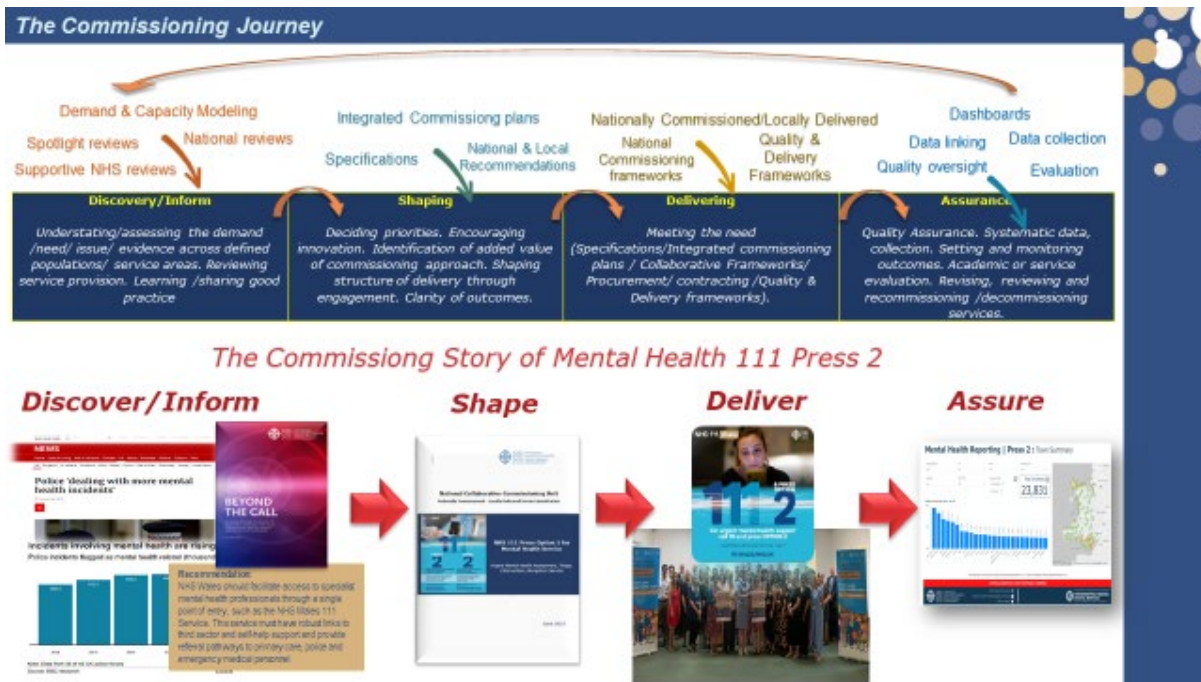
The proposal for NHS Wales MH111#2 was developed within a few months of the publishing 'Beyond the Call'. Welsh Government provided funding to deliver project, ambitious attempt to undertake a national 'jump forward' in 24/7 MH care and deliver whole programme within 2 years (April 2021- April 2023), continued despite pandemic due to concerns over increased demand, aims of project were to:

- Provide local care through a national number
- Improve the callers experience and outcomes
- Provide early intervention for mental health issues and information & options for self-care and support
- Provide navigation to local appropriate services/non statutory support
- Reduce the demand, and provide advice for A&E/GP/Police/WAST
- Make seamless referrals to specialist mental health services if necessary

The Service is provided through a national number connecting to a local hub in each Health Board which undertakes provides Triage, Assessment, Intervention and Navigation for each call:



The MH111#2 project is a delivered though a 'Nationally Commissioned - Locally Delivered' model and in partnership with the Six Goals for Urgent and Emergency Care Programme Board. There is a national specification in place which outlines the service to be delivered which has been agreed by all health boards. The commissioning journey from 'Beyond the Call' to MH111#2 is illustrated below:



The governance of the work is provided through the MH111#2 Group which reports to both the Goal 2 of the 6 Goals for Urgent and Emergency Care Programme Board and the Minister’s Oversight Board for Mental Health.

The MH111#2 service was officially launched 24/7 by the Minister in May 2023 after an initial pilot period, and as of 1 February 2024 had received over 50,000 calls.

5.3 MH111#2 Model

The model was developed in partnership with Health Boards to deliver the following:

- No wrong front door: If a person contacts MH111#2, an inclusive response should be received whereby no person is turned away. The caller should be assisted with their current presentation and arrangements made for further/different support, if required.
- Put expertise at the front door: Ensure the person answering the call is able to effectively triage, sign post, provide brief intervention and escalate if required.
- Do as much as possible during the initial phone call: A meaningful conversation which allows the caller to describe their current situation and receive a validating response, which may include problem solving, brief interventions, signposting to other services, making an appointment for a crisis assessment or urgent appointment.
- No need for multiple: assessments: There should be an understanding of the person who completes the assessment being a trusted assessor and so referrals made to other services should not result in another assessment.
- Local Knowledge: The person answering the call should be aware of local services, how they operate and how they can be contacted. This knowledge should allow them to provide support to the person that is tailored to their need and local area. This includes 3rd sector, social care and NHS services.

5.4 MH111#2 Staff Training

As part of the ‘Nationally Commissioned- Locally Delivered’ model the QAIS Team has sourced and organised training for the 150 staff in the service, this training includes:

- Focused Assessment and Commitment Therapy (a brief intervention)
- Cultural Awareness and Unconscious Bias
- Suicide and Self Harm Awareness and Safety planning
- Mental Health Triage (with testing and shadow calls module)

- Technical Training on Aadastra System.

The staff also undertake mental health service visits and as well as local training.

5.5 MH111#2 Performance and Data

As part of the MH111#2 support, the QAIS and NCCU informatics Team have developed an interactive weekly dashboard to recorded the agreed data set, some of the pertinent data items and achievement (as of 1 February 2024) [in parenthesis] are set out below:

- Call answer time [71% answered within 2 mins]
- Patient Reported Outcome Measures (PROM): % patient with distress level lower at end of call [99%]
- % calls directed to Emergency care [5% to Police/Ambulance 999, 3% to ED/MIU]
- Outcomes of call (51% to non NHS services)
- Deprivation
- Geography
- Types of calls
- Numbers of call [50,190].

5.6 Taith Dda – Mental Health Conveyance

The service consists of crewed vehicles provided by the third sector which are specifically commissioned to support mental health NHS services to compassionately convey patients under the care of these services or pre/post admission to such services. The service was funded by Welsh Government and commissioned by the National Collaborative Commissioning Unit on request of health boards as part of the pandemic response. The service was, in particular commissioned, to:

- Mitigate poor patient experience which may manifest during long wait times for traditional conveyance
- Improve patient experience through conveyance from a non-police vehicle
- Improve patient experience and outcomes by conveyance to a place of support as quickly as possible
- Support the protection of valuable staff resources such as Approved Mental Health Practitioners
- Mitigate poor staff experience which may manifest during long wait times for conveyance.

The service was commissioned to offer general conveyance support to health boards but in particular support the conveyance of patients:

- Recently detained under a section of the MHA from community to a mental health facility
- Consenting to admission from community/emergency department to a mental health facility
- Under Section 136 MHA patients not meeting requirements for detention from an assessment suite to community
- Under Section 136 MHA patients meeting requirements for detention from an assessment suite to mental health facility
- From one mental health facility to another.

There are currently 5 vehicles based across Wales and they have undertaken 2,500 journeys since 2022.

6. ADDITIONAL INFORMATION

6.1 Working in Partnership

The QAIS works with Partnership with other national bodies such as Digital Health and Care Wales (DHCW), Health Education and Improvement Wales (HEIW) and the NHS Executive to provide advice and support. It also provides the same to Welsh Government, Police, Probation and Prison Service.

Internally the QAIS worked with other parts of the NCCU and the EASC team on overlapping areas (such as mental health planning for WAST, NEPTS for MH, 999/Mh111#2 interface).

The QAIS members also chair or attend national groups, either as professionals, or as experts in the fields of commissioning, mental health, or learning disabilities.

These include:

Chairing

- Welsh Government Measurement and Outcomes Group
- Mental Health Directors peer group
- NHS Mental health 111 oversight group
- Substance Misuse Consultants Group

Co-Chairing

- Primary Care Boards mental health sub group

Participating in the:

- Welsh Government National Drug Poisoning Board
- Chief Police Officers Mental Health Group
- National Commissioning Board
- Mental Health: Joint Ministerial Assurance Board
- National Strategic Health Inclusion Group meeting
- CAMHS Implementation Network
- Adult MH Implementation Network
- Social Prescribing Co-ordinating Group
- Executive Directors of Nursing-Chief Nursing officers Group
- Goal 2 of the Six Goals for Urgent and Emergency Care Programme
- Mental Health Finance Business Partner Network
- Commissioning Care Wales Partnership Group
- NHSE National Oversight Group for High Secure Services

6.2 Memorandum of Understanding / Service Level Agreements

6.2.1 Memorandum of Understanding between NHS England and NHS Wales - Commissioning and Quality Oversight of Patients requiring Inpatient Care in a Specialised Setting

This Memorandum of Understanding has been put in place to provide clarity on arrangements for engagement between national teams, and commissioners, in England and Wales, regarding patients receiving inpatient care in a specialist mental health or learning disability/autism inpatient unit.

The MOU relates to specialised inpatient services, commissioned by NHS England in the following settings:

- Adult Low, Medium Secure and High Secure
- CAMHS Tier 4 (including: General Adolescent, General Children's (up to age 13), CAMHS Eating Disorder, CAMHS PICU, CAMHS Low Secure, CAMHS Medium Secure, Deaf CAMHS Services)
- Perinatal - Specialist Mother and Baby Units (MBUs)
- Specialist Adult Eating Disorder (ED) Services
- Personality Disorder T4 services
- Deaf Mental Health Inpatient Services
- Specialised Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) services

Please see full Memorandum of Understanding in **Appendix 4**.

Action: This will need to be reviewed for the new Joint Commissioning Committee after 1 April 2024.

6.2.2 Memorandum of Understanding between Healthcare Inspectorate Wales (HIW) and the NHS Wales National Collaborative Commissioning Unit (NCCU)

The purpose of the Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between Healthcare Inspectorate Wales (HIW) and the NHS Wales National Collaborative Commissioning Unit (NCCU).

The working relationship is part of the maintenance of an effective regulatory system for healthcare in Wales which promotes patient safety and high quality care.

The MoU relates only to the regulation of healthcare in Wales. It does not override the statutory responsibilities and functions of HIW and NHS Wales National Collaborative Commissioning Unit (NCCU) and does not create legally binding rights or obligations; its purpose is to define the joint agreement between the two organisations and to indicate a common line of action.

As part of the activities undertaken as part of this MoU, other agreements (for example, information sharing agreements, or joint working protocols) may be established. Such agreements will exist separately to this MoU.

Memorandum of Understanding – Welsh (**Appendix 5**)

Memorandum of Understanding – English (**Appendix 6**)

Action: This will need to be reviewed for the new Joint Commissioning Committee after 1 April 2024.

6.2.3 Service Level Agreement between the NCCU QAIS and the Welsh Health Specialised Services Committee Team

Following a discussion and subsequent proposal which was drafted between the teams of the NCCU and WHSSC an agreement was made that offered WHSSC the same quality assurance for the services they commission with NHS Wales as they receive for services commissioned via the National Collaborative Frameworks.

WHSSC initially enquired into the possibility of the QAIS undertaking similar reviews of the NHS Inpatient Mental Health Services they commission as they would for under the National Collaborative Frameworks. These services were:

- Caswell Clinic Medium Secure Unit- Located in Bridgend, South Wales. Provides Male and Female Medium Secure Mental Health Inpatient Services for 6 Health Board areas
- Ty Llewellyn Medium Secure Unit- Located in Llanfairfechan, North Wales. Provides Medium Secure Mental Health Inpatient Services for male patients from the BCUHB area
- North Wales Adolescent Service (NWAAS) - Located in Mold, North Wales. Provides Child and Adolescent Mental Health inpatient service for Young people and children from the BCUHB (? & North Powys) area
- Ty Llidiard- Located in Bridgend, South Wales. Provides inpatient CAMHS for Children and Young people from all Health Board areas except BCUHB

Please see agreement between WHSSC and NCCU in **appendix 7**.

This SLA will be overtaken by the creation of the new NHS Wales Joint Commissioning Committee but will need to be reviewed in terms of the services provided.

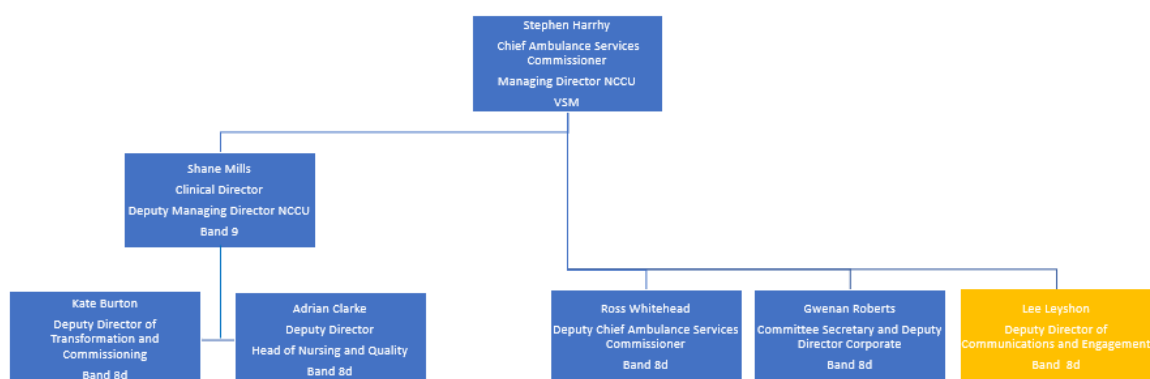
Action: This will need to be reviewed for the new Joint Commissioning Committee after 1 April 2024.

DETAILED INFORMATION

7. WORKFORCE

7.1 NCCU structure chart – senior management team

NCCU ORGANISATIONAL CHART v5 22 January 2024



Key	
Blue	– permanent staff
Orange	– secondment in
Light blue	– secondment out

NCCU Senior Management Team

7.2 All NCCU staff

A complete list of all staff joining NHS Wales Joint Commissioning Committee is available as a separate document on request.

A due diligence process will be completed via the Workforce Workstream and a HR representative from Cwm Taf Morgannwg Health Board HR department has been identified to lead the work; Karen Wright, Deputy Director of People will be supported by Claire Nicholas Head of Policy, Compliance and Agenda for Change at CTMUHB. The completed list is available although does change slightly from month to month.

Listed below is an overview of staff seconded into or out of the NCCU

7.3 Seconded staff

Secondments in	Secondments out
Paul Underwood, Consultant <ul style="list-style-type: none"> 6 sessions from Hywel Dda Lee Leyshon <ul style="list-style-type: none"> Deputy Director of Communications and Engagement (from CTMUHB) Aileen Flynn <ul style="list-style-type: none"> Clinical Support Goal 1 (from HDUHB) 	Julianne Paschal <ul style="list-style-type: none"> on secondment until 30 June 2024 (to Six Goals for Urgent and Emergency Care Programme) Jonathan Jones <ul style="list-style-type: none"> on secondment until 30 June 2024 (to Six Goals for Urgent and Emergency Care Programme)
Fixed Term	Internal secondments
Rhiannon Stephenson <ul style="list-style-type: none"> Practitioner (to date – TBC) Marcia Dhliwayo-Mpofu – 1 year <ul style="list-style-type: none"> Practitioner (to date – TBC) 	
Agency staff	Retire and Return staff
None	Stephen Harray
Vacancies	Changes

7.4 Overview of staffing

	Total	Perm FTC/ Temp	Seconded out	Seconded in	Mat / Adoption Leave	Paternity Leave	Other e.g. Disciplinary, Equal pay/grievance	VER Approved	Other	Number of Clinical	Number of non- Clinical
QAIS	21		0	1	0	0	0	0	0	10	9
EASC	6.6	5.6 perm 1.0 second	1	1	0	0	0	0	0	2	4.6
Corp	5.4	5.4 perm	2	0	0	0	0	0	0	0	5.4
other				2						2 (0.6& 0.4 WTE	

Most staff are full time, one member of staff works 36hours.
Committee Secretary role is shared between EASC and Corporate

Corporate support provided by NWSSP on an SLA basis 0.2wte

8. FINANCE

The detail of all financial information and the process for apportionment of the NCCU budget has been overseen by a joint Finance team.

In relation to the programme, the National Collaborative Commissioning Unit has had representation on the finance workstream and have been fully engaged with the process. One of the overarching principles that has informed this work is that 'the NHS Wales Joint Commissioning Committee should be fully funded for the staff resources and commitments that create the new committee. It is imperative that they are allocated a balanced base budget'.

The final allocation for 2023/24 will be confirmed by the Director of Finance

9. CORPORATE GOVERNANCE ISSUES

Below is a summary of property, assets and risks that will form part of the NHS Wales Joint Commissioning Committee from 1 April 2024.

9.1 Risk Register

The NCCU Risk Register has been developed in line with the CTM UHB Risk Management Policy and is overseen at the NCCU Management Board. Periodically, the Register is presented to the Audit and Risk Committee at CTM UHB for assurance. These risks will need to be integrated into the NHS Wales Joint Commissioning Committee Risk Register and monitored accordingly. There are currently no high-level or red risks.

The most recent NCCU Risk Register is at **appendix 8**.

9.2 Freedom of Information Act

The NCCU does not have any 'live' or 'outstanding' Freedom of Information Act requests to transfer. Average number of FOIA requests per annum received at the NCCU is between zero and five.

9.3 Assets

There is an understanding that all staff will transfer to the NHS Wales Joint Commissioning Committee with their existing work stations. The definition of work station is what staff use on a day-to-day basis and makes them operational such as desk, chair, pedestal, desktop/laptop and docking stations and desk phone. Hence, assets associated with them will become the property of the NHS Wales Joint Commissioning Committee.

9.4 Information Management & Technology (IM&T) and Phone Equipment

A complete list of IM&T and mobile phone equipment is available linked to staff forming part of NHS Wales Joint Commissioning Committee. This list will be available for registration and inclusion in the JCC Team's Asset Register as required.

9.5 Memorandum of Terms of Occupation

It is suggested that a Memorandum of Terms of Occupation or guidance information will be developed so that all staff can benefit from all of the locations where the new JCC business will take place. The document will ensure that there is a fair, clear and transparent approach to use of workplace buildings of NHS Wales Joint Commissioning Committee. It will also support service continuity and any risks that might affect the day to day running of the buildings.

9.6 Building and Estate

A full list of the work to manage the building, the compliance report is at **appendix 9**.

Any Lease will from part of NHS Wales Joint Commissioning Committee with effect from 1 April 2024.

The lease end date for Unit 1 Charnwood Court is 2027. The lease contract for the building will be part of the NHS Wales Joint Commissioning Committee on 1 April 2024. The rent for the remainder of the lease term will be £62,500 which was negotiated by Carl Waskiewicz of the Specialist Estates Service, NHS Wales Shared Services Partnership.

There are no current contracts which will need to be terminated.

The termination clause would need to be signed for Unit 1 Charnwood Court in the Summer 2026.

Reinforced Aerated Autoclaved Concrete (RAAC)

It has been confirmed by the Specialist Estates Service at the NHS Wales Shared Services Partnership that there is no concerns raised in relation to the Reinforced Aerated Autoclaved Concrete at the NCCU.

9.7 Internal Contracts

A comprehensive list of all current contracts which have been entered into, in order to provide facilities and services for Unit 1 Charnwood Court is available. It also provides a comprehensive list of suppliers which provide 'ad hoc' services connected with the site. Additional information regarding the day-to-day operational functions of both sites will be made available.

9.8 Annual Reports

NCCU

The NCCU provides an Annual Compliance Statement to CTM UHB alongside the EASC Annual Governance Statement as part of appropriate good governance in NHS Wales. This has been done since 2020-2021 in line with requests from the host body CTMUHB. The latest version is embedded here.

QAIS

Position Statements (Annual Reports) have been produced annually since 2011. These reports are circulated to health board and the wider via local authorities and mental health services. A copy of all position statements are available. Most recent examples are available on the NCCU website <https://nccu.nhs.wales/qais/position-statements/>.

9.9 Current Governance Arrangements

9.9.1 Governance of Service Level Agreement/Work programme.

NCCU/EASC is hosted by Cwm Taf Morgannwg UHB. There is a Hosting Agreement for EASC but not for the NCCU.

Internal governance reporting is via the NCCU Management Board, which provides the NCCU/EASC Senior Team with,:

- An update of NCCU/EASC financial position
- A summary and detailed analysis of corporate performance
- Summary of financial performance
- Summary of audit reports and actions
- Forward look Corporate Activities
- Communications Update
- Summary of key achievements & key actions

9.9.2 Corporate Governance with HB/CTM

The NCCU provide an Annual Compliance Statement to CTMUHB as the host body. The latest version is embedded at 8.8

Declarations of Interest are undertaken in line with CTMUHB policies.

9.9.3 Internal Audit Reports

There are no current Internal Audit Reports, any previous recommendations have been completed and closed.

9.9.4 Corporate Policies

There are no NCCU corporate policies.

NCCU staff are compliant with all CTMUHB corporate policies as the host organisation.

All NCCU staff are aware of these policies, their location on the IT network and the correct procedures for using them.

The Committee Secretary / Deputy Director Corporate provides the first port of call for advice and support prior to contacting the host body.

9.9.5 Permission for Use Agreements

In 2021, the NCCU working with the Welsh Government signed a 'permission for use agreement' with the Dalhousie University to use the Rockwood Clinical Frailty Scale (CFS) which was circulated across NHS Wales.

The permission sought, and granted, was for the use of the CFS in routine clinical care activity. The permission DOES NOT cover the use of the CFS for research and this would require a separate agreement.

9.9.6 Intellectual Property

This Intellectual Property – trademark relates to CAREMORE. The trademark is registered to Cwm Taf Morgannwg University Health Board in line with the Intellectual Property Management Policy. The renewal date is 3 August 2032.

Trade mark number

UK00002630477

Status

Registered

[View historic details](#)

[Display content without tabs](#)

Overview	List of goods and services	Names and addresses	Publications
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Trade mark

CAREMORE

Dates

Filing date

03 August 2012

Date of entry in register

01 March 2013

Renewal date

03 August 2032

CAREMORE® is a collaborative commissioning method, originally created following an award winning NHS Wales Invest to Save Collaborative Project for Commissioning Mental Health & Learning Disability Hospital services. EASC then sponsored the use of CAREMORE® at its inaugural meeting in April 2014 to enact the then Health Minister’s expectations to establish a commissioning model (of which one was not in existence within NHS Wales) between Health Boards via EASC and WAST following the Ambulance Strategic Services (McClelland) Review, 2013.

Swansea University were commissioned to undertake an independent evaluation of the utility of CAREMORE® and the findings of this evaluation have been subject to rigorous peer-review. This process ensures that CAREMORE® is viewed as an approach which is backed by good scientific research and the evaluation will be shortly be published in the Journal of Integrated Care. Beyond a bespoke introduction, the sections of a Framework Agreement represent components of CAREMORE® as follows:

Care standard: an evidenced set of care standards for emergency department services to ensure that the right expectations are defined for quality and safety.

Activity: an accurate description of the activities within emergency departments to ensure that the right capacity is available to meet the right demand.

Resource Envelope: a comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources.

Model of care: a common high level model of care for emergency departments to ensure that people can access the right staff, at the right place, at the right time Operational

arrangements The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations Review of performance An agreed system of performance measurement to ensure the right monitoring and management to deliver continuous improvement.

Operational Arrangements: The establishment of robust local mechanisms to ensure effective delivery with the right interaction between the public, professionals and organisations.

Review of Performance: An agreed system of performance measurements to ensure the right monitoring and management to deliver continuous improvement.

Evaluation: an agreed set methods and criteria for judging the achievement of the right patient outcomes, from the right patient experience, at the right cost.

CAREMORE® has been evaluated as an approach for collaborative commissioning designed to improve quality and experience and reduce cost within integrated health and social care as published in the [Journal of Integrated Care](#)

9.9.7 C3 Faculty

The C3 Faculty project refers to a relationship between Cwm Taf UHB, The National Collaborative Commissioning Unit (The NCCU), and Swansea University, which was first initiated in 2016. After a two-year (approx.) hiatus beginning in 2018, the C3 Faculty was reinstated on 1st March 2021 when a post-doctoral researcher was appointed to evaluate the national improvement activities underway at the NCCU, particularly the projects undertaken as part of the Emergency Department Quality and Delivery Framework (EDQDF). The post-doctoral researcher, Katie Jones, was academically led and supported by Professor Jaynie Rance. The C3 Faculty was disbanded in summer of 2023. A summary report is at **appendix 11**.

9.9.8 Records Management and storage

The NCCU is allocated to the CTMUHB Corporate drive [\\7A5B1SRVFIL0001\work\\$\NCCU](\\7A5B1SRVFIL0001\work$\NCCU)

There are six sections to the storage

1. Corporate
2. Emergency Ambulance Services Committee
3. Urgent and Emergency Care
4. Quality Assurance and Improvement Service
5. Covid
6. Six Goals for Urgent and Emergency Care

Staff are reminded not to save work on home drives (unless private) and all team members have a personal folder for work storage.

9.10 Websites

National Collaborative Commissioning Unit

- <https://nccu.nhs.wales/> (English)

- <https://uggc.gig.cymru/> (Welsh)

Emergency Ambulance Services Committee – this includes the Ambulance Service Indicators published on a strict monthly basis in line with StatsWales requirements

- <https://easc.nhs.wales/> (English)
- <https://pgab.gig.cymru/> (Welsh)

Statistics for Wales (StatsWales)

StatsWales is a free Welsh Government service that allows users to view, manipulate, create and download tables of Welsh data.

Below are links to the summary information about emergency ambulance services.

- [Emergency ambulance calls and responses to red calls, by LHB and year](#) ^(16/19)
- [Emergency ambulance calls and responses to red calls, by LHB and month](#) ^(15/22)
- [Emergency responses: minute-by-minute performance for red calls by Local Health Board and month](#) ^(15/22)
- [Emergency responses: minute-by-minute performance for amber calls, by Local Health Board and month](#) ^(15/22)

The following files are also available from StatsWales:

- [Monthly median and mean response times to red calls, by Local Health Board and Wales](#) ^(15/22)
- [Annual median and mean response times to red calls, by Local Health Board and Wales](#) ^(16/17)

Action: This will need to be reviewed for the new Joint Commissioning Committee after 1 April 2024. A new bilingual website has been developed and is ready for 1 April 2024.

9.11 Shared mailboxes

The following shared mailboxes are in operation

- GIG.Cymru@Wales.nhs.uk used by the QAIS team
- CTM.NCCU.supportservices@wales.nhs.uk - used by the Corporate Team
- CTM_CASC_EASC@wales.nhs.uk - used by the EASC Team
- NWJCC@Wales.nhs.uk has been created for website queries.

Action: These shared mailboxes will need to be reviewed for the new Joint Commissioning Committee after 1 April 2024.

10. Programme Information

Changes

In January 2023 an Independent Review of National Commissioning Functions was commissioned by the Minister for Health & Social Services. In May 2023 the review was completed and was led by Steve Combe, who has extensive experience in this area.

The review has provided an opportunity to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review itself consisted of a series of interviews and facilitated discussions, alongside a review of key documentation. The completed independent review provided a series of recommendations, which the Minister has accepted.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a Joint Committee should be given a NHS Wales Joint Commissioning Committee to highlight that it is a new body rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any NHS Wales Joint Commissioning Committee, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this fell under the opportunities that were explored as part of the horizon scanning. There was a strong view put forward by health boards. The recommendation would therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

An Oversight Board has been established within Welsh Government and will be supported by NHS implementation arrangements.

The proposal is for the new Joint Committee to be established by 1 April 2024. This will be tested by the Oversight Board through the development and implementation of a Project Initiation Document (PID). The PID also includes detail of engagement and consultation where required, with staff and stakeholders. Consultation with staff will be undertaken in line with the NHS Wales Organisational Change Policy.

The completion of the Review represented another step towards delivering the vision set out in ‘A Healthier Wales’. The implementation of the recommendations made will assist in

further strengthening and streamlining the NHS Wales landscape to secure better outcomes for the population of Wales.

Legacy Statement

This legacy statement has been developed in line with the programme arrangements. It comprises an overarching summary of staff and budget transfers followed by more detailed information.

Programme Information

10.1 Key individuals

Senior Responsible Officer for the Programme is Samia Edmonds MBE, Director of Planning at Welsh Government

Programme Director is Karen Preece, previously Director of Planning at WHSSC

Programme Manager is Maxine West, previously working at WHSSC.

Below is a summary of the ongoing programmes/functions/activities that will be continuing after 1st April 2024 ([link to Programme to develop new JCC legacy document](#)).

A proportion of the activities are delivering Ministerial priorities which have been identified to provide Welsh Government with the assurance that with NHS Wales Joint Commissioning Committee they will continue.

11. CONCLUSION

This Legacy Statement has been developed in accordance with guidance provided by Audit Wales. It sets out to summarise the resources, assets and liabilities that will transfer between the NCCU and the successor JCC Team.

It is important to note that NCCU was not a legal entity and was hosted by CTMUHB. There are no resources, assets or liabilities to transfer outside of CTMUHB.

In line with the Programme arrangements, the NCCU Team will transfer to the new JCC.

The existing premises of the NCCU Team is Unit 1, Charnwood Court, Nantgarw CF15 7QZ. Staff are also based at Media Point in Mold, hosted by Digital Health and Care Wales (2 staff).

All IT equipment, mobile phones, desk phones, work stations and associated office equipment and furniture, and contracts associated with these assets and the Property, will transfer or roll-over to the JCC on 1 April 2024.

The use of all critical IT systems utilised by the EASC Team will transfer or roll-over to the JCC on 1 April 2024. This will include but is not limited to MS Office and its component parts, MS Project, Adobe, MS SQL Server Management Studio, MS Co-pilot, MS Power BI, MS Visio, Oracle Financial Management, Qlikview Business Intelligence, R-Stat statistical software including Shiny Applications, MAIR, Model Hospital, CCAPS, ESR, TRAC.

Year	What happened?	Additional information
2010	<p>Stephen Harrhy, appointed interim Managing Director of the Welsh Health Specialised Services Committee</p> <p>First Framework created by Shane Mills, Nic Cowley from Procurement and Julian Baker goes live 1 March 2011 (all seconded)</p> <p>Dawn Painter is part of the team who had been working since 2006 on low secure mental health provision</p>	<p>Responsible for commissioning services across NHS Wales including ambulance services and secure mental health services. WHSSC hosted by Cwm Taf Health Board</p> <p>Julian Baker joined the team following completing the work to create the NHS Wales Shared Services Partnership</p> <p>Work set up originally by Andrew Goodall and mid and west organisations, 2008 included south east and north = National</p>
2012-2015	<p>Shane Mills informally working for two days a week from Powys Health Board for the low and medium secure services work</p>	
2012	<p>£4m saved by the framework and a request for £300,000 to set up a team;</p> <p>The Secure Services Contract Team are established by WHSSC (based in Whitchurch Hospital Cardiff). The Team was established to manage a contract to provide low and medium secure services which was funded by the savings made on the previous arrangements and ensured better quality for the service users.</p> <p>Shane Mills/ Adrian Clarke and Dawn Painter (all seconded) lead the work to deliver the Framework (and quality assurance)</p> <p>QAIT - Hosted by WHSSC / CT but IT by Cardiff and Vale HB</p> <p>Award: Winner 2012 Government Opportunities Award</p> <p>First Annual Report from the Quality Assurance and Improvement Team (2011-2012)</p>	<p>Prior to 2012 non-NHS Wales mental health and learning disabilities hospital services were commissioned separately by each LHB or through the Welsh Health Specialised Services Committee (WHSSC). The NHS Wales National Collaborative Framework is a formal agreement and mechanism developed by the NHS Wales Collaborative Commissioning Unit and NHS Wales Shared Services Partnership – Procurement. This enables all parts of NHS Wales to procure and performance-manage services under pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and Health Board Standing Orders and Financial Instructions</p>

Year	What happened?	Additional information
2013	Key report – A Strategic Review of Welsh Ambulance Services (McClelland)	Stephen Harrhy leaves WHSSC to be the Executive Director of Primary Community and Mental Health in Cwm Taf HB but retains oversight of the SSC Team (QAIT); he was also the Chair of the Directors of Primary Community and Mental Health. CEOS extend MH frameworks to cover all externally commissioned hospitals
	QAIT – winner of 2013 HSJ Efficiency Awards; winner 2013 Welsh National Procurement Awards	
	More funding from WHSSC requested to cover costs	
2014	Minister for Health and Social Services (Mark Drakeford) establishes Emergency Ambulance Services Committee to be hosted by Cwm Taf Health Board.	Stephen Harrhy appointed Chief Ambulance Services Commissioner (part time role) (other staff included Richard Lee and administration staff)
	Approval by the Minister for Health and Social Services in April 2014 for the National Collaborative Frameworks	
2015	Stephen Harrhy appointed as the Director of the National Programme for Unscheduled Care	Following extensive discussions with key stakeholders and to respond to the need for clarity, the National Collaborative Commissioning Unit branded to describe the Unit – undertaking national work; working in collaboration with others and commissioning services using frameworks. NCCU was established under the organisational arrangements of EASC.
2015	Shane Mills permanently appointed by the Chair of the Directors of Primary Community and Mental Health to manage the contracts for low and medium secure service and funding for the rest of the team confirmed	
2016	The Emergency Medical Retrieval and Transfer Service was transferred by amendment Directions to be included in the commissioning scope for EASC. The EAS Committee members were offered to host the service which was undertaken by Bro Morgannwg now Swansea Bay University HB	
	QAIS – also includes work with care home framework 1 Oct 2016	
	Ross Whitehead joins the EASC Team	

Year	What happened?	Additional information
	Tracey Williams joins the National Programme for Unscheduled Care Team to support with the development of the programme and lead the development of a whole system framework for outcome measurement.	The Integrated Pathway for Older People (IPOP) was developed in partnership with a multiagency partnership across health and social care, and later tested in Hywel Dda UHB.
2017	Whitchurch Hospital was closing and the team needed to move. All HBs were offered the opportunity to host the team or provide accommodation. None was found and therefore alternative accommodation was found – Unit 1 Charnwood Court Nantgarw QAIS – Services also include child and adolescent mental health services	Anthony Hayward joins the NCCU to lead the Corporate Team
2018	QAIS – now using CCAPS Chris Moreton joins the QAIS through the Invest to Save Scheme James Rodaway joins the EASC Team on secondment	
2019	Jo Mower joins the Unit as the Clinical Director for the National Unscheduled Care Board Paul Underwood joins the Unit as Associate Clinical Director	Tracey Williams was recalled to Welsh Government to lead work for the transformation programme and support the government response to BREXIT.
2019-2021	A part of the Covid Response the WG request the Shane Mills set up a National Coordinating centre for MH with Jo Jordan to support the C19 response for MH services	During the pandemic Shane Mills is requested to directly support BCUHB to organise their MH C19 response by becoming Director of Operations for 3 months. Twice weekly meetings with WG and weekly meeting with Hb, data collected for C19 response both on NHS MH services and independent sector
2020	New staff join the senior management team at the Unit – Ricky Thomas, Corporate Team (Informatics), Tracey Williams (Secondment to NPUC & Intermediate Care & Frailty); Gwenan Roberts, Corporate Team and Committee Secretary for EASC and Nicola Bowen (Secondment) to the Unscheduled Care Team	James Rodaway joins NCCU on permanent basis

Year	What happened?	Additional information
2021	January - Matthew Edwards joins the EASC Team March - Phill Taylor joins the EASC Team November - Susan Evans joined the Corporate Team	Ruth Alcolado and Kath McGrath join the urgent and emergency care team April - Anthony Hayward left to work in Shared Services (Laundry)
2022	End of March 2022 – Stephen Harrhy finishes as National Director for Urgent and Emergency Care. New programme Six Goals for Urgent and Emergency Care Programme – NCCU responsible for Goal 1 (Shane Mills to lead) and Goal 4 (Stephen Harrhy to lead).	January - Tracey Williams returned to WG April - Chris Moreton left to join Velindre UNHS Trust as the Deputy Director of Finance July - Nicola Bowen joined the Six Goals for Urgent and Emergency Care Programme August – Kath McGrath retired August – Ruth Alcolado left to work in Shared Services and BCUHB September - Julian Baker retired October - Jonathan Jones seconded to the Six Goals for Urgent and Emergency Care Programme until end March 2024 <ul style="list-style-type: none"> - Sanjeev Mahaptra joins QAIS team as Head of Operations - Sian Lane, Senior Nurse lead for Quality and Delivery Frameworks joins EASC Team December – Colette Rees joins QAIS team as Head of Planning and Programme Design and Delivery
2023	January – Lee Leyshon joins EASC as the Deputy Director for Communications and Engagement (secondment) October – Kate Burton joins the NCCU as the Deputy Director for Transformation and Commissioning	March – James Rodaway – secondment to SBUHB Associate Director Population Health (PHW) October – Colette Rees, new role in the NHS Executive, Mental Health Network Manager
2024		March - James Rodaway leaves

NCCU Activity	
<p>Area: National MH/LD Hospital Framework Commissioner of Work: Health Boards Interfaces: All 7 HBS, WHSSC</p> <p>Activity: in 22/23 - £65m pa spend, 640 wards, 400 active patients, 12,000 incidents pa, 675 safeguarding events. Quality audits (130 pa), spot checks, placement advice, market shaping, provider interface, local team liaisons, regulator liaison <u>In partnership with NHS shared services</u>-contract design/management and price negotiation/agreement</p>	
<p>Area: National MH/LD Care Home Framework Commissioner of Work: Health Boards & Local Authorities Interfaces: All 7 HBS, 13 LAs</p> <p>Activity: In 22/23 £48M spend, 320 homes, 440 active patients, 5,700 incidents, 190 safeguarding events. Quality audits (125 pa), spot checks, placement advice, market shaping, provider interface, local team liaisons, regulator liaison <u>In partnership with NHS shared services</u>-contract design/management and price negotiation/agreement,</p>	
<p>Area: WHSSC Support (2018) Commissioner of Work: WHSSC Interfaces: SBUHB, BCUHB, CTHUHB with national services, other HBs</p> <p>Activity: Quality audits of 4 national commissioned services and high secure, CAMHS support, Support with ED and other specialised MH commissions. Advice and support. Policy development. Gatekeeper liaison, Case manager oversight.</p>	
<p>Area: Focused Service Reviews Commissioner of Work: Individual HBs, WG (MH & LD) Interfaces: SBUHB, BCUHB, CTHUHB, HDUHB, CVUHB</p> <p>Activity: Focused Quality audits on specific services such as MH rehabilitation, adult inpatient services, LD inpatients</p>	
<p>Area: National Service Reviews Commissioner of Work: CNO, WG MH & LD policy Teams Interfaces: All 7 HBS, WHSSC</p> <p>Activity: National Secure Review, National CAMHS placed in England inpatients Review, National LD inpatients Review, Beyond the Call</p>	
<p>Area: Primary Care MH Commissioner of Work: Strategic Programme for Primary Care Interfaces: All 7 HBs, GPS, Third sector, USW</p> <p>Activity: <u>In partnership with Strategic Programme for Primary Care-</u> Co-Chair MH and wellbeing Group. Demand & capacity in PCMH teams, 5 year demand at GP primary care level, 3rd sector MH support (£25m). Interface with social prescribing</p>	
<p>Area: NCCU & Royal College of Psychiatrists Futures Programme Commissioner of Work: WG Interfaces: All 7 HBS, Royal Colleges MH Group, universities, CQQI</p> <p>Activity: Enabling Environments Review (45 adult CMHT, 7 Perinatal teams done- to do inpatients, OPMH teams), Medically supervised detoxification in MH units, ECT, smoking cessation in persons with serious mental illness, weight management for persons with serious mental illness, remote monitoring, demand in substance misuse services, S117 policy, Section 122 policy, National MH Therapeutic Observation guidance</p>	
<p>Area: Taith Dda- MH conveyance Commissioner of Work: WG Interfaces: All 7 HBs, WAST</p> <p>Activity: £1.1m. 2500 journeys a year, 5 vehicles 24/7. Nationally Commissioned Locally delivered MH conveyance vehicles in HBs reducing need for police and ambulances</p>	
<p>Area: MH111#2 Commissioner of Work: WG Interfaces: All 7 HBs</p> <p>Activity: £6.8m, 24,000 calls since January, 147 staff. <u>In partnership Goal 2 of Six Goals for Urgent and Emergency Care:</u> Nationally Commissioned Locally Delivered 24/7 national call line and receiving MH hubs. Service delivered in accordance to national specification National training programme for staff, national dashboard, national and local communications plan. Peer reviews and targeted support.</p>	
<p>Area: CYP MH Alternatives to Admission Vanguard Commissioner of Work: WG Interfaces: HDUHB, SBUHB, ABUHB, CVUHB, BCUHB</p> <p>Activity: £4m revenue and £2m capital. Coordination and support to WG funded alternatives to admission crisis lounges and crisis Cafes, specification development, impact review, procurement with local teams,</p>	
<p>Area: WG MH Measurement & Outcomes Board Commissioner of Work: WG Interfaces: all 7 HBs, third sector</p> <p>Activity: Coordination and support to better MH measurement and outcomes, Chair Group, coordinate with DU all sub groups.</p>	

NCCU Activity
<p>Area: Goal 1 Commissioner of Work: National Programme for 6 Goals for Urgent & Emergency care Interfaces: All 7 HBs, NP6GUEC Activity: Interfacing with National Programme and local HB 6 Goal teams. Risk Stratification, High Intensity Users, Third Sector Commissioning, Behavioural Change. SRO for Goal 1</p>
<p>Area: Goal 4 Commissioner of Work: National Programme for 6 Goals for Urgent & Emergency care Interfaces: All 7 HBs, WAST, NP6GUEC Activity: Interfacing with National Programme and local HB 6 Goal teams. Optimising response and conveyance (in partnership with EASC), ED improvement plans and National Escalation framework-SRO for Goal 4</p>
<p>Area: Continuing Health Care Commissioner of Work: Individual HBS, WG , NHS Exec, CNO Interfaces: HDUHB, SBUHB, CVUHB, ABUHB, CTMUHB Activity: £684m pa spend, Optimum commissioning function for CHC, Operation Jasmine Reviews, individual area spend reviews, high cost patient reviews, optimising internals services, support on saving plans</p>
<p>Area: Reviews Specialised Transfer Services DCMO commission Transfer and Discharge Remote clinical support review System escalation Grange Transport Service</p>
<p>Area: Service Adult Critical Care Transfer Service (ACCTS) (Critical Care network) Major Trauma Desk Grange Transfer Service Taith Dda (mental health patient transport) Connected Support Cymru</p>
<p>Area: Real time dashboard development including bespoke CEO, ED dashboard, UEC Dashboard, Care homes dashboard, Deprivation and demographics dashboard, etc Weekly data dashboards produced and shared in the system, developing and changing iteratively for the audience, well received.</p>
<p>Area: Digital Intelligence Statutory role for publishing the Ambulance Service Indicators NCCU informatics team supporting NCCU/EASC/QAIS using data to present shared insight for evidence-based outcomes.</p>
<p>Area: Integrated Commissioning Action Plans linking health board and WAST operational delivery with EASC and Six Goals for Urgent and Emergency Care Programme</p>
<p>Area: Supporting service change e.g. Grange, Hywel Dda, Betsi Cadwaladr and Swansea Bay</p>
<p>Area: Network support – Major Trauma, South Wales Spinal, Stroke programme board, Neonatal, Paediatrics, Critical Care, Fire and Rescue</p>
<p>Area: Sexual Assault Referral Centres (SARC)</p>
<p>Area : Six Goals for Urgent and Emergency Care Programme - Goal 1 and Goal 4 leads</p>

EASC COMMISSIONED SERVICES

- Emergency Ambulance Services (relevant services),
- Emergency Medical Retrieval & Transfer Service (EMRTS)
- Non-Emergency Patient Transport Service (NEPTS)

Finance – Shared function (as for WHSSC)

- Financial Planning:
- Payments
- Contracting
- Commissioning Business Partner
- Financial Governance
- Financial Management and Reporting
- Financial Accounting

Planning – (Undertaken in the individual teams)

- Strategy
- Strategic Planning (EASC IMTP and Annual Plan for the NCCU)
- Performance Management
- Performance reporting
- Programme and Project Management
- Engagement for Service Change
- Communications and engagement

Quality Assurance, Nursing and Paramedicine

- Quality and Patient Safety report to Committee(s)
- Quality and patient safety dashboard
- Quality Assurance including 3Qs ensuring that services under 2 National MH/LD frameworks maintain desired levels of quality and safety in accordance to national frameworks standards, best practice, national approved guidelines. Delegation and management of Quality (Q) rating of providers across MH/LD Hospital and Care Home frameworks- Assurance reviews undertaken in order to monitor each framework provision against the framework standards. Issuing of relevant action plans subsequent to those reviews, decisions in relation to appropriate Q rating following reviews, support to providers to maintain/regain 3 Q rating (Maximum rating)
- Safeguarding – including ensuring that National Framework providers are aware of all relevant safeguarding processes, relevant to their specific areas of expertise and that all staff are trained and aware of their obligations. QAIS Clinicians aware and instigate their own safeguarding obligations relevant to their profession.
- Professional Regulation
- Patient-level outcome measures. 6 Required Care Outcomes
- Commissioning Care Assurance and Performance System (CCAPS) Development and Management of CCAPS by QAIS performance team- Including updating of provider Q rating, updating of reports and action plans issued, management of daily news feed, management of PPA process. Training of all framework providers, commissioners and other relevant persons in the use and function of CCAPS

- Performance Improvement notices

Corporate –

- Corporate Governance
- Committee Secretariat
- Facilities/Office Management/Health & Safety/Fire
- Complaints/Legal/ concerns
- Workforce Support
- Risk Management
- Informatics
- Performance reports
- Publishing the monthly Ambulance Service Indicators for the Welsh Government on behalf of WAST
- Dashboard Development
- Data and information for strategic reviews and IMTP tracker
- Information Governance
- Website development and maintenance
- IT equipment and liaison

Transformation

- Support the National Programme for Goal 1 and 4 Six Goals for Urgent and Emergency Care
- Programme and Project Management
- Bespoke commissioning / service reviews
- Supporting system change via Commissioning

Memorandum of Understanding

NHS England and NHS Wales

Commissioning and Quality Oversight of Patients requiring Inpatient Care in a Specialised Setting

1. Scope

- 1.1 This Memorandum of Understanding has been put in place to provide clarity on arrangements for engagement between national teams, and commissioners, in England and Wales, regarding patients receiving inpatient care in a specialist mental health or learning disability/autism inpatient unit.
- 1.2 The MOU relates to specialised inpatient services, commissioned by NHS England in the following settings:
- Adult Low, Medium Secure and High Secure;
 - CAMHS Tier 4 (including: General Adolescent, General Children's (up to age 13), CAMHS Eating Disorder, CAMHS PICU, CAMHS Low Secure, CAMHS Medium Secure, Deaf CAMHS Services);
 - Perinatal - Specialist Mother and Baby Units (MBUs)
 - Specialist Adult Eating Disorder (ED) Services
 - Personality Disorder T4 services
 - Deaf Mental Health Inpatient Services
 - Specialised Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) services
- 1.3 In England, the above services are commissioned by NHS England. In Wales, High secure care, Medium Secure care, Tier 4 CAMHS, Perinatal, Eating Disorders and Deaf services are commissioned by Welsh Health Specialised Services Committee (WHSSC) on behalf of the 7 Health Boards. Low Secure and other inpatient services such as forensic rehabilitation services or are commissioned by the patient's relevant Health Board.
- 1.4 The MOU does not cover general, adult acute inpatient mental health services (including assessment and treatment units) or adult PICU services which are commissioned to provide care for functional or organic mental illness.

2. Related documents

- 2.1 This document should be read in conjunction with the following documents:
- NHS England Specialised Commissioning Case Manager Standard Operating Procedure;
 - NHS England Bed Commissioning / Decommissioning Standard Operating Procedure;
 - NHS England Placing Patients Standard Operating Procedure;
 - NHS England Commissioner Oversight Visit Guidance.

3. Key Principles for Engagement

3.1 The following section outlines the key principles for engagement between England and Wales:

- Patient safety and quality of care is paramount;
- We will promote openness and transparency, whilst recognising the existing frameworks and legislation regarding data protection;
- The split of responsibilities at a national and regional level will be maintained – i.e. issues should be dealt with at a regional level and only escalated to a national level where necessary, or where this is explicitly referenced;
- We will provide a single point of contact wherever possible, but will work on the basis that other team members at a national level can be contacted during periods of prolonged absence or where the query is of an urgent nature;
- Arrangements should be future-proofed where possible, but with a review period built in to allow for emergent strategic developments;
- Access to inpatient beds will be on the basis of clinical priority, rather than country of origin;
- It is understood that all commissioners are operating in line with their own respective sets of strategic plans and priorities, and that this may at times have an impact on a commissioner in another area. Both England and Wales are continuing to review their ongoing requirements for inpatient care, and are working on the assumption that they will reduce the number of patients placed inappropriately out of area;
- This is a Memorandum of Understanding that relies upon the commitment and collaboration of individuals and teams at a national and regional level. Those specifically named within this document therefore have a responsibility for ensuring that it is disseminated and understood as appropriate.

3.2 The document sets out the arrangements in NHS England in respect of commissioning beds and quality oversight, and then the equivalent within NHS Wales. It then goes on to describe principles for national engagement, followed by the implications for the respective countries when placing a patient outside of the country of origin.

NHS England

4. Arrangements for commissioning beds within England – NHS England Specialised Commissioning Mental Health, Learning Disability and Autism Services

4.1 All specialised commissioned services have support and oversight from central (national) teams, but regional NHS England Specialised Commissioning teams are the responsible commissioners for those services listed in 1.2 above. As of April 2020, NHS England is introducing a new approach to commissioning specialised mental health, learning disability and autism services: Provider Collaboratives. Currently, each region holds and manages the contract for NHS providers that are delivering care within their region. However, the introduction of Provider Collaboratives from April 2020 onwards will see regional teams commissioning a group of Providers to plan and deliver services for their local population. This will be achieved through an NHS Lead Provider contract, with one NHS provider taking budget and pathway responsibility for the population their collaborative serve. The Collaborative will then work in partnership to achieve improvements in care for the people they serve.

4.2 Additionally, each of the large multi-site independent sector (IS) provider contracts are, at the time of writing, held by different regions, as follows:

- North West – Cygnet Healthcare Limited
 - Midlands – St. Andrew’s Healthcare, The Huntercombe Group
 - East of England – Priory Group Limited (including services formerly under Partnerships in Care)
 - South East – Elysium Healthcare Limited
- 4.3 However, each Provider Collaborative will additionally contract for IS units in their local patch to enable a more local overview of quality, activity and price.
- 4.4 The ambition is for NHS England over time to delegate commissioning responsibility for all specialised mental health services (including learning disability and autism) to Provider Collaboratives wherever it is appropriate to do so. Under these arrangements, NHS England through its regional teams would be assured of service quality and provide strategic commissioning oversight of the national bed-base for all services to ensure system integrity. To this end we will continue to work with Provider Collaboratives to deliver a strategic, centrally coordinated national plan that reflects local population needs and the demand and capacity review outcomes for services in the scope of provider collaboratives.
- 4.5 Throughout this document, when referring to the role of the ‘commissioner’ in England, it will state region / provider collaborative. Once a provider collaborative is ‘live’ in an area, they will take on the role of commissioner. Until that point, the regional specialised commissioning team will continue to act as ‘commissioner’. The NHS England national team will ensure that regular updates are provided to national Welsh colleagues in order that there is an up-to-date list of appropriate commissioner contact details.
- 4.6 In respect of most service lines, the decision regarding whether or not to admit a patient to a specialised mental health service will be determined by the outcome of an access assessment or equivalent, which is carried out by a designated provider in the patient’s originating area, in collaboration with the placing commissioner, to determine the clinical appropriateness of admission.

5. Operating model for oversight of quality and patient safety – NHS England Specialised Commissioning Mental Health and Learning Disability Services

- 5.1 There are different levels of accountability and responsibility in respect of oversight of quality and patient safety:
- The placing commissioner (case manager) will be responsible for reviewing the patient on a regular basis, in line with the Case Management Standard Operating Procedure (SOP) and Commissioner Oversight Visit Guidance, and ensuring the ongoing quality and safety of their inpatient placement. In the structure of Provider Collaboratives, Case Managers will be part of the relevant Provider Collaborative, and not part of the regional team;
 - The contract holder for that provider is responsible for ensuring that the standards within the contract relating to quality and patient safety are adhered to;
 - The region or Provider Collaborative where the unit is geographically located (the ‘host’ region/PC) will have oversight for the safety, quality and compliance of services on the patch and will undertake routine or enhanced monitoring of services as required. The

host region/PC will work closely with the contract holder (if different) to ensure that any actions required as part of enhanced surveillance are undertaken. It may be decided for example that, due to proximity, certain responsibilities are delegated to the host region on behalf of the contract holder.

5.2 Once provider collaboratives are operational, the lead provider will take responsibility for overseeing quality and patient safety in respect of the services provided locally within the collaborative geographical footprint. However, NHS England will retain overall accountability for commissioning safe and high quality services, which they will enact through their Lead Provider contract. Consistent with the approach to contract management, in respect of Independent Sector multi-site providers, NHS England regions will retain organisational oversight: collecting intelligence from all regions and Provider Collaboratives regarding any quality or safety issues, ensuring a joined-up approach to managing quality and safety across large multi-site providers, function, as follows (correct at time of writing):

- North West – Cygnet Healthcare Limited
- Midlands – St. Andrew’s Healthcare, The Huntercombe Group
- East of England – Priory Group Limited (including services formerly under Partnerships in Care)
- South West – Elysium Healthcare Limited

NHS Wales

6. Arrangements for commissioning beds within Wales

6.1 Prior to 2012 non-NHS Wales mental health and learning disabilities hospital services were commissioned separately by each Local Health Board (LHB) or through the Welsh Health Specialised Services Committee (WHSSC). These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these hospitals was the remit of individuals or small teams within LHBs with little or no collaboration. An independent review in 2012 stated that the use of the independent sector by NHS Wales prior to the development of the National Framework was “inefficient, ineffective and inconsistent”. In March 2012 a National Collaborative Framework for medium and low secure care was launched by the National Collaborative Commissioning Unit (NCCU) and was successful in improving quality assurance and reducing costs. Subsequently the Chief Executives of the NHS Wales Local Health Boards considered that a broader suite of services required this level of assurance. Subsequently the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was developed and launched in April 2014.

6.2 In 2014 the WHSSC Joint Committee requested that an NHS Wales National Collaborative Framework for Low Secure and Acute CAMHS Mental Health & Learning Disability Hospitals be developed. This subsequently launched in April 2015.

6.3 A new National Framework, which combines the Adult and CAMHS hospital frameworks has since been developed and launched April 2022. This framework also includes Acute/PICU services as well as Blended secure services.

- 6.4 The National Collaborative Frameworks provide the enacting mechanism for the commissioning of services. These services are provided once a patient is placed through the National Collaborative Framework processes and an individual patient placement agreement is generated – thereby enacting a contract between the commissioner (LHB or WHSSC) and provider.
- 6.5 The Quality Assurance of provision that deliver services under the National Frameworks, is undertaken by the NHS Wales Quality Assurance Improvement Service (QAIS), which is part of the NCCU.
- 6.6 Case management does not exist in Wales. Care coordination of patients in specialist mental health services is underwritten in law by the Mental Health (Wales) Measure MH(W)M 2010. Each of the 7 health board areas in Wales are responsible for the provision of allocation of appropriate and relevant care co-ordination of patients in these secondary care setting.
- 6.7 Care co-ordinators are responsible for undertaking a full care and treatment review of relevant patients at least annually but usually more often.
- 6.8 In Wales, High secure care, Medium Secure care, Tier 4 CAMHS, Perinatal, Eating Disorders and Deaf services are commissioned by Welsh Health Specialised Services Committee (WHSSC) on behalf of the 7 Health Boards. Low Secure and other inpatient services such as forensic rehabilitation services or are commissioned by the patient's relevant health board. However, a recent review of Secure Mental Health Hospitals has recommended that commissioning of High, Medium and Low Secure hospitals via one commissioner.
- 6.9 In addition to care co-ordinators, oversight of patient care, required in law via the MH(W)M 2010, requires that patients in High and medium secure services are also monitored by the WHSSC Clinical Case Monitoring team.
- 6.10 NHS Wales commissions 99.2% of all specialist mental health inpatient care not provided by the NHS in Wales, via National Collaborative Framework Agreements. The services under those agreements are monitored and reviewed by the NHS Wales Quality Assurance Improvement Service (QAIS).
- 6.11 The QAIS, WHSSC and Health Boards in Wales work closely together to ensure that the services commissioned are best value and are of an appropriate level of quality and safety.

7. General and ongoing interface between national teams

- 7.1 There should be a minimum quarterly teleconference between national Welsh and English colleagues within section 11 below in order to update on progress against strategic commitments and any impact this may have on commissioning intentions. As stated throughout the following sections of this document, regions / provider collaboratives have a responsibility to ensure all relevant parties are notified of and engaged in any plans that could impact on another party. However, as a 'belt and braces' approach, national leads should use the quarterly teleconference as an opportunity to notify counterparts in the other country as appropriate of any strategic

developments or new information that may have an impact on the other party (or more urgently if this cannot wait until the subsequent teleconference).

8. Guidance for commissioners when commissioning beds in England or Wales

8.1 Patients placed in Wales by an English commissioner

- 8.1.1 It is good practice that NHS England commissioners and Provider Collaboratives should contact NHS Wales via the central contact e-mail address GIG.NCCU@wales.nhs.uk prior to commissioning services in Wales in order to understand any concerns relating to quality or patient safety that have been identified through framework monitoring processes and to understand any service's current Framework Quality Rating.
- 8.1.2 Where there are known intentions regarding decommissioning a service or number of beds, where this is likely to impact on English patients / commissioners (i.e. the unit is currently or has been previously and regularly used by English commissioners), the NHS Wales QAIS must notify the relevant national lead in NHS England as soon as possible. The national lead will then disseminate the information to regional colleagues as appropriate.
- 8.1.3 Where there are patients from England currently placed in a unit where there is known planned decommissioning activity, it is likely that English commissioners (regional teams or Provider Collaboratives) will be asked to either repatriate or discharge their patient if appropriate. The Welsh commissioner overseeing the decommissioning will invite the English commissioner to the meetings established to oversee the decommissioning activity, and NHS England will be expected to fully participate in this activity to ensure the safe and timely decommissioning of inpatient beds.

8.2 Patients placed in England by a Welsh commissioner

- 8.2.1 Any Welsh commissioner intending to place a patient in a bed within England should contact the region/ Provider Collaborative where the unit is based to ensure that any concerns relating to quality or patient safety can be highlighted. Ideally this should happen prior to admission, accepting that this may not be possible in the cases of clinical emergencies / urgent referrals.
- 8.2.2 Once an admission is made, in order that the commissioner in England has an understanding of the use of the beds in their hosted area, Welsh commissioners should notify the English contract holder within 48 hours of admission as a minimum. Key contact details are provided in section 11.
- 8.2.3 For CAMHS Medium Secure and CAMHS Low Secure, referrals will be managed in accordance with the Network process and must be emailed to the Chairs of the weekly Referrals meeting:

Low Secure

l.vanniekerk@nhs.net

david.kingsley@nhs.net

Medium Secure

CAMHS.Referrals@gmmh.nhs.uk Marked for the attention of **Dr Michael Crawford**

8.2.4 Where there are known intentions regarding decommissioning, where this is likely to impact on Welsh patients / commissioners (i.e. the unit is currently or has been previously and regularly used by Welsh commissioners), the region/Provider Collaborative responsible for the decommissioning must notify the relevant contacts in Wales, specified in section 11, using the change control process as part of the NHS England Commissioning / Decommissioning SOP.

8.2.5 Where there are patients from Wales currently placed in a unit in England where there is known planned decommissioning activity, it is likely that Welsh commissioners will be asked to either repatriate or discharge their patient as appropriate. The English commissioner overseeing the decommissioning will invite the Welsh commissioner to the meetings established to oversee the decommissioning activity, and NHS Wales will be expected to fully participate in this activity to ensure the safe and timely decommissioning of inpatient beds, in line with England commissioning intentions.

9. Placement Costs and Financial Arrangements

9.1 It is the responsibility of the organisation placing the patient to liaise with and agree all financial arrangements including OBD price and any other associated assessment, care and treatment costs with the organisation providing the service to the patient.

9.2 As per section 8.2.2., the placing commissioner must notify the contract holder of the admission to ensure that the contract holder is able to separately discuss and resolve any residual financial implications which relate to the main contract held.

10. Guidance for commissioners when highlighting and managing quality concerns**10.1 Patients placed in Wales by an English commissioner**

10.1.1 It is expected that whilst a patient is placed in Wales, the NHS England or Provider Collaborative case manager in England will continue to regularly visit the patient and review their care plan to ensure that the care provided remains appropriate, and of high quality. For children and young people with a learning disability, autism or both, this is a minimum of every 6 weeks, and for adults this is a minimum of every 8 weeks (this is in line with the NHS England Case Manager SOP and NHS England Commissioner Oversight Visit Guidance). Should commissioners in Wales be concerned that there is a lack of commissioner oversight, this should be escalated to the relevant regional/Provider Collaborative lead responsible for the patient.

10.1.2 If the English commissioner identifies any issues relating to quality and patient safety in a Welsh Unit, it must highlight these as soon as possible to the NHS Wales Quality Assurance Improvement Service (QAIS) via the central secure e-mail address: GIG.NCCU@wales.nhs.uk. QAIS will share this intelligence with WHSSC quality team/MH lead as appropriate.

10.1.3 The NHS Wales QAIS will be responsible for quality oversight in respect of units commissioned through the National Framework agreement, 'holding the ring' around any soft intelligence received relating to poor quality or patient safety.

10.1.4 Commissioners and /or QAIS may determine that, following intelligence received, the provider needs to be stepped up into enhanced monitoring/ suspended/terminated from the National Framework. This may involve the unit being closed to admissions, or – less frequently – patients to be repatriated within a short time-frame due to concerns that indicate an immediate or highly serious risk to patient safety.

10.1.5 In these circumstances, the QAIS will notify both:

- The individual commissioners, including NHS England or Provider Collaborative case managers in England;
- The relevant regional contact – this will be the placing region.

10.1.6 At that point, the level of ongoing engagement and role of the respective commissioners will be clarified, and it is likely that English commissioners with a patient currently placed in that unit will be asked to review their patient as a minimum. Engagement will be with both the individual commissioner(s) and key contact from the NHS England regional team until the situation can be de-escalated.

10.2 Patients placed in England by a Welsh commissioner

10.2.1 It is expected that whilst a patient is placed in England, the care co-ordinator in Wales will continue to regularly visit the patient and review their care plan to ensure that the care provided remains appropriate, and of high quality.

10.2.2 If the Welsh commissioner identifies any issues relating to quality and patient safety, it must highlight these as soon as possible to the regional lead where the unit is located, i.e. the host regional lead (and the regional contract holder if a multi-site independent sector provider).

10.2.3 Commissioners in England may determine that, following intelligence received, the provider needs to be stepped up into enhanced surveillance. This may involve the unit being closed to admissions, or – less frequently – patients to be repatriated within a short time-frame due to concerns that indicate an immediate or highly serious risk to patient safety

10.2.4 In these circumstances, the region/Provider Collaborative with quality oversight will notify both:

- The individual commissioners, including those in Wales;
- GIG.NCCU@wales.nhs.uk as the central contact point within Wales for quality concerns.

10.2.5 At that point, the level of ongoing engagement and role of the respective commissioners will be clarified, and it is likely that Welsh commissioners with a patient

currently placed in that unit will be asked to review their patient as a minimum. Engagement will be with both the individual commissioner(s) and key contact from the national team in Wales until the situation can be de-escalated.

11. Key contacts

11.1 NHS England commissioned care – regional contacts

English Regional teams – NHS England Specialised Commissioning services for mental health, learning disability and autism (regional teams will update this with key contact details for provider collaboratives as part of the implementation process).			
Regional specialised commissioning Heads of Mental Health where the unit is based should be the first point of contact for any queries relating to commissioning beds / concerns relating to quality / patient safety. For the independent sector, any queries should go to the relevant independent sector contract holder.			
Region	Role	Name	Contact details
North West	Regional Head of Mental Health	Alison Cannon	alison.cannon1@nhs.net
North East, Y&H		Alison Cannon	alison.cannon1@nhs.net
Midlands		Karon Glynn	kglynn@nhs.net
East of England		Denise Clark	deniseclark1@nhs.net
London		Vimbai Egaru	vimbai.egaru@nhs.net
South East		Vanessa Fowler	vanessa.fowler@nhs.net
South West		Nikki Churchley	nikki.churchley@nhs.net
Key regional contacts for independent sector contracts:			
Cygnnet Healthcare	North West	Alison Cannon	alison.cannon1@nhs.net
St Andrew's Healthcare	Midlands	Karon Glynn	kglynn@nhs.net
The Huntercombe Group	Midlands	Karon Glynn	kglynn@nhs.net
Priory Group Limited ((including services formerly under Partnerships in Care)	East of England	Denise Clark	deniseclark1@nhs.net
Elysium Healthcare Limited	South West	Nikki Churchley	nikki.churchley@nhs.net

11.2 NHS England commissioned care – national contacts

England – national team			
Area	What to contact for	Name	Contact details
NHS England commissioned mental health inpatient services for adults	Queries that cannot be resolved at a regional level Escalation of serious quality	Louise Davies	louise.davies10@nhs.net

NHS England commissioned inpatient services for under 18s	concerns relating to a unit within Wales	Louise Doughty	louisedoughty@nhs.net
NHS England commissioned Mother and Baby Units		Amelia Mosley	amelia.mosley@nhs.net
NHS England commissioned learning disability and autism inpatient services for adults		Christine Bakewell / Julia King	christine.bakewell@nhs.net julia.king10@nhs.net
Provider collaboratives team	Queries regarding provider collaborative contact details / responsibilities	Liz Durrant	l.durrant1@nhs.net

11.3 Wales

Name	Position	Contact details	Email address
The first point of contact should be the central e-mail address: GIG.NCCU@wales.nhs.uk which is monitored daily. However, further contact details are as follows:			
Shane Mills	Director of Nursing, Quality and performance (QAIS)	01443 744928	shane.mills2@wales.nhs.uk
Adrian Clarke	Assistant. Director of Nursing and Quality (QAIS)	01443 744928	adrian.clarke2@wales.nhs.uk
Deb Hillman	Senior Practitioner (QAIS)	01443 744928	deb.hillman@wales.nhs.uk
Martyn French	Senior Practitioner (QAIS)	01443 744928	martyn.French@wales.nhs.uk
Carl Shortland	Mental Health lead (WHSSC) – HS/MSU/CAMHS/Perinatal/Eating Disorders/Deaf MH only	01443 443443 Ext 78108	carl.shortland@wales.nhs.uk
Carole Bell	Director of Nursing and Quality (WHSSC)- HS/MSU/CAMHS/Perinatal/Eating Disorders/Deaf MH only	01443 443443 Ext 78133	carole.bell@wales.nhs.uk



Gwirio bod pobl yng Nghymru
yn derbyn gofal da

Checking people in Wales are
receiving good care



GIG
CYMRU
NHS
WALES

Uned Gomisiynu
Cydwethredol Cenedlaethol
National Collaborative
Commissioning Unit

Memorandwm Cyd-Ddealltwriaeth (MoU) rhwng Arolygiaeth Gofal Iechyd Cymru (AGIC) ac Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru (NCCU)

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Hanes adolygu a chymeradwyo

Fersiwn	1.0
Dyddiad y'i cytunwyd	12/10/2017
Cytunwyd yn ffurfiol gan	AGIC: Kate Chamberlain NCCU: Stephen Harrhy
Dyddiad adolygu	Hydref 2019
Fersiwn	2.0
Dyddiad y'i crëwyd	10/10/2019
Awduron	AGIC: Joseph Wilton NCCU: Dawn Painter a Ross Whitehead
Dyddiad y'i cytunwyd	
Cytunwyd yn ffurfiol gan	AGIC: Alun Jones NCCU: Stephen Harrhy
Dyddiad adolygu	Bob blwyddyn

Cyflwyniad

1. Diben y Memorandwm Cyd-ddealltwriaeth hwn yw pennu fframwaith er mwyn cefnogi'r gydberthynas waith rhwng Arolygiaeth Gofal Iechyd Cymru (AGIC) ac Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru (NCCU).
2. Mae'r gydberthynas waith hon yn rhan o'r gwaith o gynnal system reoleiddio effeithiol ar gyfer gofal iechyd yng Nghymru sy'n hybu diogelwch cleifion a gofal o ansawdd uchel.
3. Mae'r Memorandwm Cyd-ddealltwriaeth hwn ond yn berthnasol i'r gwaith o reoleiddio gofal iechyd yng Nghymru. Nid yw'n drech na chyfrifoldebau na swyddogaethau statudol AGIC na rhai Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru (NCCU) ac nid yw'n creu hawliau na rhwymedigaethau cyfreithiol rwymol; ei ddiben yw diffinio'r cytundeb ar y cyd rhwng y ddau sefydliad a nodi camau gweithredu cyffredin.
4. Fel rhan o'r gweithgareddau yr ymgwymerir â nhw fel rhan o'r Memorandwm Cyd-ddealltwriaeth hwn, gellir sefydlu cytundebau eraill (er enghraifft, cytundebau rhannu gwybodaeth, neu brotocolau cydweithio). Bydd y cyfryw gytundebau yn bodoli ar wahân i'r Memorandwm Cyd-ddealltwriaeth hwn.

Rolau a chyfrifoldebau

Arolygiaeth Gofal Iechyd Cymru

5. AGIC yw arolygiaeth a rheoleiddiwr annibynnol gofal iechyd yng Nghymru. Mae AGIC yn cyflawni ei swyddogaethau ar ran Gweinidogion Cymru ac, er ei bod yn rhan o Lywodraeth Cymru, mae protocolau wedi'u sefydlu i ddiogelu ei hymreolaeth weithredol. Daw prif swyddogaethau a chyfrifoldebau AGIC o'r ddeddfwriaeth ganlynol:
 - Deddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003;
 - Deddf Safonau Gofal 2000 (a rheoliadau cysylltiedig);
 - Deddf Iechyd Meddwl 1983 a 2007, Mesur Iechyd Meddwl (Cymru) 2010;
 - Rheoliadau Gofal Iechyd Annibynnol (Cymru) 2011;
 - Rheoliadau Cyffuriau a Reolir (Goruchwylio Rheolaeth a Defnydd) (Cymru) 2008; a
 - Rheoliadau Ymbelydredd Ïoneiddio (Amlygiad Meddygol) 2017 a Rheoliadau Diwygio 2018.
6. Mae blaenoriaethau AGIC fel a ganlyn:
 - rhoi sicrwydd: cynnig barn annibynnol ar ansawdd y gofal;

- hybu gwelliant: annog gwelliant drwy lunio adroddiadau a rhannu arfer da; a
 - dylanwadu ar bolisi a safonau: defnyddio'r hyn rydym yn ei ganfod i ddylanwadu ar bolisi, safonau ac arfer.
7. Rôl graidd AGIC yw adolygu ac arolygu sefydliadau gofal iechyd y GIG a sefydliadau gofal iechyd annibynnol yng Nghymru er mwyn rhoi sicrwydd annibynnol i gleifion, y cyhoedd ac eraill bod gwasanaethau yn ddiogel ac o ansawdd da. Caiff gwasanaethau iechyd eu hadolygu yn erbyn amrywiaeth o safonau, polisiau, canllawiau a rheoliadau cyhoeddedig. Fel rhan o'r gwaith hwn, bydd AGIC yn ceisio nodi a chefnogi gwelliannau i wasanaethau a'r camau y mae angen eu cymryd er mwyn cyflawni hyn. Os bydd angen, bydd AGIC yn cynnal adolygiadau ac ymchwiliadau arbennig, lle yr ymddengys fod methiannau systematig o ran y ffordd y caiff gwasanaethau gofal iechyd eu darparu, er mwyn sicrhau y caiff gwelliannau eu gwneud ac y caiff gwersi eu dysgu'n gyflym.
8. Mae AGIC hefyd yn gyfrifol am gofrestru a rheoleiddio darparwyr gofal iechyd annibynnol o dan Ddeddf Safonau Gofal 2000. Rheoliadau Gofal Iechyd Annibynnol (Cymru) 2011 sy'n llywodraethu'r gwaith o reoleiddio sefydliadau o'r fath.

Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru (NCCU)

9. Mae Fframweithiau Cydweithredol Cenedlaethol GIG Cymru ar gyfer Ysbytai Anabledau Dysgu ac Iechyd Meddwl Oedolion ac Ysbytai Acíwt a Diogelwch Isel CAMHS yn gytundebau a mecanweithiau ffurfiol a ddatblygwyd gan Arweinwyr Comisiynu Cydweithredol GIG Cymru a Phartneriaeth Gwasanaethau a Rennir sy'n galluogi'r Gwasanaeth Iechyd Gwladol yng Nghymru i gaffael a rheoli perfformiad gwasanaethau o dan y safonau, costau, telerau, ac amodau contract y cytunwyd arnynt yn flaenorol mewn modd sy'n unol â Rheoliadau Caffael y DU a'r UE a Chyfarwyddiadau Ariannol a Rheolau Sefydlog Byrddau Iechyd Lleol.
10. Er mwyn lleihau dyblu ymdrech Darparwyr wrth ddelio â'r Ymddiriedolaeth a/neu'r Bwrdd Iechyd, mae gan GIG Cymru drefniadau ar gyfer sicrhau ansawdd, perfformiad a rheoli contractau ar y cyd. Cafodd y swyddogaeth hon ei chyflawni drwy Uned Gomisiynu Gydweithredol Genedlaethol Gwasanaeth Iechyd Cymru (NCCU) a gynhelir gan Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg.
11. Mae Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru yn rheoli darparwyr Fframwaith Cenedlaethol drwy'r canlynol;
- Herio perfformiad is na'r disgwyl gan ddarparwyr, a chyngori ar wella drwy adolygiadau sicrwydd ysbytai;
 - Casglu a dadansoddi gwybodaeth rheoli perfformiad yn unol â manylebau, safonau, ac amodau contract y Fframwaith Cenedlaethol, drwy'r System Comisiynu Gofal, Sicrwydd a Pherfformiad;

- Sicrhau bod darparwyr yn lleihau risgiau a dibyniaeth ac yn hyrwyddo gobaith, gwellhad ac adsefydlu;
 - Sicrhau y caiff yr holl wasanaethau caffael eu darparu a'u bod yn cynnig gwerth am arian;
 - Sicrhau y caiff pryderon ynglŷn â diogelwch ac ansawdd y darparwr eu codi, eu trafod a'u rhannu â chomisiynwyr ac asiantaethau statudol;
 - Hwyluso cydweithredu rhwng darparwyr a chomisiynwyr i sicrhau gofal diogel ac effeithiol o ansawdd uchel sy'n gwella profiad y cleifion.
12. Caiff adolygiadau sicrwydd ysbytai eu cynnal gan Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru, ac maent yn cynnwys cael sicrwydd bod y darparwr yn cydymffurfio â holl ofynion y Fframwaith Cenedlaethol, yn cynnal y safonau clinigol gofynnol, ac yn sicrhau bod arferion clinigol da yn sail i ofal clinigol
13. Bydd y wybodaeth a gesglir o'r adolygiadau hyn a'r System Comisiynu Gofal, Sicrwydd a Pherfformiad yn cael ei rhannu ag AGIC.

Pwyllgor Gwasanaethau Ambiwllans Brys

14. Yn unol â Rheoliadau'r Pwyllgor Gwasanaethau Ambiwllans Brys (Cymru) 2014 (2014 Rhif 08), gwnaeth y Byrddau Iechyd Lleol sefydlu Cyd-bwyllgor, a ddechreuodd ar 1 Ebrill 2014, at ddibenion arfer ei Swyddogaethau Dirprwyedig ar y cyd a darparu'r Gwasanaethau Perthnasol.
15. Mae'r Cyd-bwyllgor wedi'i sefydlu mewn perthynas â'r Cyfarwyddiadau a'r Rheoliadau i alluogi'r saith Bwrdd Iechyd Lleol yn GIG Cymru i wneud penderfyniadau ar y cyd o ran adolygu, cynllunio, caffael a monitro perfformiad Gwasanaethau Ambiwllans Brys (gwasanaethau perthnasol), y Gwasanaeth Casglu a Throsglwyddo Meddygol Brys (EMRTS) a'r Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys yn unol â'u Swyddogaethau Dirprwyedig diffiniedig.
16. Mae Byrddau Iechyd Lleol yn gyfrifol am y bobl hynny sy'n byw yn eu hardaloedd. Er bod y Cyd-bwyllgor yn gweithredu ar ran y saith Bwrdd Iechyd wrth ymgymryd â'i swyddogaethau, mae'r ddyletswydd ar y byrddau iechyd unigol yn parhau, a nhw, yn y pen draw, sy'n atebol i ddinasyddion a rhanddeiliaid eraill am ddarparu gwasanaethau ambiwlans brys i drigolion yn eu hardal.
17. Mae'r Tîm Gwasanaethau Ambiwllans Brys, fel rhan o'r Uned Gomisiynu Gydweithredol Genedlaethol yn gweithio drwy wneud y canlynol:
- Herio perfformiad darparwyr a chynghori ar wella drwy'r trefniadau comisiynu (Is-Grwpiau Pwyllgor Gwasanaethau Ambiwllans Brys)
 - Casglu a dadansoddi gwybodaeth rheoli perfformiad yn unol â Dangosyddion Ansawdd Ambiwllans a'r Fframweithiau Ansawdd a Darparu ar gyfer

Gwasanaethau Meddygol Brys a Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys

- Sicrhau y caiff yr holl wasanaethau a gomisiynwyd eu darparu a'u bod yn cynnig gwerth am arian;
- Sicrhau y caiff pryderon ynglŷn â diogelwch ac ansawdd y darparwr eu codi, eu trafod a'u rhannu â chomisiynwyr ac asiantaethau statudol;
- Hwyluso cydweithredu rhwng darparwyr a chomisiynwyr i sicrhau gofal diogel ac effeithiol o ansawdd uchel sy'n gwella profiad y cleifion.

Egwyddorion cydweithredu

18. Mae AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn cydnabod eu priod gyfrifoldebau a swyddogaethau statudol ac anstatudol, a byddant yn ystyried y rhain wrth gydweithio â'i gilydd.
19. Wrth roi'r cytundeb hwn ar waith, bwriad AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yw y caiff eu cydberthynas waith ei nodweddu gan yr egwyddorion canlynol:
 - yr angen i wneud penderfyniadau sy'n diogelu ac yn hybu gofal iechyd o ansawdd uchel ac sy'n hybu iechyd, diogelwch a lles cleifion;
 - bod yn gwbl agored a sicrhau tryloywder rhwng y ddau sefydliad o ran pryd yr ystyrir bod cydweithredu yn angenrheidiol neu'n briodol a phryd nad ystyrir bod cydweithredu yn angenrheidiol nac yn briodol;
 - parch at statws annibynnol y naill sefydliad a'r llall;
 - yr angen i ddefnyddio adnoddau a gwybodaeth yn effeithiol ac yn effeithlon drwy gydlynw a rhannu gwybodaeth yn briodol;
 - yr angen i gynnal hyder y cyhoedd yn y ddau sefydliad;
 - ymrwymiad i fynd i'r afael ag unrhyw achos o orgyffwrdd neu fylchau a nodwyd yn y fframwaith rheoleiddio a chyfrifoldebau rheoleiddio.
20. Mae AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol hefyd yn ymrwymedig i fabwysiadu dulliau rheoleiddio tryloyw, atebol, cymesur a chyson sydd wedi'u targedu (egwyddorion gwell rheoleiddio).

Meysydd Gwaith a Blaenoriaethau ar y Cyd

Cyfnewid Gwybodaeth

21. Bydd cydweithio rhwng AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn aml yn gofyn am gyfnewid gwybodaeth. Mae cyfnewid gwybodaeth i'w ddisgwyl ond ni fydd yn gyfyngedig i achosion lle mae AGIC neu'r Uned Gomisiynu Gydweithredol Genedlaethol yn nodi pryderon am iechyd a lles y

cyhoedd, neu lle y byddai ateb i bryder yn elwa ar ymateb amlasiantaethol cydgysylltiedig.

22. Yn benodol, bydd AGIC yn cyfeirio'r canlynol at yr Uned Gomisiynu Gydweithredol Genedlaethol:
 - Unrhyw wybodaeth berthnasol am achos rheoleiddiol o ddiffyg cydymffurfio gan ddarparwr fframwaith yr Uned Gomisiynu Gydweithredol Genedlaethol.
 - Unrhyw bryder neu wybodaeth berthnasol am ddarparwr fframwaith yr Uned Gomisiynu Gydweithredol Genedlaethol neu ran o'r sefydliad hwnnw sy'n codi amheuan ynghylch ei addasrwydd i ddarparu gofal i grŵp defnyddwyr penodol.
 - Unrhyw bryderon a gwybodaeth berthnasol am ddarparwr fframwaith yr Uned Gomisiynu Gydweithredol Genedlaethol y gellir amau cadernid ei systemau i gefnogi a chynnal diogelwch defnyddwyr y gwasanaeth.
23. Yn benodol, bydd yr Uned Gomisiynu Gydweithredol Genedlaethol yn cyfeirio'r canlynol at AGIC:
 - Unrhyw bryderon a gwybodaeth berthnasol am ddarparwr fframwaith yr Uned Gomisiynu Gydweithredol Genedlaethol yng Nghymru sy'n codi amheuan ynghylch ansawdd y gofal a'r gwasanaeth a ddarperir ganddo.
 - Unrhyw wybodaeth nad yw'n enwi cleifion mewn perthynas â digwyddiadau, diogelu a chwynion a gesglir fel rhan o ofynion gwybodaeth y Fframwaith Cenedlaethol ar gyfer darparwyr fframwaith yng Nghymru.
 - Unrhyw wybodaeth berthnasol am achos rheoleiddiol o ddiffyg cydymffurfio gan ddarparwr fframwaith yr Uned Gomisiynu Gydweithredol Genedlaethol.
24. Mewn achosion o'r fath, bydd pob achos o gyfnewid gwybodaeth yn gyfreithlon ac yn gymesur, a rhennir y wybodaeth yn gyfrinachol â'r cyswllt a enwir yn y sefydliad arall cyn gynted â phosibl.
25. Bydd yr holl drefniadau o ran cydweithio a chyfnewid gwybodaeth a nodir yn y Memorandwm Cyd-ddealltwriaeth hwn, ac unrhyw brotocol gweithio ar y cyd a all gael ei ddatblygu, yn ystyried ac yn cydymffurfio â'r Rheoliad Cyffredinol ar Ddiogelu Data (GDPR), Deddf Diogelu Data 2018; Deddf Rhyddid Gwybodaeth 2000; Deddf Iechyd a Gofal Cymdeithasol (Iechyd Cymunedol a Safonau) 2003; adran 76 o Ddeddf Iechyd a Gofal Cymdeithasol 2008; Deddf Safonau Gofal 2000 a holl ddeddfwriaeth AGIC ac Uned Gomisiynu Gydweithredol Genedlaethol GIG Cymru (NCCU) sy'n ymwneud â'r materion hyn, a'u priod Godau Ymarfer, fframweithiau neu bolisiau eraill sy'n ymwneud â gwybodaeth bersonol gyfrinachol a materion gwybodaeth.
26. Mae AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn ddarostyngedig i Ddeddf Rhyddid Gwybodaeth 2000. Os bydd y naill sefydliad yn cael cais am wybodaeth a ddeilliodd o'r llall, bydd y sefydliad sy'n cael y cais yn ei drafod â'r llall cyn ymateb.

Rhannu gwybodaeth yn rheolaidd

27. Bydd AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn sicrhau bod gwybodaeth ar gael yn rheolaidd sy'n codi o'u gweithgarwch rheoleiddio a all gynorthwyo'r ddau ohonynt yn eu cylch gwaith. Bydd hyn yn cynnwys ymateb yn gadarnhaol i geisiadau am wybodaeth mewn modd amserol. Dim ond ar gyfer lleoliadau a gwasanaethau sy'n berthnasol i waith yr Uned Gomisiynu Gydweithredol Genedlaethol y mae'r gwaith o rannu hyn, e.e. ysbytai annibynnol, preifat, yng Nghymru.
28. Caiff y gwaith rheolaidd o rannu gwybodaeth ei wneud drwy fynediad priodol i AGIC at y system CCAPS. Bydd AGIC yn rhannu unrhyw hysbysiadau perthnasol a ddaw i law yn fisol, a gall yr Uned Gomisiynu Gydweithredol Genedlaethol wneud ceisiadau ad hoc ychwanegol drwy gysylltu â blwch post Partneriaethau, Gwybodaeth a Methodoleg, gweler Atodiad B.
29. Yn ogystal â rhannu hysbysiadau a phryderon, bydd AGIC yn rhannu cynlluniau arolygu â'r Uned Gomisiynu Gydweithredol Genedlaethol yn rheolaidd. Gwneir hyn er mwyn sicrhau y caiff cyfleoedd i weithio ar y cyd eu hystyried. Bydd AGIC hefyd yn ceisio rhoi rhybudd o dri mis i'r Uned Gomisiynu Gydweithredol Genedlaethol am arolygiadau sydd i ddod.
30. Bydd y cyfrifoldeb am ddefnydd priodol o wybodaeth o system CCAPS gan staff AGIC yn rhan o gylch gwaith Perchennog Asedau Gwybodaeth AGIC. Caiff cyngor ei ddarparu gan y Perchennog Asedau Gwybodaeth ar sut yr eir i'r afael ag unrhyw wybodaeth a rannwyd rhwng y ddau sefydliad os bydd angen

Y Cyfryngau a Chyhoeddiadau

31. Bydd AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn ceisio rhoi digon o rybudd a gwybodaeth i'w gilydd am unrhyw gyhoeddiadau a gynllunnir i'r cyhoedd ar faterion sy'n berthnasol i'r ddau sefydliad, gan gynnwys rhannu cyhoeddiadau a chynigion drafft.
32. Bydd AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn ymrwmo i weithio gyda'i gilydd, lle y bo'n briodol, i gynhyrchu gohebiaeth neu ddatganiadau ar y cyd sy'n tynnu sylw at gydweithio neu weithgareddau sy'n berthnasol i'r ddau sefydliad.
33. Bydd AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn parchu cyfrinachedd unrhyw ddogfennau a rennir cyn iddynt gael eu cyhoeddi ac ni fyddant yn ymddwyn mewn ffordd a fyddai'n arwain at gyhoeddi cynnwys y dogfennau hynny cyn y dyddiad cyhoeddi a gynlluniwyd.

Llywodraethu

34. Bydd cyswllt rheolaidd, naill ai'n ffurfiol neu'n anffurfiol, yn ategu effeithiolrwydd y gydberthynas waith rhwng AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol. Mae'r cyswllt hwn ac unrhyw waith partneriaeth rheolaidd wedi'i nodi yn Atodiad A.

35. Dylid cynnal cyfarfodydd rhwng cydweithwyr perthnasol yn y ddau sefydliad i drafod gwybodaeth, polisiâu a materion gweithredol sydd o ddi-ddordeb i'r ddau sefydliad pan fo'n briodol; o leiaf ddwywaith y flwyddyn. Ceir manylion cyswllt perthnasol ar lefel weithredol y ddau sefydliad yn Atodiad B.
36. Fel arfer caiff unrhyw anghytundeb rhwng AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol ei ddatrys ar lefel gweithio. Os nad yw hyn yn bosibl, caiff ei ddwyn at sylw rheolwyr y Memorandwm Cyd-ddealltwriaeth a nodir yn Atodiad B, a all ei uwchgyfeirio wedyn, fel y bo'n briodol, o fewn y ddau sefydliad er mwyn sicrhau datrysiad sy'n foddhaol i'r ddau sefydliad. Dylai'r ddau sefydliad anelu at ddatrys unrhyw anghydfod o fewn amser rhesymol.

Hyd y Memorandwm Cyd-ddealltwriaeth hwn a'i adolygu

37. Mae'r ddau sefydliad wedi nodi unigolyn sy'n gyfrifol am y gwaith o reoli'r Memorandwm Cyd-ddealltwriaeth hwn yn Atodiad B. Byddant yn cydgysylltu yn ôl yr angen er mwyn sicrhau bod y Memorandwm Cyd-ddealltwriaeth hwn yn gyfredol, yn nodi unrhyw faterion sy'n dod i'r amlwg ac yn ateb unrhyw gwestiynau sy'n codi mewn perthynas â chydberthynas waith y ddau sefydliad.
38. Nid oes cyfyngiad amser i'r Memorandwm Cyd-ddealltwriaeth hwn a bydd yn parhau mewn grym oni fydd angen newid yr egwyddorion a ddisgrifiwyd neu os byddant yn amherthnasol bellach. Caiff y Memorandwm Cyd-ddealltwriaeth hwn ei adolygu bob blwyddyn gan reolwyr y Memorandwm Cyd-ddealltwriaeth a nodir yn Atodiad B, ond gellir hefyd ei adolygu ar fyrder ar unrhyw adeg ar gais y naill sefydliad neu'r llall.

Llofnodwyd



Alun Jones

Prif Weithredwr Dros Dro
Arolygiaeth Gofal Iechyd Cymru

Dyddiad: 27/07/2020



Mr Stephen Harrhy

Rheolwr Gyfarwyddwr yr Uned
Gomisiynu Gydweithredol Genedlaethol
a Phrif Gomisiynydd Ambiwlans Cymru

Yr Uned Gomisiynu Gydweithredol
Genedlaethol

Dyddiad:

Atodiad A – Gweithio mewn Partneriaeth

Er bod y Memorandwm Cyd-ddealltwriaeth hwn yn nodi egwyddor arweiniol rhannu gwybodaeth a digwyddiadau, mae rhai gweithgareddau penodol hefyd a fydd yn hwyluso'r bartneriaeth rhwng AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol.

Gweithgareddau ymgysylltu rheolaidd

Bydd cynrychiolwyr o AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol yn cyfarfod yn chwarterol i drafod unrhyw faterion neu bryderon penodol sydd ganddynt o bosibl ynglŷn â lleoliadau neu ddigwyddiadau penodol. Bydd y gweithgarwch ymgysylltu hwn yn canolbwyntio ar y canlynol:

- Rhannu gwybodaeth am bryderon neu ddigwyddiadau penodol sy'n berthnasol i'r sefydliad arall
- Trafod achos rheoleiddiol o ddiffyg cydymffurfio gan leoliadau sy'n rhan o gylch gwaith y ddau sefydliad
- Trafod unrhyw beth a ddysgwyd ar y cyd o adolygiad CCAPS a hysbysiadau rheoleiddiol 30/31
- Hwyluso'r broses o gydgyllunio gweithgarwch arolygu, ymchwilio ac adolygu
- Trafod unrhyw ddigwyddiadau a godwyd gan y naill sefydliad neu'r llall
- Risgiau, pwysau a digwyddiadau Ymddiriedolaeth Gwasanaethau Ambiwllans Cymru sy'n berthnasol i'r Comisiwn Gwasanaethau Ambiwllans Brys

Atodiad B – Manylion Cyswllt

Arolygiaeth Gofal Iechyd Cymru	Yr Uned Gomisiynu Gydweithredol Genedlaethol
Llywodraeth Cymru Parc Busnes Rhydycar Merthyr Tudful CF48 1UZ	Uned 1, Charnwood Court Heol Billingsley Parc Nantgarw Caerdydd CF15 7QZ
Ffôn: 0300 062 8163	Ffôn: 01443 744928

Mae enwau cyswllt AGIC a'r Uned Gomisiynu Gydweithredol Genedlaethol fel a ganlyn:

Prif Swyddogion Gweithredol	
Alun Jones	Stephen Harrhy
<i>Prif Weithredwr Dros Dro</i> Aun.Jones39@gov.wales	<i>Rheolwr Gyfarwyddwr yr Uned Gomisiynu Gydweithredol Genedlaethol a Phrif Gomisiynydd Ambiwllans Cymru</i> Stephen.Harrhy@wales.nhs.uk

Rheolwyr y Memorandwm Cyd-ddealltwriaeth

Joseph Wilton

Pennaeth Partneriaethau, Gwybodaeth a Methodoleg

joseph.wilton@gov.wales

Ffôn: 0300 025 2663

Dawn Painter

Pennaeth Cydymffurfiaeth ar gyfer Fframweithiau Cenedlaethol Masnachol

Dawn.Painter@wales.nhs.uk

Ffôn: 01443 744928

Ross Whitehead
Cyfarwyddwr Cynorthwyol Rheoli
Perfformiad ac Ansawdd
Ross.whitehead@Wales.nhs.uk

Ffôn: 01443 744955

Ceisiadau Gwybodaeth

hiw.pim@gov.wales

Ffôn: 0300 062 8163

GIG.NCCU@wales.nhs.uk

Ffôn: 01443 744928



Gwirio bod pobl yng Nghymru
yn derbyn gofal da

Checking people in Wales are
receiving good care



GIG
CYMRU
NHS
WALES

Uned Gomisiynu
Cydwethredol Cenedlaethol
National Collaborative
Commissioning Unit

Memorandum of Understanding (MoU) between Healthcare Inspectorate Wales (HIW) and NHS Wales National Collaborative Commissioning Unit (NCCU)

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Revision history and approval

Version	1.0
Date agreed	12/10/2017
Formally agreed by	HIW: Kate Chamberlain NCCU: Stephen HARRY
Review date	October 2019
Version	2.0
Date created	10/10/2019
Authors	HIW: Joseph Wilton NCCU: Dawn Painter & Ross Whitehead
Date agreed	
Formally agreed by	HIW: Alun Jones NCCU: Stephen HARRY
Review date	Annually

Introduction

1. The purpose of this Memorandum of Understanding (MoU) is to set out a framework to support the working relationship between Healthcare Inspectorate Wales (HIW) and the NHS Wales National Collaborative Commissioning Unit (NCCU).
2. This working relationship is part of the maintenance of an effective regulatory system for healthcare in Wales which promotes patient safety and high quality care.
3. This MoU relates only to the regulation of healthcare in Wales. It does not override the statutory responsibilities and functions of HIW and NHS Wales National Collaborative Commissioning Unit (NCCU) and does not create legally binding rights or obligations; its purpose is to define the joint agreement between the two organisations and to indicate a common line of action.
4. As part of the activities undertaken as part of this MoU, other agreements (for example, information sharing agreements, or joint working protocols) may be established. Such agreements will exist separately to this MoU.

Roles and responsibilities

Healthcare Inspectorate Wales

5. HIW is the independent inspectorate and regulator of healthcare in Wales. HIW carries out its functions on behalf of Welsh Ministers and, although part of the Welsh Government, protocols have been established to safeguard its operational autonomy. HIW's main functions and responsibilities are drawn from the following legislation:
 - Health and Social Care (Community Health and Standards) Act 2003;
 - Care Standards Act 2000 (and associated regulations);
 - Mental Health Act 1983 and 2007, Mental Health (Wales) Measure 2010;
 - Independent Health Care (Wales) Regulations 2011;
 - Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008; and
 - Ionising Radiation (Medical Exposure) Regulations 2017 and Amendment Regulations 2018.
6. HIW's priorities are to:
 - provide assurance: provide an independent view on the quality of care;
 - promote improvement: encourage improvement through reporting and sharing of good practice; and

- influence policy and standards: use what we find to influence policy, standards and practice.
7. HIW's core role is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, and others that services are safe and of good quality. Health services are reviewed against a range of published standards, policies, guidance and regulations. As part of this work HIW will seek to identify and support improvements in services and the actions required to achieve this. If necessary, HIW will undertake special reviews and investigations where there appears to be systematic failures in delivering healthcare services to ensure that rapid improvement and learning takes place.
 8. HIW is also responsible for the registration and regulation of independent healthcare providers under the Care Standards Act 2000. The regulation of such establishments is governed by the Independent Health Care (Wales) Regulations 2011.

NHS Wales National Collaborative Commissioning Unit (NCCU)

9. The NHS Wales National Collaborative Frameworks for Adult Mental Health & Learning Disability Hospitals and CAMHS Low Secure and Acute Hospitals are formal agreements and mechanisms developed by the NHS Wales Collaborative Commissioning Leads and Shared Services Partnership that enables the National Health Service in Wales to procure and performance manage services under the pre-agreed standards, costs, terms and conditions of a contract in a compliant manner in accordance with EU and UK Procurement Regulations and LHB Standing Orders and Financial Instructions.
10. To minimise the duplication of effort by Providers in their dealings with the Trust and/or the Health Board, NHS Wales has arrangements for collaborative quality assurance, performance and contract management. This function is discharged through the National Health Service Wales National Collaborative Commissioning Unit (NCCU) hosted by Cwm Taf Morgannwg University Health Board
11. The NHS Wales National Collaborative Commissioning Unit performance manages National Framework providers by;
 - Challenging substandard provider performance and advising on improvement through hospital assurance reviews;
 - Collating and analysing performance management information in line with the National Framework specifications, standards and contract conditions through the Commissioning Care Assurance & Performance System;
 - Ensuring providers reduce risk and dependency and promote hope, recovery and rehabilitation;
 - Ensuring all procured services are provided and present value for money;

- Ensuring provider quality and safety concerns are raised, discussed and disseminated with commissioners and statutory agencies; and
- Facilitating collaborative working between providers and commissioners to ensure safe, effective and high quality care that improves patient experience.

12. Hospital assurance reviews are undertaken by the NHS Wales National Collaborative Commissioning Unit and involve obtaining assurance that the provider is adhering to all the requirements of the National Framework, maintaining the required clinical standards and ensuring good clinical practice underpins clinical care

13. It is the information gathered from these reviews and from the Commissioning Care Assurance & Performance System that will be shared with HIW.

Emergency Ambulance Services Committee

14. In accordance with the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.08), the Local Health Boards (LHBs) established a Joint Committee, which commenced on 1 April 2014, for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services.

15. The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHB's in NHS Wales to make collective decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (relevant Services), Emergency Medical Retrieval & Transfer Service (EMRTS) and Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions.

16. LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance services for residents within their area.

17. The Emergency Ambulance Services Team, as part of the National Collaborative Commissioning Unit work by:

- Challenging provider performance and advising on improvement through the commissioning arrangements (EASC Sub Groups)
- Collating and analysing performance management information in line with Ambulance Quality Indicators and the Quality and Delivery Frameworks for Emergency Medical Services and Non-Emergency Patient Transport Services
- Ensuring all commissioned services are provided and present value for money;

- Ensuring provider quality and safety concerns are raised, discussed and disseminated with commissioners and statutory agencies; and
- Facilitating collaborative working between providers and commissioners to ensure safe, effective and high quality care that improves patient experience.

Principles of co-operation

18. HIW and NCCU acknowledge their respective statutory and non-statutory responsibilities and functions, and will take account of these when working together.
19. In implementing this agreement, HIW and NCCU intend that their working relationship will be characterised by the following principles:
 - the need to make decisions that promote high quality healthcare and which protect and promote patient health, safety and welfare;
 - full openness and transparency between the two organisations as to when cooperation is, and is not, considered necessary or appropriate;
 - respect of each other's independent status;
 - the need to use resources and intelligence effectively and efficiently through appropriate coordination and information sharing;
 - the need to maintain public confidence in the two organisations; and
 - a commitment to address any identified overlaps or gaps in the regulatory framework and responsibilities.
20. HIW and NCCU are also committed to transparent, accountable, proportionate, consistent, and targeted regulation (the principles of better regulation).

Joint Priorities and Areas of Work

Exchange of Information

21. Co-operation between HIW and NCCU will often require the exchange of information. Exchange of information will be expected, but not limited, to cases where either HIW or NCCU identifies concerns about the health and wellbeing of the public, or where a resolution to a concern would benefit from a coordinated multi-agency response.
22. In particular, HIW will refer to the NCCU:
 - Any relevant information about a NCCU framework provider's regulatory non-compliance.
 - Any concern or relevant information about a NCCU framework provider or a part of that organisation which may call into question its suitability to provide care to a specific user group

- Any concerns and relevant information about a NCCU framework provider which may call into question the robustness of systems to support and maintain the safety of the service users.

23. In particular, the NCCU will refer to HIW:

- Any concerns and relevant information about a NCCU framework provider in Wales which calls into question the quality of care and services it provides.
- Any non-patient identifiable information regarding incidents, safeguarding, complaints that is collected as part of National Framework information requirements for framework providers in Wales
- Any relevant information about a NCCU framework provider's regulatory non-compliance.

24. In such cases, all exchanges of information will be lawful and proportionate and shared in confidence with the named contact in the other organisation at the earliest possible opportunity.

25. All arrangements for co-operation and exchange of information set out in this MoU and any joint working protocol that may be developed will take account of and comply with the General Data Protection Regulation (GDPR), Data Protection Act 2018, Freedom of Information Act 2000, Health and Social Care (Community Health and Standards) Act 2003, section 76 of the Health and Social Care Act 2008, Care Standards Act 2000 and all relevant HIW and NHS Wales National Collaborative Commissioning Unit (NCCU) legislation relating to these matters, and respective Codes of Practice, frameworks or other policies relating to confidential personal information and information issues.

26. Both HIW and NCCU are subject to the Freedom of Information Act 2000. If one organisation receives a request for information that originated from the other the receiving organisation will discuss the request with the other before responding.

Routine information sharing

27. HIW and the NCCU will each make available routine information arising from their regulatory activity that may assist the other in its remit. This will entail responding positively to requests for information in a timely manner. This sharing is only to be for settings and services relevant to the work of NCCU, i.e. independent, privately run, hospitals in Wales.

28. The routine sharing of information will be through appropriate access for HIW to the CCAPS system. HIW will pass on relevant notifications received monthly, and additional ad hoc requests can be made by NCCU by contacting the Partnerships, Intelligence and Methodology mailbox, see Annex B.

29. In addition to the sharing of notifications and concerns, HIW will routinely share inspection plans with NCCU. This will be to make sure opportunities for joint working and collaboration are explored. HIW will aim to give NCCU three months' notice of upcoming inspections.

30. Responsibility for appropriate use of information from the CCAPS system, by HIW staff, will fall under the remit of the HIW Information Asset Owner (IAO). Advice will be provided, by the IAO, on how any information shared between the two organisations will be handled if required

Media and Publications

31. HIW and NCCU will seek to give each other adequate warning of, and sufficient information about, any planned announcements to the public on issues relevant to both organisations, including the sharing of draft proposals and publications.
32. HIW and NCCU commit to work together, where appropriate, to produce joint statements or communications highlighting collaboration or activities relevant to both organisations.
33. HIW and NCCU respect confidentiality of any documents shared in advance of publication and will not act in any way that would cause the content of those documents to be made public ahead of the planned publication date.

Governance

34. The effectiveness of the working relationship between HIW and NCCU will be supported by regular contact, either formally or informally. This contact and any regular partnership working is set out in Annex A.
35. Meetings to discuss intelligence, policy and operational issues of interest to both organisations should take place between relevant colleagues at both organisations when appropriate; at least twice a year. Contact details of relevant operational level contacts in each organisation are shown at Annex B.
36. Any disagreement between HIW and NCCU will normally be resolved at working level. If this is not possible, it must be brought to the attention of the MoU managers identified at Annex B, who may then escalate it as appropriate within the two organisations to reach a mutually satisfactory resolution. Both organisations should aim to resolve disagreements in a reasonable time.

Duration and review of this MoU

37. Both organisations have identified a person responsible for the management of this MoU in Annex B. They will liaise as required to ensure this MoU is kept up to date, identify any emerging issues and resolve any questions that arise in the working relationship between the two organisations.
38. This MoU is not time-limited and will continue to have effect unless the principles described need to be altered or cease to be relevant. This MoU will be reviewed annually by the MoU managers identified at Annex B, but may also be reviewed more urgently at any time at the request of either organisation.

Signed



Alun Jones

Interim Chief Executive
Healthcare Inspectorate Wales

Date: 27/07/2020



Mr Stephen Harray

Managing Director National Collaborative
Commissioning Unit & Chief Ambulance
Commissioner for Wales

National Collaborative Commissioning
Unit

Date:

Annex A – Partnership Working

While this MoU sets out the guiding principle of information and incident sharing, there are also some specific activities which will facilitate the partnership between HIW and NCCU:

Regular engagement activities

Representatives from HIW and NCCU will meet, quarterly, to discuss any specific issues or concerns they may have about specific settings or incidences. The focus of this engagement will be to:

- Share information about specific concerns or incidences that are relevant to the other organisation
- Discuss regulatory non-compliance of settings which fall under the remit of both organisations
- Discuss any shared learning from the review of CCAPS and Regulatory 30/31 notifications
- Facilitate joint planning of inspection, investigation and review activity
- Discuss any incidents that have been raised by either organisation
- Welsh Ambulance Services NHS Trust risks, pressures and incidences that are relevant to the Emergency Ambulance Services Commission (EASC)

Annex B – Contact Details

Healthcare Inspectorate Wales	National Collaborative Commissioning Unit
Welsh Government Rhydycar Business Park Merthyr Tydfil CF48 1UZ	Unit 1, Charnwood Court Heol Billingsley Parc Nantgarw Cardiff CF15 7QZ
Tel: 0300 062 8163	Tel: 01443 744928

There will be named contacts between HIW and NCCU as follows:

Chief Executives	
Alun Jones	Stephen Harrhy
<i>Interim Chief Executive</i> Alun.Jones39@gov.wales	<i>Managing Director National Collaborative Commissioning Unit & Chief Ambulance Commissioner for Wales</i> Stephen.Harrhy@wales.nhs.uk
MoU managers	
Joseph Wilton	Dawn Painter
<i>Head of Partnerships, Intelligence and Methodology</i> joseph.wilton@gov.wales	<i>Head of Compliance for Commercial National Frameworks</i> Dawn.Painter@wales.nhs.uk
Tel: 0300 025 2663	Tel: 01443 744928
	Ross Whitehead Assistant Director of Quality and Performance Management Ross.whitehead@Wales.nhs.uk
	Tel: 01443 744955
Information Requests	
HIW.PIM@gov.wales	GIG.NCCU@wales.nhs.uk
Tel: 0300 062 8163	Tel: 01443 744928



Dated - 1st December 2018

(1) **NATIONAL COLLABORATIVE COMMISSIONING
UNIT-QUALITY ASSURANCE IMPROVEMENT
SERVICE**

- and -

(2) **WELSH HEALTH SPECIALISED SERVICES COMMITTEE**

SERVICE LEVEL AGREEMENT

DRAFT

QAIS review programme in relation to NHS Wales Inpatient MH Services commissioned by WHSSC.

Introduction:

Prior to 2012, non-NHS Wales's mental health and learning disabilities hospital services were commissioned separately by each Local Health Board or through the Welsh Health Specialised Services Committee (WHSSC). These commissioning arrangements led to disparity in costs, contractual obligations, standards and performance management across NHS Wales. Oversight of these hospitals was the remit of individuals or small teams within Local Health Boards with little or no collaboration. An independent review in 2012 stated that the use of the independent sector by NHS Wales prior to the development of the National Framework was "inefficient, ineffective and inconsistent".

In March 2012 a National Collaborative Framework for medium and low secure care was launched and was successful in improving quality assurance and reducing costs. Subsequently In 2013 the Chief Executives of the NHS Wales' Local Health Boards considered that a broader suite of services required this level of assurance and subsequently the NHS Wales National Collaborative Framework for Adult Mental Health & Learning Disability Hospitals was developed and launched in April 2014. A further development in 2015 was the introduction of a similar Framework Agreement for Child and Adolescent Mental Health Services, I.E. Tier 4 Low Secure and Acute inpatient Hospital services.

The National Collaborative Frameworks are compliant agreements between Velindre NHS Trust and a provider who the Trust have selected to enter into a framework agreement to provide Services to the Health Board on a call-off basis in respect of the Provider's Lots in accordance with this Framework Agreement. There is no obligation for the Health Board to award any orders under the National Collaborative Framework during its Term.

The services are delivered in line with the service specification that is described within the relevant Frameworks which have been designed by the QAIS and NHSWSSP (Procurement) and is underpinned by expert legal counsel.

The Quality Assurance Improvement Service (QAIS) act as agents of Velindre NHS Trust and on behalf of Health Boards to utilise the quality assurance improvement process to monitor performance, Required Care

Outcomes and collect data and such other information as the Trust and/or the Health Board may require from time to time.

The Collaborative Framework's do not include any services that are supplied by the NHS in Wales. Therefore the QAIS have not historically reviewed or offered any improvement advice with regards to these services.

Background to Service Level Agreement:

Following a discussion and subsequent proposal which was drafted between the executive teams of the NCCU and WHSSC an agreement has been made that will offer WHSSC the same quality assurance for the services they commission with NHS Wales as they receive for services commissioned via the National Collaborative Frameworks.

WHSSC initially enquired into the possibility of the QAIS undertaking similar reviews of the NHS Inpatient Mental Health Services they commission as they would for under the National Collaborative Frameworks. These services are:

- Caswell Clinic Medium Secure Unit- Located in Bridgend, South Wales. Provides Male and Female Medium Secure Mental Health Inpatient Services for 6 Health Board areas
- Ty Llewellyn Medium Secure Unit- Located in Llanfairfechan, North Wales. Provides Medium Secure Mental Health Inpatient Services for male patients from the BCUHB area
- North Wales Adolescent Service (NWAS) - Located in Mold, North Wales. Provides Child and Adolescent Mental Health inpatient service for Young people and children from the BCUHB (? & North Powys) area
- Ty Llidiard- Located in Bridgend, South Wales. Provides inpatient CAMHS for Children and Young people from all Health Board areas except BCUHB

At the Joint Committee of WHSSC meeting on 13th November 2018 currently it was agreed that WHSSC would commission the QAIS to undertake a regular review programme in order to receive assurance with regards to the Adult Mental Health/Learning Disabilities and CAMHS services that they commission via NHS Wales.

This process has not, historically, been in place for the four Mental Health Hospital services that WHSSC commission with NHS Wales.

Prior to the QAIS commencing a programme of work, it has been agreed that a written request from WHSSC and the three Health Boards that host these services (ABMUHB, BCUHB and CTUHB) will be issued to the Director of Quality and Patient Experience at the NCCU.

The NCCU's proposal is that the QAIS will undertake reviews of each of the units using the same process and documentation that they would use when undertaking a review of similar framework services.

QAIS Roles and Responsibilities:

- A full site audit will be undertaken *at least* once per year by the QAIS
- Services will be reviewed against the standards that are already included within schedule 2 of the relevant National Framework Agreements for Non- NHS Wales Hospital provision
- All reviews will be announced with at least 10 days' notice being given in writing to the service manager of the relevant service to be reviewed. (*Any exception to this process, such as one off unannounced reviews, additional thematic reviews etc, will be agreed between the WHSSC Director of Nursing and Head of QAIS*)
- All reviews will be planned and arranged by the QAIS.
- Written notice of reviews will be sent to the relevant service manager from the QAIS administration team.
- Specific, focused reviews may be undertaken in addition to annual reviews. These could be thematic reviews, re-reviews in order to verify any improvement actions etc.
- A report, outlining areas of good practice and identifying areas for improvement will be generated following each review. This report will be shared with WHSSC and the relevant personnel in the service being reviewed.
- **All documentation relating to the reviews, including review reports, will be made available via the Commissioned Care Assurance System (CCAPS)**
- All reviews will be undertaken by undertaken by the clinical team within QAIS. Therefore, any potential or actual safeguarding concerns identified through the course of the review will be reported accordingly and through proper process.

- Action plans will not be developed following the identification of areas of concern following the review. Instead the provider service and the commissioner will decide how best to improve/rectify the identified issues. The QAIS will offer support and advice in relation to quality/safety improvement.
- Additional reviews may be undertaken to ensure that any Safety/Quality issues identified at time of full review have been sufficiently rectified by the relevant service. Additional reviews may be undertaken via further site visits or via Video/Telephone Conferencing.
- NHS Wales's commissioned services will **not** receive a Quality (Q) rating following reviews by the QAIS.
- NHS Wales' services will not be ranked (as Non-NHS Wales services are) by Q rating, price, bed availability, distance etc.
- Serious or immediate safety concerns that are identified during the review process will be reported to the service at the time the concern is identified. The QAIS will not wait until the review report is published to inform of issues that could potentially cause harm to patients, staff or visitors.
- QAIS review reports will be made available to Health Inspectorate Wales (HIW) as all Non-NHS Wales service reports are, as per memorandum of understanding.
- The service NHS Wales inpatient services commissioned by WHSSC may, from time to time, be asked to complete a self-assessment against the standards included within the national frameworks.
- Patients within each service will have an Individual Progress Review (IPR) undertaken as part of the annual service review process in order to allow commissioners and care coordinators an alternative view relating to progress.
- Each service will be offered the opportunity to meet with the QAIS management team on an annual basis in order to discuss annual performance, good practice and improvement.
- Each service will be invited to share positive practice with framework providers and NHS Wales's commissioners at the QAIS' annual sharing good practice event.

WHSSC/Relevant Health Boards Roles and Responsibilities:

- WHSSC, along with the relevant Health Boards will engage with all services that are to be reviewed, in order to assure that potential concerns are allayed and that there is clarity about why the programme of work is to be commenced.
- WHSSC/ HB's will ensure that current methods for investigating any concerns are maintained.
- Each service, that is to be included as part of the scope of this work programme, will confirm that they are able to meet the service specification that is described under part 1A of Schedule 2 of the National Framework agreements.
- WHSSC/Health Boards will not be able to request additional reviews or investigations from the QAIS outside of the agreed work programme. For example, if concerns are raised outside of the QAIS review programme.
- WHSSC/Health Boards will be responsible for considering all issues raised from QAIS reviews and will initiate their own action plans to address those problems.
- WHSSC/Health Boards will confirm with QAIS once they feel that they have completed all actions to a satisfactory standard. QAIS will then undertake an additional follow up review in order to confirm satisfactory compliance.
- Care Coordination of patients and responsibilities to those patients, as described under the Mental Health (Wales) Measure 2010, remain with the patient's home area Health Board/Local Authority.

Programme Funding:

WHSSC currently provide some funding (£37,000 pa) to the QAIS in order to ensure that CAMHS framework providers are reviewed as and when required. An additional £23,000 pa will be provided by WHSSC to ensure that this work programme is undertaken as described above.

Funding will cover cost of WTE Band 7 nurse, Band 3 administration support plus expenses associated with undertaking reviews such as, travel and accommodation costs.

Summary:

The NHS Wales services subject to this agreement will be reviewed in the same way as non NHS Wales services are managed under the terms and conditions of the National Frameworks.

The outcome of each review will be reported back to the commissioner and the service provider via written report.

The services will not receive action plans or a Quality rating following reviews.

The review programme described in this agreement will only commence once written agreement from WHSSC, ABMUHB, CTUHB and BCUHB is received by the NCCU.

Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
Managing Director NCCU	Meet the planning guidance and produce an NCCU Annual Business Plan	Failure to develop an agreed NCCU Annual Business Plan for endorsement by the Management Board	IF: There is no agreement for the NCCU Annual Business Plan Then: The work of the NCCU would not be supported Resulting in: Lack of clarity in the direction of the commissioned organisations	Regular meetings with HBs Regular meetings with WG Regular meetings with Shared Services Regular meetings with WHSSC Detailed work to deliver NCCU Annual Business Plan overseen by the Management Board NCCU ABP approved by Management Board Managing Director meetings with Welsh Government planning department	Agreed timescales with Management Board for the development of the draft NCCU Annual Business Plan, now agreed	Consistency between NCCU ABP and HB, WHSSC and Shared Services IMTPs Letter of support from the Welsh Government Management Board approval of the plan Bi-monthly ABP progress updates to Management Board	4x1=4	CXL 4x1=4		01/06/2022	01/01/2024
Managing Director NCCU	Effective Commissioning	Failure to deliver the Ministerial direction and HB requirements that the NCCU effectively plans, commissions and secures services within its remit; and failure to maintain collaborative relationship with providers	IF: The NCCU fail to plan and secure services and maintain effective collaborative relationships with providers Then: The purpose and effectiveness of the NCCU Management Board would not be met Resulting in: Potential Ministerial and Welsh Government intervention	Agreed collaborative commissioning methodology Review and refine commissioning arrangements and refresh commissioning and procurement frameworks Undertake quality assurance visits and reviews Effective function of the NCCU Management Board Effective governance arrangements in place Meet regularly with providers to ensure continued development of open and transparent relationship	Commissioning and procurement frameworks and monitoring arrangements; Monitoring of NCCU Annual Business Plan at Management Board Review and refine governance arrangements; Maintaining close working and collaborative relationships during unprecedented system pressures;	Internal and external audit Welsh Government Management Board members Commissioning and procurement frameworks Continued engagement with the commissioning process	5x2=10	CXL 5x1=5		01/06/2022	01/01/2024
Managing Director NCCU	Outcome measurement	Failure to respond to requirements identified within commissioned work related to Mental Health, CAMHS and Learning Disabilities services	IF: Work commissioned is failed to be acted upon Then: Risks and issues identified will not be acted upon and implemented Resulting in: A missed opportunity to improve services for mental health, CAMHS and LD patients	Reviews and annual visits for all providers Undertake bespoke reviews Implement escalation policy if necessary Forward plan (Annual Business Plan) for Management Board; Action log for Management Board and all sub groups Regular review of key performance indicators Refresh of commissioning and procurement frameworks	Governance and planning for Management Board Review of commissioning and procurement frameworks Review of inspection and review visits Quarterly meetings with HBs and WHSSC Regular meetings with WG Commissioner action plan and monthly monitoring return commitment	Commissioning and procurement framework review programme Internal and external audit Inspection visits Escalation and de-escalation of providers	3x2=6	CXL 3x1=3		01/06/2022	01/01/2024
Managing Director NCCU	Provider performance	Failure to identify poor performing service providers	IF: The required standards of service/level performance are not achieved Then: The patients will receive inadequate care Resulting in: Potential harm and the long term exacerbation of mental health issues for patients	Agreed commissioning and procurement frameworks Regular audits and reviews Escalation framework Inspection mechanisms Real time feedback Protocols for moving patients to different providers	Compliance with agreed protocols and processes Annual visit Audits and spot checks undertaken Oversight of escalation	Annual Position Statement Safety and performance Indicators (CCAPS) Quarterly meetings with HBs, WHSSC and Shared Services Annual attendance at CTM UHB Quality & Safety Committee Link to lead Chief Executive Officer lead for MH Link to WG	4x2=8	CXL 4x1=4		01/06/2022	01/01/2024
Managing Director NCCU	Undertake regular reviews of commissioning and procurement frameworks	Failure to undertake regular reviews will result in out of date frameworks and non-compliance with procurement strategies	IF: Frameworks aren't reviews regularly Then: Frameworks will become out of date and non-compliant Resulting in: Poor standards of patient care, value for money and legal challenges	Work with Shared Services to review commissioning and procurement frameworks in line with agreed timescales	Tried and tested review mechanisms followed Programme management approach adopted to ensure timescales are delivered Collaborative working between NCCU and Shared Services Procurement Division Liaison with HBs and service providers	Memoranda of understanding Compliance with procurement processes Approval through Shared Services governance Internal and external audit; Healthcare Inspectorate Wales (HIW) and WG	4x1=4	CXL 4x1=4		01/06/2022	01/01/2024
Managing Director NCCU	Effective commissioning	Failure to take appropriate actions to support the providers in their management of patient safety and to minimise clinical risk	IF: actions are not taken to manage patient safety and minimise clinical risks Then: Patients are more likely to come to harm Resulting in: Poorer patient outcomes and patient experience, increased SAIs, litigation and reputational damage	Discussion at Management Board Quarterly meetings with all HBs, WHSSC and Shared Services Annual Report to CTM UHB Quality & Safety Committee Annual Position Statement	Escalation and suspension protocols for providers Protocol to move patients between providers	Reports for each service provider Safety reports generated through CCAPS Annual Position Statement	3x2=6	CXL 3x1=3		01/06/2022	01/01/2024

Portfolio	Risk Domain (Strategic Objective)	Risk Title	Risk Description	Controls in place	Action Plan	Sources of Assurance	Rating (current)	Rating (Target)	Trend	Opened	Review date
Managing Director NCCU	Outcome measurement	Failure to receive timely and quality assured information	<p>IF: Timely and quality assured data is not provided</p> <p>Then: The QAIS / NCCU will be unable to assure itself of the quality of service provision</p> <p>Resulting in: Providers being on commissioning and procurement frameworks while unable to deliver the required standards of patient care</p>	<p>CCAPS real time information system in place;</p> <p>Audit checks undertaken as part of annual inspection visits;</p> <p>Agreement with DHCW to manage the CCAPS system</p> <p>Weekly dashboard of management information developed and shared</p>	<p>Data requirements included in commissioning and procurement frameworks;</p> <p>CCAPS system regularly reviewed and updated;</p> <p>Regular reports generated for HBs, senior managers and providers</p>	<p>Annual Report;</p> <p>Keepig daily, weekly, monthly performance reports;</p> <p>Remedial Action plans (if required);</p> <p>Specific targeted actions as required</p>	3x2=6	CXL 3x1=3		01/06/2022	01/01/2024

NCCU ESTATES COMPLIANCE REPORT - UNIT 1, CHARNWOOD COURT

	Area	Tested	Due	Contractor and contact details	Costs
1	Electric Periodic Testing Report	10.01.2022	10.01.2027	CMBE Required every five years	Circa £2k
2	Emergency Lighting	02.02.2024	02.02.2025	Annual Maintenance contract in place with Innovative Fire & Security 02920 797772	£157:50 Lights updated
3	Fire Alarm Maintenance	11.10.2023	11.03.2025	Maintenance contract in place with Western Security. 02920 815040	£200 exc vat- 2 visits per year. Maintenance visits scheduled
4	Fire Tests		Weekly	Undertaken weekly by CW.	
5	Fire Risk Assessment	30.11.2021	30.11.2024	Required every Three years. As per email from CTMUHB saved in fire folder	Scheduled
6	Fire Equipment	14.02.2024	14.02.2025	Annual requirement Maintenance contract- Innovative Fire & Security 02920 797772	Annual inspection £45:00 per annum Visits scheduled New extinguishers Feb 2024
7	Intruder Alarm	11.10.2023	11.03.2024	Maintenance contract- Western Security 02920 815040 Renewal date 28.03.2021	£190 exc vat for 2 visits per annum. Maintenance visits scheduled Auto tested every week
8	Disabled Toilet	19.12.2023	19.12.2024	Annual Innovative Fire & Security 02920 797772	£47:25 Visit scheduled
9	Boiler	16.09.2023	16.09.2024	Annual Service - Complete Karl Gittings Proactive, Maintenance services 07888 996469	£196 per annum 1 x visit per year.
10	Air Conditioning	08.01.2024	08.06.2024	every 6 months Maintenance contract with Cooltherm. 02920 887077	£127:30
	New air conditioning unit located in meeting room GF	Installed 18.03.2019 Serviced 08.08.2023	08.06.2024	every 6 months	As above
11	New air-conditioning units located in Directors room.	08.01.2024	08.06.2024	every 6 months	As above

NCCU ESTATES COMPLIANCE REPORT - UNIT 1, CHARNWOOD COURT

12	Roller Shutters x 3	22.11.2023	22.05.2024	Annual requirement Bolton Gate 08085 015480 Bridgend Office 01656 333758	£280 per annum 2 visits per year
13a	Lift (SaFed)	12.12.2023	12.06.2024	Every 6 months Cardiff Lift 02920 404404	£500:69 per annum Lift currently for goods only – awaiting repair
13b	Lift (Loler)	15.12.2023	15.06.2024	Every 6 months British Engineering, 0345 6782985	All Wales contract.
14	Legionella Risk Assessment	17.10.2023	17.10.2025	Low risk site SMS Environmental Ltd 02921 051110	£495:00 Scheduled visits. Remedial work required to floor
16	Evac chair	11.01.2023	11.01.2024	Evac+Chair 0121 706 6744	£90 exc vat per annum
17	Out of Hours Security Services, Chamberlains			Annual contract for key holding services for out of hours activations. 0800 0443801	£270 exc VAT per annum
18	Fire Drill	Last completed 16 Feb 2024	Feb 2025	fire drill report on file	To arrange fire drill with Gwen.
19	Dualcom GPRS (yearly charge)				

**DECLARATION OF COMPLIANCE WITH CWM TAF MORGANNWG
UNIVERSITY HEALTH BOARD GOVERNANCE ARRANGEMENTS
FROM THE MANAGING DIRECTOR TO THE ACCOUNTABLE OFFICER
FOR CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD**

NATIONAL COLLABORATIVE COMMISSIONING UNIT

As the Managing Director of the National Collaborative Commissioning Unit, to which the Health Board is providing host services, I confirm for the period 2022-2023 that I:

- a) Acted at all times within the corporate governance framework of the Health Board
- b) Ensured that proper financial procedures have been followed and that accounting records were maintained in a form suited to the requirements of management as well as in the form prescribed for published accounts via WHSSC/EASC
- c) Ensured that the public funds for which I am responsible were properly and well managed and safeguarded, with independent and effective checks of cash balances in the hands of any official
- d) Ensured that assets for which I am responsible such as land, buildings or other property, including stores and equipment, were controlled and safeguarded with similar care, and with checks as appropriate
- e) Ensured that my responsibility for the overall organisation, management and staffing of the National Collaborative Commissioning Unit Team and its arrangements related to developing and delivering ICT services as well as matters of finance, together with any other aspect relevant to the conduct of the National Collaborative Commissioning Unit business in pursuance of the strategic direction set by the Welsh Government were discharged accordingly
- f) Ensured that all items of expenditure, including payments to staff, fell within the legal powers of the Health Board
- g) Acted within the scheme of delegations and ensured that I complied with guidance on classes of payment that I should authorise personally
- h) Ensured that in delegating functions to officers I was satisfied of their ongoing capacity and capability to deliver on those functions, facilitating access to the information they needed, ongoing training and development, as well as professional or specialist advice where appropriate

- i) Ensured prudent and economical administration, for the avoidance of waste and extravagance, and for the efficient and effective use of all resources
- j) Ensured that risks to the achievement of the National Collaborative Commissioning Unit objectives and fulfilment of its responsibilities were identified, that their significance was assessed, and that a sound system of internal control was in place to manage them
- k) Implemented an appropriate framework of assurance covering all aspects of National Collaborative Commissioning Unit business, ensured that research and evaluation work was planned so that strategic objectives and spending programmes for which I have responsibility were routinely evaluated to assess their effectiveness and value for money
- l) Ensured that, in the consideration of policy proposals relating to the expenditure or income for which I have responsibility, all relevant financial considerations, including any issues of propriety, regularity or value for money, were taken into account, and where necessary brought to your attention, as Accountable Officer for Cwm Taf Morgannwg University Health Board
- m) Agreed to attend any Board or sub-committee meeting of the Health Board in relation to the National Collaborative Commissioning Unit performance or governance issues that may affect the operational, financial or reputational performance of the Health Board, and
- n) Agreed to such reporting structure as was reasonably required by you or the Board in relation to the delivery of your obligations.
- o) Ensured that there were appropriate procedures established for Information Governance to ensure that all data/information was managed in accordance with all relevant legislation (i.e. General Data Protection Regulations, Data Protection Act 1998, Freedom of Information Act 2000, and Access to Health Records 1990), NHS standards and guidance's issued by the Welsh Government, the Information Commissioner's Office and other professional bodies.
- p) Escalated any incidents and/or risks that may impact the delivery of our service to the appropriate Health Board Committee / Executive Lead.

In relation to my responsibilities outlined above, I can confirm:

- i. I have discharged my responsibilities as laid down in this Statement and confirm that the financial information contained within the WHSSC/EASC and Health Board's accounts as they relate to the National Collaborative Commissioning Unit represent a true and fair view of its position on an ongoing basis
 - That all losses and special payments cases have been properly managed in accordance to the instructions and procedures set out in the 'Losses and Special Payments Manual of Guidance' and also, in respect of handling clinical negligence and personal injury claims, the guidance issued under cover of Welsh Health Circulars WHC(97)7, Section 8 PTR Guidance – Clinical Negligence and Personal Injury Litigation: Claims Handling : Putting Things Right – Guidance on dealing with concerns about the NHS from 1st April 2012 (Version 2 – April 2012) which supersedes WHC(97)17 – Clinical Negligence and Personal Injury Litigation: Structured Settlements.
 - The Civil Procedure Rules 1998
 - WHC(98)8 - NHS Indemnity – Arrangements for Handling Clinical Negligence Claims against NHS Staff
 - WHC(99)128 – Handling Clinical Negligence Claims: Pre-Action Protocol
- ii. This responsibility also includes ensuring that counter fraud measures were put in place and operated in accordance with Welsh Government Directions on countering fraud in the NHS in Wales
- iii. That the National Collaborative Commissioning Unit duty for internal control was fully embodied throughout the organisation that the Board Committees of the Health Board were provided with regular reports on such matters and that appropriate action was taken on any issues that emerge from these reports
- iv. That appropriate action has been taken regarding recommendations made in any reports produced by the Public Accounts Committees of the Welsh Government (the PAC) and of the Westminster Parliament; or made in reports to WG or the National Assembly for Wales by the Auditor General for Wales or in reports to Parliament by the Comptroller and Auditor General

- v. I have provided information as requested by the Auditor General for Wales and Audit Wales. I have co-operated with external auditors in any enquiries into the use the National Collaborative Commissioning Unit Service has made of public funds. I have provided, on your request, information on any points raised by external auditors which generate public, Welsh Government or Parliamentary interest. I have co-operated with arrangements for internal audit described in the NHS Internal Audit Standards for NHS Wales. I will ensure prompt action is taken in response to concerns raised by both external and internal audit
- vi. I have provided any information requested by the Healthcare Inspectorate Wales, the Care and Social Services Inspectorate Wales, the Care Quality Commission and any other statutory inspectorate agency such as the Health and Safety Executive; and ensured appropriate action was taken regarding recommendations made in any reports produced by these organisations
- vii. As appropriate, I identified a senior official who, in any temporary period of unavailability due to illness or other cause, or during normal periods of annual leave, could act on my behalf if required
- viii. The National Collaborative Commissioning Unit has in place effective management systems that safeguard public funds and are appropriate for the achievement of the Health Board's Governance objectives and as laid down in the Code of Conduct and Accountability. Managers at all levels:
 - a. Had a clear view of their objectives and the means to assess and, wherever possible, measure outputs or performance in relation to those objectives
 - b. were assigned well-defined responsibilities for making the best use of resources
 - c. received the information, training and access to the expert advice they need to exercise their responsibilities effectively.
- ix. Management systems were in place, which covered the issue of relationships and responsibilities of the Health Board Committees, and
- x. I complied with The Code of Conduct and Accountability issued to NHS Boards by Welsh Government in exercising my responsibilities for regularity, propriety and value for money.

For the period 1st April 2022 to the 31st March 2023

Smtjan

Date: 25 May 2023

Chief Ambulance Services Commissioner and Managing Director, National Collaborative Commissioning Unit

Looking forward - for the period 1st April 2023 – 31st March 2024

I confirm that I am aware of my on-going responsibilities and accountability to you, to ensure compliance in all areas as outlined in the above statements continues to be discharged for the financial year 2023-2024.

Smtjan

Date: 25 May 2023

Chief Ambulance Services Commissioner and Managing Director, National Collaborative Commissioning Unit

C3 Report January 2023

Author: Katie Jones

Introduction

In March 2021 I began my post as Post-Doctoral Researcher, sponsored by the NCCU and based at Swansea University. I was closely aligned with the EDQDF programme and had links predominantly with Julian Baker, Jo Mower, Anna Sussex, Sian Ashford and, later (from Summer 2022) Gwenan Roberts. This report outlines the activities undertaken during the period from March 2021-January 2023.

C3 Prior to 2021

The 2021-2023 agreement benefitted from the legacy left by the previous collaboration between Swansea University and the NCCU, in which Dr Kayleigh Nelson and Dr Aimee McKinnon worked under the direction of Professor Jaynie Rance and Professor Ceri Phillips. They endorsed a set of transferrable approaches usable by the NCCU and its partners. Part of the legacy from this relationship included an emphasis on the importance of baselining and methods of approaching this, a set of questions (“can it work?/ does it work? / is it worth it?”), and developing a logic model in order to understand specific programme aims and how these will be achieved – these have been incorporated into the Emergency Department Quality and Delivery Framework (EDQDF).

General Aims

The “Primary Expectations” of the researcher were outlined in a document (Appendix 1) describing the background and purpose of the C3 researcher post. The expectations are stated as follows (italicised):

Primary Expectations

- *To undertake evaluations and research to consider the effectiveness of key aspects of the EDQDF;*
- *To apply for funding to develop research projects;*
- *To understand the funders’ priorities and tailor evaluation and research trajectories to meet these.*

While the researcher attended meetings and held formal and informal conversations with staff at the NCCU, the oversight group was thought to be the most appropriate space for ensuring a consistent understanding of the funders' (The NCCU's) priorities, allowing the NCCU to contribute and shape the research, while also providing the researchers with stability and time to carry out the tasks required. At each oversight group, I (KJ) presented the work so far and thus provided my quarterly update with the NCCU having the opportunity to comment and contribute.

Specific Agreed Aims:

In the first C3 Oversight Group, the proposed work programme (Appendix 2) was shared and agreed (though with some caveats, such as the potential influence of the 6 Goals launch, etc.). Oversight Group Minutes can be found in appendices 3-6. The proposed work programme outlined a plan to evaluate the EDQDF in two stages;

1. evaluating the framework's development by focusing on the perspectives of those who worked on the programme and asking about the aims of the programme from the perspectives of the HCPs who co-produced the framework.
2. Conducting research to explore how the EDQDF affected the delivery of care with a focus on one care standard; the care standard would be determined through patient and public involvement (PPI hereafter).

The C3 2021-2023 achieved the first aim, but not the second. The second of the above aims was changed and agreed in Summer 2022:

- To conduct a survey identifying barriers and facilitators to a recommendation made by the Healthcare Inspectorate Wales, namely: *WAST and health boards must ensure there is absolute clarity, consistency and understanding between both ambulance crew and ED staff, as to where the responsibility and accountability lies for patient care on board an ambulance following triage, until transferred into the ED.*

Specific Outputs/ Activities towards the Agreed Aims (Completed):

- RWIF Funding application (submitted, unsuccessful).
- EDQDF Logic Model updated multiple times.
- Proposal outlining a Realist evaluation plan for 111 / Phone First services in Wales.

- Abstract / poster presentation published in the *EMJ* (abstracts were peer-reviewed for inclusion).
- Developing an EDQDF presence at the HSR conference; multiple 5 minute presentations & Roundtable, successful ones listed below:
 - *Designing a National Approach to Phone First Emergency Care in Wales (The Welsh Access Model)*
 - Phone First Emergency Care: Identifying Phone First Services in Wales and Exploring Variation
 - *Developing and Publishing New Quality Measures for Emergency Care*
 - Exploring - and Changing - Public Perceptions of Urgent and Emergency Care
 - Developing and Implementing Care Standards for the Emergency Department
- HSR Roundtable Proposal (Successful).
- Evaluation-related activities:
 - Obtaining ethical approvals for service evaluations from health board.
 - Registration with Swansea University ethics.
 - Design of interview schedules, participant information sheets, informed consent agreements.
 - Arranging and conducting interviews.
 - Transcribing interviews.
 - Thematizing interviews.
 - Preparing manuscripts.
 - Attending to revisions.
 - Liaising with journals.
- Preparation of a manuscript describing the EDQDF concept – co-authored with Jaynie Rance, Jo Mower, Ceri Phillips, and Julian Baker (Submitted multiple times, unpublished)
- PPI:
 - Attendance of a Swansea University PEER group meeting to discuss EDQDF;
 - Design of participant information sheet;
 - Liaising with various organisations and charities to distribute the participant sheet;
 - Corresponding with potential PPI group members.
 - Developing a PPI group;
 - Correspondence with the NCCU to release the funds agreed for this purpose (unsuccessful).
- An Evaluation of the EDQDF, evaluating whether the framework corresponded to the staff who co-created the framework and identifying barriers and facilitators to its implementation (peer-reviewed and published in the *Journal for Integrated Care*).
- A qualitative review of streaming for acute care (unpublished, shared with funders)
- An evaluation of the 3 implemented KPIs (unpublished, shared with funders).
- While the Patient and Public Involvement arm of the C3 project did not come to fruition, PPI has been incorporated as a recommendation within the guidance to developing and implementing care standards at a local level. as part of the QI process in relation to Care Standards within the EDQDF.

Specific Outputs/ Activities towards the Agreed Aims (Ongoing):

- Project registration with Cwm Taf UHB in progress.
- Completion of Swansea University ethical approval forms.
- Survey design; agreed upon at oversight group and with NCCU colleagues.
- Participant information sheet designed.
- Invitation to participate created.

List of Appendices:

1. Research and Evaluation Quarterly Report.
2. Work Programme (as updated in Autumn 2021)
3. Oversight Group Minutes 26.05.21
4. Oversight Group Minutes 20.09.21
5. Oversight Group Minutes 30.08.22
6. Oversight Group Minutes 21.09.22

Appendix 1.

C3 Research and Evaluation Quarterly Report

March – May 2021

Background

The C3 Faculty project refers to a relationship between Cwm Taf UHB, The National Collaborative Commissioning Unit (The NCCU), and Swansea University, which was first initiated in 2016. After a two-year (approx.) hiatus beginning in 2018, the C3 Faculty was reinstated on 1st March 2021 when a post-doctoral researcher was appointed to evaluate the national improvement activities underway at the NCCU, particularly the projects undertaken as part of the Emergency Department Quality and Delivery Framework (EDQDF). The post-doctoral researcher, Katie Jones, is academically led and supported by Professor Jaynie Rance.

Primary Expectations

- To undertake evaluations and research to consider the effectiveness of key aspects of the EDQDF;
- To apply for funding to develop research projects;
- To understand the funders' priorities and tailor evaluation and research trajectories to meet these.

Highlights of the Work to Date

- Submission to Cwm Taf UHB to seek approval to carry out two evaluations: 1) focussing on the Welsh Access Model and work associated with this; 2) an evaluation of the use of CAREMORE in developing care standards for emergency departments.
- We have met with Swansea University's PEER group (a public and patient advisory group) to gather feedback on our proposal for future research into the implementation of care standards in the emergency department. This initial consultation was positive, and stands us in good stead for future research and funding bids.
- We have submitted a funding bid to Swansea University's RWIF fund to support a systematic review; this was, unfortunately, unsuccessful.
- The C3 Oversight group has been developed and had its first meeting on 26th May 2021.
- We have registered a systematic review on PROSPERO, which will consider post-clinical assessment streaming, including remote streaming (i.e. after a telephone assessment by a clinician).

Next Steps

- Pending approval from Cwm Taf UHB, the C3 Faculty team will undertake evaluations based on interviews and documentation analysis to better understand the work and its aims.
- We are aiming to develop a patient and public involvement group to support our research.
- We aim to undertake work relating to the systematic review and report our findings back internally using an appropriate mechanism, as well as in academic publications.
- Once our initial evaluations are underway and close to completion, we will begin work on the broader research project, which aims to understand the impact of the care standards on patient care.

- We are continuing to identify funding sources that may be applicable to the kind of research projects we aim to develop.
- The next C3 oversight group meeting takes place in September 2021.

Appendix 2

Work Programme Autumn 2021

Summary	Purpose	Progress to Date
<p>Repeating the study conducted by Kayleigh et al in light of developments in the use of CAREMORE.</p>	<p>To explore CAREMORE and its use in light of recent changes, namely:</p> <ol style="list-style-type: none"> 1. As the work has continued and developed, the programme has employed a greater number of centralised national staff with clinical backgrounds, as well as local project managers and emergency department clinicians at “early adopter” sites, namely Betsi Cadwalladr UHB, Cardiff and Vale UHB and Aneurin Bevan UHB. 2. The global Covid-19 pandemic has also induced several changes to approaches to emergency care which have influenced the programme, in particular a greater focus on preventing attendance for appropriate patients and increased 	<ul style="list-style-type: none"> • Interviews complete as of 11.11.2021 • Next stage (analysis commencing) • Requirement to organise and arrange PPI group; discuss funding availability with NCCU

	<p>collaboration with 111 and GP Out of Hours services.</p> <p>3. CAREMORE® has become better known in Wales and is being used to develop local projects with little association with the national project and managers.</p>	
An Evaluation into the impact of care standards on the delivery of emergency care and patient outcomes/ experience.	To understand how the care standards – an integral part of the CAREMORE framework – affect the delivery of services in the emergency department.	<ul style="list-style-type: none"> • First meeting with PEER group to test the clarity of our intentions to a lay audience; • Costings of PPI group; • Staged research plan drafted with first stage ethical approval application also drafted; • Feedback on ethical approval form received from Jaynie, work on second iteration has begun.
A systematic review of peer-reviewed research into streaming in the emergency department or pre-hospital.	To understand what peer-reviewed research has been conducted into this topic; Potential to inform WAM development; Potential to form the basis of funding bids.	<ul style="list-style-type: none"> • RWIF application for a researcher to complete a systematic review (submitted, unsuccessful); • Liaising with KN and JD • Abstract screening complete • Full-text screening complete • Data analysis begin as of w/c 8.11.21

<p>An analysis of the documents held by the NCCU relating to phone first/ 111 activities in Wales. In particular the questionnaire that went out to health boards to inform the WAM.</p>	<p>To understand the terms and language currently in use to describe phone first services in Wales; Potential to inform funding bids for additional research resources.</p>	<ul style="list-style-type: none"> • Draft ethical approval form has been completed. • R&D tool used to show that this should be considered “evaluation” as opposed to research. • Ethical approval gained – next stages to be discussed as documentation not initially as presumed (i.e. the questionnaire asked about intentions, as opposed to services available); • Benchmarking exercise has been completed – possible to use this for an analytical write-up – possibly put into dialogue with the systematic review
<p>Creation of a logic model for the EDQDF work programme.</p>	<p>To understand the relationship between inputs and intended outcomes from the perspectives of those working on the EDQDF programme.</p>	<ul style="list-style-type: none"> • Draft produced
<p>It is recognised that in order to give the C3 faculty longevity and to support with evaluation of current and future projects, more resources will be needed. Therefore, funding applications are a priority.</p>		<ul style="list-style-type: none"> • RWIF application for a researcher to complete a systematic review (submitted, unsuccessful); • Identification of funding sources for future bid for the same work, namely the NIHR

		<p>Evidence Synthesis.</p> <ul style="list-style-type: none"> • 2 meetings between UoL colleagues and extra colleagues within NCCU (Joe Davies) and Swansea university. • Plan to submit application to 2021's RWIF – deadline the end of November 2021
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Appendix 3

C3 Oversight Group Minutes 26.05.21

C3 Faculty Oversight Group

Minutes of Initial meeting

Wednesday 26th May 2021, Via TEAMS

Present: Ceri Phillips, Stephen Harray, Jo Mower, Julian Baker, James Rodaway, Katie Jones, Jaynie Rance (chair)

Apologies: Chris Turner

Agenda items

1. Terms of Reference

The group provided feedback on a draft version of the ToR previously circulated and there was further discussion.

There was general agreement that the group would evolve and that the ToR should reflect this. JB suggested that It would be helpful if the ToR could provide more background regarding the NCCU and definition of terms. JB suggested that it might be helpful to invite representation from Welsh Government, but this should be considered as and when necessary.

SH suggested that Katie should liaise with Gwenan Roberts to ensure the format for the ToR is consistent with that across the NCCU

From an NCCU perspective it would be useful to have a group to use for evaluation and advice in this area;

Prioritising evaluation should be a role of the group.

Action: KJ to make contact with discuss with Gwenan to discuss

2. Summary of Evaluation

There's a lot of imminent structural change in the NHS and NCCU and these should be taken into account when prioritising work. These include:

- *the development of an NHS executive – these changes are unpredictable and should be taken into account;*
- *the relaunching of the National Programme for Urgent and Emergency Care;*
- *requirement for a quality statement for urgent and emergency care;*
- *move from a service driven model;*
- *launch of 6 policy goals*

Some ways of determining priority were discussed, including programme budgeting and marginal analysis.

Some aspects of the work programme – such as streaming – are difficult to define and disparate, as has been shown from the EDQDF work so far;

It's agreed that having a patient/ public involvement group to guide the research/ evaluation will be beneficial – to the research, to funding opportunities, to communicating the importance of research to different audiences;

The language of research and evaluation doesn't translate well to other contexts and can be a hindrance in some contexts – e.g. political or NHS world.

Embedding an evaluation facility in the NCCU could be an asset;

Identifying general lessons from the process of planning evaluation – as well as evaluation findings – would be of benefit to the group

Actions:

Prof Ceri Phillips to send comments to Katie re ToR

“prioritisaion of evaluation” to be added to the ToR

A new draft ToR to be drafted (KJ to contact Gwenan Roberts for support)

KJ to contact Gwenan Roberts regarding communicating with non-academic stakeholders.

Date of next meeting: TBC

Appendix 4

C3 Faculty Oversight Group
Minutes for Monday 20th September 2021, Via TEAMS

In Attendance: Ceri Phillips, Julian Baker, Jo Mower, James Rodaway, Katie Jones, Jaynie Rance, Gwenan Roberts, Debra Fry

Apologies: Stephen HARRY

Agenda items

1. Terms of Reference

- All agreed that the word ‘oversight’ is a better description.
- Parts of the ToR are wordy, though it is directly lifted from the C3 agreement and so appropriate;
- Membership numbers of individuals from each organisation should be specified; a desire for the group to remain small and focused with representation from NCCU and Swansea University;
- From the NCCU, JM and JB should be in attendance, with optional others from the NCCU;
- Reporting Mechanisms: JR is waiting for the Faculty Structure within the University to allow hr to develop correct membership.
- Questions were also asked:
 - Does CTMUHB R&D team have a role?
 - Does this group feed back into the NCCU Board?

2. Summary of Evaluation

- KJ presented on the Evaluation work so far and the next steps [PowerPoint available and included in post-meeting email];
- CTMUHB sent proposals to WAM in relation to EDQDF 6 policy goals handbook with a link into policies.
- CP asked whether Welsh government have been consulted on what they would like from these evaluations; Welsh government representatives have been invited to participate in Stage One of the EDQDF evaluation to give their thoughts and expectations of the implementation of an EDQDF;
- A submission of an article to the *EMJ* on the Pioneering KPIs, which has been rejected. However after discussions within group all thought once they have sought clarity to re-submit after addressing all comments;
- Agreement that the article on the KPIs should be to an academic publication;
- Opportunity given to members to comment on the next steps; no comments or suggestions from group;
- JR noted that should members think of anything additional, then a part of the current workstream would have to be relinquished.

3. Additional Matters Discussed

- JM keen for Prof. Helen Snooks' team to be involved with this research; JR has liaised with Prof. Snooks whose work predominantly focuses on England due to funding requirements (many of the larger funders require English sites to be included / tend to be English-centric);
- RCEM JM has submitted posters to present on the Pioneering KPI;
- Newsletter: agreement that this is a good format for broader NCCU colleagues to keep updated with activities.

Actions:

- NCCU to look over the ToR (CP has provided some feedback, which has been shared);
- Membership to be considered by the NCCU;
- NCCU to consider:
 - Does CTMUHB R&D team have a role?
 - Does this group feed back into the NCCU Board?
- Jaynie to forward membership contacts (with caveat that due to changing departments/ colleges this may not be available by the next meeting);
- JR to continue to keep Prof. Snooks in mind for collaboration and invite her where appropriate;
- Gwen agreed to circulate the newsletter to all NCCU staff.

Date of next meeting: TBC – Debra Fry to organise.

Appendix 5

C3 Faculty Oversight Group

Wednesday 3rd August 2022 (TEAMS)

Present: Ceri Phillips, Gwenan Roberts, Julian Baker (Chair), Jaynie Rance, Katie Jones

Matters Arising / Action Points*Agenda items*1. *KJ gave an overview of the work to date:*

- *Stage one – the evaluation of CAREMORE’s use in relation to the EDQDF – is complete. Outputs:*
 - *‘Integration or Interdependencies?’ in the Journal of Integrated Care (peer-reviewed publication)*
 - *‘When does a Measure become a Target?’ rejected by BMJOpen; Adapted and submitted to PLOS One journal*
 - *‘Why the Four Hour Target Might need a Rethink’ – published in The Conversation*
- *Systematic Review*
 - *Qualitative review of streaming services in ED – rejected from the BMC Health Service Research; KJ is editing for resubmission elsewhere*

Overview on changes to the work programme:

Stage Two – no longer going ahead due to time constraints; KJ was ready to start the work in January but it relied on a PPI group; formal mechanisms for paying a PPI group are complex and still aren’t clear – therefore this work has been abandoned.

The new programme of work was summarised as follows:

- *The findings of the Healthcare Inspectorate Wales report into ambulance handover raised some questions, and the NCCU are interested to understand more about the barriers and facilitators to a clear and shared understanding of organisational responsibility during patient handover.*
- *A survey method will be used to consider this theme (survey and project registration form circulated a week before the meeting).*

Action(s):

- *KJ to share a timeline of the work up until her departure;*
- *KJ to share an update regarding the publications and their status.*

2. Comments on KJ's summary:

- CP points out that garnering participation in the survey might be challenging
- GR suggests that utilising the NCCU's networks and distribution lists may help boost survey responses;
- KJ planned to use social media as well as email.
- JB suggests a "marketing" plan and targeted approach to produce a cascade effect for good participation

Actions:

- GR to support with distribution via lists and networks
- JB and GR to work with Sian Ashford and Ross Whitehead to support with marketing plan/ targeted approach.

3. Discussion of Survey:

- *The emotive nature of the topic was discussed – how to capture the moral injury suffered by those working in conditions in which they are not structurally supported to perform their roles.*
- *Adding in a question to elicit information regarding perspectives on how to approach the problems faced by ED was suggested – perhaps a stress (or similar) rating along with an opportunity to elaborate.*

Actions:

- *Add a question to the survey*

4. General Discussion regarding C3

- *Capturing learning regarding collaboration between academia and the NHS was suggested, including:*
 - *Challenges to obtaining funds to develop PPI element;*
 - *Any future opportunities and challenges that could be addressed.*

Actions:

- *KJ to write a report prior to next meeting in September*

Next Meeting: Mid-late- September – JB to arrange.

Appendix 6

C3 Faculty Oversight Group

Minutes Wednesday 21st September 2022 Via TEAMS

Chair: Julian Baker; Present: Ceri Phillips, Gwenan Roberts, Jaynie Rance, Katie Jones

Agenda items

1. Clarification of NCCU contact after Julian's departure

Gwenan will be the point of contact at the NCCU; she will also chair any future oversight group meetings.

2. Actions from last meeting

KJ sent timeline and publication list to JB prior to meeting

Gwenan and Julian both have distribution lists and ways of enacting them

KJ has drafted a report;

query regarding its purpose and where it will go: is it a summary report or a learning focused report: agreement that it should be both – perhaps with additional information available to Gwenan to contextualise certain points.

KJ specified some of the issues around accessing the research funds and challenges of engagement – all the group acknowledged that this is a common problem in interorganisational partnerships. KJ states that while she wants to note the challenges, these do not mean that the collaboration was not important and should be disbanded.

CP noted how the collaboration is still new and has made inroads which should not be forgotten about.

A section on how to take the relationship forward – perhaps with reference to EASC – would be beneficial.

Action:

- KJ to draft email for distribution lists.
- KJ to circulate draft of report after discussion with JR

3. Expectations for Remainder of Post

Expectations are clear: the survey exploring the HIW report is the primary focus

4. Any Other Business

JB is leaving the NCCU:

CP points out that the C3 relationship would not have been possible without JB's championing of (and recognising the need and potential benefits of) collaboration between health services and research and evaluation institutions. All other members reiterated this and expressed thanks for JB's courage to push forward the collaboration, and his encouragement of others.

Date of next meeting: TBC