



# Joint Committee Assurance Framework (JAF)

## 1.0 INTRODUCTION & AIMS

The NHS Wales Joint Commissioning Committee (JCC) is a joint committee of the seven Health Boards in Wales and hosted by Cwm Taf Morgannwg University Health Board (CTMUHB), acting collectively on their behalf. Risk management plays a critical role in helping the JCC understand the impacts of and manage the risks associated with its priorities. This framework sets out key principles that guide how the Joint Committee Assurance Framework will ensure that the risks to its strategic priorities are managed effectively and efficiently.

Risk is an important feature within the different parts of the NHS systems architecture. Collaborative working can often lead to risks regarding risk ownership and accountability. It is important that there are clear inter-relationships regarding the management and ownership of risks between these elements, acknowledging that organisations across the NHS system may be responsible for implementing the controls and providing the assurances for aspects of strategic JCC risks. This Framework will however be applied to those risks relating directly to the commissioning functions of the JCC undertaken on behalf of the health boards.

Pursuant to the Hosting Agreement between the JCC and CTMUHB dated 26th September 2024 (and subsequent iterations thereof), the JCC adopts the risk assessing and management mechanisms of CTMUHB, details of which can be found [here](#).

The JCC was established for the purpose of jointly exercising functions on behalf of NHS Wales, relating to the planning, securing and commissioning of:

- Specialised services for:
  - cancer and blood disorders
  - cardiac conditions
  - mental health, learning disabilities and vulnerable groups
  - neurosciences, and
  - women and children.
  - Welsh kidney network.
- Services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- Emergency medical services
- Non-emergency patient transport services
- Emergency medical retrieval and transfer services
- NHS 111 services
- Sexual assault referral centres, and
- Other services as directed by the Welsh Ministers.

Its role includes overseeing commissioning policy development, supporting regional and inter-Health Board collaboration, and providing strategic leadership on services such as NHS 111, specialist pathways, and other areas of national

significance.

The JCC is committed to the principles of good governance and recognises the importance of effective assurance provided through robust risk management, performance management and clinical escalation processes which are fundamental elements of the organisation's governance framework and system of internal controls.

It is anticipated that the development and implementation of a Joint Committee Assurance Framework will underpin and support the JCC in its role as a commissioner of high quality and safe services from providers (Health boards, Trusts and private sector providers) that deliver value for money and demonstrable positive patient outcomes on behalf of health boards in Wales.

## **2.0 Purpose of the Joint Committee Assurance Framework (JAF)**

The JAF is an integral part of the system of internal control and defines the strategic/principal risks, which impact upon the delivery of the Strategic Objectives of the organisation. It also summarises the controls and assurances that are in place for these risks and plans to mitigate them.

Additionally, the JAF identifies and highlights gaps in controls and assurances to support the development of action plans for the closing of gaps and mitigating risk, which is subsequently monitored by the JCC's Joint Committee (the JC) for implementation.

The JAF has been designed to provide JC level oversight, and it is intended that, through appropriate utilisation of the JAF, the JC can have confidence that it is providing thorough scrutiny of its role and is able to identify any gaps in assurance and take appropriate action which will support operational and strategic decision making.

The effective application of JCC assurance arrangements to produce and maintain a JAF will help the JC to consider collectively the process of securing assurance that promotes good organisational governance and accountability. The JAF and its intended purpose is further described in the JCC Risk Management Procedure (Found here).

The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient,
- Identifying areas where assurance activities are not present, or are insufficient for our needs (assurance gaps),
- Identifying areas where assurance is duplicated, or is disproportionate to

the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resources),

- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur,
- The ability to better focus on existing assurance resources, and
- Providing an evidence-base to assist the organisation in the preparation of its annual accountability statement.

### 3.0 JCC Plans and Strategic Priorities

The JCC has an Annual Plan 2026-27 set within the context of a three-year plan, hereafter referred to as the "Plan".

The Plan sets out the work of the JCC in the short, medium and longer term, to be 'the Centre of Excellence for Collaborative Commissioning' and to 'contribute to the improvement of health and care for the people of Wales'.

It covers the whole range of responsibilities for the JCC in planning and commissioning services for the population of Wales, in line with the NHS Wales Planning Framework, financial guidelines and the JCC's own internal governance framework.

The Plan seeks to balance all statutory and other duties placed on the organisation to commission high quality services on behalf of the 7 Health Boards in Wales. In furtherance of this, the IMTP sets out how the JCC will endeavour to deliver the JCC's 5 Strategic Objectives:

- Maximise Value
- Reduce Duplication
- Facilitate Integration
- Ensure Quality
- Improve Equity and Population Health



The JCC Annual Plan 2026-27 can be found at the following link ( )

#### **4.0 Scope of the Joint Committee Assurance Framework and Key sources of Assurance.**

This JAF is relevant to JC members and all employees of the JCC and is informed by the Strategic and Operational plans of the organisation together with the Risk Management, Performance Management and Clinical Escalation Frameworks which apply to all staff, agency staff, contractors brought in to undertake work on behalf of the JCC, students, locums, volunteers, individuals employed on honorary contracts, and other third parties engaged with the organisation in its operational activity. It applies to all activities of the JCC, including those delivered by service providers and contracted parties. The predominant beneficiaries of the JAF will be the JC and its Sub-Committees, which will make use of the JAF as a tool to inform decision making and to support members providing robust scrutiny of JCC activity and performance.

The principal sources of assurance that will inform the JAF will be provided by the JCC:

- Organisational Risk Register and risk management processes – See section 5 for more detail.
- Performance Framework - See section 6 for more detail.
- Clinical Escalation Framework - See section 7 for more detail.

#### **5.0 Risk Management**

The planning and commissioning of health care services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed.

The JCC is committed to making risk management a core part of how the organisation runs its activities and has established a clear process governing the identification and description of risk and for clearly recording how these risks are to be effectively mitigated.

Whilst the JCC adopts the risk assessing policies and procedures of CTMUHB there is a need for the JCC to set out its own risk management processes that relate to the specific functions of the JCC.

The JCC Risk Management Procedure provides clear instructions on the identification of and management of Strategic and Organisational risks and the process for the escalation of risks for scrutiny and consideration for inclusion on the Organisational Risk Register (ORR) and JAF.

Strategic Risks have the potential to impact upon the delivery of the JCC's Strategic Objectives and are reviewed and monitored by the Senior Leadership Team (SLT) and JC via the JAF.

Organisational Risks are mainly operational in nature and arise from the JCC's day-to-day activities and are monitored by operational teams, and when considered to be extreme (scoring 15/25 or above), they are escalated to the SLT for review and to determine if they impact upon the JCC's strategic objectives and necessitate inclusion on the ORR, which is monitored by the SLT, JCC Sub-Committees and the JC. These risks may be grouped in nature by services area, or where deemed appropriate by the SLT, for inclusion on the ORR as they are novel or contentious, or unable to be managed locally.

The Organisational Risks detailed within the ORR will inform the risks to achievement of the JCC's strategic objectives reported within the JAF. This escalation mechanism will ensure that strategic decision making, and mitigation of risk is informed by the operational risks that the organisation is holding.

Links to the JCC's Risk Management Procedure is detailed at **Appendix 1**.

## **6.0 Performance Framework**

The JCC Performance Framework provides a mechanism for the JCC to report upon NHS Wales service performance across multiple specialties commissioned by the JCC. It focuses on key indicators such as waiting times, activity levels, incident trends, and overall performance. The insights are intended to support evidence-based decision-making and promote equitable, high-quality care across Wales.

To complement available reports, an interactive Power BI dashboard is also available which offers drill-down features and year-on-year comparisons, to enable detailed consideration to be given to performance trends and areas where additional assurance may be needed. [Click this link to explore the dashboard: Interactive Performance Report](#)

Additionally, the JCC's performance reporting provides an overview of commissioned services that are in escalation and the current escalation level they are at. This detail, when combined with reported organisational risks will inform the population of the JAF and allow JC members to focus their attention on the area's most in need of assurance to support strategic decision making.

An overview of the JCC Performance Framework is attached as **Appendix 2**.

## **7.0 Clinical Escalation Framework**

The quality of care and experience that patients and their families receive is central to the commissioning of healthcare services. Quality is everyone's business and all JCC staff strive to ensure that quality and patient-centred services are at the heart of commissioning.

The JCC Nursing and Quality team have put in place a JCC Escalation Process which provides a clear methodology for the identification and management of providers issues and the actions required to find a joint resolution, which will inform the JAF and seek to provide assurance to Health Boards and the public that the JCC continues to commission high quality clinical care.

The escalation process is not a punitive one, but a means by which problems are identified as early as possible with the aim that support and partnership working will lead to an improvement in the service commissioned.

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

This process is described in more detail in Appendix 3 however, in summary, the process is aligned to a tiered approach similar to the Welsh Government approach (NHS Wales Escalation and Intervention Arrangements 2014) so that Health Boards are familiar with terminology when receiving assurance reporting from the JCC:

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

All services in escalation are reported to the Quality, Safety and Outcomes Sub-Committee (QSOC) via the JCC Commissioning Team Reports and a summary of the services in escalation is submitted with the QSOC Chair's report to the JC. This in turn is circulated to each of the seven LHBs and incorporated within the JAF to provide a full operational view of the services commissioned by the JCC.

The JCC Clinical Escalation Framework can be found at **Appendix 3**.

## **8.0 The JCC's Appetite for Risk**

The JC recognises that risk is inherent in the commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

Risks throughout the organisation will be managed within the JC's risk appetite, or where this is exceeded and cannot be tolerated, action will be taken to reduce the risk. The JC has limited appetite to risks that materially impact on its ability to commission safe services; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which the JCC operates.

The JC has greatest risk appetite in the pursuance of innovation and the challenge of current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The JCC's Risk Appetite Statement sets out the JC's strategic approach to risk-taking by defining its risk appetite thresholds. It is a live document that is regularly reviewed and modified, so that any changes to the organisation's strategy, objectives or its capacity to manage risk are properly reflected. The JCCs risk appetite statement can be found within the JCC Risk Management Procedure and is available from [nwjcc.governance@wales.nhs.uk](mailto:nwjcc.governance@wales.nhs.uk).

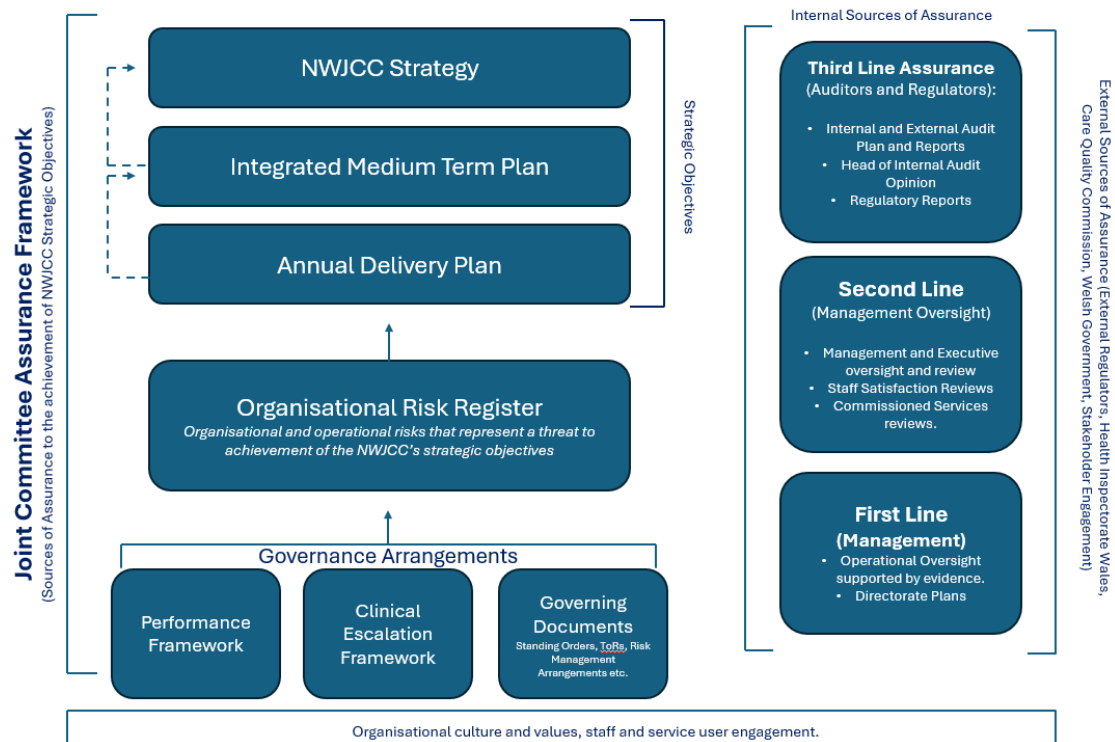
## **9.0 The Joint Committee Assurance Framework**

The JAF is designed to provide the JC with:

1. a systematic and coherent picture of the assurances in place to support the delivery of the organisation's strategic objectives. It essentially maximises the links between assurance, performance management and risk management,
2. an overview of assurance in relation to its governance framework, and
3. the opportunity to undertake thematic reviews of assurance to support the JC in its role. For example, a thematic review of 'equitable service provision across Wales'.

The JAF includes the integration of the Three Lines of Defence (assurance) model. More details can be seen in section 10.

The key components of the JAF in so far as it supports the achievement of the JCC's Strategic Objectives can be seen in the diagram below:



There are six steps to supporting the development of the JAF:

1. Identify key objectives
2. Identify key risks to the delivery of objectives
3. Identify key controls in place to ensure delivery of objectives and manage/mitigate risks
4. Identify sources of controls, their adequacy and operation
5. Assess gaps in controls and gaps in assurance
6. Develop JC action plans to address gaps in controls and assurance.

The quality of assurance received by the JC is a key enabler as regards to the JC's ability to effectively determine the best use of its resources and the effective achievement of its strategic objectives. The JAF articulates the level of assurance required by the JC for each element, identifies gaps in controls and/or assurance and provides structured assurance in relation to risks which are being managed effectively and objectives that are on track to be delivered.

Scrutiny of the quality of assurances received is the responsibility of all Committee Members and assessment of the effectiveness of internal controls and assurances will be a continuous process. As part of the development of the JAF, a review of assurance effectiveness will be undertaken.

The JC's clinical escalation and integrated performance management frameworks help to identify and escalate emerging patterns of poor performance and risk in health services commissioned by the JCC. Through this process, risks may be identified for recording in local or directorate risk registers

or the Organisational Risk Register, dependent upon the level and type of risk. The JAF contributes to the whole system of governance of the JCC which is summarised below within the JCC Accountability Map found [here](#).

## **10. The role of the 'Three Lines of Defence' in providing assurance**

Different sources and types of assurance have different strengths and are best used in different ways. Therefore, the JAF plays a key role in seeking an optimum mix of assurance. The 'Three Lines of Defence' model advocated by H. M. Treasury can help in this respect.

### First line of defence (assurance) – operational management

The first line of defence includes the overall risk management systems and control frameworks. It also incorporates the controls over operational processes and outputs. This stage includes controls over day-to-day transactions and periodic controls, for example cut-off procedures at the month or year-end, as well as procedures such as commissioned service inspections where these are a regular part of operations. Day-to-day management supervision, for example approval of large transactions, is also part of this stage.

Assurance is given by the knowledge and commitment of the staff operating the controls.

The benefits provided by the first line of defence are that the staff operating the controls know the business and workflow and should be aware of where controls are potentially weak. Building more controls in at this stage can also mean that mistakes are less likely to happen and can be more easily rectified. Effective day-to-day controls relating to information provision should mean that the information provided in external reports and to external auditors is likely to be more reliable.

The main weakness of the first line of defence is lack of independence, that the controls are being implemented by the same staff who are responsible for the operations to which the controls relate. They are effectively certifying their own work (self-review).

### Second line of defence (assurance) – management oversight

The second line of defence relates to review by management or specialists that is separate from day-to-day operations. It includes risk and compliance reviews, financial controls over operational departments and oversight of operations by the JC.

The second line of defence introduces a degree of independence and objectivity, as the reviewers are not staff and managers who are operationally responsible for the areas being reviewed. However, the reviewers are still part of the same management team, working with those being reviewed.

Third line of defence (assurance) – audit and regulators (adapted for JCC framework)

Internal and External audit is the third line of defence. The effectiveness of audit will depend on the extent of its terms of reference. These could be wide-ranging, covering operational efficiency and effectiveness, compliance and reliability of reporting. As well as looking at systems overall, audit can also focus on specific risks, particularly risks which the first two lines of defence identify gaps in assurance or control. Audit's role is also valuable if there are changes affecting the first two lines of defence, or changes in organisational structures, reporting processes and information systems.

Audit work has the significant benefit of being undertaken by staff who are independent and separate from line management, who are not involved in operational work and, in the case of the JCC, are not employees of the organisation. Auditors' independence is strengthened by being able to report directly to the JC and the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee (ARAC) and being able to discuss issues with the JC and ARAC without operational management being present where required.

The services commissioned by the JCC are also regulated by a number of regulators including Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW), as well as being subject to a number of other compliance and legislative requirements by Welsh Government and other Commissioners, for example the Welsh Language Commissioner and the Future Generations Commissioner. All regulators will also be considered as the third line of defence.

*\*NB – in other sectors internal and external audit are separated into the third and fourth line of defence, mainly due to internal audit being employees of the organisation. For the purpose of the JCC JAF, internal and external audit have been combined into the third line of defence given the JCC does not employ any auditors.*

## **11. JAF Reporting Process.**

The JAF will test and assess the adequacy of the control and assurance mechanisms in place and will describe and score each risk to the achievement of the JCC's strategic aims in accordance with the JCC Risk Management Procedure.

In considering the assurance provided and controls in place for each risk, the JAF will set out the following detail:

- Control Measures in place
- Sources of Assurance
- Gaps in Controls and Assurance (with actions to mitigate); and
- Linked risks detailed within the ORR.

Gaps in controls or assurance identified by the JAF, will be assigned to the JCC SLT for review and for recommendations to be made to the JC in relation to how those gaps can be closed.

The ORR and JAF is reviewed by the SLT and the JCC's Sub Committees in advance of presentation to the JC. At each JC meeting the JC will receive a copy of the JAF for review and a copy of the ORR for noting and to inform scrutiny of the JAF.

A copy of the JAF Report Template is attached as **Appendix 4**.

## Appendix 1

### JCC Risk Management Resources:

- JCC Risk Management Procedure [\(add link\)](#)
- JCC Risk Management Simple Guide [\(add link\)](#)

## Appendix 2.

### Performance Assurance Framework – *Measuring What Matters*

#### Document Control

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<b>Approved by:</b>	Joint Commissioning Committee (NWJCC)

#### 1. Purpose

This Performance Assurance Framework sets out how the NHS Wales Joint Commissioning Committee (NWJCC) will obtain assurance on the **performance** of services commissioned on behalf of NHS Wales Health Boards.

The framework:

- Supports NWJCC in discharging its **delegated statutory commissioning responsibilities**.
- Establishes a **consistent, proportionate and transparent approach** to performance oversight.
- Strengthens commissioner–provider and commissioner–Health Board relationships.
- In the longer term provides ambition to move beyond activity-based measures towards **outcomes**.
- Aligns with Welsh Government priorities and national outcomes frameworks.

#### 2. Context and Background

Historically, performance assurance has relied heavily on:

- Contractual KPIs and service specifications.
- Welsh Government Delivery and Outcomes Framework measures.
- Periodic reporting to PPF and Joint Committee.

While these remain important, they do not in isolation provide sufficient assurance on:

- Sustainability and resilience of services.
- Value and affordability across the system.

This framework therefore **resets and strengthens** performance assurance arrangements, reflecting:

- Lessons learned from the predecessor Committees.
- Increasing financial and operational grip and control.
- The need for stronger system-level commissioning leadership.
- Priorities and activities linked to the work plan of the JCC team.

### 3. Commissioner Relationships

#### 3.1 Relationship with Health Boards

The NWJCC acts on behalf of Health Boards but also requires assurance that commissioned services align with:

- Local population needs.
- Health Board strategic intentions.
- Regional and national transformation priorities.

To support this:

- **Annual commissioner-to-Health Board executive discussions** will be undertaken, agreed with individual Health Boards and will be focused on:
  - Strategic priorities and risks.
  - Demand management and pathways.
  - Future commissioning intentions.
- Insights from these discussions will inform:
  - NWJCC strategy.
  - Commissioning intentions.
  - Development of IMTP For the JCC including prioritisation and spending decisions.

### 4. Performance Assurance Measurement

Performance assurance will be based on a **balanced set of measures**, recognising that no single indicator provides sufficient assurance.

#### 4.1 Measurement Principles

The NWJCC will have a focused lens on commissioning services established role and approach identified through the Joint Committee with considering to:

- Measure **what matters to patients and the system..**
- Balance **activity, cost, quality and outcomes.**
- Use quantitative and qualitative intelligence particularly in the context of nationally agreed data submissions for targets measured nationally.
- Apply proportionality based on risk, value and strategic importance.
- Remain flexible to align with any **new Welsh Government mandated frameworks.**
- Care across the patient pathways and system impact.

1. **Quantitative**
2. **Process**
3. **Outcome**
4. **Qualitative (experience and narrative)**

These are applied to:

- Patients referred.
- Patients undergoing treatment.
- Patients waiting for treatment.
- Patients diverted to alternative treatments.

(See Appendix 2A)

## 5. Performance Assurance Process

As services move beyond pandemic recovery, the NWJCC will operate a **clear, structured and risk-based assurance process**.

Key features include:

- Regular, structured Commissioner–Provider engagement.
- Clear escalation routes for non-delivery of contracted values.
- Integration of quality, finance and operational intelligence.
- Alignment with Annual Plan delivery.

Where services are commissioned from England, NWJCC will:

- Continue to use NHS England specialist commissioning intelligence.
- Supplement this with NWJCC-specific assurance where required.

## 6. Contract Segmentation and Assurance Intensity

**6.1 High-Value or Strategically Significant Contracts** (> ~£40m or strategically critical)

- Annual Executive-to-Executive meetings (Planning, Finance, Clinical leadership as a minimum).
- Bi-monthly SLA / performance meetings.
- Enhanced monitoring where services are in escalation.
- Forward-looking discussion aligned to ICP development.

**6.2 Medium-Value Contracts** (~£10m–£40m)

- Bi-annual SLA / performance meetings.
- Escalation meetings where required.
- Targeted engagement on delivery risks and future plans.

**6.3 Lower-Value Contracts** (< ~£10m)

- Annual SLA / performance meeting.
- Exception-based escalation.
- Proportionate assurance approach.

## 6.4 Themed or System Deep Dives

The NWJCC will periodically undertake deep dives on:

- Specific clinical specialties.
- Cross-border pathways.
- Geographic or Health Board-specific issues.

These will supplement, not replace, routine assurance.

## 7. Reporting Arrangements

Performance information will be reported through a clear governance route:

- **Joint Health Board Committee (NWJCC):** Bi-monthly
- **Planning, Performance and Finance (PPF):** Bi-monthly
- **Executive Collaborative Commissioning Leadership Group:** Bi-Monthly

Reporting will focus on commissioned services where data is collated nationally and therefore quality checked nationally through Digital Healthcare Wales triangulated to local contracting and service level intelligence using:

- Exception and risk-based assurance.
- Trends and emerging issues.
- Financial and quality interdependencies.
- Impact on patients and system sustainability.

## 8. Roles and Responsibilities

### 8.1 Joint Health Board Committee (NWJCC)

- Sets strategic direction and priorities.
- Seeks assurance on performance, quality, outcomes and value.
- Drives a culture of continuous improvement and accountability.

### 8.2 Chief Commissioner / Accountable Officer

- Overall accountability for performance, governance and assurance.
- Reports to the Joint Committee.
- Delegates operational responsibility as appropriate.

### 8.3 Director of Finance & Information

- Oversees performance reporting.
- Leads development and maintenance of the Framework.
- Lead responsibility for financial performance and affordability.
- Integration of financial and activity intelligence.
- Assurance on value for money and financial sustainability.

### 8.4 Director of Planning / Performance

- Oversees performance reporting and escalation in the context of organisational delivery against the Annual Plan.

- Leads the development and maintenance of Workforce reporting.
- Ensures alignment with national and local priorities including Ministerial Priorities.

### 8.5 Director of Nursing and Quality

- Assurance on quality, safety and patient experience.
- Integration of quality intelligence into performance reporting.
- Leads the services in escalation framework including criteria for improvement.

### 8.6 Medical Director

- Clinical leadership and professional accountability.
- Oversight of clinical outcomes and standards.
- Ensures alignment with national developments and local policy updates.

### 8.7 Commissioning Teams

- Day-to-day performance monitoring.
- Development and tracking of improvement plans.
- Relationship management with providers and management of delivery including recovery actions.

### 8.8 All Staff

- Contribution to performance improvement.
- Ownership of quality, value and outcomes within their remit.

## Appendix 2A – Performance Assurance Measures (NWJCC)

Scope	Quantitative	Process	Outcomes	Qualitative
Patients referred	Referral volumes, waiting lists	Prioritisation processes	Contact with patients	Patient experience
Patients treated	Activity	Compliance with clinical guidelines	Mortality, readmissions, PROMs	PREMs
Patients waiting	Waiting list size	Waiting list management	Emergency admissions, outcomes	PREMs
Patients diverted	Alternative pathway activity	Policy compliance	Outcomes, LOS, readmissions	PREMs

**Appendix 3**



**JOINT COMMITTEE ASSURANCE FRAMEWORK**

**ESCALATION & DE-ESCALATION PROCESS**

**for Commissioned Services**

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<b>Approved by:</b>	Joint Commissioning Committee
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The Joint Commissioning Committee Escalation and De-escalation Framework (the Framework) sets out the approach to escalation and intervention where there are matters of concern that need to be addressed. It provides the parameters of how the Joint Commissioning Committee will work with commissioned providers and relevant stakeholders to address these. Escalation should not be viewed as a punitive process but a means by which support, and intervention can be provided to improve commissioned services.

The Framework process provides a clear methodology to address identified concerns as early as possible. It aims to ensure that providers/organisations understand the reporting mechanisms and the actions required to support services by ensuring that potentially serious issues are addressed effectively and in a timely matter.

De-escalation is equally as important in order to recognise the actions taken to improve services, enable the wider sharing of any lessons learnt and ensure there is sustained improvement built into the monitoring process thereafter.

Quality must be the central factor in strategic decision making and act as the foundation for our thinking, in the commissioning and delivery of services. It is central in our engagement with partners, service users, and the Duty of Quality in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ("the 2020 Act") domains of the Health and Care Quality Standards 2023 enable and create the opportunity for defining areas for improvement and the actions required.

The following principles underpin the JCC Escalation and De-escalation Framework and build on the principles described in the NHS Wales Oversight and Escalation Framework (2024):

- **Creating an improvement culture:** Through all Service Level Agreements and contractual arrangements developing a culture of high performance and accountability will aid the monitoring and potential need to escalate where necessary.
- **Transparency and engagement:** JCC will be transparent regarding the stage of the process and engage with the providers and work in partnership with them to identify the next steps and the timescales/ actions involved.
- **Delivery focus:** The approach will always focus on delivering improvement and sustainability of services.
- **Proportionality and balance:** The framework arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained. Working in partnership with

shared agreed actions is seen as key driver to aid the process.

- **Clear lines of accountability:** A robust scheme of delegation and quality assurance arrangements will ensure that the Board, Chairs and Accountable Officers identify responsible officers for deliverables who will then interface with the oversight approach.
- **Earned autonomy:** delivery against plans and agreed trajectories will earn greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.
- **Effective governance:** Assurance around the later stages of escalation and any negotiated contractual realignment imposed on provider organisation will be detailed and addressed with the provider. They will be reported through the JCC reporting structures outlined in the document.

## 1. ESCALATION AND INTERVENTION OPERATIONAL PROCESS

The following section sets out the process to review commissioned services and the steps in the escalation and de-escalation process in both identifying and responding to serious issues affecting Commissioned services. The process reflects how information will be exchanged in a timely manner, the triggers and prompts for escalation/intervention, reporting lines and levels of responsible individuals/teams. Escalation supports and builds on information sharing and performance management. It aims to manage risks and operates within the Commissioning Assurance Framework to compliment the suite of documents.

In order to provide consistency, the escalation steps are aligned to a tiered approach similar to the Welsh Government (NHS Wales Escalation and Intervention Arrangements 2024)

Whilst the LEVELS are clearly defined depending on the severity of the issue the starting point can be at any stage of the process.

## 2. STAGES/LEVELS OF ESCALATION

- **LEVEL 0 ROUTINE ARRANGEMENTS** is the term used to report on all Commissioned services where there are no identified concerns around the service being delivered. Routine monitoring involves performance management against service specification, KPI, patient experience and performance outcomes. Where there are performance concerns and there is lack of available assurance in terms of improvement, there will be a need to introduce the steps in escalation. This process is structured to demonstrate engagement with providers and evidence of the quality in commissioned services.
- **LEVEL 1 AREA OF CONCERN** is the term used if there is a potentially emerging concern impacting on service delivery. Concern may be triggered by analysis of serious incidents, a single event or combination of factors. This is essentially a fact-finding

exercise whereby evidence is gathered, analysed and discussed by the relevant Commissioning team. If there are emerging issues or concerns the commissioning team will need to explore how these are taken forward, the level of impact of these on patient outcomes.

The enquiry will lead to one of the following possible outcomes:

1. No further action is required; routine arrangements will continue. Decisions need to be logged and recorded by the commissioning team for future reference if required.
  2. Escalation to a higher-level dependent on the severity of the findings.
- **LEVEL 2 ENHANCED MONITORING** is a pro-active response to put effective processes in place to drive improvement and aid early intervention. Findings from the above should be shared with the provider for consideration and comment. At this stage there should be jointly agreed objectives between the provider and commissioner to address the issues identified and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include:
    - Provider performance meetings
    - Triangulation of data with other quality indicators
    - Advice from external advisors
    - Monitoring of any action plans

A risk assessment should be undertaken and logged on the Commissioning Team Risk Register if a commissioning risk is identified and reported in the Quality Safety Outcome Commissioning Team report if deemed necessary.

Enhanced monitoring will lead to one to the following possible outcomes:

1. Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to routine monitoring.
  2. If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to escalate to Level 3 Targeted intervention.
- **LEVEL 3 TARGETED INTERVENTION** will be initiated if there is a need for greater scrutiny, monitoring and reporting of emerging concerns. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. The decision to move to level 3 will be decided by the Commissioning Team and agreed by the relevant Commissioning Director and the Medical/Nurse Director if there are patient safety issues identified. The NWJCC Senior Leadership Team will be informed of decision and a NWJCC Executive Lead identified. The NWJCC will formally notify the provider and request the nomination of an Executive Lead from a provider perspective.

An initial meeting will be set up as soon as possible dependent on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue, but the meetings should ideally comprise of the following personnel as a minimum:

- Chair (JCC Executive Lead)
- Executive Lead from provider Health Board/Trust
- Associate Medical Director - Commissioning Team
- Senior Planning Lead – Commissioning Team
- Assistant Director of Nursing/ Head of Quality
- Clinical representative from provider Health Board/Trust
- Management representative from provider Health Board/Trust

An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions, any changes or progress made in the escalation level agreed. Minutes and updated action plans will be shared for future monitoring. Consideration of entry on the risk register if a commissioning risk is identified and reported in line with the NWJCC risk management process.

Reporting will be through commissioning team to QSOC Committee, and the escalation trajectory (Appendix 3a) commenced and updated accordingly. It may be appropriate to report to Welsh Government and an Early Warning Notification submission made if appropriate.

Targeted intervention will lead to one to the following possible outcomes:

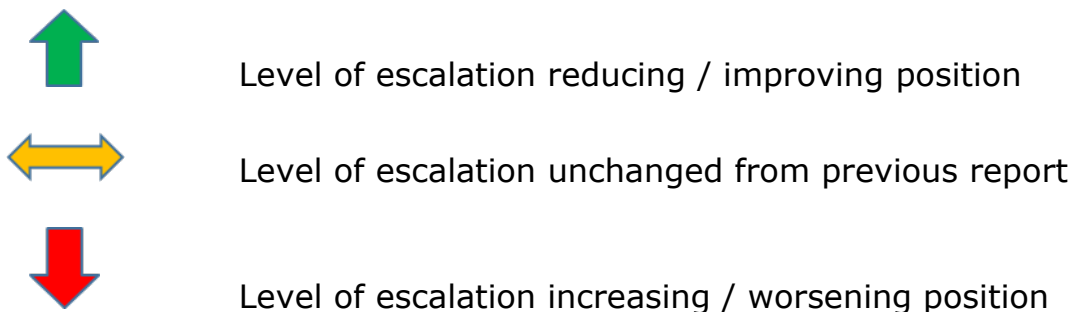
1. If there is ongoing concern relating to patient care and safety with no clear progress, then further escalation will be required to Level 4.
  2. If there is sufficient evidence that improvement has been achieved then the service could be de-escalated to level 2 with the need to demonstrate sustained improvement.
- **LEVEL 4 SPECIAL MEASURES** If services have been unable to demonstrate evidence of improvement or an immediate patient safety issue is identified a number of actions need to be considered. This stage will require escalation and involvement of the NWJCC Chief Commissioner and CEO from the provider organisation. Both Quality Patient Safety and Outcomes Committee and Joint Committee should be cited on the level of escalation and potential consequences. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue:
    1. De-commissioning of the service/ Suspension from the mental Health Framework
    2. Outsourcing from an alternative provider. This may be permanent or temporary
    3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider.

Involvement with Welsh Government and LLAIS is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making.

Please see section 6 below for a tabular overview of the escalation levels for commissioned services.

### **3. ESCALATION TRAJECTORY**

The escalation trajectory must be commenced at Level 3 or above (Template Appendix 1). In addition to the Levels described above the framework has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level. See diagrammatic illustration below:



Following each escalation meeting based on the outcome the commissioning team needs to consider the position and update the escalation trajectory accordingly. This intervention will also aid the decision-making progress and direction in which the service is making or not. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and enable accurate reporting.

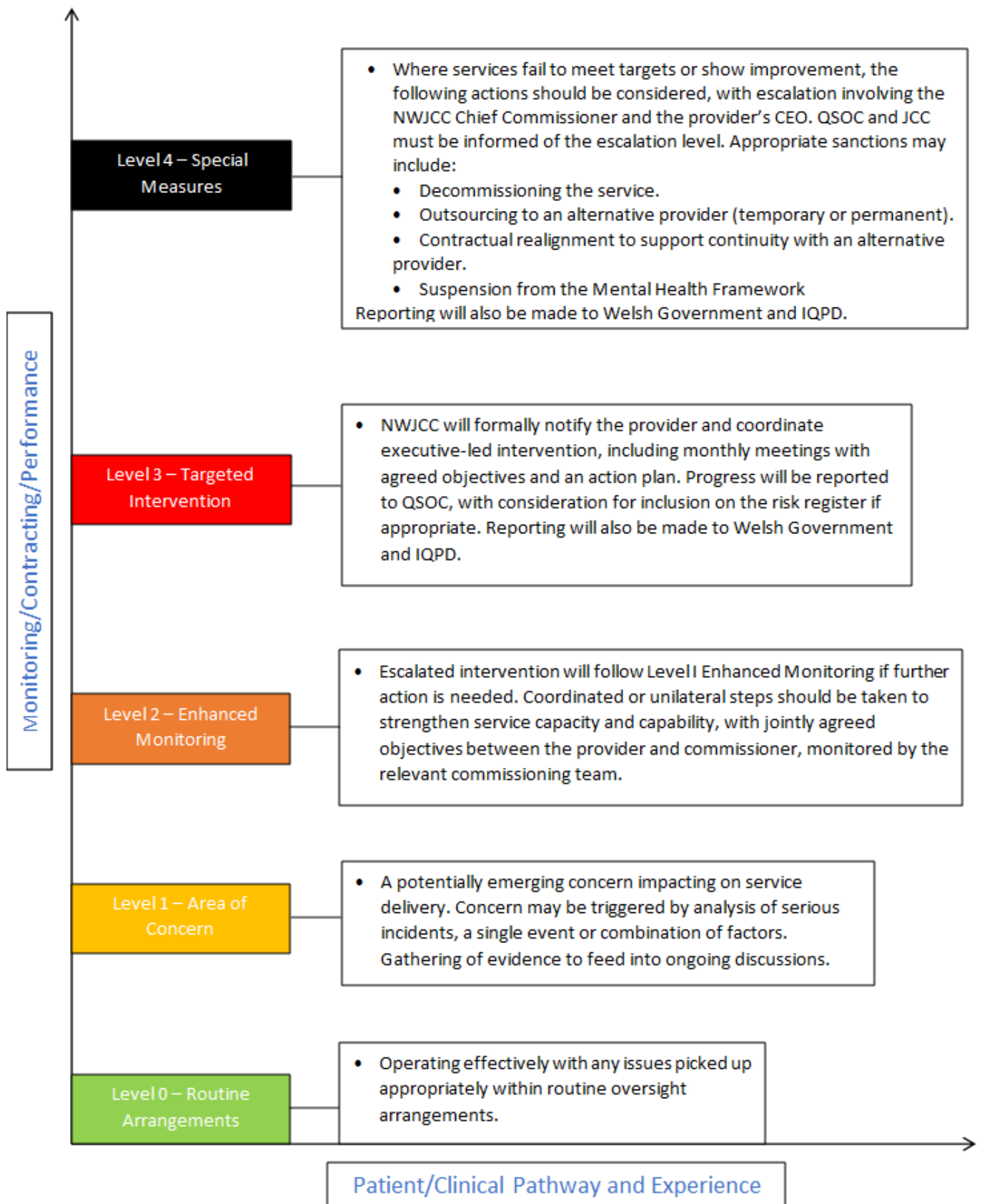
### **4. REPORTING**

All services in escalation are reported through to the Quality Patient Safety and Outcomes Sub-Committee via the Commissioning Team Directorate report. For services in Level 3 or above a separate escalation trajectory will also be shared with the Sub-Committee. All updates to the trajectory will be made in red for ease of reporting. A summary of services in Escalation (Level 3 or above) will be submitted with the Chairs report to the Joint Commissioning Committee and then through to the seven Health Boards.

### **5. AUDITING THE PROCESS**

It is equally important the process is reviewed and audited at the end of an escalation period to ensure that any lessons learnt are shared. This includes feedback from the relevant provider in terms of how helpful or not the process has been in terms of addressing the concerns. This will be undertaken by the relevant commissioning team and done in partnership with the provider.

## 6. ESCALATION LEVEL CHARTS



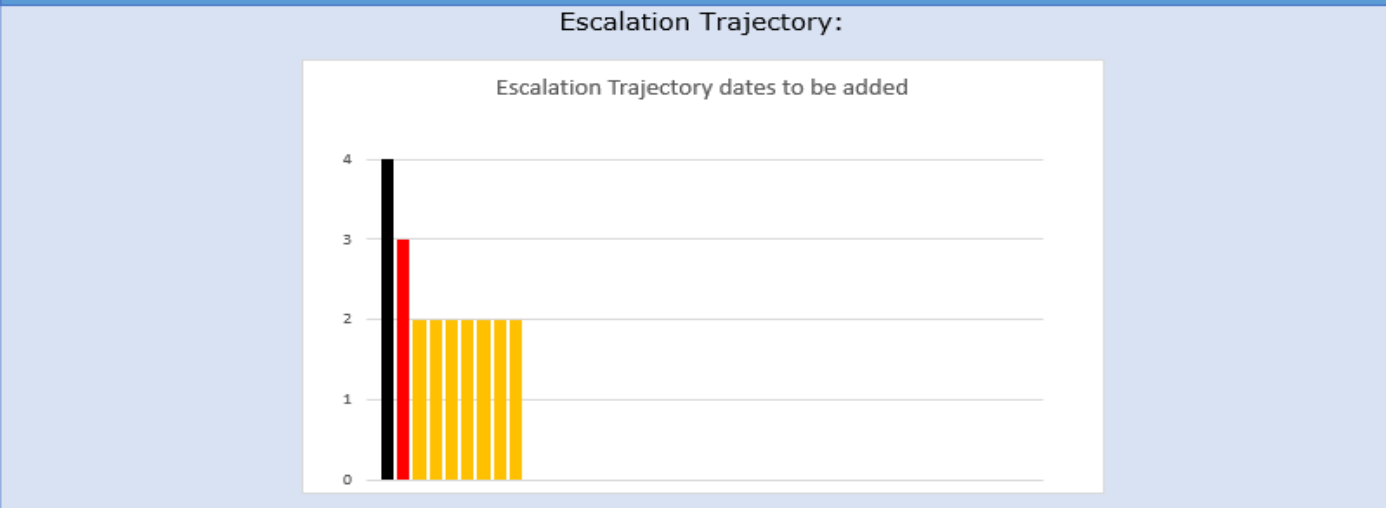
# Appendix 3A – Escalation Trajectory Report

**Executive Director Lead:**  
**Commissioning Lead:**  
**Commissioning Team:**  
**Date of Escalation:**  
**Reviewed by Commissioning Team:**  
**Date Last reported to Quality Safety Outcome Committee:**

## Service in Escalation:

**Current Escalation Level**

Escalation Trend Level		
Trend	Rationale	Current Trend Level
↑	Level of escalation reducing / improving position	↔
↔	Level of escalation unchanged from previous report	
↓	Level of escalation increasing / worsening position	



**Escalation History:**

Date	Escalation Level

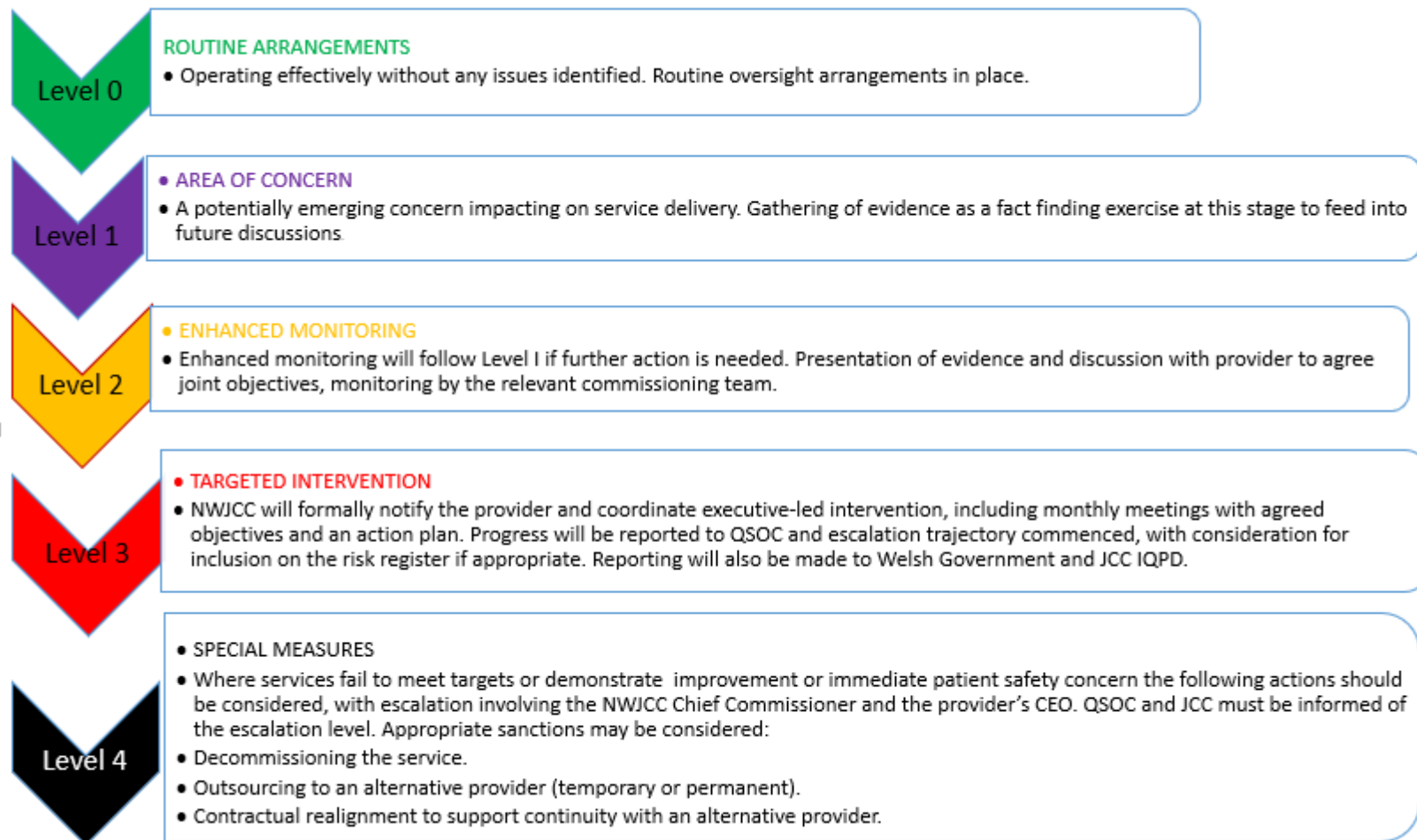
**Rationale for Escalation Status:** Patient/Safety

**Background Information:**

**Actions & Risks Arising:**

**Key updates/Actions:**

Action	NWJCC Lead	Action Due Date	Completion Date








## Appendix 4

### Joint Committee Assurance Framework Template Report

#### NWJCC – JOINT COMMITTEE ASSURANCE FRAMEWORK REPORT

##### Section 1 – Summary

Risk no	Strategic Goal	Strategic / Principal Risk	Lead(s) for this risk	Assurance committee	Current score	Scoring Trajectory	Risk Treatment
1.	Maximise Value 						
2.	Ensure Quality 						
3.	Reduce Duplication 						
4.	Improve Equity and Population Health 						
5.	Facilitate Integration 						

## Section 2 Strategic Risk Heat Map

Current risk scores in **black**

Target risk scores in *grey italic*

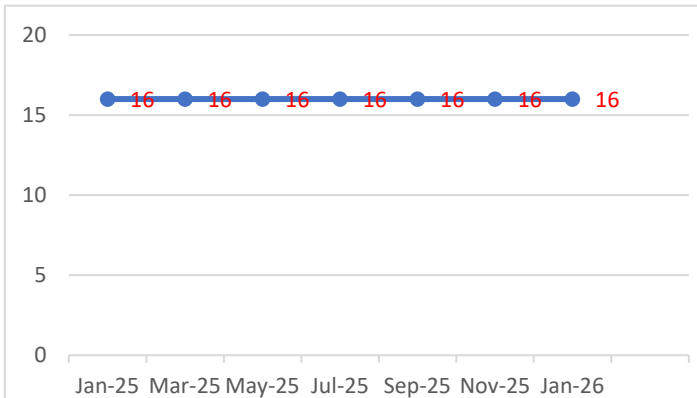
Consequence	5		<i>A,B,C,D,E</i>		<b>A,B,C,D,E</b>	
	4					
	3					
	2					
	1					
CxL	1	2	3	4	5	
	Likelihood					

**SECTION 3 – STRATEGIC RISKS**

Strategic Goal(s):	Risk score <b>TBC</b>
Strategic Risk: TBC	

<b>If ...</b>	<b>Then ...</b>	<b>Resulting in ...</b>
---------------	-----------------	-------------------------

Risk Lead	•	Assurance committee	
-----------	---	---------------------	--

	Consequence	Likelihood	Score	<b>Risk Score Trend this Period:</b>																
Initial																				
<b>Current</b>				TBC																
Target																				
Risk Appetite	TBC			<b>Risk Score Trajectory</b>  <table border="1" style="display: none;"> <caption>Risk Score Trajectory Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jan-25</td><td>16</td></tr> <tr><td>Mar-25</td><td>16</td></tr> <tr><td>May-25</td><td>16</td></tr> <tr><td>Jul-25</td><td>16</td></tr> <tr><td>Sep-25</td><td>16</td></tr> <tr><td>Nov-25</td><td>16</td></tr> <tr><td>Jan-26</td><td>16</td></tr> </tbody> </table>	Date	Risk Score	Jan-25	16	Mar-25	16	May-25	16	Jul-25	16	Sep-25	16	Nov-25	16	Jan-26	16
Date	Risk Score																			
Jan-25	16																			
Mar-25	16																			
May-25	16																			
Jul-25	16																			
Sep-25	16																			
Nov-25	16																			
Jan-26	16																			

<b>Rationale for assessment of risk score:</b> <i>Including where risk score remains unchanged and for any changes</i>	
<b>Risk Treatment Assessment</b> <i>i.e. Treat, Tolerate, Transfer etc.</i>	

**Current Control Measures**

**Current Control Measures Cont.**

**Sources of Assurance (Internal and External)**

Gaps in Controls / Assurances	Actions taken to Mitigate Gaps	Intended Impact of Mitigating Actions	Indicators of Success (following implementation of mitigating actions)

**Linked National Priority Measures**

*E.G. Access to Timely Planned Care*

- Number of patients waiting more than 104 weeks for treatment;
- Number of patients waiting more than 36 weeks for treatment;
- Percentage of patients waiting less than 26 weeks for treatment;

•

**Current Performance Highlights**

**Were there any significant incidents affecting this strategic Risk this period:**

**Associated Risks escalated to the Organisational Risk Register**

<b>Risk Reference:</b>	<b>Risk Title:</b>	<b>Current Risk Score:</b>