**Commissioning Placement Checklist**

Berkshire West Clinical Commissioning Group checklist for commissioners to support compliance with Safeguarding Vulnerable People Accountability and Assurance Framework 2015 in commissioning

This guidance has been produced to promote and assure the safeguarding of vulnerable people when commissioning care from providers both in area and out of area.

The checklist is to support commissioners in following key standards of practice within the commissioning cycle and should be used in conjunction with NHS commissioning guides and resource tools. The checklist is not aimed to be prescriptive, however will serve as a guide to aid the questions regarding the quality assurance of a service. This guidance applies to all CCG commissioners who purchase care provision irrespective of funding amount, and is intended to support commissioners’ accountability. Both contracting and quality assurance must be in place for any commissioned service for individuals or groups, there is further expectation that commissioners evidence the quality and safety considerations by way of a check list, when evaluating commissioning placement decisions. It is furthermore expected that the checklist is included within the commissioner’s documentation to ensure and record safe, effective quality care is in place and in accordance with NHSE guidance. (NHS tool Available on web site <https://www.england.nhs.uk/>)

The need for robust commissioning arrangements, inclusive of evidenced quality, contracting and defined patient outcomes assurance following a defined and locally agreed framework has been highlighted through learning from serious case review, serious incidents and public enquires across both adults and children.

**Contracting** An NHS standard contract should be in place for all commissioned care, inclusive of duration and cost. There may be instances where some contracting of care/ provision requires a shortened version of the contract; therefore, it is advised that commissioners seek clarity from the South Central and West Commissioning Support Unit as required.

**Quality Assurance** Any commissioned care placement must have in place relevant quality assurance standards, by various methods and include key indicators for patient outcomes that are set, monitored and challenged by the CCG. This will assist with the assurance for the commissioner of the service regarding the level of received care and experience in line with the agreed funding.

**Safeguarding the basic aspect to commissioning (In NHS standard contract check)**

* Patient voice is ascertained and reviewed in the outcomes of the commissioned work
* Staff training compliance including safeguarding adults and children training
* Financial viability/ sustainability of the provider
* Safer recruitment (compliance with DBS)
* Registration of providers (CQC and in some cases other charities)
* Data protection governance

**Placements in and out of area**

Due to the nature of commissioning for a defined patient cohort, the lead commissioners for a particular service will negotiate contract placements for adults and children. Often, these patients are the most vulnerable patients requiring both in and out of area placements with providers for a varying degree of duration, care and health need requirement. Therefore, as a commissioner, it is paramount that a patient is placed in the appropriate environment for their defined needs which will enhance positive outcomes. As stated previously, as part of the quality assurance of these chosen placements, it is imperative that contract compliance is reviewed and evident in within the detailed commissioning arrangement. Commissioning of theses placements need to adhere to NHS commissioning framework and commissioning cycle.

<https://www.england.nhs.uk/commissioning/>

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

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| **Patient Details:** | **Date of Checklist completion:**  **DD/MM/YYYY**  **Completed By:**  **Name and designation** | **Service Provider:** |

**Checklist**

**All commissioners should maintain a record of commissioned care**

**1 Pre check**

Is the provider registered with CQC have you checked the latest review?

What is the CQC rating?

Does the CQC rating pose any potential or known risk to care, if so, please detail?

How have you mitigated against the above risk if you proceed to commission?

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| Please detail actions or addition clarity raised for assurance: |

*(You will need to consider the rating in relation to any risk and quality impact for the care that you are commissioning. Record any decision making with a clear rational and any mitigation of risk you have in place to support any decision. (CQC can be contacted if required)*

**2. Contracting**

Is there a NHS contract in place?

If not what type of contract do you have in place (\*A **contract is not a funding agreement letter**)

Is there a lead CCG responsible for contracting with the provider? (Name of the CCG and contact)

Have you contacted them to confirm seek assurance and their monitoring of the provider?

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| Please provide the details as requested (including date):  Contract:  Lead CCG – Name and contact details:  Outcome of contact conversation: |

*Check if associated or other CCGs have in place a contract with the provider that may be used to support your placement by agreement and how they monitor. (This would need to be recorded as an audit trail). Communicate and record communication with the lead CCG commissioners (inclusive of name and designation) and check they have in place a contract and monitoring process and to alert you to any concerns.*

**Financial sustainability of the provider and contingency plan if the provider fails must be considered**

**3. Service specification or service level agreement**

A Service specification covers a wide range of information both financial and service related specifics. Key areas:

Any exclusion criteria inclusive of patient condition ?

What is the proposed outcome for the patient ?

Is there a duration specified for the patients care?

When will a review take place to ensure the service is meeting the needs of the patient (eg; six monthly, annually)?

Where placements are jointly funded between health and social care have clear details relating to both needs been included?

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| Please include relevant details as identified above: |

*This direct outcome is to enable the commissioner to have an oversight of the details regarding the service that is to be commissioned. These sections of service specification are crucial and provide the opportunity to confirm what and how the commissioned piece of work has been agreed.*

**4. Quality Assurance**

What standards are you expecting and monitoring quality assurance on?

What are your agreed Quality Requirements eg:

* Training
* Workforce (staffing ratio)
* Safeguarding
* Care planning and health needs review

How (what method) are you using to monitoring quality? i.e. undertaking or arranging quality assurance visits, self- assessment, feedback quality schedules)

What is the frequency of the Quality Assurance (eg; monthly, quarterly)?

How will the service ensure that patient experience is captured and acted upon?

Does the service have in place advocacy arrangements?

Can the service assure the CCG that they are able to provide information in a range of formats in order to aid understanding?

Can the service demonstrate safeguarding policies and procedures inclusive of MCA and DOLs?

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| Please include the relevant details as identified above: |

*\*Note- the CCG Quality team* ***does not have*** *a quality schedule for all providers that are commissioned, the commissioner is required to explore this and have a clear process to know how people are being safeguarded and that the quality of care is safe and effective. The quality team can offer guidance on how commissioner seek quality assure in various ways self- assessment returns, quality assurance visits, QA schedules dependant on the contract type*

**5. Placements in and out of area**

All of the above must be in place, this cohort of people can be at high risk and any delegation of quality assurance to contracted providers must be evidenced and the commissioner aware of any sub-contracting arrangement in the commissioning cycle. The commissioners must be assured the placement and clinical cares is being monitored and respond promptly in case of concern.