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Balanced Scorecard/Quarterly Checkpoint FAQ

Version 1.0 – 26 July 2013

Interim CCG Assurance Framework: FAQ on Balanced Scorecard / Quarterly Checkpoint

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GENERAL

1. For Q1, will the Local Area Teams work to the timetable outlined in the flowchart?
   We recognise that the timescales for Q1 are challenging but it is important to ensure that the timetable is followed. Lessons from the first trial of the process will be fed into subsequent quarters and we are committed to refining and improving the process as we test it. The timeframes have been profiled in draft for Q2 of 2013/14 and can be found in Annex 1.

2. When will a CCGs version of the Balanced Scorecard template be released?
   Each CCG will have a Balanced Scorecard released to them each quarter as soon as possible after data becomes available. This will be populated with UNIFY 2 returns, nationally available data and authorisation data. Again, this information can be found in the timetable published in Annex 1.

3. Will CCGs have the opportunity to validate / comment on the data populated by the central informatics team, and if so, to what timescale?
   CCGs will receive a copy of their Balanced Scorecard prior to their scheduled CCG Quarterly Assurance Checkpoint Meeting. The principle is that the scorecard is based on published data and other CCG owned data to ensure that assurance conversations are based on a robust evidence base.

   Any data issues should be raised with Area Team Directors at the Checkpoint meeting.

4. How can a CCG determine how each Domain will be RAG rated?
   Each Domain is RAG rated individually according to consistent rules to ensure consistency of application between CCGs. This information can be found at the bottom of each domain on the BSC. For example:

   Alternatively, the RAG criteria for each Domain and, where appropriate, indicators have been made available in Annex 2.

5. When will NHS England define the RAG rating thresholds for self-certification questions?
   All RAG rating for indicators will be made available prior to the process beginning. Please refer to Annex 2 for further detail on how indicators and Domains are RAG rated.

6. Why are some indicators self-certification, i.e. Friends and Family Test (FFT) and Improving Access to Psychological Therapies (IAPT)?
   Assurance will be an iterative process - these measures have been identified as self-certification due to data collection issues in Q1 but we are working to ensure wherever possible that duplication is avoided and data is populated automatically where sources
are available. We anticipate that self-certification on measures such as this is a short-term solution.

7. **Why are some indicators greyed out in the Balanced Scorecard?**
   There are a number of possible reasons for indicators being greyed out but in principle this is to indicate where it is not possible to populate these indicators. This could be for a number of reasons such as, the data is not collected and reported on on a quarterly basis or the data is not available in time for the current quarter.

   However this is not to say that these conversations are not important. Whilst the data within the Balanced Scorecard needs to report on published datasets, we intend that assurance conversations are much richer and that the conversations between CCGs and Area Teams allow for a much broader conversations about delivery and on going development.

8. **Have any measures been removed from Domain RAG calculations?**
   Yes, there has been a need to remove some indicators from the overall Domain calculations. These are:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>Does provider currently have any unclosed Serious Untoward Incidents (SUIs)?</td>
<td>We do not want the presence of open SUIs to be arbitrarily assessed. The principle is that both CCGs and Area Teams should have oversight of provider SUIs and ensure that where SUIs are open, they are being addressed appropriately and in a timely manner by the trust.</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Friends and Family Test</td>
<td>In the absence of published data being available in Q1, the indicator has been amended to ask ‘are providers meeting the 15% response rates on FFT?’. The result of this measure has been removed from the overall Domain RAG. If and when this changes, CCGs and Area teams will be informed.</td>
</tr>
<tr>
<td>Domain 3</td>
<td>IAPT</td>
<td>In the absence of published data being available in Q1, the indicator has been amended to ask ‘is CCG progressing as expected against trajectory?’. The result of this measure has been removed from the overall Domain RAG. If and when this changes, CCGs and Area teams will be informed.</td>
</tr>
</tbody>
</table>

9. **With regards to the self-certification element, which requires that it ‘must be approved by the CCG’s Governing Body’, due to the tight timescale, can this be submitted with the proviso that it will be formally signed off at the next Governing Body Board meeting?**
   In principle, we want to ensure that assurance is integral to conversations between NHS England and CCGs and that the information used for this purpose is transparent.
and robust. For Q1 we need to be practical. Whilst in future we are asking for governing body sign off, for Q1 we would ask that an appropriate person signs off the Unify return on behalf of the CCG Board. To ensure that this can be built into the ongoing business of the CCG, we will release dates for subsequent quarters very soon, so this should not be so much of a problem going forward.

10. When CCGs are requested to publish their Balanced Scorecards do they publish the entire workbook including the intervention forms or is it just the covering summary sheet with overall rag ratings?
We would request that the whole workbook gets published for the purposes of transparency so that it is clear to see how decisions were made based on the data.

11. Who can I contact if I have any more queries, which aren’t picked up through the FAQ or User Guide, or if I have any feedback?
Please contact your region if you have any queries on the Balanced Scorecard tool or the process itself.

Feedback will be collected and reviewed as this framework is in consultation for the first two quarters of 2013/14.

<table>
<thead>
<tr>
<th>London Region</th>
<th><a href="mailto:england.londonsubmissions@nhs.net">england.londonsubmissions@nhs.net</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>South Region</td>
<td><a href="mailto:england.operations-south@nhs.net">england.operations-south@nhs.net</a></td>
</tr>
<tr>
<td>North Region</td>
<td><a href="mailto:england.ccg-north@nhs.net">england.ccg-north@nhs.net</a></td>
</tr>
<tr>
<td>Midlands Region</td>
<td><a href="mailto:gareth.harry@nhs.net">gareth.harry@nhs.net</a></td>
</tr>
</tbody>
</table>

**DOMAIN 1 - QUALITY**

12. How can a CCG identify its main providers where CCG commissioning constitutes more than 5% of the providers’ income?
Main providers are defined as those where CCG commissioning constitutes more than 5% of the provider’s income. If the provider’s income is not known, the CCG can list the main providers it commissions.

There is an element of discretion and agreement with area teams – We don’t want to drive perverse rules just as we don’t want smaller CCGs NOT to discuss the big providers who provide services to their populations.

For the purposes of Q1 and Q2, use the rules in the first instance and where instinct tells you that a provider should be included or excluded, this should be agreed with the Area Team. The issue will be addressed during the consultation period and amended accordingly for the final published framework.

13. Private providers do not appear on the UNIFY 2 list of providers – is this something that can be incorporated as they include large community providers and NHS/IS Treatment Centres?
Performance information relating to private providers is not routinely collected at present. This means private providers cannot be added to the Balanced Scorecard.

However, the CCG Assurance Meeting should incorporate a conversation about private providers, to reflect the CCC’s commissioning pattern.
The issue will be further considered during the consultation period and amended accordingly for the final published framework.

14. Should independent sector providers be included within the self-assessment?
   See answer to question 13.

15. Which data period does ‘Has the provider been identified as a 'negative outlier’ on SMHI or HSMR?’ this refer to? Is it just the latest or relate to previous periods where they have been an outlier also?
   This refers to data for the quarter in question only. The principle behind the question is to ensure that there is commissioner oversight into the mortality rates of providers. This is what we are looking for a demonstration of through this question.

16. Should the following questions ‘Do provider level indicators from the National Quality Dashboard show that MRSA cases are above zero? / Do provider level indicators from the National Quality Dashboard show that the provider has reported more C difficile cases than trajectory?’ be for all cases for a provider or just those relating to the CCG in question that are from that provider?
   These should be answered for each of the CCGs key providers. The first task involved in populating the self assessment is the CCG defining their key providers. Then answering the following questions will be a little easier – as they will all relate to these key providers.

17. The information CCGs can access from the National Quality Dashboard (NQD) are different from the questions asked in the BSC - MSA does not appear in the NQD and HCAI are combined and not individually presented.
   At the time of writing the interim framework, we understood that the national quality dashboard would be providing these sources of information. Now it has become clear that it is not possible to get information in this format, judgements on MRSA, C difficile and mixed sex accommodation should be based on available and published provider level data. The intention behind the indicators is to ensure that CCGs as commissioners are tracking these key indicators of care and ensuring that any provider breaches are identified and handled appropriately.

18. Where can I find out about NHS Trust Development Authority (NTDA) enforcement actions?
   The principle behind this question is to ensure commissioner oversight over NHS Trust quality concerns being raised by the NHS TDA. Specifically, the question is whether the organisation is subject to formal escalation by the NHS TDA on Quality and Governance under the published accountability framework – Available here for ease: http://www.ntda.nhs.uk/wp-content/uploads/2012/04/framework_050413_web.pdf

19. Some questions within the CCG Assurance Interim Framework and Balanced Scorecard are ambiguous and ask more than one question. For example, Winterbourne View: Has the CCG self-assessed (Yes) and identified any risk to progress against its Winterbourne View action plan (No). How should this be answered?
   The principle behind the indicators referring to EPRR and Winterbourne View, is to highlight any concerns a CCG may have with either of these areas. We expect a CCG will have self-assessed, and if it has not identified any areas of concern, the default answer to these questions would be ‘No’. If there are any concerns, the response should be either ‘Yes – Action plan in place’ or ‘Yes – No action plan in place’.
Where a CCG has not self-assessed against these two areas, we would expect this to trigger a conversation during the quarterly checkpoint process in order for the indicator to be answered correctly.

20. There will always be unclosed SIRIs/SUIs as providers have set time limits for investigation and closure. Does the indicator relate to unclosed SIRIs/SUIs that are breaching the time limit for closure?
   We don’t want to set time limits or provide a perverse incentive locally through this question. Fundamentally, SUI’s should be reported within the given timeframe as part of good practice in the NHS. It is recognised that there are time limits for which investigations into incidents need to take place. The indicator included in the framework refers specifically to unclosed SIRIs/SUIs that have breached the time limit for closure, not unclosed SIRIs/SUIs.

21. At what point is a SUI considered ‘unclosed’?
   45/60 working days, dependent on the severity of the situation. For more guidance please review the National Framework.

DOMAIN 2 - NHS CONSTITUTION

22. Does the lower threshold of 10 for ‘Mixed Sex Accommodation Breaches’ apply over the quarter?
   Yes, the lower threshold of 10 applies over the quarter. This therefore means that MSA should be judged across the quarter on aggregate and that the lower threshold for RAG rating of this quarterly aggregate should reflect the lower threshold of ten, not any multiples.

   Ultimately, this is a zero tolerance indicator so the threshold for concern needs to be appropriately geared to reflect this.

23. Who populates the ‘Future Concerns’ section of the Domain – the central team or the CCG?
   This will be agreed jointly by the CCG and Area Teams during the Assurance meeting. The principle is that whilst we have to generate the scorecard on the basis of published data, CCGs and Area Teams may well have more contemporary insight into unpublished or provisional information. The amber/green rating allows this to be reflected in the scorecard but this is in the spirit of openness and should not result in any punitive response compared to an otherwise green rating.

   It is possible that this will affect the overall outcome of the Domain. The RAG for Domain 2 is:

   All the outcomes following the Assurance meeting will be extracted and inputted back into the data warehouse.

DOMAIN 3 - OUTCOMES

24. Some measures will not be available quarterly and/or may not be available for the Q1 assessment? For example:

<table>
<thead>
<tr>
<th>Health-related quality of life for people with long-term conditions</th>
<th>Bi-annual</th>
<th>Approx. 3 mths after the end of each data</th>
</tr>
</thead>
</table>

Domain 2 RAG Criteria
- Green: No indicators rated Red
- Amber-Green: No indicators rated Red but future concerns
- Amber-Red: One indicator rated Red
- Red: Two or more indicators rated Red
<table>
<thead>
<tr>
<th>Measure</th>
<th>Collection Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of people feeling supported to manage their condition</td>
<td>Bi-annual 12/13 released summer 2013</td>
</tr>
<tr>
<td>Estimated diagnosis rate for people with dementia</td>
<td>Annual 12/13 released Oct 13</td>
</tr>
<tr>
<td>Total health gain assessed by patients i) Hip replacement, ii) Knee replacement, iii) Groin hernia, iv) Varicose veins</td>
<td>Monthly? Around 5 month time lag for publication? Mar 13 released Aug 13?</td>
</tr>
</tbody>
</table>

**How/when will these indicators be assessed under the CCG assurance framework?**

These measures will be collected at the earliest opportunity and will form part of the next quarterly checkpoint, i.e. if the some indicators data can only be collected bi-annually, we will aim to have the Q2 Balanced Scorecard populated with this information, given it is available 6 weeks after the end of the quarter.

As a result, these measures will be discussed on this published data at the formal checkpoint meeting. Where CCGs and Area Teams are having more frequent conversations, it is an opportunity to discuss the CCGs understanding of their position on these areas and flag any areas of concern. Conversations should not be limited to what is published on the Scorecard.

More broadly, we would expect outcomes in the broadest sense to be an integral part of assurance discussions. We know that outcomes data is usually published to a longer timescale but where timely data becomes available we will incorporate it within the balanced scorecard.

25. **The following measures are greyed out in the Reporting tab and not included in the Domain 3 template – are they therefore excluded from the assurance process?**
   - Patient experience of primary care i) GP services, ii) GP Out of Hours services
   - Patient experience of hospital care
   These measures have been greyed out of the BSC as they are measured annually. The annual assessment should include a more detailed conversation about patient experience but we would expect quarterly conversations to consider any available information locally where possible.

26. **Friends and Family Test:** How will the overall CCG scores be calculated?
   In the absence of formal data, for Q1, CCGs are asked “are providers meeting the 15% response rates on FFT”. An aggregate will be calculated across all provider scores, and the lowest score will be pulled through to Domain 3.

27. **Interpretation of F&F tests – is the position being reported in the BSC whether the provider has hit 15% for both indicators across the whole of the quarter, or is it a no if they have failed in any of the months in the quarter?**
   The friends and family test is an important tool and a litmus test for the perceptions of care quality. Providers need to make rapid progress in establishing the 15% rate on a consistent basis and therefore this should be an assessment across all months of the quarter.
28. The plan submitted as part of the 13/14 planning process for IAPT was for the whole year, with no quarterly trajectory. Therefore CCGs may not necessarily expect to achieve the annual plan in Q1. Again, in the absence of formal data being available for Q1, CCGs are asked ‘is CCG progressing as expected against trajectory?’. This measure will be removed from the Domain RAG calculation for the first quarter.

- Threshold: ‘CCGs will be rated Green if they believe they are at or above their plan?’
- How is the baseline position calculated? The baseline will be taken from the CCGs plan
- Will CCGs be assessed against both IAPT measures – i.e. % receiving service and % moving to recovery? Yes, we will be measuring both from Q2

29. Will performance against the local priorities be assessed as part of the quarterly checkpoints?
A CCG’s progress against its local priorities should be discussed at the Quarterly Assurance Meeting. It is recognised that there may not be data available at quarterly intervals and as a result, CCG’s will be asked to discuss and demonstrate that they are on track to deliver against each of the three priorities.

30. Is it possible for a CCG to change the definition for its local priority, in line with the change in QOF definitions?
Where CCGs wish to amend the local priority they selected as part of planning and contracting, this would have to be a discussion between the CCG and local area team. Any revisions with implications for calculations within the BSC will need to be communicated a designated regional business intelligence lead for amendment in the BSC.

DOMAIN 4 - FINANCE

31. Activity year-to-date / full year forecast: What currency will be used to measure – e.g. MAR metrics or spells? If MAR, how will the 3 metrics (NEL FFCEs, Total Elective FFCEs and Outpatient 1st attendances) be aggregated to calculate an overall score? Indicators 7 and 8 will not be measured in Q1.
## ANNEX 1 – Timelines by Quarter (2013/14)

<table>
<thead>
<tr>
<th>Task</th>
<th>Est. weeks following end of Quarter</th>
<th>Q1</th>
<th>Q2 – draft dates (tbc)</th>
<th>Q3 – tbc</th>
<th>Q4 - tbc</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>London team</strong> to coordinate collection of information on outstanding authorisation conditions</td>
<td>3 weeks</td>
<td>18 July</td>
<td>8 October</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area teams</strong> to upload finance data for each CCG via UNIFY 2</td>
<td>6 weeks</td>
<td>5 August</td>
<td>21 October</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CCGs</strong> to upload self certificate information via UNIFY 2</td>
<td>6 weeks</td>
<td>5 August</td>
<td>21 October</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional teams</strong> to verify UNIFY finance information for their CCGs</td>
<td>7 weeks</td>
<td>12 August</td>
<td>28 October</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area teams</strong> to verify self certification data uploaded to UNIFY 2</td>
<td>7 weeks</td>
<td>12 August</td>
<td>28 October</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>London BI team</strong> to import data relating to Domains 2 and 3, and to upload BSC to West Midlands SharePoint</td>
<td>8 weeks</td>
<td>19 August</td>
<td>18 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balanced Scorecard available for download</strong></td>
<td>8 weeks</td>
<td>23 August</td>
<td>20 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area teams</strong> to download and disseminate BSC for each of their individual CCGs</td>
<td>9 weeks</td>
<td>26 August</td>
<td>20 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area teams</strong> to conduct quarterly checkpoint meetings</td>
<td>9-10 weeks</td>
<td>26 August-4 September</td>
<td>20-29 November</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area team</strong> to refresh BSC with agreed support / intervention where appropriate</td>
<td>10 weeks</td>
<td>4 September</td>
<td>2 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional teams</strong> to summarise position for each CCG ahead of regional moderation</td>
<td>10 weeks</td>
<td>6 September</td>
<td>3 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional moderation panel</strong></td>
<td>11-12 weeks</td>
<td>9-13 September</td>
<td>3-13 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TBC</strong> to write report, outlining all regional and area team recommendations for intervention</td>
<td>12 weeks</td>
<td>16 September</td>
<td>16 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assurance and authorisation sub-committee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Area teams</strong> to refresh BSC in light of regional and national moderation , share with Regional BI teams who will upload them onto West Midlands SharePoint</td>
<td>13 weeks</td>
<td>26-29 September</td>
<td>27 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CCG notified of outcome</strong></td>
<td>13 weeks</td>
<td>30 September</td>
<td>30 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BSC published on individual CCG websites</strong></td>
<td>13 weeks</td>
<td>30 September</td>
<td>31 December</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>Comments</td>
<td>RED</td>
<td>AMBER-RED</td>
<td>AMBER-GREEN</td>
<td>GREEN</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
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<td>-----------</td>
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<td>-------</td>
</tr>
<tr>
<td><strong>Domain 1 - Are local people getting good quality care?</strong></td>
<td>Domain RAG criteria</td>
<td>One or more 'Yes - Enforcement action'</td>
<td>One or more 'Yes - No action in place'</td>
<td>One or more 'Yes - Action in place'</td>
<td>all 'No' responses</td>
</tr>
<tr>
<td><strong>Domain 2 - Are patient rights under the NHS Constitution being promoted?</strong></td>
<td>Indicator RAG criteria</td>
<td>Performance below the lower threshold OR same indicator has Amber performance for two consecutive quarters</td>
<td>Performance between the standard and the lower threshold</td>
<td>Performance at or above the standard</td>
<td></td>
</tr>
<tr>
<td>Domain RAG criteria</td>
<td>Two or more indicators rated Red</td>
<td>One indicator rated Red</td>
<td>No indicators rated Red but ‘future concerns’</td>
<td>No indicators rated Red</td>
<td></td>
</tr>
<tr>
<td><strong>Domain 3 - Are health outcomes improving for local people?</strong></td>
<td>Domain RAG criteria</td>
<td>All indicators statistically significantly off track</td>
<td>At least one indicator statistically significantly off track</td>
<td>Not all indicators on track</td>
<td>All relevant indicators on track for achievement of Quality Premium (QP)</td>
</tr>
<tr>
<td><strong>Domain 4 - Are CCGs delivering services within their financial plans?</strong></td>
<td>CCG self-assessment criteria (Indicators)</td>
<td>Significant number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns consistently submitted late and/or of a poor quality.</td>
<td>A number of non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns often submitted late and/or of a poor quality.</td>
<td>One or two non-satisfactory audit reports in relation to finance related systems and processes and/or finance returns sometimes submitted late and/or of a poor quality.</td>
<td>No non-satisfactory audit reports in relation to finance related systems and processes and all finance returns submitted on time and of satisfactory quality.</td>
</tr>
<tr>
<td>Domain RAG criteria</td>
<td>(Over-riding rule: Qualified audit opinion would lead to an overall RED rating)</td>
<td>&gt;= 2 primary indicators are red</td>
<td>1 primary indicator is red or &gt; 3 are amber/red</td>
<td>&lt;= 3 primary indicators are amber/red</td>
<td>All primary indicators are green</td>
</tr>
</tbody>
</table>