Clinical commissioning group authorisation

Draft guide for assessors participating in site visits

July 2012
Clinical commissioning group authorisation

Draft guide for assessors participating in site visits

First published: July 2012
Contents

Section 1: Purpose and scope of this guide ............................................................ 4
Section 2: Purpose of the site visit ................................................................. 5
Section 3: Setting the tone and approach to the site visits ...................... 6
Section 4: Panel composition and deployment ............................................ 7
Section 5: Site visit panel preparation ............................................................ 10
Section 6: Site visit format ................................................................................ 13
Section 7: Assessing and recording evidence at the site visit .................... 15
Section 8: Moving to moderation and decision making ............................... 18
Section 1: Purpose and scope of this guide

This is the second guide produced to support assessors participating in Clinical Commissioning Group (CCG) authorisation 2012-13. It is written for panel assessors participating in the CCG site visit. It is intended to accompany Clinical commissioning group authorisation: draft guide for applicants (April 2012) and the clinical commissioning group authorisation: draft guide for assessors undertaking desk top review June 2012 and should be used in conjunction with those documents.

The draft guide for assessors undertaking desk top review provides an overview of the whole CCG authorisation process – its’ guiding principles, the phases of authorisation and overview of the assessment process. Site visit panellists should be familiar with these aspects of that guide.

The purpose of this guide is to ensure that CCG evidence assessment undertaken at the site visit is performed transparently, consistently and fairly. This guide aims to enable site visit panellists to do that by ensuring that they fully understand:

- Their specific role and function within the CCG authorisation process
- The overarching principles, approach and methodology of the site visit
- assessment, including the requisite outputs from this stage of the process
- How Key Lines of Enquiry (KLOEs), generated from the desk top review will be pursued and assessed at the site visit.
Section 2: Purpose of the site visit

The site visit follows on from the desk top review.

The twofold purpose of the site visit is:

- to provide a formal opportunity for NHS Commissioning Board (NHS CB) senior representatives to meet and assess the CCG leadership team within their local context and whilst doing so,
- pursue specific lines of enquiry and themes emerging from the desk top review, enabling the CCG to further demonstrate compliance with the authorisation criteria set out in the draft CCG applicants’ guide. The aim is thus to find further evidence against the 119 sub-criteria published in the applicants’ guide, where such evidence exists, and hence to resolve any remaining queries that were unearthed in the desk top review.

The resolution of lines of enquiry and establishment of compliance with criteria thresholds is illustrated in the diagram below, also taken from the assessors’ guide.
The key objectives of the visit are as follows:

i) To pursue key lines of enquiry and themes resulting from the desk top assessment, in relation to specific domain criteria and authorisation thresholds. This provides an additional opportunity for the CCG to clarify issues and provide additional assurance and information to demonstrate that the CCG meets the required standard in areas where there are perceived gaps, or where the CCG falls short of the authorisation threshold.

ii) To confirm that the picture of the CCG that emerged in the desk top review is an accurate representation which matches the views and opinions of the CCG leadership team present at the site visit.

iii) To gain a more comprehensive understanding of the local context and challenges faced by the CCG, and receive confirmation of corporate ownership of these.

iv) To explore the potential need for application of any conditions attached to authorisation of the CCG.

v) An opportunity for the CCG team to demonstrate their capability, insight and preparedness to take on the commissioning mantle, the leadership of the local health community and the challenges to be addressed.

vi) An opportunity for the NHS Commissioning Board (NHS CB) to hear the CCG present their challenges and ambitions and to understand how the NHS CB can support the development of CCGs in their endeavours.

Section 3: Setting the tone and approach to the site visits

The site visit has a specific purpose in helping to confirm, or otherwise, CCG compliance with the thresholds for authorisation. The intention of the NHS CB is to conduct the visits in a transparent, consistent, fair and robust way whilst ensuring that the tone and approach of the visits is developmental and therefore a positive experience for CCGs.

The panel will want to hear how CCGs are planning to achieve real clinical added value to their future commissioning arrangements and to understand how they are beginning to articulate their developmental aspirations “beyond authorisation” (as set out in section 4 of the draft applicants’ guide). The site visit will also explore:

i) How well the CCG and NHS CB understand the local context and challenges

ii) Where the CCG is now in terms of immediate (the next 12 months) plans and identification of short term development needs

iii) Early thinking on the approach to developing a vision and new ambitions for the CCG in the longer term (3-5 years)
To this end site visit panels will seek to:

- create a supportive and open tone for the day. The aim of the process is not to catch the CCG out but to give them every opportunity to demonstrate their progress against the standards required for authorisation. Likewise, the site visit should not be carried out as a test of memory and good briefing of the governing body.

- provide an opportunity for the CCG to hear, discuss and, if required, challenge the panel on their provisional assessment of the specific issues identified in the desk top review summary report, and further demonstrate compliance with criteria set out in the KLOEs. In addition, the CCG can begin to explore what action and support might be appropriate in light of local context and challenges.

- provide robust and constructive feedback from the panel on the day, on the more general findings and observations of the panel in relation to wider local challenges and development needs.

- leave CCGs with an agreed set of developmental challenges which can contribute to its ambitions for the future and which can be incorporated into their development plan.

- provide an opportunity for CCGs to use the expertise and experience of panel members to help shape their emerging plans for the future.

- avoid simply testing the knowledge of the team about specific issues. Within reason, and beyond the senior leadership team, CCGs will be able to choose whom they field on the day of the visit so that the personnel best placed to discuss lines of inquiry and key challenges can be present.

- allow the NHS CB to gather intelligence on the emerging themes and issues key to the ongoing development of CCGs and discuss how the NHS CB can support and enable CCGs to move forward.

Section 4: Panel composition and deployment

A standard panel composition has been agreed for all CCG site visits. However, not all of the roles will be represented by an individual on the panel: as with desk top review assessors, panels will be constructed to cover key skill sets, but a single individual may cover more than one skill set. For instance, it is likely that the panel chair may be able to serve in the role as commissioning expert, as well as chair. This approach ensures that no panel becomes too large and impractical, whilst also making best use of the pool of available panellists. Panellist roles will be as follows:
<table>
<thead>
<tr>
<th>Panellist</th>
<th>Role on panel</th>
<th>Likely background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel Chair</td>
<td>Leadership of the site visit process; management of panel members. Chair of briefing and plenary sessions and some breakout sessions. Executive author of the site visit report. Depending on Background, a chair might also fulfill the commissioning / governance or finance expert role</td>
<td>NHS CB Regional Director; PCT Cluster CE; SHA Director; other senior NHS CB regional leader (when in post). The role might also be fulfilled by a desk-top review key assessor</td>
</tr>
<tr>
<td>Key Assessor</td>
<td>Ensures continuity between the desk-top review and the site visit, particularly in the pursuit of the KLOEs. Deputy to the chair. Occasionally, the chair and key assessor roles may be combined</td>
<td>PCT Cluster CE; SHA Director; other senior NHS or NHS CB leader. E.g. Local Area Team Leader.</td>
</tr>
<tr>
<td>Wherever possible this will be the key assessor who has undertaken the desk-top review for CCG being visited</td>
<td></td>
<td>CCG clinical lead from a CCG in the same wave as the CCG being assessed</td>
</tr>
<tr>
<td>CCG clinical lead</td>
<td>Lead on clinical aspects of the CCGs evidence assessment including clinical leadership.</td>
<td>PCT Cluster director of Commissioning Development, or former PCT Director of Commissioning; SHA commissioning development senior manager</td>
</tr>
<tr>
<td>Commissioning /governance expert</td>
<td>Lead on the commissioning, planning and governance aspects of the CCG’s evidence assessment</td>
<td>PCT director of finance, SHA senior finance manager</td>
</tr>
<tr>
<td>Finance expert</td>
<td>Lead on financial planning and financial governance aspects of the CCG’s evidence assessment</td>
<td>SHA cluster director or senior manager; NHS CB sector director designate</td>
</tr>
<tr>
<td>NHS CB regional representative</td>
<td>Representing the NHS CB Regional Director; to ensure local context is understood and properly considered in the assessment process. To inform the NHS CB regional team of key themes and outcome from the visit</td>
<td>Senior Healthwatch, PPI or charity official</td>
</tr>
<tr>
<td>At the discretion of the local NHSCB Regional Director</td>
<td></td>
<td>Chief executive or other senior officer of a higher or single tier authority.</td>
</tr>
<tr>
<td>Lay assessor</td>
<td>To lead on public and patient involvement aspects of the CCG evidence assessment.</td>
<td></td>
</tr>
<tr>
<td>Local authority representative</td>
<td>Lead on joint working areas of commissioning, wider stakeholder engagement and Health &amp; Wellbeing Board arrangements.</td>
<td></td>
</tr>
</tbody>
</table>
Panel observation roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site visit evaluator</td>
<td>Independent assessor, ensuring site visits are conducted fairly, consistently and in line with the defined process</td>
<td>External management consultant (PWC)</td>
</tr>
<tr>
<td>NHS CB authorisation team representative</td>
<td>To ensure site visits are conducted in line with the defined process including appropriate translation of outcome into the site visit report</td>
<td>NHS CB authorisation team senior member</td>
</tr>
<tr>
<td>Panel recorder</td>
<td>Note taker. Prepares first draft of site visit report under instruction from chair. Visit arrangements on the day</td>
<td>Various</td>
</tr>
</tbody>
</table>

Note that a small number of panels will include a senior member of the NHS CB (non-executive director, executive director or level 3 director) in an observation role only. Panel chairs will be advised in advance of their attendance and handling protocol.

Panellists are recruited on behalf of the authorisation team to specific roles and their ability to fulfil more than one role, where appropriate, is assessed against the requirements for each, as outlined above.

Panellist deployment

Panellists will be allocated to site visits at least six weeks before the site visit date and panel composition including contact details confirmed. Apart from the authorisation team member and the NHS CB regional representative, panellists including the key assessor, will not attend site visits in the SHA area in which they are employed. Other potential conflicts of interest (such as recent previous employment) will also be taken into account. Where possible, an individual panel will work together on a number of site visits and panellists (with the exception of the clinical lead and regional representative) will be asked to commit to around six site visits in any given wave to help with continuity and effective running of the process. Some personnel changes may be necessary but will be kept to a minimum.

Visit patterns

Site visits will take place within the CCG’s own patch. Visits for a given panel team are being planned to take place on either 2 or 3 consecutive days in one week. Where possible, Mondays and Fridays will generally be avoided in response to feedback from CCGs. A group of visits will be planned to avoid excessive travel between visits in the same week.
Section 5: Site visit panel preparation

The issues to be covered at the site visit will be focussed on Key Lines of Enquiry (KLOE) generated from the desk top evidence review. The KLOEs will be contained within the desk top summary report which will be shared by the authorisation team with the CCG not less than two weeks prior to the site visit. This gives the CCG time to prepare to present further evidence or clarification of evidence at the site visit in response to proposed key lines of enquiry and to prepare a presentation which answers some of the wider issues and contextual questions that have arisen from the desk top review.

General preparatory work & agenda setting

Before the day of the visit, the key assessor and panel chair will ‘meet’ (probably via a telephone call) to:

- review and confirm the KLOEs to be pursued at the site visit and the approach to assessing these. It is not expected that KLOEs for the site visit will vary from those detailed in the desk top summary report.
- agree any other more general and contextual themes to be covered – these must derive from the narrative in the desk-top review report.
- agree which panel member should lead on a given KLOE or group of KLOEs
- agree which two areas of self-certification (from the CCG’s application to be authorised) that will be reviewed at the site visit
- ensure that the panel chair is fully briefed by the key assessor on other general observations and outcome of the desk-top review and how the KLOEs and issues will be pursued.
- begin to formulate lines of questioning related to the issues and themes
- If the panel chair feels it is appropriate, he may also arrange a verbal briefing with the relevant NHS CB Regional Director.

The panel chair and key assessor will have access to the CCG’s full evidence portfolio and the desk top assessment reports to enable them to agree the final KLOEs to be covered at the visit and how they will be pursued. (In the unlikely event that there are any changes from the desk top summary report, the CCG will be informed immediately).

Agenda

An outline programme structure for the site visit day is shown on pages 14-15 and should be followed. The key assessor and the panel chair are responsible for producing an agenda that includes allocation to sessions of the identified themes and KLOEs to be pursued identified in
the desk top summary report. Break-out session may vary in number and content, depending on the number of issues and KLOEs and their overarching themes. A panel member should be allocated to each item (KLOE or theme) or a group of items to be pursued and a chair identified for each breakout group. One breakout group must be allocated to commissioning capacity and capability. This should cover commissioning arrangements including commissioning support. If there is an in-house CSS assessment to be undertaken, this should be covered within this session unless the extent of KLOEs suggest more than one session is needed.

KLOEs will be derived from specific authorisation criteria or groups of criteria and are likely to be grouped around domains and split appropriately between the breakout sessions. Up to six breakout groups maybe run across the two agenda sessions. More may be possible, but consideration should be given to the CCG staff and panel members required to adequately cover the topic. Different domains may be combined into the same breakout session, where appropriate. Wider and more significant themes / KLOEs may be singled out for pursuit in plenary. A significant theme may require a break out session of its own.

A template (SV1) will be provided to capture the key points and outcome of the preparatory meeting draft agenda and allocation of KLOEs. This should be completed on the CCG authorisation Knowledge Management System (KMS) by the panel chair. A final agenda (SV2) will then be prepared and shared with the CCG. The CCG may request a change to the agenda where this enables them to deploy their team more effectively, but this is at the discretion of the chair.

Approximately two weeks before the site visit, panel members will receive a briefing pack comprising:

- The desk-top review summary report\(^1\) including the identified KLOEs and key themes
- A summary dashboard showing progress against 119 criteria at each stage of the desk-top (accessed via the KMS)
- The agenda and issues to be covered as agreed by the site visit chair and key assessor
- The CCG data profile
- The 360 stakeholder survey summary report
- The SHA / regional report on the CCG
- The CCG response to the desk-top summary report and each of the three external evidence reports
- Site visit recording templates including KLOE /domain templates.

All panellists are expected to read these core documents in preparation for the visit. Panellists will also have read only access to any of the CCG’s submitted source documents or desk-top review templates required to support their pursuit of a KLOE. The key assessor will be able to

\(^1\) The desk top summary report may initially be sent out as a draft pending comments from the CCG to ensure panellists have sufficient time to prepare. A final version will be available at least five days before the date of the site visit. The panel chair will be responsible for accommodating any changes to the agenda arising from the final report.
advise on which documents will be most useful for pursuit of a particular KLOE, theme or domain overview and may recommend other documents to read.

A few days before the visit, the panel chair will 'meet' with the panel, probably via a conference call to go through the briefing pack, KLOEs and key themes. KLOEs will be allocated to panellists by the chair to match their background, skillset and role on the panel. Pursuit of the allocated KLOE will be led by the nominated panellist who will be expected to review relevant submitted evidence before the visit. Panellists should be encouraged to formulate the key questions they need to ask on the day. The key assessor will be able to clarify specific evidence gaps in support of this. The key points and actions of this meeting will be captured in writing on a specific template SV3.

Panel members must not discuss any aspect of the visit assessment with the CCG either before or after the site visit, until the authorisation process is complete. With the exception of the regional team and authorisation team representatives, direct contact with the CCG should be avoided. There is a formal process for the CCG to respond to the site visit report and a right of reply to the final evidence report, authorisation decision, conditions and related matters.

Visit practical arrangements & travel

A panel co-ordinator, will be responsible for working with the CCG to make sure that all arrangements for the day are in place. In the first instance, travel and accommodation arrangements should be made by the panellists themselves and reclaimed from the NHS CB. The panel co-ordinator and the CCG will provide support and advice regarding travel. A travel claim form will be included in the visit briefing pack. Any logistical questions or points of clarification about the site visit should be put to the panel co-ordinator, whilst evidence related queries should be addressed to the central assessment team.

Panel chair and Key Assessor roles at the site visit

The site visit chair and key assessor are representing the NHS CB at the site visit. These two roles are key to the successful running of the site visit. The role and approach of the panel chair is crucial to ensuring that the site visit is conducted as intended enabling maximum opportunity for CCGs to demonstrate their compliance with the authorisation criteria thresholds and for a wider view of the CCG’s capability, challenges and state of readiness to take on its statutory duties to be explored. The key assessor is effectively deputy to the chair at the site visit and brings their extensive and detailed knowledge of the CCG’s evidence submission to ensure the visit content comprehensively covers the evidence gaps and themes from the desk-top review.

As a legal process of assurance, it is especially important that the chair applies their own skill and judgement in assessing evidence in a fair, consistent and robust way, advised and supported by the key assessor. The chair is also responsible for ensuring that the other panel members conduct themselves according to the same principles. The chair will set the tone for
the visit which should be robustly enquiring, but helpful, open and encouraging. The NHS CB has as much to learn from this process as the CCGs and this should be reflected in a two-way dialogue and learning approach throughout the day.

**Training**

All site visit panellists will be asked to undertake a one-day training programme to prepare them for the visits. The purpose of the training is:

- To provide an additional opportunity for panellists to ensure their thorough understanding of the authorisation process and their role within it.
- To ensure that the site visit is conducted as intended, in accordance with the requirements around authorisation set out in the Health & Social Care Act 2012 and its secondary legislation and to ensure a consistent baseline assessment of the CCG is achieved, as required by the NHS CB
- To ensure that panellists are able to apply assessment criteria confidently and consistently
- To ensure a consistent tone and approach at the site visit which results in a positive and beneficial experience for the CCG and the NHS CB.

**Section 6: Site visit format**

The site visit will normally take place over one full working day. The following table sets out the generic format for the day.

*A series of more detailed session plans are included at appendix A. These should be used to ensure consistency and comprehensive coverage of the agenda.*

### Site visit format

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Description</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30</td>
<td>Panel pre-meeting*</td>
<td>Ensure all are properly briefed on which KLOE they will pursue and who will lead which breakout session</td>
<td>Panel chair</td>
</tr>
<tr>
<td>09.30</td>
<td>Plenary introduction</td>
<td>Set out structure and tone for the day – positive and developmental</td>
<td>Panel chair</td>
</tr>
<tr>
<td>09.45</td>
<td>CCG presentation</td>
<td>CCG current state of readiness, leadership team, capacity &amp; capability; strengths &amp; weaknesses, key achievements so far; key challenges; aspirations for the medium term (3-5 years); development needs identified.</td>
<td>CCG to determine</td>
</tr>
<tr>
<td>Time</td>
<td>Session Title</td>
<td>Description</td>
<td>Chair</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>10.15</td>
<td>Plenary Q&amp;A</td>
<td>Respond to presentation - structured around big ticket and context issues for CCG; focus on leadership team and strategy; general engagement. Feedback on evidence submission. This session will also include pursuit of evidence around 2 self-certification areas</td>
<td>Panel chair</td>
</tr>
<tr>
<td>11.00</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.15</td>
<td>KLOEs grouped by domain x 2 or 3 groups</td>
<td>Split less strategic/ more specific KLOE e.g. gaps in governance arrangements; issues with commissioning support, grouped by domain. One of these sessions must be allocated to commissioning capacity and capability. If the CCG qualifies for assessment of its in-house commissioning support function, it must be covered in this session</td>
<td>Lead panellist</td>
</tr>
<tr>
<td>12.00</td>
<td>Short panel* triangulation de-brief</td>
<td>What progress has been made in closing down KLOEs? First general impressions</td>
<td>Panel chair</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.15</td>
<td>KLOEs x 2 or 3 groups depending on issues to resolve</td>
<td>As above Option here for parallel session if needed e.g. panel chair one to one with CCG chair or AO. Apart from a one to one meeting, at least two panel members must be present in each session.</td>
<td>Lead panellist</td>
</tr>
<tr>
<td>14.00</td>
<td>Panel assessment* / CCG review time</td>
<td>Triangulation of 2nd KLOEs session. Prepare CCG feedback</td>
<td>Panel chair</td>
</tr>
<tr>
<td>14.45</td>
<td>Break</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.00</td>
<td>Plenary panel feedback to CCG, discussion and Q&amp;A</td>
<td>Include: status of KLOEs explored following the CCG evidence heard and seen; general key messages and observations on key strengths &amp; weaknesses; two way discussion on development needs; remaining gaps in criteria evidence; feedback from CCG on how they found the visit and how the NHS CB can support commissioning in the future.</td>
<td>Panel chair</td>
</tr>
<tr>
<td>16.00</td>
<td>Panel de-brief and* assessment</td>
<td>Assessment of KLOE; key messages to feedback on capacity &amp; capability; leadership; insight; development needs etc.</td>
<td>Panel chair</td>
</tr>
<tr>
<td>17.30</td>
<td>Finish</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* panel only session

It is expected that all site visits will broadly follow this format with the following exception:

Where two or more CCGs are federated in some way, a format which enables both themes / KLOEs relating to federation arrangements and the individual CCGs’ evidence issues to be
explored, will be organised. This is likely to mean that some time will be given to the issues relating to all CCGs and their joint working arrangements in plenary, followed by shorter sessions / visits with each constituent CCG. In this case all visits are likely to take place in the same week with, as far as possible, the same panel make-up. Authorisation team sector leads will brief panel chairs on site visit handling for federated CCGs.

**Giving feedback to the CCG**

In support of the desired tone and approach to the site visit, the approach taken to giving feedback to the CCG should always be constructive. This is the first time that the CCG and the NHS CB will meet formally; additionally, for some members of the CCG, it will have been their first experience of such a rigorous assessment process. The probing of issues should therefore be undertaken robustly and sensitively, using appreciative enquiry and other similar techniques. Such techniques and approaches will be covered in training.

In giving feedback on progress with KLOEs, the panel should be as clear and precise as possible in articulating the result from the visit, always relating evidence presented by the CCG back to the specific threshold or criterion which it is intended to address. Changes to an assessment of the compliance with the criteria should always be justified and explained, both verbally to the CCG, and in the written report.

With the exception of findings relating to the 119 criteria where the panel may facilitate the CCGs thinking on closing evidence gaps, the panel should limit feedback to observations and suggestions (include good practice as well as development areas). The panel has no remit to prescribe specific action.

---

**Section 7: Assessing and recording evidence at the site visit**

**Assessing compliance of evidence with authorisation criteria thresholds through pursuit of Key Lines of Enquiry**

All KLOEs and themes covered at the site visit must derive from the desk-top review process. KLOEs identified for pursuit at the site visit will relate to one or more criteria, sub-criteria or threshold in the draft applicants’ guide. These items will have been identified in the desk-top summary report as having a red radio button attached to them following document, domain and key assessment.

Assessing achievement of a threshold for an authorisation criterion or KLOE is a process of moderated judgement. The criteria and thresholds set out in the draft applicants’ guide are
worded and framed to be consistent with the Act. Criteria are relatively detailed and because they are legally framed, cannot be subject to further levels of formal interpretation. The assessor prompts in the assessors’ guide are provided to guide the assessor to the kind of evidence that would meet the threshold. In the case of those prompts written in italics, these refer to the relevant anticipated content of regulations relating to the criteria that have been laid before Parliament. The criteria, threshold definition and prompts are the only information that should be used to assess evidence. The actual assessment relies on the assessor’s judgement based on their considerable knowledge and experience, fairly and consistently applied. The design of the process overall, will ensure that judgements are compared and moderated to achieve consistency throughout. It is important that this approach to assessment is understood and continues to be applied throughout the exploration of KLOEs at the site visit.

The nature of evidence presented

At the site visit, the majority of evidence will be presented will be verbal. It is important when considering verbal evidence that the panel is confident that the CCG is satisfied with the verbal evidence. For instance, members of the governing body should have an understanding, at least in overview, of important areas such as governance. Where a subject matter expert can demonstrate compliance but there appears to be little wider understanding of the issues amongst any of the governing body, this may reveal to the panel that the evidence presented is not in fact robust enough to demonstrate compliance, based on the fact that the governing body does not exhibit sufficient ownership of the issue. On this basis, it is expected that whilst subject matter experts may be present and contribute to discussions, they should be led by a member of the governing body.

It is likely that the CCG will have further documentary evidence in support of authorisation criteria, developed since their evidence submission. Whilst further documentary evidence cannot be formally submitted into the process at the site visit stage, the panel may inspect new documents in relation to outstanding evidence gaps. However, given that there is insufficient time for the panel to properly assess new documents in detail, the CCG should ensure that relevant sections are signposted and the evidence presented verbally in the relevant session.

Recording proceedings on the day of the site visit

The panel recorder will be responsible for ensuring that all key points and decisions are captured throughout the day. To ensure transparency and consistency, a series of templates – one for each session - has been developed. These can be accessed via the CCG Authorisation Knowledge Management System (KMS). Access to and use of these will be covered in panellist training. Templates will be kept after the conclusion of the authorisation process and may be used in the event of a challenge to the authorisation. These formal notes could also be subject to freedom of information (FOI) requests. In light of this, hand written notes made on templates should be accurate, concise, legible and polite.
The format of the templates is consistent with those used for the desk top review and, like the desk top templates; the site visit templates will be held and managed via the KMS system. The relevant template reference number is given against each session plan in the table above. Some templates will be pre-populated with CCG specific information, including the specific KLOE(s) being pursued. During the concurrent breakout sessions, panel members will be asked to complete some templates, as the panel recorder will only be able to attend one session in each group.

Notes for every session should be recorded on the appropriate template by the nominated note taker. Other panellists are advised to take their own notes to help formulate questions to the CCG and as an aid to the panel assessment discussion and feedback to the CCG. These personal notes will not need to form part of the formal recording of proceedings but must be handed to the panel recorder before panellists leave the visit. The site visit recorder will take notes in all plenary sessions. In breakout sessions one of the other panel members not chairing the session should take notes using the appropriate template. Template may be completed electronically in any session where facilities allow.

**Recording the meeting of an authorisation threshold**

At the end of each session, the session chair should draw conclusions from the preceding discussion and record an initial indication of any changes to criteria thresholds discussed. This should not be shared with the CCG at this stage. As with the templates designed for the desk top review, a radio button on the template, relating to outstanding queries will turn from red to green. This should be indicated in writing initially on the template used in the session. If the panel agrees with the change in its final assessment, this must subsequently be recorded electronically on the KMS system on the site visit report template. Where any change to radio buttons is made a comment on the evidence provided must be made. Where criteria have still not been met, a comment on each remaining outstanding criterion should be made, including what if any, additional evidence has been presented, and an indication of how far the CCG is from meeting the threshold, if known. Exceptionally, the panel may also identify that an evidence threshold previously met may need to be returned to unmet status as a result of conflicting evidence emerging from the site visit. In this case the panel would agree to change a green button to red on the KMS template and a comment justifying the change must be added.

**Preparing the site visit report**

1. The site visit report must be prepared using the report template provided on KMS. An initial draft, capturing the main points and decisions including changes to assessment of compliance with authorisation criteria (recorded using the radio buttons) should be completed in the final assessment session on the day of the site visit. If possible this draft should be prepared electronically. (CCGs will be asked to provide details of wireless access
to enable the recorder to access the KMS). The chair and panel recorder will shape this outline into a complete draft for circulation to the rest of the panel within two working days.

2. In each case where a radio button is changed, a comment will be required which justifies the change. Where a criterion has not been met, comments on evidence gaps or distance from threshold should be updated with the findings of the site visit, where appropriate. Any changes to radio buttons must derive from the information recorded in a given session or sessions, unless final triangulation of evidence in the panel de-brief, highlights evidence from a number sources during the day. The sources should be noted as comments against the changed radio button.

3. The narrative elements of the report must be derived from the information captured in the session templates. It is expected that the narrative content of the site visit report will be wide ranging, reflecting the richness of the discussion during the day and particularly during the plenary sessions. Thus it should be useful for the CCG in considering their on-going plans for development. However, this report also forms a key element of the final assessment of the CCG for authorisation, so the narrative needs to comprehensively reflect the state of readiness of the CCG for authorisation established at the site visit by providing a precise and concise record of the evidence gathered, including key issues of context and challenge. It is likely that the final narrative will be constructed from the main plenary sessions and the outcome of the subsequent discussion.

4. The site visit report must be completed and agreed not more than five working days after the date of the visit. During this time the chair should seek feedback from panel members and resolve any individual issues which cannot be resolved on the day. Once agreed, the report will be shared with the CCG via the KMS for a response on factual accuracy within two working days.

Section 8: Moving to moderation and decision making

Once the site visit report has been shared with the CCG it will be brought together with the desk-top summary report by the key assessor into a final evidence report which will be submitted to a moderation panel. This panel, chaired by Dame Barbara Hakin, will review the overall outcome of the assessment for each CCG. This is coupled with the outcome of a range of assurance “tests” on the assessed outcome for each CCG to ensure that assessment has been undertaken consistently across the wave, that there has not been threshold drift away from those set out in the draft applicants’ guide, and for wave 2 and beyond, between waves. Following moderation, the final evidence report will be shared with the CCG for their considered response. A second panel, chaired by Ian Dalton, will determine any conditions to
be applied and any required NHSCB intervention to be recommended to the NHSCB Board committee. CCG applications with no red radio buttons following moderation will not be reviewed by the conditions panel, but be submitted directly to the NHSCB authorisation committee for a final decision on authorisation. The committee’s decision will be communicated to each applicant CCG in writing. The committee’s decision is final.
## Annex A

### Session plans

<table>
<thead>
<tr>
<th>Session</th>
<th>Objectives</th>
<th>Template ref.</th>
</tr>
</thead>
</table>
| Panel briefing        |  - Introduce panel members to one another if meeting for the first time  
  - Establish how the chair wishes to lead / manage the panel during the day including KLOE / domain leads and deployment into breakout sessions  
  - Clarify any issues arising from preparatory work  
  - Key assessor to give an overview of KLOEs and issues to be pursued  
  - Panellists should take the opportunity to clarify the questions that need to be asked to close evidence gaps. In some cases questions will need to be very precise.                                                                                                           | SV4          |
| Plenary introduction  |  - Chair makes introductions  
  - Chair sets out agenda, tone and approach.  
  - CCG are able to articulate any specific outcomes or expectations for the day  
  - Key assessor constructively summarises desk-top review outcome (high level impressions and key issues) including main evidence gaps positives and negatives                                                                                                                                                                      | N/A          |
| CCG presentation      |  - CCG 30 minute presentation  
  - Precise content to be determined by CCG but might include:  
    - Brief overview of how the CCG has evolved since inception  
    - Own impressions of state of readiness for taking on their statutory responsibilities  
    - Leadership status and capability  
    - Medium term challenges and ambitions  
    - Reference to some of the reported evidence gaps  
    - Commissioning support arrangements – this is essential for CCGs with core support provided in-house.                                                                                                                                                                                                                          | SV5          |
| Plenary Q&A           |  - Initial questions from panel on points of clarification  
  - Establish whether the presentation fits with the evidence submission  
  - Any specific issues from the evidence review which raise questions in light of the presentation e.g.                                                                                                                                                                                                                                                             | SV5          |
<table>
<thead>
<tr>
<th>KLOE / Issue to pursue</th>
<th>Pre-lunch short panel triangulation de-brief</th>
<th>Lunch</th>
<th>Post lunch KLOE / issues to pursue</th>
</tr>
</thead>
<tbody>
<tr>
<td>See also section 7 P.18</td>
<td>Opportunity for panel to briefly check progress and findings so far; agreeing handling of any unexpected issues or changes to approach to KLOEs to be tested in the post lunch session.</td>
<td>Panel should join CCG team for lunch and networking. Care should be taken to avoid discussion of specific points of evidence assessment and potential panel judgements, to avoid the risk of later discrepancies in communication with the CCG.</td>
<td>As above</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Panel assessment | • Led by the chair the panel should triangulate the evidence they have heard in each session and agree whether outstanding criteria have been met and issues resolved. These conclusions will be recorded on the KMS in the relevant template. Reason for either compliance or non-compliance as a result of the discussion during the day must be noted systematically against each outstanding criterion. Where a CCG still does not meet a threshold for authorisation, a note of how far the CCG is from meeting it should be made and/or what evidence is still missing.
• Any areas of panel disagreement should be recorded and the reason for the disagreement.
• In addition to the above, the panel should agree other key areas of feedback to the CCG, including but not limited to:
  o General observations about where the CCG is perceived to be on its development journey
  o What have been the main themes of the day
  o What are the perceived main strengths, areas of good practice etc. observed both generally and in relation to authorisation
  o What are the main areas of weakness observed, generally and in relation to authorisation
  o What are the CCG’s key challenges and ambitions, as identified in the day’s discussion
  o The identification of potential development needs
  o Thoughts about what support is needed and how it might be provided. | SV7 |
| Plenary panel feedback to CCG, discussion and Q&A | This session should include feedback as indicated from the panel assessment above. It may not have been possible to conclude the systematic recording of assessment of each evidence gap prior to the CCG feedback session. In this event it is important that the most significant areas of change and remaining gaps are identified for the CCG.

The CCG should be given the opportunity to discuss and clarify the panel’s findings and observations, particularly in relation to the KLOEs and any remaining evidence gaps. The session should also explore how the CCG’s on-going development plan, might evolve in light of the findings from the site visit.

The panel should identify perceived development needs and may make suggestions and recommendations as to | SV8 |
the support that may be needed, in discussion with the CCG. However, the panel has no remit to formally prescribe or instruct the CCG to take action as a result of the site visit findings. Any immediate issues should be picked up by the chair, the regional representative or the authorisation team representative, as appropriate.

The panel is not permitted to predict the final authorisation status of the CCG or conditions that may be applied – Outcomes from the desk-top and site visit process will be subject to national moderation which may change some assessment results.

| Panel de-brief and final assessment | It is important that the panel agree their key findings and overall assessment of the CCG before members depart. This final session should review the findings in the panel assessment session in light of the last plenary discussion. Using the site visit report template in draft form, the chair should begin to populate each section with the results from the day. In particular, the panel should:
• Finalise / conclude on the KMS assessment of the areas of outstanding evidence (KLOEs) that have now been closed and comment for each on the evidence presented which met the threshold;
• which are still outstanding and why;
• key observations and conclusions from the visit
• areas of observed good practice
• areas of weakness / need for development; and any proposals discussed for addressing these
• key challenges
• ambitions for the future |
| SVR1 (draft) | SVR2 (final) |