

13 December 2017

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Researcher

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By email
████████████████████

Dear ██████████

Request under the Freedom of Information Act 2000 (the “FOI Act”)

I refer to your email of **15 November 2017** in which you requested information under the FOI Act from NHS Improvement. Since 1 April 2016, Monitor and the NHS Trust Development Authority are operating as an integrated organisation known as NHS Improvement. For the purposes of this decision, NHS Improvement means Monitor and the TDA.

Your request

You made the following request:

“I request that you please provide the following information as an answer to this Freedom of Information request.

Q1 What procedures does NHS Improvement have for consultation with non NHS bodies (e.g. the public, Healthwatch, Universities) prior to publishing documents or guidelines. Please provide copy(ies)

Q2 This question relates to the Single Oversight Framework 2017

- a) What procedures for consultation did NHS Improvement apply in relation to creating the revision of Single Oversight Framework 2017 apparently published in November 2017? If different from the procedures given in answer to Q1 then please provide a copy.*
- b) What non NHS bodies were consulted in generating the revision?*
- c) What comments were received from any organisation (including NHS Trusts, charities, and Universities) or member of the public, in relation to dropping readmission rates from the list of quality indicators for acute providers. Please provide a full schedule of the comments received indicating the source of each comment.*

d) *What prompted the removal of readmission rates from the list of quality indicators (e.g. academic criticism, requests from NHS Trusts)? If the removal was prompted by comments from any NHS Trusts please identify the relevant trusts”*

Decision

NHS Improvement holds the information that you have requested and has decided to release all of the information that it holds.

Please find our responses set out below, which follow the numbering in your request.

Question 1

The process NHS Improvement follows is the same for NHS bodies and non-NHS bodies. There is no specific policy document that sets out our policy in this respect but each case is considered on its merits.

When deciding whether formal consultation is required, NHS Improvement will first consider whether there is a statutory duty to consult. If there is a statutory duty, NHS Improvement will follow any specific statutory requirements.

In the absence of any statutory duty to consult, NHS Improvement will consider whether a duty to consult arises as a matter of public law. In reaching a decision, NHS Improvement will take into account the nature of the matters under consideration, past practice and relevant guidance on good practice.

Even if there is no duty formally to consult, NHS Improvement may still decide to engage with stakeholders through some other form of involvement. This may include the provision of information or by conducting informal stakeholder engagement.

Question 2(a)

The first version of the Single Oversight Framework (SOF) was published in September 2016. This followed a consultation on the development of the Framework, details of which can be found [here](#).

In August 2017, NHS Improvement published a proposed set of changes to the SOF, and invited feedback on these. Most of the changes were designed to improve the format and presentation of the document, and to clarify specific issues based on feedback and queries from end-users. A small number of changes to the standards, indicators and information used to assess providers' performance were also proposed, to reflect:

- changes in national policy, standards and performance expectations
- the availability and reliability of performance data
- changes in the support offer available from NHS Improvement
- changes in other oversight, regulatory or improvement frameworks that relate to or form part of the SOF.

The draft version of the updated document and a summary of the proposed changes were published on [NHS Improvement's website](#). People wishing to comment on the changes were invited to complete an online survey. This asked a number of questions about whether the changes were clear and reasonable, and also provided the opportunity for free-text comments to be made. The feedback exercise ran for 6 weeks, and the survey closed at midnight on 18 September 2017. The feedback exercise was publicised to providers via our Provider Bulletin. We also met with NHS Providers, the membership organisation and trade association for providers of NHS acute, ambulance, community and mental health services, to discuss the proposed changes. We sent details of the feedback exercise to other organisations that had responded to the consultation when we first developed the SOF.

Question 2(b)

We met with NHS Providers, the membership organisation and trade association for providers of NHS acute, ambulance, community and mental health services, to discuss the proposed changes. We sent details of the feedback exercise to other organisations that had responded to the consultation when we first developed the SOF. This included sending information on the engagement to the following priority stakeholders on 8 August 2017: NHS Providers, NHS Confederation (for all constituent networks), Academy of Medical Royal Colleges (for all 24 Royal College members), the Healthcare Finance Managers Association and the Shelford Group. On the same date we also sent the information to the following stakeholders we knew to have an interest in the Use of Resources framework now referenced in the SOF: Faculty of Medical Leadership and Management, NHS Clinical Commissioners, Mind and Age UK.

Questions 2(c)

We did not receive any comments on dropping readmission rates from the list of quality indicators from acute providers during the feedback exercise.

Question 2(d)

The reference to this indicator was removed from the SOF policy document because we do not currently have access to a routinely collected and nationally validated data set to consistently measure emergency readmission rates across all acute providers. The change was not prompted by comments from any NHS trusts.

Review rights

If you consider that your request for information has not been properly handled or if you are otherwise dissatisfied with the outcome of your request, you can try to resolve this informally with the person who dealt with your request. If you remain dissatisfied, you may seek an internal review within NHS Improvement of the issue or the decision. A senior member of NHS Improvement's staff, who has not previously been involved with your request, will undertake that review.

If you are dissatisfied with the outcome of any internal review, you may complain to the Information Commissioner for a decision on whether your request for information has been dealt with in accordance with the FOI Act.

A request for an internal review should be submitted in writing to FOI Request Reviews, NHS Improvement, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by email to nhsi.foi@nhs.net.

Publication

Please note that this letter will shortly be published on our website. This is because information disclosed in accordance with the FOI Act is disclosed to the public at large. We will, of course, remove your personal information (e.g. your name and contact details) from the version of the letter published on our website to protect your personal information from general disclosure.

Yours sincerely,



Elizabeth Wade
Senior Policy Adviser