

APPENDIX 2: SUGGESTED CONSULTATION RESPONSE

1. Is the document clear and easy to read?

Yes, the document flows well and provides much more clarity.

2. Does the document provide enough information about the purpose of the SOF and how we use it to oversee and support providers?

Yes, the purpose is clear and the support outlined well.

Is there a moderation process built into NHS Improvement processes to ensure consistency as with the CQC's Inspection Regime? If so this would be helpful to add to the document.

3. Do you have any suggestions on how we could improve the content, presentation and format of the document?

No

4. Is the explanation of how the new use of resources assessments will inform SOF monitoring and assessment of support needs clear?

Yes, the application and on-going monitoring process is clear.

5. Are the proposed changes to the metrics used to monitor providers' operational performance clear?

It appears that the trigger linked to A&E performance differs where a provider has an agreed STF trajectory. For those with an STF trajectory support is considered where quarterly performance against the STF trajectory is missed but NHSI will also look at the 95% constitutional aspect as well. It is suggested that this is explained more explicitly in the document.

6. Do you agree that the new metrics have clear data sources and definitions and provide a valid indicator of performance against a national priority?

Yes – but see comment on Q5 above regarding clarity around A&E

7. Do have any other comments on the proposed changes to the operational performance metrics?

No

8. Do you have any other comments on the changes we are proposing to make to the SOF in 2017?

Whilst it is clear on how it will be used to oversee providers there remains a concern about applying it consistently in the areas where hard metrics are not available, specifically in the "Strategic Change" and "Leadership and Improvement Capability" Themes.

In addition there is a concern that, due to the fact that trusts are all structured slightly differently in terms of what parts of the business fall under which division, the data collected by trusts to populate the Model Hospital may not be like for like and therefore caution should be taken when using the benchmarking.

The Trust is seeking clarity as to the efficacy of including the Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) as a quality metric.