

**NHS**  
**Telford and Wrekin**  
**Clinical Commissioning Group**

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**By Email**

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Ref: DE/dv

28<sup>th</sup> October 2016

Mr [REDACTED]  
Managing Director  
Telford and Wrekin Council  
Addenbrooke House  
Ironmasters Way  
Telford TF3 4NT

Cl [REDACTED]  
Leader Telford and Wrekin Council  
Telford and Wrekin Council  
Addenbrooke House  
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Telford TF3 4NT

Dear [REDACTED]

I am responding to your letter dated 24<sup>th</sup> October.

The CCGs are disappointed with the combative position that Telford Council is adopting in respect of this process. However we would like to assure you that, regardless as to the position that the Council takes in correspondence, the CCGs see the Council as a key stakeholder in this process and will continue to work with the Council in a way that fair to the Council and to our other stakeholders.

We set out below our responses to the further detail you have provided in respect of your concerns. In doing so we would emphasise that the non-financial scoring exercise that was undertaken by the CCGs was intended to provide feedback from those who took part in the exercise to assist the CCGs make these difficult decisions. It was not intended to be a scientific or judicial process, but was an opportunity for stakeholders across the areas served by our hospitals to give their views on the non-financial factors which inevitably form part of this overall decision making process.

The views expressed by those who were present on the day constitute one element of the overall picture which will be further considered by the Programme Board, and then by the CCGs. The results of the opinions expressed on the day will assist decision making but do not mandate any particular outcome. The detailed outcomes will be shared with the public and our Local Authorities as part of the material which will assist the public understand the issues and hence, we hope, assist them to respond to the formal consultation.

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The Council's concerns appear to be based on a number of factors, which I address below:

**1. Methodology Concerns**

- a. Your letter suggests that 98% of the weighting in the CCG's decision making process relates to non-financial factors and only 2% relates to financial factors. We do not accept that this is correct. The analysis undertaken by the Future Fit team has sought to use a 50:50 weighting with sensitivity analysis undertaken for 75:25 and 25:75. The non-financial assessment criteria do, of course, wholly relate to non-financial criteria, just as the financial criteria are all finance based. This analysis resulted in the same preferred outcome (but by different margins) regardless as to whether financial criteria represented 25% of the scoring matrices or 75%. When an independent, stratified telephone survey was undertaken with the affected populations, their responses suggested a weighting of 43.5% to 56.5% (financial: non-financial). Hence using the balance of views expressed by the public, option C1 improved its position as the favoured option by 10.% to 10.8%.
- b. It was in order to test the robustness of results that we undertook a number of sensitivity analyses, including an alternative method of combining financial and non-financial scores. This alternative method was the cost per benefit point method, the use of which is supported by the Department of Health's Capital Investment Manual (2.64.2) where it states that the preferred option will be the one that affords the greatest ratio of benefits to costs. We note that you do not agree that the CCGs should follow the methods recommended by the Department of Health. Whilst the Council is, of course, perfectly entitled to express that view, we do not consider that there is anything improper or irrational in seeking to follow national guidance when conducting these exercises.
- c. Your letter refers to analytical flaws in the interpretation of documents during the day's exercise. Unfortunately your letter does not set out what those flaws are held to be and so it is difficult for us to comment on this complaint.

It follows that there is nothing in your letter which leads the future Fit team to the conclusion that serious errors were made in the methodology used to date.

**2. Scoring Concerns**

- a. The purpose of the event was to bring together a wide range of people from all parts of the communities served by the hospitals to help explore the impact of proposed changes and to understand their effects from a multiplicity of perspectives. Everyone who attended brought their own experiences, knowledge and expertise to the panel's open discussions. There were representatives of those who commissioned services, those who delivered services and patients (who received the services and whose taxes pay for the services). We did not want to set up artificial divisions between commissioners, providers and patients and equally sought to avoid divisions between those who came from the different communities served by each of our hospitals. Your letter appears to suggest that anyone who used their expertise to share their perspectives with the wider group through a presentation should have been barred from taking part in the discussion and voting because permitting them to take part created an

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"appearance of bias". We reject that criticism. There were representatives of the Council present on the day and this criticism was not drawn to the attention of those organising the day. This is a criticism which appears to have been developed after the event as a result of the outcome of the event, as opposed to a criticism which was apparent to those attending the event.

- b. Scoring was conducted by a large stakeholder panel. Most of these had been involved in various aspects of the programme to date and some had specialist knowledge. We do not see how the inclusion of local experts could be held to have led to bias or unduly influenced the discussion. All views given by speakers were open to challenge by those who were present and we saw a robust level of challenge at various times during the day. Clearly, time limits needed to be put on questions so that all the speakers had the chance to share their perspectives with the audience. We do not consider that placing time limits in this way was necessarily unfair.
- c. Your letter complains that there was inadequate training for those who took part in this exercise. However, contrary to the assumptions which appear to underlie your letter, this was not supposed to be the provision of "expert" views by a trained audience but the provision of views from a wide section of the community, some of whom came to the event with specialist expertise but others of whom were service users. The participants were asked to allocate a score of between 1 and 7 for each option and against each criterion. The CCG staff who were running this exercise considered that this was properly explained to the attendees and the completion of the forms suggested that this was the case.
- d. Details of the processes were also set out in the panel's briefing pack and explained on the day. In addition, the process was made simpler for participants based on a lesson learnt from the 2015 appraisal. One change was that participants were invited to record an initial score after each presentation of the evidence and then to rescore that element following a subsequent question and answer session.
- e. It is incorrect to suggest that panel members were not asked to give responses which reflected their views of the greater good for patients generally over and above any views that had depending on where that person lived or the particular service that the person worked within or used. The briefing pack stated that Panel members who attended as representatives of their nominating organisations were asked to use their own judgement in assessing the evidence provided, mindful of the needs of the whole population affected by programme proposals. It was emphasised to everyone attending that they were not "delegates" coming simply to assert a pre-determined view (whether that view is their own, the view of their nominating organisation or the view of any other organisation to which they are affiliated). This reflects the stated 'Moral Compass' of the NHS Future Fit programme.
- f. The position of the Future Fit team and the CCGs is that we are concerned with the interests of all of the populations in England and Wales who use hospital services provided within Shropshire and Telford and Wrekin. We desire to maximise benefit for that whole population. We do not believe that it is reasonable to suggest that the forty-nine individuals who recorded scores on the day (twenty-four of them local clinicians and fifteen of them patients) all did so from a purely partisan and biased perspective. Even in a sensitivity analysis that

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moderates the highest and lowest scores, the result of the non-financial appraisal is robust. However, the Future Fit team and the CCGs accept that it is possible that some participants failed to follow their instructions and acted in a partisan way. That is, in effect, the tenor of your letter but it is impossible to prove or disprove. It is, however, one reason why the outcome of scores given at this event is one element in the decision making processes but is not determinative.

- g. You have complained that too much information was given to those who attended this event. The material provided was necessarily substantial. This is why it was provided to panel members a week in advance of the panel meeting (electronically and in hard copy). The bulk of that meeting was then spent in going through the material provided, inviting questions about the material and seeking to provide responses to those questions. These responses were provided in advance of panel members' scores being collated, and not afterwards as your letter states. Each table was asked to collate a focused set of questions for an expert panel to answer but there was no constraint on any further issues being raised by individual participants.
- h. The fact the Regional Trauma Network was presently accredited in Shrewsbury was one amongst many other issues which was raised on the day. The information given was factually correct (as far as we are aware). There was no formal analysis evidence of the consequences of each option on the continued provision of an accredited Trauma Unit within the area or the consequences of losing accreditation or any formal view expressed about the chances of transferring its accreditation to Telford. The local CCGs would not be decision makers about this issue if it were to arise. Different views were expressed about the likely stance of the Trauma Network if an application were to be made to transfer accreditation from Shrewsbury to Telford. That was not the only issue where different views were expressed on contentious issues. It is an inevitable consequence of these type of events that issues are raised which are not capable of final resolution on the day. We hope to be able to provide further clarity on this issue to inform public consultation and final decision making but the fact that this issue could not be finally resolved on that occasion did not, in our view, mean that no weight can be placed on the views expressed at the event.
- i. We do not accept that there was a double counting of transport and travel time considerations. The four non-financial criteria have been developed through extensive engagement with the public. Travel time information for a subset of the most time-critical journeys by ambulance necessarily featured under the quality criterion. There, the consideration is not convenience or the adequacy of public transport but the need to get patients with life-threatening illness or injury to the right clinicians and the right facilities;
- j. The travel time analysis clearly showed the impact on groups with protected characteristics and on patients from the most deprived areas for the various options. It is inevitable that there would be some adverse travel time impact under each of the options for change. However, for the reasons we have explained, there are also substantial risks to patient safety in attempting to continue to deliver services under the present configuration. As the process continues, we would value working closely with all Local Authority partners on how that impact might be mitigated.

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- k. Your letter suggests that the needs of the Powys population were given disproportionate consideration. We do not accept this criticism. Patients in Powys are served by the hospitals in the same way as patients in Shropshire and Telford are served by the hospital. We would emphasise again that panel members were expressly asked to act in the interests of the whole population affected as opposed to acting in a partisan manner. It is part of the CCGs' duty to consider the impact on all affected populations so as to ensure the provision of high quality services for as many patients as possible. This is the fundamental driver of the programme, as expressed in its case for change (and endorsed by the Joint HOSC).
- l. We note your complaint that there was a disproportionate representation on the panel for both Shropshire and Powys. We do not accept that this is a legitimate complaint. Of the thirty representatives of organisations with a specific geographic focus, nineteen members came from Shropshire and Powys, and eleven from Telford & Wrekin. If attendance had been allocated on a strict population basis, those coming from Telford and Wrekin based organisations would have been allocated fewer places, not more as your letter suggests.

Whilst we accept that no session of this type will ever run perfectly, we do not accept that there were any serious defects with the processes. We therefore do not see why the scoring cannot provide some assistance to the Programme Board in making its decisions. We would reiterate that the Programme Board proposes to be guided by the scoring but is not bound to treat this as a "binding vote" in favour of option C1.

We believe that, for the good of all the populations affected by the acute hospital services provided within Shropshire and Telford & Wrekin, the formal processes should continue, beginning with the Programme Board considering in early November. That meeting will consider whether to make a recommendation to the CCGs concerning a preferred option (but if, of course, not required to do so if it considers that further information is needed before any recommendation can be made). We anticipate that, if the Programme Board recommends one option, it will also recommend that all other viable options are included in any public consultation document.

We note the suggestion of your letter that the Council may consider issuing Judicial Review proceedings if it is not satisfied that the CCGs have responded properly to the concerns raised in your letter of 24 October 2016. We have raised this issue with our legal advisers and they have pointed out to us that a party seeking to challenge administrative decisions is required to act promptly and, in any event, within three months of the date of any decision which is under challenge.

The CCGs do not consider that it is appropriate for the Council to allow this process to continue whilst holding open the threat of judicial review proceedings indefinitely. The CCGs are confident that the work we have undertaken to date to attempt to identify the best option for the configuration of acute NHS services in Shropshire is not so unfair or so lacking in proper process that it would be amenable to judicial review. We are therefore continuing with the process in accordance with timetable set out above and in our previous letters. We hope that the Council will accept the matters set out in this letter and will desist from threats to commence judicial review proceedings. However the Council should be aware that the CCGs reserve all our rights to object if judicial review proceedings are commenced at a later date in circumstances where the Council has failed to comply with the duty of promptness.

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We continue to welcome the Council's full involvement in those processes. The Council has representatives on the Programme Board and, of course, will be a key consultee for the CCGs in any subsequent consultation process. The Council will also have the opportunity of expressing a view on any final proposed decision through the Joint HOSC. We therefore consider that there are numerous alternative mechanisms available to the Council to express their views about the decision-making procedures adopted by the CCGs and to influence those processes. We therefore will invite the Council to use these mechanisms rather than threatening judicial review proceedings.

However, in the light of the information set out in your letter of 24 October 2016, we would like to invite representatives of the three affected Local Authorities (Telford & Wrekin, Shropshire and Powys) to an urgently convened meeting so that any concerns you or are other local authority colleagues have can be raised and discussed, and then reported to the Programme Board (and, subsequently, to the CCGs).

I will be in touch over the next few days to discuss the practical arrangements for the proposed meeting.

**Since drafting this letter I have received your further letter dated 27 October 2016.**

We note your insistence that the concerns you have raised are not "parochial". However the CCGs accept that you have a duty to speak up for the services in your area and would not see advocacy from the Council on behalf of services within Telford as being anything other than discharging of your duties to local people.

The CCGs are concerned to ensure that the process relating to Future Fit decision making is fair to all stakeholders. As I have outlined above, whilst we take careful note of your concerns, we do not accept that there have been any substantial unfairness in the process to date.

In your recent letter you raise a specific concern about the Sustainability & Transformation Plan (STP) submitted to NHS England. On page 51 of this document there is a summary slide which outlines the cost of implementation of option C1. You have suggested that this is evidence that the CCGs have a set mindset in favour of this option and that there may be an element of pre-determination of the overall outcome of the process. I can assure you that this is not the case.

As I have explained above, the Programme Board will consider all the evidence before they make their recommendation on a preferred option to the CCGs Boards. The CCGs Boards will then have to exercise their own assessment as to whether they accept the recommendation of the Programme Board, decide to go out to consultation on another option or ask for more work to be undertaken before a public consultation is commenced.

The slide that you refer to is a document drafted by the Trust as a contribution to the STP. It was not seen by the Programme Board before it was sent to NHS England and does not reflect a settled view on behalf of the CCGs. The STP Programme Director, [REDACTED] pointed out at the STP Operational Group meeting that there had been an error in the slides and that it would be corrected. The slides were then resubmitted to all who had initially received them. The amendment was that the costs in the slide related to one scenario and that this was a maximum cost. As you are aware, there was a difference in costs between the 2 options involving substantial reconfiguration of acute services. Hence quoting the higher figure was only indicative of a general view (without

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any final decision having been taken) that, over the next few years, there would have to be a substantial reconfiguration of the acute services commissioned by the CCGs. It should not be taken as being indicative of which reconfiguration of the acute services would be commissioned by the CCGs across the time period of the CCGs.

I confirm again that this was not a document drafted by the Programme Board and the Programme Board have not yet made their recommendation on a preferred option to the CCGs and the CCGs have not yet made a decision on this issue.

I note that you have received a request from a member of the public for the Council to publish the STP which has been submitted to NHS England and that you are considering if the Council should publish this. NHS England have asked that the plans are not placed in the public domain currently and to date the CCGs have complied with that request. I can certainly see an argument that the public should be aware about what is contained in the plans. The CCGs are considering their approach and, if appropriate, will have further discussions with NHS England.

I am presently in discussions with CCG colleagues to decide whether this CCG should recommend to the STP Board that the full STP plan should be published. We consider that this should be a decision taken by the STP Board as a whole and thus I would ask you to refrain from publishing the document until the full Board has had an opportunity to make a decision.

Yours sincerely



**David Evans**  
**SRO Future Fit**

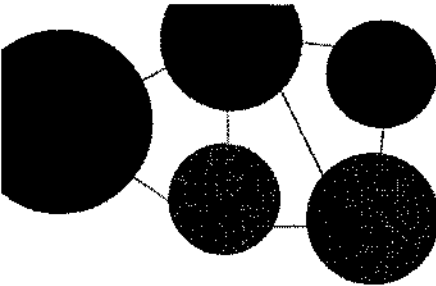
Cc:

Dr Jo Leahy, Chair NHS Telford and Wrekin CCG

Dr Julian Povey, Clinical Chair, NHS Shropshire CCG

Dr Simon Freeman, Interim Accountable Officer, NHS Shropshire CCG

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# futurefit

Shaping healthcare together

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## By Email

7<sup>th</sup> December 2016

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Cllr [REDACTED]  
Leader Telford and Wrekin Council  
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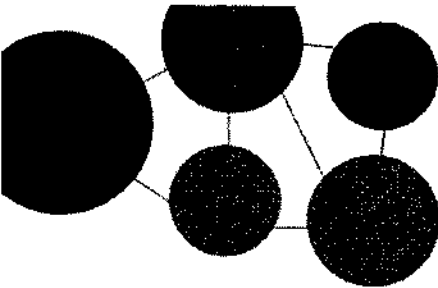
Dear [REDACTED]

This is a response to your letter dated 10 November 2016. I apologise in the delay in response. As you know I have been unwell but I have also been considering the issues that you have raised in your letter carefully.

First of all you raise the issue relating to the role that I have when answering the previous correspondence that you have sent relating to the Future Fit Programme. I confirm that this is in my role as SRO of Future Fit and this is a role that I now share with Simon Freeman. Simon Freeman is also fully aware of the content of this letter to you. With respect to the issue you raise about Telford and Wrekin CCG's views if, as you suggest, they have their own concerns about the Future Fit process they can express these at the Joint Programme Board meeting next week.

You note that your FOIA requests have not been complied with. This is not my understanding and I am aware that the information that you have requested has been disclosed where possible.

Finally and most importantly, I have considered your concerns relating to what the Council see as 'flaws' in the Future Fit process. Whilst I do not agree with the points that have been raised, I do see that your views are strongly held. On that basis we have decided to have an independent review of the Future Fit option appraisal process that has been adopted to date. This will include the specific issues that you have raised in your report *Analysis of Future Fit Appraisal of Options*. I have yet to establish who we will commission to carry out this review but I will ensure that when this information is available that you are informed. As a stakeholder you will also be asked to feed into the Terms of Reference to ensure that any concerns you have are addressed. The review will be held within the current timetable. Our view is that there is no need for the process to be stalled any further while the review takes place.



As a result of the decision to commission an independent review I will not answer the individual points raised in your letter. You will appreciate that the decision to commission an independent review is evidence of how seriously we are taking your concerns despite the fact that they are not currently shared by the Future Fit team.

Yours sincerely

**David Evans**  
**SRO Future Fit**

CC:

Dr Jo Leahy, Chair NHS Telford and Wrekin CCG

Dr Julian Povey, Clinical Chair, NHS Shropshire CCG

Dr Simon Freeman, Interim Accountable Officer, NHS Shropshire CCG

Dr [REDACTED]  
Clinical Chair Telford & Wrekin CCG  
Halesfield 6  
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16 November 2016

Dear [REDACTED]

Thank you for the letter of 4<sup>th</sup> November and for sharing with me the outcome of informal discussions with your board and giving the programme team an opportunity to respond to these concerns. I have addressed each of the points below and referenced further documentation where that is available.

**1. Evidence used for non-financial appraisal process.**

The Future Fit Programme Board established an Evaluation Panel to conduct longlisting and shortlisting processes. In planning for subsequent appraisal, the Core Group asked for consideration to be given to a larger body enabling a wider and more balanced representation, especially from clinicians (nurses, doctors, therapists, etc.).

In April 2015, the Programme Board agreed (and CCG Boards subsequently noted) that the non-financial panel membership should maintain the existing approach of seeking nominations for Programme Board sponsor and stakeholder organisations (except those conflicted by a subsequent scrutiny or assurance role) but with a differential allocation of places. The Programme Board agreed to change from the previous allocation of a single member from each organisation, in order to

- (i) secure the increased clinical representation,
- (ii) prioritise sponsor over stakeholder members,
- (iii) recognised the rationale for having an increased representation from SaTH given that the focus of the appraisal is exclusively on acute options.

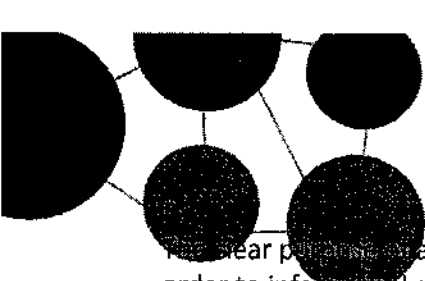
The Programme Board confirmed this approach again at their meeting on 12<sup>th</sup> May 2016. Members of the T&W CCG Board attended that meeting and as well as both yourself and Dave being present, both Alison Smith and Andrew Nash were also present to represent the CCG.

**2. IIA**

It is very important to note that the fact that the report of the current IIA phase did not form part of the appraisal pack is not in any way a failure to follow agreed process. The Programme Board and CCGs had agreed a set of non-financial evaluation criteria which did not include the content of the IIA.

I can confirm that the IIA documentation has now been updated to responded to:

- i. feedback received during the October Future Fit board meeting
- ii. further written feedback from public health leads in Shropshire and Telford,
- iii. include supplementary information on the Welsh equality duties.



One clear purpose of an IIA is to provide information on impacts beyond those directly appraised in order to inform final decision making and mitigation planning. Option appraisal and Impact Assessment are complementary but separate processes.

IIA is also an iterative process, recognising that further work is required as new considerations are noted. The latest report represents the 'Options Phase' of the assessment. The report highlights the importance of current findings, which should inform the approach to public consultation. The IIA report also recommends that processes are established to identify the further work to develop the Mitigation Action Plan during and in the period following the Consultation Phase.

The Programme Board has been consistent throughout the process that the IIA is a key element of decision making. It was also highlighted at the two joint decision making workshops held for the CCGs this year. I have attached the specific slide that set out each element of the decision making process as further assurance that we are committed to this and how all the different elements fit into the decision making process.

### **3. Presentational issues with the evidence pack**

The corrections required to the evidence pack supplied to the non-financial panel were explained on the day of the appraisal panel. The corrections were also immediately made in electronic documentation, and pagination was added. The corrected version was provided to Programme Board and CCG Governing Body members in October 2016. The pack has now been further updated in anticipation of the CCGs/the Joint Committee meeting to make a decision about the options for consultation. These changes comprise:

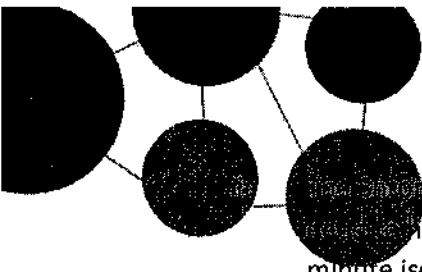
- i. a preface setting out the corrections made and the evidence added (i.e. the presentations made to the panel on 23<sup>rd</sup> September and the 'Options Phase' IIA report),
- ii. explanation of tables in the evidence pack (notably the access summary).

### **4. Trauma network issues**

I can confirm that I have formally requested a view from the Trauma Network with regard to the location of the Trauma Unit (TU) and their position on the process that would follow should we wish to move it to PRH. This has also been a line of enquiry as part of the senate independent panel review process. A formal view is awaited and the senate report will not be available until later this month.

However to keep you apprised of discussions, we have included below a summary of the issues raised during a meeting on Friday 4<sup>th</sup> November between [REDACTED], West Midlands Regional Senate Chair; Professor Sir [REDACTED], Regional Lead Trauma Network; [REDACTED], SATH medical Director; Debbie Vogler, Programme Director. Birmingham.

- i. From the perspective of patient safety in life threatening illness/trauma, the single site emergency centre is the only option. Current staffing is a real concern.
- ii. Achievement of standards for trauma units is subject to peer review. Whilst Trauma Unit (TU) status is not directly transferrable, in theory a Trust can reapply were it to look to move the unit to an alternative site. Should the standards be fully met, they could get TU status recognition for the alternative site. The Trust would have to demonstrate for example appropriate compliance with consultant availability, ST3 capability, on site massive transfusion capability, appropriate CT access and reporting, robustness of trauma call, functional rehabilitation and submission of TARN etc.



Shropshire Trauma Unit remains an essential element to the network because of the need to have a unit for optimisation of patients who are outside the acceptable 60 minute isochrones. On review of the severity scores of those patients who would have to travel further, there is a significant number whose care would be seriously compromised by the absence of a unit in Shrewsbury.

As part of my seeking a formal response from the network, I have also received a communication from [REDACTED] who is the Chairman of the North West Midlands and North Wales Trauma Network. The issue was discussed last week at the North West Midlands and North Wales Trauma Network's governance meeting...

*The Network's view is that the preferred option would be to have the Trauma Unit sited at Shrewsbury. This reflects its geographical location and the Board agreed with Sir [REDACTED] view that there would be an increased risk to the group of patients from Powys as their transfer times to a Trauma Unit would be prolonged if it was sited at Telford. Wherever the unit is sited, it would need to comply with the national standards for Trauma units. Shrewsbury is already accredited. Telford would have to undergo a formal accreditation process to become a trauma unit.*

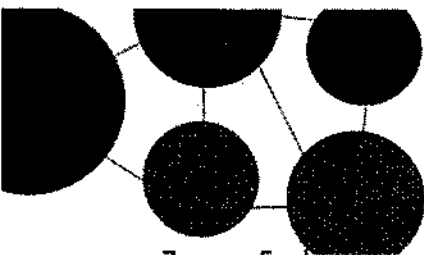
I have requested a formal letter from the Network to this effect for our records and we should await this letter and of course the Senate Report findings before sharing this view more widely.

## 5. UCC operation

A better understanding of how the UCCs will work is being raised from a number of source; patients and the public, the joint HOSC, the senate panel as well as the CCG. I agree therefore that we have to give this some urgent and significant attention in our formal documentation for submission eg PCBC and OBC and also in our communications messaging. The model for Urgent Care however does remain unchanged from the SOC and is consistent across Options B, C1 and C2. The types of patients presenting at the UCCs also remains unchanged from the original Future Fit modelling. Some additional information in terms of the workforce detail is available in the UCC Specification that forms an appendix within the SOC. However I do accept that there would be an expectation that more detail is available within the draft OBC in terms of pathways, workforce models and service delivery models. This was also raised last week at the Clinical Design work stream and I have requested, on your suggestion, that we urgently convene a small group to further explore what information and assumptions SaTH have behind their OBC. It will also be important that we are able to include this detail within our PCBC and OBC submissions.

## 6. WMAS views on options

We have a plan in place to progress the work with both emergency ambulance providers as well as the non-emergency provider, this is being led by Dr [REDACTED] on behalf of both CCGs. T&W CCG reps are members of the Service and Performance Forum where this approach was discussed and agreed as the best way forward on 8 September. Ambulance service leads have agreed to be part of the Trust-led pathway groups as work progresses with quarterly formal reviews planned to start in the New Year.



**7. Explanation of £70m capital cost difference**

In line with HM Treasury guidance, the appraisal report is an economic appraisal that brings together financial and non-financial costs and benefits. Although differences in capital requirements may be significant in cash terms, the economic appraisal looks at the equivalent annual cost of options. Seen from this perspective, there is no material difference (0.8%) between Option B (£321m) and Option C1 (£324m) because the capital charges arising from the capital investment required over the recommended 60 year planning period would be a small proportion of the Trust's annual revenue costs. That is not to say that there are not important financial considerations beyond this economic view. For example, an option could appear to be the most economically favourable yet not be affordable to the provider or to the NHS, as described further below.

- An option may not be affordable to the provider in annual income and expenditure terms.

In such circumstances, that option would need to be excluded from further consideration on deliverability grounds, unless commissioners elected to underwrite the additional cost in order to secure additional benefits;

- An option may not be affordable to the NHS in terms of the availability of adequate (public or private) capital.

The programme has repeatedly raised this question with regulators who have advised that the availability of capital is assessed in response to the submission of a business case. It is understood that SaTH, in its engagement with NHS Improvement, has not received any indication that capital would not be available. If it was found that inadequate capital was available, that option would need to be excluded from further consideration on deliverability grounds.

An explanation to this effect will be added to the report on the appraisal of options. The final costs and associated affordability will be included in the final OBC. An external review of the financial elements of the OBC and its construction has been undertaken by Deloitte and I have requested sight of this report which could provide additional sources of assurance on process to the CCG.

I hope that my responses address to some degree the Board's concerns. I am also aware that since the informal meeting of the Board, we have also had a robust discussion on the PCBC content and I await those comments and any additional concerns that may need to be addressed.

Yours sincerely

Debbie Vogler  
Programme Director, Future Fit

c.c. Dave Evans

Attachments: 1. Annotated version of [redacted] feedback indicating where changes have been made to IIA report; 2. Slide from Joint Decision Making Workshop

Senior Solicitor, Litigation and Regulatory  
Darby House  
Lawn Central  
Telford  
TF3 4JA

28th November 2016

Dear [REDACTED]

Further to our response sent on 14<sup>th</sup> November relating to your original FOI request dated 30<sup>th</sup> September and the further FOI requests within the letter to Dave Evans dated 10<sup>th</sup> October 2016. I am now in a position to be able to forward a response to the final two outstanding elements of that request. These relate to:

1. Copies of the declaration of interest forms for all attendees at the non financial appraisal
2. A position on the information held relating to the risk of trauma unit status being removed

#### **Copies of Declaration Forms Completed for all attendees**

In terms of providing copies to you of the declaration of interest forms, I have been advised that the copies of the forms themselves are exempt under Section 40 (2): Personal Data of Third Parties, of the FOI Act. They include personal identifiable information i.e. individuals names and addresses. Due to the small number of declarations, even anonymised there is the potential for identifying individuals.

Therefore please find below a summary of the reported content of the Declaration of Interest forms held on the attendees at the non financial appraisal:

No declarations of interests reported (other than home/work addresses)	21
Declared Directorships held (including NHS)	8
Declared Ownership or part ownership of business	5
Declared significant financial interests	1
Membership of other organisations (Charities, Royal Colleges, BMA, School Governors, Volunteers, Patient Groups and Associations, Council members)	19
Declared membership of Statutory bodies ( LMC, GMC, Healthwatch, elected council members)	12
Number of home addresses included in declarations covering Shropshire, Telford & Powys:	6
Work address only declared	36

#### **Trauma Unit**

Thank you for the clarification made within your letter dated 31<sup>st</sup> October 2016 with regard to the information request around trauma unit status. You clarified that you *seek copies of all advice and or information received or otherwise in the knowledge of the Future fit Programme or the CCGs in respect of the risks of the trauma unit status being removed in any of the options.*

NHS Telford and Wrekin CCG, Halesfield 6, Halesfield, Telford, TF7 4BF.

NHS Shropshire CCG, William Farr House, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL.

At the time of the FOI request on 10<sup>th</sup> October, the Future Fit Programme office and to my knowledge the CCGs, had no formal documented advice or information in respect of the trauma unit status being removed in any of the options.

The Programme has since however during November had a Clinical Senate Review of all options as part of the NHSE Stage 2 Assurance process. The matter of trauma unit status and implications should the trauma unit be moved was discussed. The Programme has also in parallel requested a formal position from the Trauma Network through the Chair of the North Midlands and North Wales Trauma Network. It has always been planned that the full Senate Report including the position of the Trauma Network will be published in the public domain during December.

In conclusion, it is our view that we have now responded on all elements of the FOI requests from your letter dated 30<sup>th</sup> September and the follow on letter from [REDACTED] and [REDACTED] dated 10<sup>th</sup> October 2016.

#### **Right of appeal**

If you are dissatisfied with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you are entitled to complain in the following way:

Initially you should complain in writing to the freedom of information officer, either by email on [MLCSU.FOITeam@nhs.net](mailto:MLCSU.FOITeam@nhs.net) or post to Jubilee House, Lancashire Business Park, Leyland, PR26 6TR, specifying why you feel you have been wrongly denied access to the information requested. The freedom of information officer will ensure your complaint is investigated under the CCG's internal processes and provide you with a written response within 20 working days.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the CCGs.

#### **Copy and reuse of public sector information**

Most of the information provided by the CCGs response to Freedom of Information Act 2000 requests will be subject to copyright protection. In the majority of cases the information will be owned by the CCGs. The copyright for other information may be owned by another person or organisation, as indicated in the information itself: in this case you must apply to the copyright owner to obtain their permission.

You are free to use any information supplied for your own use, including for non-commercial research purposes. It may also be used for the purposes of news reporting. However, any other type of re-use, for example, by publishing the information or issuing copies to the public will require the permission of the copyright owner.

Yours sincerely



Debbie Vogler  
Future Fit Programme Director

Mr [REDACTED]  
Senior Solicitor, Litigation and Regulatory  
Darby House  
Lawn Central  
Telford  
TF3 4JA

14<sup>th</sup> November 2016

Dear [REDACTED]

Thank you for your letter dated 31 October 2016.

As I stated in my letter dated 24 October 2016, the CCGs have not refused to disclose the information but were obtaining consent where necessary. I have therefore attached a revised table to the one forwarded with my original response listing attendees and members of the non financial appraisal scoring panel on 23<sup>rd</sup> September. Only one members name is redacted based on them declining our request to release their information.

In terms of the information relating to Declaration of interest forms, again we are seeking consent and will then disclose the information you have requested. If any information cannot be disclosed the reason why that information cannot be disclosed will be provided. This information will be disclosed to you as soon as is possible.

With respect to the scoring matrices for 2015/2016, these documents have been destroyed. I am unable to clarify the exact date for the 2015 non-financial appraisal, but [REDACTED] Future Fit Senior Programme Administrator, has been able to confirm we do not now hold any original score sheets from either event and for the 2016 event they were destroyed in the confidential waste on 26<sup>th</sup> September 2016 as planned and in line with what was agreed with panel members.

In terms of your request for a copy of any Publication Scheme/Document Retention Scheme that was available during 2015/2016 this is available on the CCG web site and I have provided the link for convenience below:

<http://www.telfordccg.nhs.uk/information-governance>.

You have also provided some clarification with respect to point 6 of your request dated 10<sup>th</sup> October 2016 in relation to Trauma Unit information. I will also look into this request and respond as soon as I am able to.

#### **Right of appeal**

If you are dissatisfied with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you are entitled to complain in the following way:

Initially you should complain in writing to the freedom of information officer, either by email on [MLCSU.FOITeam@nhs.net](mailto:MLCSU.FOITeam@nhs.net) or post to Jubilee House, Lancashire Business Park, Leyland, PR26 6TR, specifying why you feel you have been wrongly denied access to the information requested. The freedom of information officer will ensure your complaint is investigated under the CCG's internal processes and provide you with a written response within 20 working days.

If you are not content with the outcome of your complaint, you may apply directly to the Information

NHS Telford and Wrekin CCG, Halesfield 6, Halesfield, Telford, TF7 4BF.

NHS Shropshire CCG, William Farr House, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL.

Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the CCGs.

**Copy and reuse of public sector information**

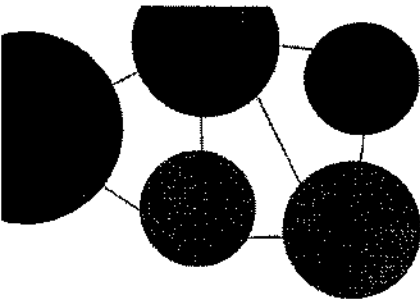
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Yours sincerely

A large black rectangular redaction box covering the signature of Debbie Vogler.

Debbie Vogler  
Future Fit Programme Director



Futurefit Programme Team  
Oak Lodge  
William Farr House  
Mytton Oak Road  
Shrewsbury  
Shropshire  
SY3 8XL

24<sup>th</sup> October 2016

Mr [REDACTED]  
Senior Solicitor, Litigation & Regulatory  
Telford & Wrekin Council  
Darby House  
Lawn Central  
Telford  
TF3 4JA

Dear [REDACTED]

**Re: Freedom of Information Request relating to Future Fit Programme Non Financial Appraisal  
Panel on 23<sup>rd</sup> September 2016**

I write further to your email request for documentation under the Freedom of Information Act 200 dated 30<sup>th</sup> September 2016.

The requests you made were as follows:

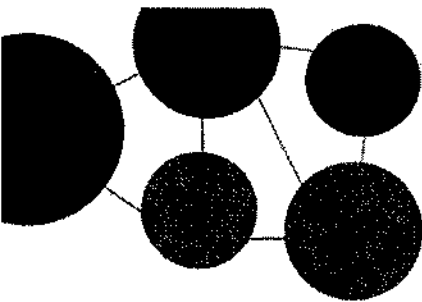
**1. a) A list of individuals, the organization they represented and their position in that organisation who made presentations to those in attendance along with details of the subject matter they gave a presentation on.**

The CCG does have a list of the information requested. The CCG is content to provide you with a list of the names of the senior officers of public bodies who attended the event and provides it with this letter. However, there were also a number of patient representatives who attended the event. Their names constitute personal data within the Data Protection Act 1998 and accordingly this data is exempt from disclosure under a Freedom of Information Request.

However, in order to demonstrate our desire to assist the Council, the CCG has sought permission from these patients to provide you with their names. We will provide you with the names of any patients who give their consent.

**1. b) The names of the individuals, the organisation they represented and their position in that organisation who carried out the appraisal and scored the Non-Financial Criteria of the Future Fit Options.**

As above at 1a.



**1. c) The names of individuals, the organisations they represent and their position in that organisation who acted as observers to the appraisal process**

As above at 1a.

**1. d) The names of any other individual s present, the organisation they represented and their position in that organisation, and their role in the appraisal process.**

As above at 1a.

**2. Copies of Declarations of Interest Forms**

Declaration of Interests Forms are highly likely to contain personal data, some of which constitutes sensitive personal data, within them. The CCG are only able to disclose this information if appropriate consent is obtained from the individuals concerned. The CCG will carry out a review of the documents received and make contact with the individuals concerned. The CCG will provide disclose of the relevant documents if consent is received.

**3. Copies of individual scoring matrices/sheets completed by attendees**

The best information available to the CCG at present is that individual scoring matrices were used to collate the information in summary form and that, in order to make good on the promise made by the CCGs that individual responses would not be disclosed, the individual response forms were then destroyed. We are presently checking whether the documents have been destroyed as was intended. However even if they have not yet been destroyed, in order to encourage individual participants to give honest views rather than being held accountable as representatives of an area, assurances were given to participants that the assessments made by individuals would be kept confidential. Those Council members and officers who attended the meeting will no doubt recall those assurances being given.

The details set out in the individual responses are thus subject to a legal duty of confidentiality and no duty arises to disclose them in response to an FOIA request. There will be a summary of the scoring and a breakdown by group in the full report which will be made publically available as soon as the Programme Board have considered the right way to make the information publicly available without breaching the confidentiality assurances given to individual participants.

Please note that Mr David Evans has written to [REDACTED] directly in response to his letter dated 10 October 2016.

Yours faithfully

Debbie Vogler  
Programme Director Future Fit

Councillor [REDACTED]  
Cabinet Office  
Addenbrooke House  
Ironmasters Way  
Telford  
TF3 4NT

5<sup>th</sup> January 2017

Dear [REDACTED]

Thank you for your letters dated 2<sup>nd</sup> December 2016 to the CCG Clinical Chairs and the letter dated 8<sup>th</sup> December 2016 to the Future Fit Programme SRO. Given the similar content and issues you raise within these letters and recent events, it feels appropriate to address both letters through a single response.

As you are aware the Joint Committee of the two CCGs met on 12th December and the outcome was a tied vote on the recommendations. This has resulted in no decision on the recommendations being made as a majority vote was needed to carry a positive decision. By default the recommendations will be referred back to the Programme Board.

The Joint SROs will be recommending to the Future Fit Programme Board a review of certain aspects of the Future Fit appraisal process and that the review will be commissioned and concluded before the public consultation process is started. The terms of reference and scope of that review will be agreed by the Programme Board under the existing terms of reference of that group.

That review will then be procured through the CCGs CSU arrangements off a standard national framework. A procurement assessment panel will need to be convened and a recommendation will be made to the Programme Board who will appoint the organisation to undertake the work. It is anticipated that this procurement will take place during January and the work to proceed by February 2017. Previous correspondence from the T&W Council will be passed to the review for consideration once services have been procured.

We hope this clarifies the next steps in the process for you.

Yours Sincerely

Julian Povey  
Clinical Chair Shropshire CCG

[REDACTED]  
Jo Leahy  
Clinical Chair Telford & Wrekin CCG

[REDACTED]  
Dave Evans & Simon Freeman  
Joint SROs Future Fit

NHS Telford and Wrekin CCG, Halesfield 6, Halesfield, Telford, TF7 4BF.  
NHS Shropshire CCG, William Farr House, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL.

**NHS**  
**Shropshire**  
**Clinical Commissioning Group**

Somerby Suite  
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**NHS**  
**Telford and Wrekin**  
**Clinical Commissioning Group**

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Telford  
Shropshire  
TF7 4BF  
Tel: 01952 580300

[REDACTED]  
Addenbrooke House  
Ironmasters Way  
Telford  
TF3 4NT

6<sup>th</sup> October 2016

Dear [REDACTED]

**Future Fit Decision Making**

Thank you for your letter dated 4 October 2016. I note your request for the Future Fit Programme Board to delay recommending a preferred option for consultation.

We believe that our processes are robust and will stand up to scrutiny. At this stage, we cannot comment on the validity of your concerns because, although you have described the areas in which they exist, you have not explained what your actual concerns are.

As you know, the Future Fit programme has taken a long time to get to this stage. You recognise in your letter that decisions on the future shape of NHS services in this area need to be made. It is not in the interests of patients or the wider public for these decisions to be further delayed and the CCGs will not agree to significant further delays.

However, we believe it would be in the interests of all organisations involved, and the public, for the Council to tell us exactly what its concerns are and for us to have an opportunity to respond to those concerns. We have therefore deferred any conclusion to our discussions at the Programme Board yesterday. We will, however, reconvene the Programme Board later this month to finally make a recommendation on the preferred option to the CCG Governing Bodies. (We have concluded that we will establish a Joint Committee to do this and will receive Terms of Reference for that Joint Committee at our Boards this month, for approval).

Please can you therefore confirm to us, as a matter of urgency, the exact nature of your concerns. Given that you have received advice from Queen's Counsel, presumably on the legal implications of your concerns, we trust that you will have no difficulty in providing us with the same level of detail as was provided to your legal advisers as to what your concerns are. That will enable us to consider and reflect on your concerns and explain our response to them.

Going forward, we note that you may "give serious concern" to the legal remedies that are available to you. You will, we are sure, be aware that judicial review is a remedy of last resort. Given the various other methods that are available for resolving disputes between NHS commissioners and local authorities, we consider that making use of such a legal remedy would be an entirely unnecessary step, costing local taxpayers significant sums of money for no good reason.

We reiterate what has been said in public on many occasions. No decisions have yet been taken on the outcome of the Future Fit programme. None will be taken until after a lengthy, formal public consultation. The level of demand on NHS services, along with the finite resources available to fund these services, requires difficult decisions to be made. We recognise that any decisions we take are likely to be opposed to some degree. We trust that the Council will continue to engage with the CCGs in a constructive manner and that public funds will not be wasted on the entirely counter-productive approach of one public body taking legal action against another.

We trust you will reply and set out what your concerns are by return.

Yours sincerely



David Evans  
**Senior Responsible Officer**  
**Future Fit Programme**  
**Chief Officer – Shropshire and Telford & Wrekin CCGs**

Cc Debbie Vogler, Future Fit Programme Director