

East Kent Transformation Programme

Review of evaluation weighting and scoring

**Sustainable Health Care in East Kent Joint Committee meeting
held in public**

August 2019

Overview of the current weighting and scoring methodology

- There is equal weighting for each criteria and sub criteria
- For each sub criteria the range of scoring is +3 to -3. As there are three questions for each criteria, range is -9 to +9 for each criteria. The do minimum always scores zero
- This approach has been signed off by the Joint Committee
- Scoring will be undertaken at a sub criteria level (i.e. the panel will not score at individual question level)

| # | Criteria | Sub - criteria | Range of scoring* |
|-----------------------------------|--------------------------|---|-------------------|
| 1 | Clinical Sustainability | 1.1 Workforce 1.2 Clinical standards and recommendations 1.3 Patient experience and performance | -9 to +9 |
| 2 | Accessibility | 2.1 Emergency travel times 2.2 Distance to hospitals 2.3 Car and public travel times | -9 to +9 |
| 3 | Implementable | 3.1 Time to implement 3.2 Delivery Risks 3.3 Transition Period | -9 to +9 |
| 4 | Strategic Fit | 4.1 Long term sustainability 4.2 Impact on neighbouring systems 4.3 Research and education | -9 to +9 |
| 5 | Financial Sustainability | 5.1 System affordability 5.2 Net Present Value 5.3 I&E performance | -9 to +9 |
| Equal weighting for each criteria | | Equal weighting for each sub criteria | - 45 to + 45 |

Range of scoring for each sub criteria question -3 to +3

Weighting and scoring methodology

Economic Impact

In order to ensure that the impact of each option on the local community was considered in detail an Economic Impact Assessment was undertaken.

The findings from the economic impact assessment will be used to assess the impact of each option on employment opportunities within local communities.

| | | |
|---|--------------------------------|---|
| 1. Is the configuration clinically sustainable and are able to deliver required quality standards? | 1.1) Quality: workforce | In comparison with the 'do minimum' scenario, to what extent do the options: a) Allow each organisation to operate working patterns that are safe and compliant with regulatory standards? b) Impact on delivering a sustainable workforce, with the necessary clinical skills, and the required support staff across the East Kent health and social care system? Impact on recruitment and staff attrition, for all staff groups (including support staff) across the system? C) Impact on employment opportunities within local communities |
|---|--------------------------------|---|

Review of approach to evaluate outputs from economic impact assessment and financial sub criteria questions 5.1 and 5.3

- Each sub criteria contributes to 6.7% of the overall evaluation score. Therefore if equal weighting is applied the employment question would contribute 2.2% to the overall evaluation score
- In addition the programme has identified that there is duplication between sub - criteria 5.1 and 5.3 (system affordability/sustainability and I&E position) and that as a result the findings will be the same (see example in appendix).
- Questions 5.1 and 5.3 could be amalgamated and the economic impact question included as a question in the financial sustainability criteria.
- If question 1.1 c were to move to the criteria assessing financial sustainability, the employment sub - criteria would contribute 6.7 % to the overall evaluation score.
- Removing the economic impact question from sub-criterion 1.1, will increase the weighting applied to the remaining questions in this sub-criterion (safe and compliant working patterns, and impact on delivering a sustainable workforce) from 2.2% to 3.3%
- This revision would mean that the financial sustainability criteria will consider affordability and the economic impact of each option compared against the do minimum
- Affordability of the options is a red flag. This means that only options that are affordable can be included in the pre consultation business case irrespective of the weighting applied during evaluation

Rationale for revision

- The importance of the economic impact on local communities relating to the availability of jobs, when transforming services, has been clearly indicated in discussion with NHS England as an important issue.
- Simon Stevens as CEO of NHS England, also identified this as a significant issue in a lecture recently given to the Royal Society of Medicine. This was subsequently reported widely in the press.
- The importance of the economic impact of decisions on local communities has also been raised as a significant issue by the CCG and through engagement work
- There are five criteria worth 20% each and each of these has three sub-criteria that are worth 6.7%.
- By amalgamating 5.1 and 5.3 this means criteria five only has two sub-criteria that become worth 10% each.
- By placing the job opportunities sub-criteria in the finance section it rebalances this disparity.

Rationale for revision continued

- Removing the economic impact question from sub-criterion 1.1, will increase the weighting applied to the remaining questions in this sub-criterion (safe and compliant working patterns, and impact on delivering a sustainable workforce) from 2.2% to 3.3%. This therefore places a greater emphasis on the importance of clinical safety and sustainability, and recognises feedback from clinicians in discussions.
- The economic impact job opportunities question doesn't impact on criteria 1 (Is the configuration clinically sustainable and are able to deliver required quality standards?). As such it is not a good fit within criteria 1).
- The impact of each option on job opportunities is broader than the direct health and care economy impact, however, the closest match is around financial sustainability in the widest context.

Recommendation

- It is recommended that :
 - The financial sustainability assessment criteria is changed, amalgamating questions 5.1 and 5.3 to avoid duplication
 - The economic impact on job opportunities question is placed within the financial sustainability assessment criteria, in recognition of the importance of this issue, and because it more closely aligns to the financial sustainability criteria.
- This will increase the weighting applied to the remaining questions in the sub-criterion for clinical sustainability (safe and compliant working patterns, and impact on delivering a sustainable workforce) from 2.2% to 3.3%. This therefore places a greater emphasis on the importance of clinical safety and sustainability and recognises feedback from clinicians in discussions.
- The recommendation means that each of the sub-criteria has equal weighting.
- The revised approach was discussed and endorsed at the Transformation Delivery Board on 7th August, System Board on 12th August 2019 and East Kent Finance Directors on 15th August 2019.

Appendix

Example of duplication across the Financial Sustainability criteria

Under the Financial Sustainability criteria - there are three sub criteria;

- 5.1 System sustainability (I&E position of the whole system)
- 5.2 Net Present Value
- 5.3 Organisational sustainability (I&E position of the individual organisations)

All three sub-criteria are similar but System Sustainability (5.1) and Organisational Sustainability (5.3) heavily overlap and consistently reflect the same position.

For example:

If in option X, EKHUFT's I&E was 20m worse than in Option Y and the do minimum and every other organisation was the same then:

- Under area 1, system I&E would be £20m worse (if it scores a -2 vs do minimum)
- Under 3, one organisation is 20m worse off (likely to also score a -2)

Comparatively, the Net Present Value (5.2) takes into account capex vs. revex in a different way and subsequently can give a different answer.