

SaTH Sustainable Service Programme: Solution Definition and Evaluation

1 SOLUTION DEFINITION

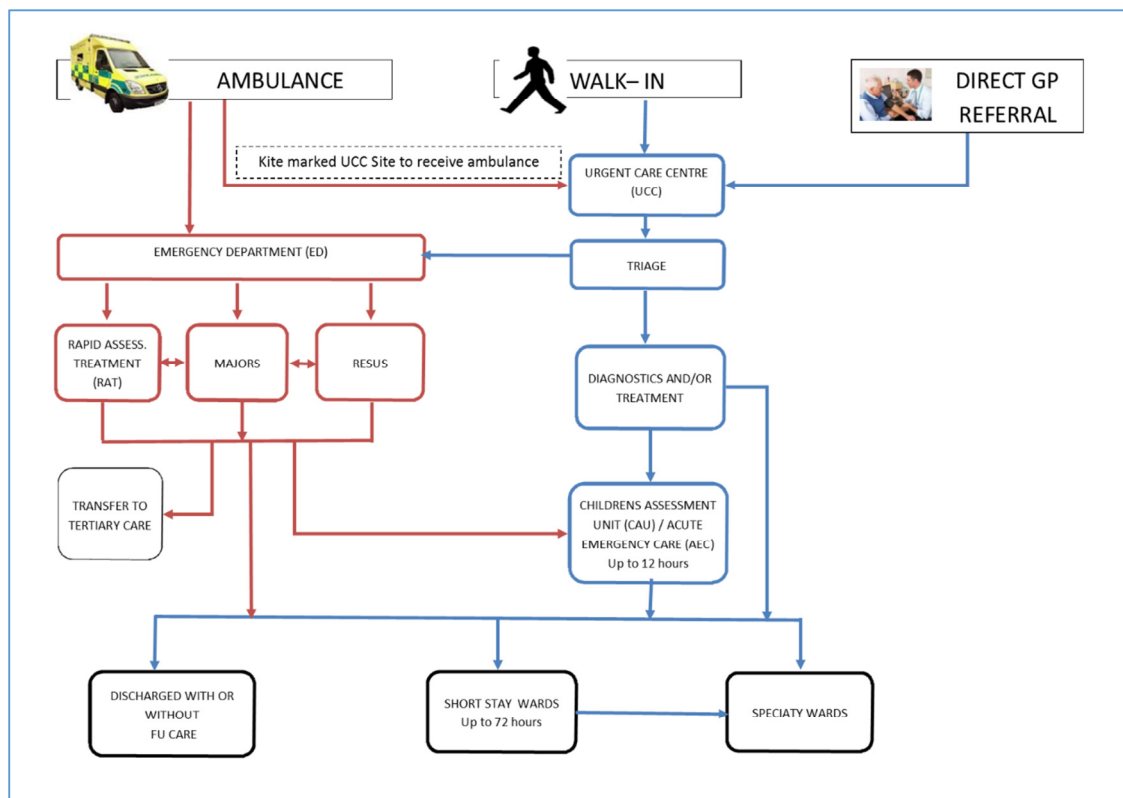
1.1 SERVICE AND FUNCTIONAL REQUIREMENTS

Detailed work has been undertaken to define and quantify the service and capacity requirements as follows:

- Definition of the clinical interdependencies in relation to core emergency and critical care services;
- Projection of future demand / activity levels by applying the scale of change projected by the Future Fit activity model Phases 1 and 2 with the baseline activity updated to reflect 2014/15 activity levels;
- Calculation of bed and theatre capacity requirements based on an agreed set of throughput and utilisation parameters.

To inform assessment of the functional requirements, additional work was then undertaken to map out emergency care pathways:

Figure 1: Emergency care pathways and flows



Careful consideration was given to the functional requirements for the ED and Urgent Care Centres for both “Emergency & Acute” and “Acute & Planned” site variants.

To inform the development of physical solutions for the various options, a set of indicative space standards was developed based on HBN guidance, supplemented where appropriate with other guidance and benchmarking, such as the Repeatable Rooms initiative. The resulting target net departmental areas are summarised below:

Table 1: Summary target space standards

Department	Target Net Departmental Area (m²)
Critical Care Unit – 30 beds	1,952.50
Inpatient Ward – 32 beds, 50% single rooms	958.58
Emergency Department (Emergency & Acute site)	1,225.00
Urgent Care Centre (Emergency & Acute site)	580.05
ED and UCC shared staff support (Emergency & Acute site)	168.00
Acute Emergency Care Unit (Emergency & Acute site)	396.55
Urgent Care Centre, incl. staff support (Acute & Planned site)	736.05
Acute Emergency Care Unit (Acute & Planned site)	331.25
Theatre Suite (exemplar 2-theatre suite)	437.60

2 SOLUTION EVALUATION

Having established the service and physical solutions for evaluation, an internal structured non-financial evaluation was undertaken. This followed a sequential series of steps in accordance with NHS guidance and good practice as follows:

- Step 1: Selection of evaluation criteria to be used;
- Step 2: Weighting of the criteria to reflect their relative importance;
- Step 3: Evaluation of the solutions and scoring them against the agreed criteria;
- Step 4: Analysis of the results to establish the robustness of the conclusions, and to examine whether changes in either scores or weighting are likely to result in changes to the relative preference for the different solutions.

2.1 STEP 1: CRITERIA SELECTION AND DEFINITION

After careful consideration by the Trust's Core Team and Clinical Working Group, eight evaluation criteria were selected and defined as follows:

Quality - Improving the clinical quality of services

- Providing improved health outcomes for patients
- Ensuring that those services that need to be close together are on the same site
- Facilitating modernisation, improvement and innovation in clinical practice and teaching
- Addressing existing clinical problems

Access - Maximising access to services

- Improving timely access to teams and services for assessment and treatment appropriate to clinical need
- Improving access to senior decision makers
- Reducing waiting times for access to definitive care
- Clarity of access for the most appropriate care for the population served

Environment - Optimising the environmental quality of services

- Improving functional suitability and site lay-out with flexibility to meet peaks in demand
- Creating conditions conducive to modern, effective clinical care (privacy and dignity, safeguarding, noise etc.)
- Creating conditions conducive to modern, effective working practices (ambience, specific environments)
- Creating safe and appropriate environments specific to use (section 136 Mental Health; bereavement facilities; paediatrics etc.)

Workforce - Meeting staff recruitment, retention, training, teaching and staff support needs

- Providing an effective, efficient and sustainable workforce that meets service needs
- Creating and enabling roles that offer staff variation, interest and career developing opportunities
- Making it easier to recruit staff
- Making it easier to retain staff

Deliverability - Practicality and timeliness of delivery

- Practicality of delivery of physical and service proposals
- Timescale for implementation
- Impact on services during any construction/change
- Availability of capital and/or attractiveness to external investors/funders

Resources - Making more effective use of resources

- Meeting service needs within available resources
- Making better use of human and estate resources
- Improving productivity

Future-proofing - strategic fit

- Meeting strategic needs of the locality and region for clinical services
- Improving the quality of service relationships and departmental links
- Future expansion or retraction opportunities to cope with changes in demand and changes in the way services are delivered
- Support future service change and potential service reconfiguration

Affordability – Is the option likely to be affordable in the short/medium term

- Maximising clinical and revenue benefit for capital investment
- Delivering a sustainable, stable and efficient workforce
- Actively contribute to improving the Trust's long term financial position

2.2 STEP 2: CRITERIA SELECTION AND WEIGHTINGS

These criteria were then weighted by firstly ranking the criteria in order of relative importance, and then considering the relative differences between the criteria to arrive at the weightings as follows:

Table 2: Criteria weightings

Criteria	Rank	Score	Weight
Clinical Quality of Services	2	95	19%
Maximising Access to Services	5	50	10%
Environmental Quality of Services	7=	30	6%
Workforce – Recruitment, Retention, Training	1	100	20%
Deliverability – Practicality and Timeliness	4	60	12%
Effective use of Resources	6	40	8%
Future-proofing / strategic fit	7=	30	6%
Indicative Affordability	3	90	18%
			100%

The above scoring shows that **Solution 2** (implement without any change/build) and **Solution 3** (implement with change/build to ED, CC Unit and UCC only) scored lower than **Solution 1** (do nothing). Solutions 2 and 3 were viewed by the clinical teams as being impossible to deliver and would actually make the situation worse than if nothing were done.

Alongside Solution 1 (do nothing), **Solution 4** (ED, CC Unit, UCCs and Essential Service change) was therefore concluded to be the only viable option.

2.3 STEP 4: SENSITIVITY ANALYSIS

The results from the evaluation have been subjected to a sensitivity analysis in accordance with good practice.

Firstly, to ensure that all relevant views were appropriately taken into account, attendees who may have had any concerns or disagreements with the consensus scores were invited to communicate these to the Trust's Future Team outside of the workshop.

Next, the impact of applying reverse weights and equal weights was examined, with the following results compared with the original weighted scores:

Table 3: Summary of Solution Evaluation Scores (Reverse Weights)

	Weight	WEIGHTED SCORES						
		1	2 PRH	2 RSH	3 PRH	3 RSH	4 PRH	4 RSH
Workforce	5%	5	5	5	11	11	32	27
Quality	7%	28	14	14	21	21	50	50
Affordability	9%	18	27	9	35	18	71	53
Deliverability	11%	106	32	32	42	32	74	42
Access	16%	64	32	32	48	48	80	80
Resources	17%	34	17	17	34	34	101	84
Future-proofing	18%	0	0	0	18	18	106	88
Environment	18%	35	0	0	18	18	106	71
	100%	290	127	109	227	198	619	495
		3	6	7	4	5	1	2

Table 4: Summary of Solution Evaluation Scores (Equal Weights)

	Weight	WEIGHTED SCORES						
		1	2 PRH	2 RSH	3 PRH	3 RSH	4 PRH	4 RSH
Workforce	13%	13	13	13	25	25	75	63
Quality	13%	50	25	25	38	38	88	88
Affordability	13%	25	38	13	50	25	100	75
Deliverability	13%	125	38	38	50	38	88	50
Access	13%	50	25	25	38	38	63	63
Resources	13%	25	13	13	25	25	75	63
Future-proofing	13%	0	0	0	13	13	75	63
Environment	13%	25	0	0	13	13	75	50
	100 %	313	150	125	250	213	638	513
		3	6	7	4	5	1	2

This suggests that even with reverse weights and equal weights applied; the top 2 preferred solutions remain the same.