

FFTF Shortlisting Process – Decision Audit on long-list to shortlist of models

(Note: the work of developin the long list of solutions was informed by the (Draft) Outcomes of the Engagement Report and the development of the shortlist was determined by the 'in public' Solutions Development Workshops, ensuring that the public views were taken into account

Date	Event	Attendees	Objectives	Outcome	Summary : Clinical solutions and options
18-Oct-20	IGIS work stream meeting	Divisional Nursing Director for Medicine, Cardiology, IR and Vascular consultants, General Managers for cardiology, vascular, IR	Develop a range of clinical solutions for Image Guided Interventional Surgery and to appraise the solutions against FFTF hurdle criteria	Developed 4 Image Guided Interventional /solutions	Long list of 21 clinical solutions (4 x IGIS, 4 x EM&AM, 12 x GS and 1 x single site new build =1297 potential options
13-Nov-19	Emergency and Acute Medicine Workshop	Emergency and Acute Medicine Consultants, matron/ANPs, ANP , MH liaison, Business Intelligence, Director of Strategy and Delivery, FFTF Programme representatives	Develop a range of clinical /solutions for emergency and acute medicine and to appraise these solutions against FFTF Hurdle criteria	Developed 4 Emergency and Acute Medicine solutions, plus single site new build	
20-Nov-19	General Surgery Transformation Delivery Group meeting	Chief of Service, Chief Nurse, Service Line Director, Matron, General Manager, surgeons, sisters and FFTF programme representatives	Develop a range of solutions for general surgery and to appraise against the FFTF hurdle criteria	Developed 12 solutions for emergency general surgery, elective surgery and day case procedures	
10-Dec-19	GHFT Executive Team Meeting	GHFT Executive Team	Review the 21 clinical solutions developed by the three clinical work streams (Emergency and Acute Medicine, General Surgery and Image Guided Interventional Surgery) against hurdle criteria and make recommendations. 4 x EM&AM 4 x IGIS, 12 x General Surgery 1 x Single site new build hospital	Recommended the removal of 2 solutions - D1 and C1 as they did not meet hurdle criteria.	19 solutions = 864 potential combined options
11-Dec-19	Centres of Excellence Clinical Advisory Group	Clinical Division representatives, GHFT Exec representatives, FFTF management representatives, including HR and Finance plus CCG representatives	Review the clinical /solutions together and make recommendations on the removal of any solutions or combination of solutions that are not considered to be clinically viable.	<u>Solutions/combination of solutions to be removed</u> Recommended remove C2 as it is incompatible with any material change, A2 as it is not clinically viable, particularly alongside the EGS solution and the combination of A3 with B4 as not clinically viable <u>Viable solutions/combinations that can be set aside as variants</u> Recommend that solutions C10/11/12 are not adopted in different opts but are retained as variants on any option as they do not materially affect any configuration. 7 general surgery combinations were identified as theoretically viable, but will be set aside as variants to consider on a shorter list of options <u>Other recommendations:</u> No change options (A1) and (B1) do not pass the hurdle criteria but to be retained as a no change comparator A4 with C3 is not compatible , but to be retained due to the amount of public feedback and shown as a variant of the no change option with C3. Three combinations of the solutions were described as 'incompatible' after (C2) is removed.	14 Solutions (of which 10 are variations) = 29 potential options
13-Dec-19	IGIS work stream meeting	Divisional Nursing Director for Medicine, Cardiology, IR and Vascular consultants, General Managers for cardiology, vascular, IR	Appraise the long list of solutions against the hurdle criteria and consider clinical adjacencies.	Recommended no further changes to the long list of solutions	
18-Dec-19	General Surgery Transformation Delivery Group meeting	Chief of Service, Chief Nurse, Service Line Director, Deputy Divisional Director, General Manager, surgeons, sisters and FFTF programme representatives	Appraise the long list of solutions against the hurdle criteria and consider clinical adjacencies	Supported the recommendation to remove C1 and C2 as they did not meet the hurdle criteria and are incompatible with any material changes. Identified 35 general surgery combinations which are theoretically viable but do not materially contribute to the case for change - recommended to add as a holding list to model if they facilitate a material move that	
19-Dec-19	Emergency and Acute Medicine Workshop	ED, Acute Medicine, Respiratory Consultants, GPs, Matrons/ANP, Business intelligence, Deputy COO, FFTF programme representatives	Appraise the long list of solutions against the hurdle criteria and consider clinical adjacencies.	Supported the recommendation to remove solution A2 as not clinically viable.	
06-Jan-20	Emergency and Acute Medicine follow up meeting	Medical Director, COO and Director of Strategy and Delivery, plus Emergency and Acute Medicine consultants, matrons and ANPs	To further consider of clinical adjacencies.	Recommended to further develop A3 as a viable solution	

Note: PURDAH rules applied during 6 Nov to 12 Dec

End Dec - Beg Jan	Programme Management Team meeting s	FFTF Programme Management Team - Programme Director and 3 Programme Managers	Desk based exercise to create a medium list of meaningfully distinctive options	Proposed a medium list of 8 options, including an option to revert to the original T&O and Gastroenterology configurations.	14 solutions, = 8 meaningfully distinctive options
8 Jan 20	Trust Leadership Team	CEO, COO, 7 x Directors, 4 x Chiefs of Service, 3 x Divisional Chief Nurses, Lead for AHP, Nursing Director and a Divisional Director	To support the recommended medium list of FFTF meaningfully distinctive options	Supported the recommendation of a medium list of 8 options	
9 Jan 20	Trust Board Strategy Session	CEO, COO and 6 Directors, Chair and 5 Non-Exec Directors	To support the recommended medium list of FFTF meaningfully distinctive options	Supported the recommendation of a medium list of 8 options	
4 and 5 Feb 2020	Solutions Appraisal Workshop	30 attendees per day, 49% clinicians, 32% public and patient representatives, 14% ICS, 5% other stakeholders	To appraise the medium list of 8 options, against an agreed list of evaluation criteria, comparing options against the status quo	Four options were removed from the shortlist	Shortlist of 4 options
06/02/2020	ICS Execs	ICS Lead, Clinical Chair, Chief Execs and Directors of Strategy	A solutions appraisal recap paper was presented to the meeting	The outputs of the Solutions Appraisal Workshop are still being analysed, however it is likely there will be a number of shortlisted models, rather than a single recommendation.	
20/02/2020	ICS Board	ICS Chair, Accountable Officer, Chief Execs and Lay Members.	To receive a programme update highlighting the Solutions Appraisal Workshops that have been used to narrow down to preferred options, timelines and also a discussion re the role of ICS Board in the process	Recommended shortlist of four options	
05/03/2020	ICS Execs	ICS Lead, Clinical Chair, Chief Execs and Directors of Strategy	Updates on draft Centres of Excellence PCBC	There was agreement to modify the timeframes proposed for the EGS and the general FFTF consultations	