

## CRH HASU Independent Panel- Assessment Process

### Independent Panel Scoring Criteria

The panel will jointly discuss each option against 5 criteria:

1. Strategic Fit
2. Clinical Effectiveness
3. Meeting Health Need
4. Accessibility
5. Deliverability

Some example questions are listed in the template to aid the panel's discussions.

The panel will be asked to **jointly form a view** as to the extent each option meets each criterion. Where consensus cannot be reached, this will be noted and reviewed through the Chair when deciding on the panel's overall recommendations at the end of the day.

The extent to which each option meets the 5 criteria will be captured as a RAG rating. The definitions are as follows:

	RAG Rating
Does not meet the criteria	Red
Partially meets the criteria	Yellow
Fully meets the criteria	Green

The panel will document their rationale for each RAG rating. Once all RAG ratings have been given for an option, the following rules will be applied:

RAG Decision Matrix	RAG combinations against 5 criteria	Panel Next Steps	1	2	3	4	5
Red RAGs with Amber and/or Green combinations	<b>TWO or more RED</b> (and any combination of GREEN / AMBER for the remainder)	Discount the option*					
	<b>One RED</b> (and the rest are Green or Amber)	Discount the option unless mitigating actions**					
Amber and Green RAG combinations	<b>TWO GREEN</b> (and the rest are amber)	Reach consensus on next steps***					
	<b>THREE or more GREEN</b> (and the rest are amber)	Shortlist option and make recommendations****					

1. \*More than one RED provides sufficient grounds to discount the option from further review.
2. \*\*A RED rating for only one of the five criteria – \*the option will be discounted unless there are any recommended mitigating actions which could enable the one RED criterion to be met / improved upon. In such cases this would form part of the Panel's recommendations at the end of the session, expressed as '*option could proceed for further review subject to caveats.*'
3. \*\*\*If two criteria are GREEN – the panel should reach a consensus as to whether the extent of the ambers (partially met criteria), means that the option overall has too many gaps/shortcomings to progress further or not. The rationale must be clearly documented with any mitigating actions required set out clearly or where there are no possible mitigating actions, why this is the case.
4. \*\*\*\*There are sufficient GREEN criteria to progress the option, however the panel must set out the identified issues for the AMBER scores including mitigations to improve in those areas as applicable.

All scoring papers will be collated at the end of the session for accuracy and transparency on decision making.

Assigning the RAG ratings – examples of how decisions can be reached

RED- Does not meet the criteria	AMBER- Partially meets the criteria	GREEN- Fully meets the criteria
<p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> <li>- Delivers no benefits to patients.</li> <li>- No evidence that the option will improve some aspects of quality, safety, and sustainability of care</li> <li>- The option does not meet the current and future healthcare needs of patients.</li> <li>- The option does not demonstrate alignment with the development of other health and care services.</li> <li>- Integration of services is not improved.</li> <li>- The option does not consider issues of patient access and transport.</li> <li>- The option will not help reduce health inequalities.</li> <li>- The option does not consider the workforce requirements and transformation required to deliver this new model.</li> </ul>	<p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> <li>- Delivers some benefits to patients.</li> <li>- Evidence that the option will improve some aspects of quality, safety, and sustainability of care.</li> <li>- The option partially meets the current and future healthcare needs of patients.</li> <li>- The option demonstrates moderate alignment with the development of other health and care services.</li> <li>- Integration of services is improved in some areas.</li> <li>- The option considers some of the issues of patient access and transport.</li> <li>- The option will help reduce some aspects of health inequalities.</li> <li>- The option has some consideration to the workforce requirements and transformation required to deliver this new model.</li> </ul>	<p>FOR EXAMPLE:</p> <ul style="list-style-type: none"> <li>- Delivers significant benefits to patients.</li> <li>- Evidence that the option will improve the quality, safety, and sustainability of care.</li> <li>- The option meets the current and future healthcare needs of patients.</li> <li>- The option demonstrates good alignment with the development of other health and care services.</li> <li>- Supports better integration of services.</li> <li>- The option considers issues of patient access and transport (e.g. potential increase in travel times for patients outweighed by the clinical benefits.</li> <li>- The option will help to reduce health inequalities.</li> <li>- The option considers workforce requirements and transformation required to deliver this new model.</li> </ul>

**Option 1: HASU provision continues as is delivered by the existing substantive Consultant, locum support and telemedicine (Do nothing).**

Criteria	RAG Rating	Rationale
<p><b>The option demonstrates evidence of being a Strategic Fit</b>  <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Does the option align to national and local guidance (e.g., National Stroke Service Model)?</li> <li>- Does the option enhance alignment with the development of other health and care services?</li> <li>- Will the option support better integration of services?</li> </ul>		
<p><b>The option demonstrates evidence of being Clinically Effective</b>  <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- What impact will the option have upon clinical effectiveness?</li> <li>- What impact will the option have upon patient safety?</li> <li>- What impact will the option have upon patient outcomes?</li> <li>- Will the option upskill and develop existing staff members?</li> </ul>		
<p><b>The option meets current and future Health Needs</b>  <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Will the option help to reduce health inequalities?</li> <li>- Does the option meet the current and future healthcare needs of patients?</li> <li>- Will the option deliver real benefits to patients?</li> </ul>		

<p><b>The option meets requirements for Accessibility:</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)</li> <li>- Does the option consider the impact on the availability of services after having a stroke?</li> <li>- Do surrounding trusts have the necessary workforce and facilities to accept additional patients?</li> </ul>		
<p><b>The option meets requirements for Deliverability:</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?</li> <li>- Will the option support the creation of a sustainable workforce?</li> <li>- Will the option improve clinical efficiency of the workforce?</li> <li>- Is the option affordable, efficient use of resource / value for money?</li> </ul>		
<p><b><u>Overall Panel Assessment</u></b></p> <ol style="list-style-type: none"> <li>1. Discount Option</li> <li>2. Discount unless mitigating actions</li> <li>3. Reach consensus on next steps</li> <li>4. Shortlist option and make recommendations</li> </ol>	<div></div> <div></div> <div></div> <div></div> <div></div>	<p><b>Summary Comments:</b></p>

**Option 2: The current HASU service is strengthened by redesign, investigating alternative staffing models.**

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<p><b>The option meets current and future Health Needs</b>  <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Will the option help to reduce health inequalities?</li> <li>- Does the option meet the current and future healthcare needs of patients?</li> <li>- Will the option deliver real benefits to patients?</li> </ul>		

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<p><b>The option meets requirements for Deliverability:</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- Can the service option be delivered in a timescale that will not negatively impact the patient and/or workforce?</li> <li>- Will the option support the creation of a sustainable workforce?</li> <li>- Will the option improve clinical efficiency of the workforce?</li> <li>- Is the option affordable, efficient use of resource / value for money?</li> </ul>		
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**Option 3: The Trust introduces a review and convey model; a model where patients are assessed and treated within the Accident and Emergency Department followed by immediate transfer to a Hyper Acute Stroke Unit. It is expected the patient would be thrombolysed (if appropriate) at Chesterfield Royal before transfer.**

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<b>The option demonstrates evidence of being Clinically Effective</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u> <ul style="list-style-type: none"> <li>- What impact will the option have upon clinical effectiveness?</li> <li>- What impact will the option have upon patient safety?</li> <li>- What impact will the option have upon patient outcomes?</li> <li>- Will the option upskill and develop existing staff members?</li> </ul>		
<b>The option meets current and future Health Needs</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u> <ul style="list-style-type: none"> <li>- Will the option help to reduce health inequalities?</li> <li>- Does the option meet the current and future healthcare</li> </ul>		



<p><i>needs of patients?</i></p> <ul style="list-style-type: none"> <li>- <i>Will the option deliver real benefits to patients?</i></li> </ul>		
<p><b>The option meets requirements for Accessibility:</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u></p> <ul style="list-style-type: none"> <li>- <i>Does the option consider the issues of patient access and transport? (e.g., the potential increase in travel times weighted against clinical benefits)</i></li> <li>- <i>Does the option consider the impact on the availability of services after having a stroke?</i></li> <li>- <i>Do surrounding trusts have the necessary workforce and facilities to accept additional patients?</i></li> </ul>		
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**Option 4: Decommission the CRH HASU element of the Stroke Service pathway, if workforce sustainability issues cannot be resolved, with either a single HASU provider or multiple providers.**

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<b>The option meets current and future Health Needs</b> <u>Questions panel must review to determine the overall RAG rating for the criteria:</u> <ul style="list-style-type: none"> <li>- Will the option help to reduce health inequalities?</li> <li>- Does the option meet the current and future healthcare needs of patients?</li> <li>- Will the option deliver real benefits to patients?</li> </ul>		

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**Option 5: Review of the CRH HASU as part of a wider East Midlands review to rationalise sites; continuing to provide the service ‘as is’ at CRH.**

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