



Ref: FOI/GS/ID 4996 review

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

29 November 2018

Mr J Pitt
Jon.pitt@medway.gov.uk

Dear Mr Pitt

Freedom of Information Act 2000

I am writing in response to your request for a review of the information from Kent and Medway STP made under the Freedom of Information Act 2000 in relation to STTP Stroke JCCG workshop papers and associated information.

Original request	Follow up 25/10	STP Response
A full and un-amended copy of the documentation provided to those in attendance at the workshop and a copy of the power point presentation	This was not responded to appropriately as the Council would have expected this to have been formally provided to the person making the FOI request.	Thank you for your feedback. We have now sent a copy of these materials directly to Ms Keith.
The scores for each of the criteria and sub-criteria for each option and the summary scores that were generated from these;	Complete, however as per request 1, this was not sent to the person who made the request.	As above.

<p>Full details of the methodology used to derive summary scores for each option, including any summary sheets of combinations of options, e.g. the matrix;</p>	<p>Incomplete. The materials do not provide full details used to derive summary evaluations, e.g. how three pluses are summarised as a plus, and one plus with two neutral evaluations also equates to a plus. Please explain the rationale followed to derive the combined evaluations.</p>	<p>Each of the five shortlisted options comprised three hospital sites. Individual sites were evaluated against each of the sub-criteria and assigned an evaluation ranging from double positive to double negative:</p> <div style="text-align: center;"> <table border="1" data-bbox="823 378 1166 450"> <tr> <td style="background-color: #d9ead3;">++</td> <td style="background-color: #f4cccc;">+</td> <td style="background-color: #fce4d6;">/</td> <td style="background-color: #d9ead3;">-</td> <td style="background-color: #d9ead3;">--</td> </tr> </table> </div> <p>Individual site evaluations were then combined to give an overall 'whole option' evaluation.</p> <p>At the PCBC stage, to identify the shortlist, this was done iteratively and in conversation during workshops attended by clinical and commissioning leaders from across Kent and Medway, as well as patient representatives and local councillors. However, this approach caused some confusion and there was concern that this might not always be consistent.</p> <p>To ensure consistency at the post-consultation stage, a standard approach was developed. The Stroke Clinical Reference Group reviewed this standard approach and agreed it was a sound basis for combining individual site evaluations. They also specifically considered where this might be different to the evaluation in comparison for that done for the PCBC.</p> <p>The approach agreed by the Clinical Reference Group was as follows:</p> <ul style="list-style-type: none"> • If two or more of the sites within an option are assessed as double negative then the overall option is evaluated as a double negative • If one site within an option is assessed as a single negative then the overall option cannot be evaluated as double positive • If all sites are evaluated as single positives the overall evaluation cannot be double positive • A neutral evaluation cannot add or detract from the overall evaluation (i.e. two neutrals and one positive would equal a positive evaluation) <p>The impact of this standardised approach was that a double negative evaluation applied to a site within an option had more of an impact on the overall option evaluation than other evaluations. The rationale for this was to make explicitly clear in the overall evaluation matrix where options included a site with a double negative evaluation.</p> <p>It is also important to note that for the overall option evaluations (as opposed to individual site evaluations) when two values were within 5% of each other, they were evaluated the same.</p> <p>The table below shows where the standardised approach to evaluation, as opposed to any other factor such as refreshed data or new evaluation criteria, impacted the evaluation of an option.</p> <table border="1" data-bbox="555 1744 1436 1933"> <thead> <tr style="background-color: #800040; color: white;"> <th>Criteria</th> <th>Option A</th> <th>Option B,</th> <th>Option C</th> <th>Option D</th> <th>Option E</th> </tr> </thead> <tbody> <tr style="background-color: #800040; color: white;"> <td></td> <td>DVH, MMH, WHH</td> <td>DVH, MGH, WHH</td> <td>MGH, MMH, WHH</td> <td>TWH, MMH, WHH</td> <td>DVH, TWH, WHH</td> </tr> </tbody> </table> <p>Quality of care</p>	++	+	/	-	--	Criteria	Option A	Option B,	Option C	Option D	Option E		DVH, MMH, WHH	DVH, MGH, WHH	MGH, MMH, WHH	TWH, MMH, WHH	DVH, TWH, WHH
++	+	/	-	--															
Criteria	Option A	Option B,	Option C	Option D	Option E														
	DVH, MMH, WHH	DVH, MGH, WHH	MGH, MMH, WHH	TWH, MMH, WHH	DVH, TWH, WHH														

		Stroke co-adjacencies	No impact	No impact	No impact	Changed from ++ to +	No impact
		Co-adjacencies for mechanical thrombectomy	No impact	No impact	No impact	Changed from ++ to +	No impact
		Requirements for MEC	No impact	Changed from + to /	Changed from + to /	No impact	No impact
		Activity volumes	Not applicable – amended sub-criteria				
		Access to care					
		Blue light proxy	No impact	No impact	No impact	No impact	No impact
		Private car	No impact	No impact	No impact	No impact	No impact
		Workforce					
		Workforce gap	No impact	No impact	No impact	No impact	No impact
		Vacancy rates	Changed from / to -	No impact	No impact	Changed from - to - -	No impact
		Turnover rates	No impact	Changed from / to -	Changed from + to /	Changed from + to /	No impact
		Ability to deliver					
		Go live date	No impact	No impact	No impact	No impact	No impact
		Confidence in go live date	Not applicable: new sub-criteria				
		Quality of implementation plan	Not applicable: new sub-criteria				
		Value for money					
		Net present value	No impact	No impact	No impact	No impact	No impact
		Capital requirement	Not applicable: new sub-criteria				
The names of the groups that agreed this methodology and the amount of time they were given to review the methodology	Incomplete. To clarify this request, please advise how much time did participants in meetings that approved the standard approach	Please see below a table setting out the dates of each of the meetings referred to in the original email, the date papers for those meetings were circulated and the length of the meeting.					
		Meeting date	Papers circulated on			Meeting length	
		Clinical Reference Group					
		27 July	26 July			2 hours	
		7 August	6 August			2 hours	

before agreeing to it.	have to review the new approach to combining the individual site evaluations?	7 September	6 September	2.5 hours	
		Stroke Programme Board			
		27 June	25 June	2 hours	
		25 July	25 July	2 hours	
		29 August	24 August	2 hours	
		Stroke Joint Committee of CCGs			
		28 June	25 June	3 hours	
		2 August	1 August	3 hours	
		28 August	24 August	3 hours	
		Evaluation workshop			
		15 September	N/A – papers were not circulated before the meeting	3 hours	

If you are not content with the outcome of your complaint you may apply directly to the Information Commissioner for a decision. Generally the Information Commission cannot make a decision unless you have exhausted the complaints procedure provided by the Chief Executive's Office. The Information Commissioner can be contacted at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Yours sincerely

Gail Spinks
Head of Information Governance

