

Appendix iv

Weighting and scoring results: stakeholders and CSEC

1. Introduction

In August 2015 key stakeholders from North Devon and Torridge were invited to a meeting to complete a weighting and scoring exercise to help develop the options for public consultation.

Stakeholders were separated into two groups; the first group weighted the decision-making criteria, giving each criterion a mark out of 100 according to the group's view of its relative importance. The second group, equipped with a Stakeholder Information pack, and the input of local planning and housing experts, scored each hospital against each of the criteria.

The findings from each group were then collated to produce an overall score for each site (weight x score).

Feedback was received from the stakeholders that this exercise was challenging and difficult and made the request that the same exercise be undertaken by members of the Trust who could have more knowledge about the criteria. Stakeholders felt that clinicians and service leads would also give a more balanced view without the bias the stakeholders, who were mostly elected representatives of their local town.

In September 2015 the exact same weighting and scoring exercise was completed by the Trust's Clinical Services Executive Committee (CSEC).

These findings can be compared to the stakeholder findings and used to help give additional information in order for the Board to make an informed decision about bed locations in Northern Devon.

Executive members of the Board were in attendance at both the Stakeholder and CSEC events however did not actively take part in the exercises. They were there to listen to the feedback and support completion of the tasks if required.

2. Objectives

The objectives of the weighting and scoring process were as follows:

- Apply a objective methodology to achieving a subjective ranking of the community hospitals
- Allow debate and consensus on the important decision-making criteria
- Present the stakeholder and NDHT preferred feasible option(s) to Board

3. Results

3.1 Stakeholder results

A sensitivity analysis was carried out to review whether there would be an impact on the overall score if:

- a) The weightings of criteria 7 were different
- b) Criteria 2 and 9 were removed from the scoring exercise as feedback was received suggesting these criterion were very difficult to score.

Results, including the sensitivity analysis demonstrate that neither the difference in weightings nor removing the incomplete criteria data had an impact on the overall ranking. The results, in order of rank are as follows:

Results at weighting 100 flexibility for surge

Site	Total	Without criteria 2 and 9
Holsworthy	80066	69021
South Molton	75980	62765
Bideford	70517	56652
NDDH	32249	29289

Results at weighting 80 flexibility for surge

Site	Total	Without criteria 2 and 16
Holsworthy	78046	67001
South Molton	73960	60745
Bideford	68417	54552
NDDH	30709	27749

3.2 CSEC Results

Site	Score
South Molton	2870
Bideford	2660
Holsworthy	2520
NDDH	1770

*NB: Overall scores from the CSEC results are lower as it was based on a group consensus rather all individual scores added together

4. Analysis of results

4.1 Highlights

- Both stakeholders and CSEC scored NDDH as the least preferable location for beds
- Both stakeholders and CSEC scored South Molton as being one of the two most favourable sites for inpatient beds
- The key discrepancy is between Bideford and Holsworthy where stakeholders ranked Holsworthy as the most favourable with Bideford 3rd and CSCE vice versa.

There is a question about whether there is the required material difference between the CSEC ranking of Bideford and Holsworthy as there is only 140 points between these hospitals.

4.2 Impact of different weighting

Stakeholders and CSEC differed significantly in their weighting results, as can be seen from the below:

Criterion	CSEC Weight	Stakeholder weight
Recruit and Retain staff	65	95
Older people living alone	40	100
Accessibility and transport	60	100
Reducing inequality	100	100
Quality of the building stock	20	80
Availability of care homes and social care	60	98
Flexibility for a period of Surge	30	80 / 100
Changing demographics	35	98
Impact on lost opportunities	60	95

An analysis has been completed to identify whether the different criteria weightings had an impact on the over scores each group gave each site.

As the results below show, the site scores, exclusive of the weighting demonstrate that the ranking remains the same for each group.

CSEC	
Site	Score without weighting
South Molton	55
Bideford	50
Holsworthy	48
NDDH	31

Stakeholders	
Site	Score without weighting
Holsworthy	836
South Molton	792
Bideford	730
NDDH	338

4.3 Potential impact of bias

This process did not set out to be perfect, there are potential biases evident in both exercises. There is a possibility that stakeholder results could exhibit bias according to the area the scoring individuals were representing. Equally, NDDH clinicians could exhibit bias according to their own clinical experiences. It will be possible to triangulate the scoring and weighting results with the consultation feedback we get from staff and stakeholders to understand the extent and impact of these biases in more detail.

5. Conclusion

It is significant that the two groups weighted the criteria very differently. It demonstrates that what is important to clinicians is not as important to stakeholders and vice versa. However, both views are valid.

There is an evident consensus between both groups that NDDH would not be a preferably site for inpatient beds.

There is also agreement that South Molton is a favourable site for the inpatient beds.

The results of Holsworthy and Bideford differed between the clinicians and the stakeholders. While this was not found to be the result of the significantly different weightings the two groups, there is a possibility that the stakeholder bias could have influenced this difference. However there is insufficient evidence about the locations of the stakeholders who scored to draw this as a firm conclusion.

This was a very beneficial exercise to complete and has demonstrated the different perspectives that stakeholders and clinicians have when considering the ideal bed locations for community hospital bed sites across Northern Devon.

Both are entirely valid and important for consideration when the Board makes its final decision.