FUTURE FOCUSED FINANCE | FINANCE INNOVATION FORUM

DECISION TOOLKIT TEMPLATES

A blank set of templates organisations can use in conjunction with the BPV Decision Toolkit.

BPV

Best Possible Value

ONE NHS FINANCE

ABOUT THIS DOCUMENT

	TOOL	NAME	DESCRIPTION
DECISION PLANNING	1	Decision Charter	Define the main decision
	2	Decision Steps	Break the main decision down
	3	Value Measures	Agree value criteria and metrics
	4	RAPID Roles	Assign roles and responsibilities for each Decision Step
	5	Key Actions	Summary of issues and actions for each Decision Step
	6	6Cs	Details and relevant forums for each Key Action
	7	Decision Timeline	Decision process calendar with key milestones
VALUE GENERATION	8	Value Building	Establish a case for change and supporting assertions
	9	Evidence Log	Assess the available evidence and set targets
OPTION PRIORITIES	10	Scoring Rationale	Establish value scoring mechanisms and tolerances
	11	Value Comparison	Compare the rank and value generated by options
	12	Value Priorities	Prioritise the available options using value and risk

- This document contains blank templates and instructions for users for the Best Possible Value (BPV) Decision Toolkit
- Please refer to the BPV Decision Toolkit for more information onenhsfinance.nhs.uk/resources/bpv-decision-toolkit/
- Decision Planning and Value Generation templates may be collectively completed during decision workshops led by a facilitator
- Please contact finance.innovation@nhs.net for comments and queries

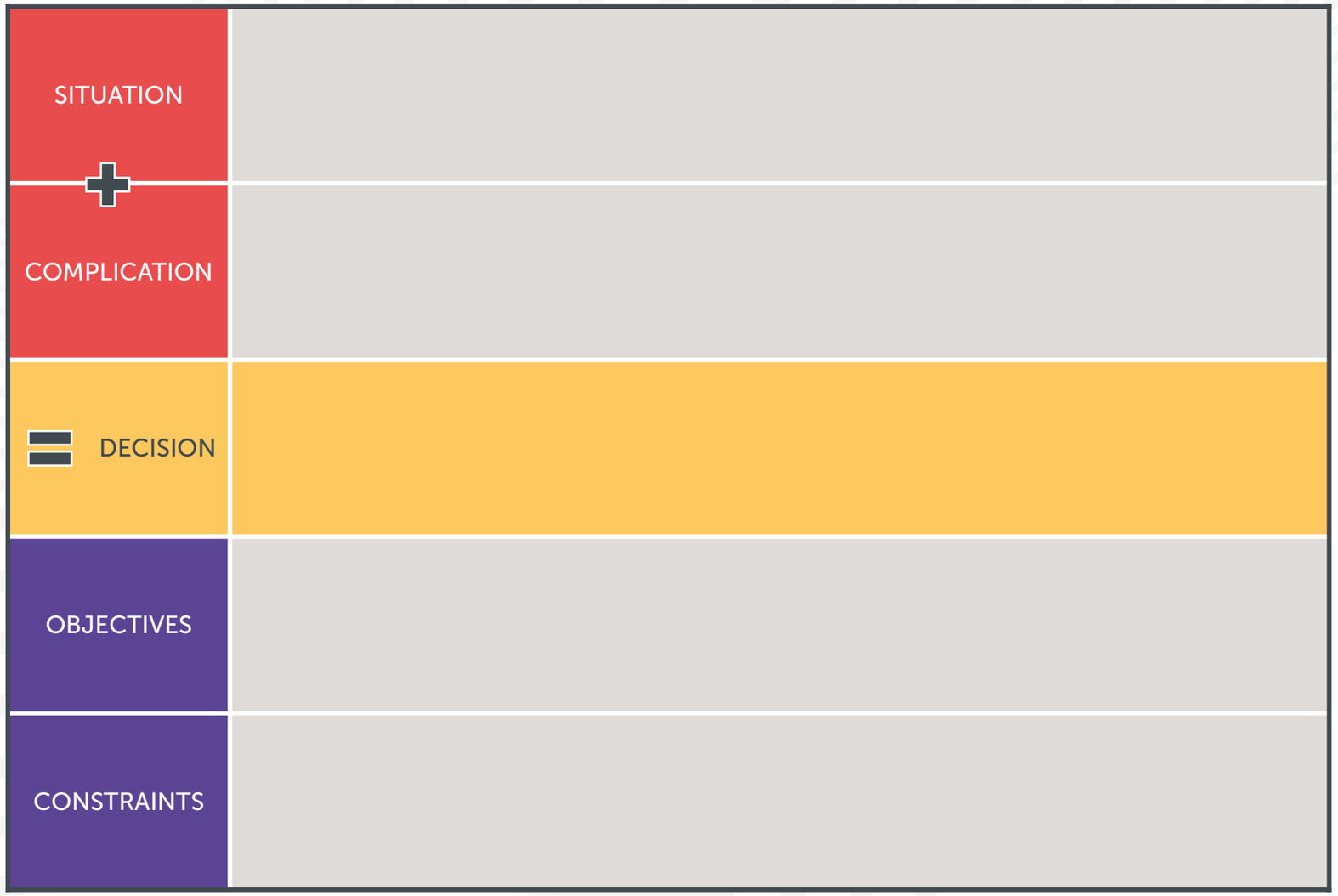
DECISION CHARTER

- What is the situation? This is a set of non-controversial, factual observations about the context / subject that all those involved in the decision agree with;
- What is the complication to this situation? These are challenges, points of contention, areas of change and the ‘so what’ of the situation;
- Use the situation and complication to generate the key decision that the group is trying to make. The group needs to agree the precise decision subject and scope;
- What are the key objectives? These should be considered in the context of maximising value and focusing on the outcomes and impact for service users;
- What constraints need to be addressed in relation to the decision? These set the broad envelope within which the decision needs to be made.

DECISION CHARTER

TOOL 1

DECISION PLANNING (WHAT)



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DECISION STEPS

- Aim to have no more than 8 sub-decisions;
- Steps should be written in sequential order;
- Steps may have iterative elements;
- Deciding Value Measures is ideally an early decision step;
- Consider existing processes such as those used by the organisation's Project Management Office, NHS Right Care (where to look, what to change, how to change), or steps used by previous BPV cases for similar decisions.

DECISION STEPS

DECISION	

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VALUE MEASURES

- Outcomes must always be considered from the perspective of the service user;
- Value criteria should align with the key outcomes selected in the Decision Charter;
- When choosing metrics, only choose those where data is relevant and accessible;
- Evidence for the metrics should be relevant and accessible;
- If a long list of metrics are identified, highlight those which you believe are the most important to progress your decision and which you will focus on going forward;
- Link this work to the BPV Value Framework if the value components need adjusting.

VALUE MEASURES

TOOL 3

DECISION PLANNING (WHAT)

DECISION			
VALUE COMPONENTS		**VALUE CRITERIA**	**VALUE METRICS**
OUTCOMES	CARE OUTCOMES		
	USER EXPERIENCE		
	SAFETY / QUALITY		
RESOURCES	REVENUE COSTS		
	CAPITAL COSTS		

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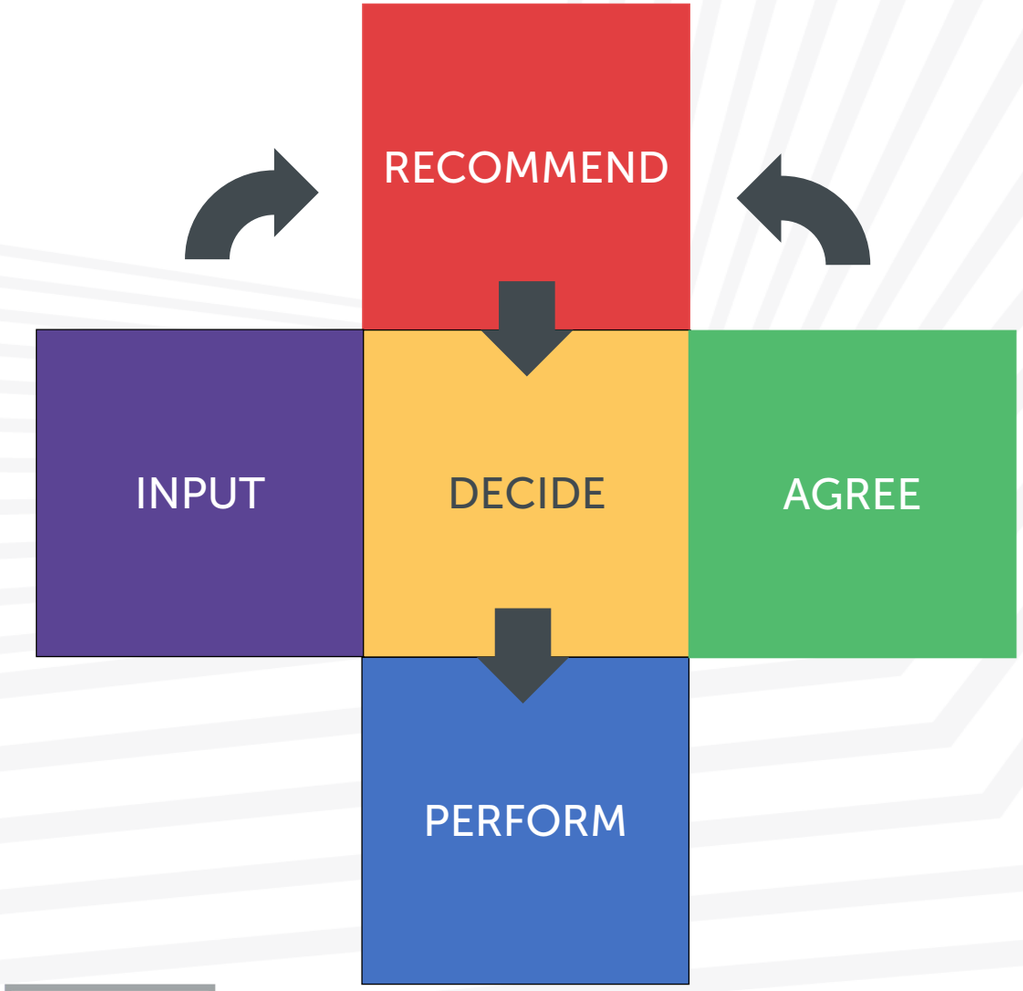
RAPID ROLES



- <u>Only one R</u> for each decision step
- Individual who does 80% of the work to develop the recommendation
- **R** has broad visibility and access to information for relevant inputs
- **R** has credibility with both **I**s and **D**

- Can be multiple **I**s
- Assigned only to those with valuable, relevant information which could potentially change the decision
- Avoid **I** proliferation

- **A** should be assigned sparingly
- Usually for extraordinary circumstances (e.g. regulatory or legal)
- **A** can veto **R** (**D** makes a final decision)

- <u>Only one D</u> for each decision step
- Locate **D** at the right level in the organisation
  - Primary value lies in the business
  - Appropriate information lies
  - Reaction time is appropriate
  - Best capability to integrate information, make trade-offs
- If **D** belongs to a group, clarify how it gets exercised

- May be multiple **P**s
- May involve **P** as an **I** to help upfront planning

RAPID should reflect what will work in 90% of situations – **design for the rule, not the exception**

RAPID ROLES

- List stakeholders that hold power to influence the decision across the columns (e.g. individual roles, committees, boards or representative groups);
- List the Decision Steps as rows;
- Only one Decide for each decision step;
- Only one Recommend for each decision step;
- Few Agree, if any at all;
- Only Inputs that have something valuable to add;
- If roles are held by groups, clarify how sign-off will be reached.

RAPID ROLES

TOOL 4

DECISION PLANNING (WHO)

DECISION	

R Recommend A Agree P Perform I Input D Decide

STAKEHOLDERS →															
1 Decision Step 1															
2 Decision Step 2															
3 Decision Step 3															
4 Decision Step 4															
5 Decision Step 5															
6 Decision Step 6															
7 Decision Step 7															
8 Decision Step 8															

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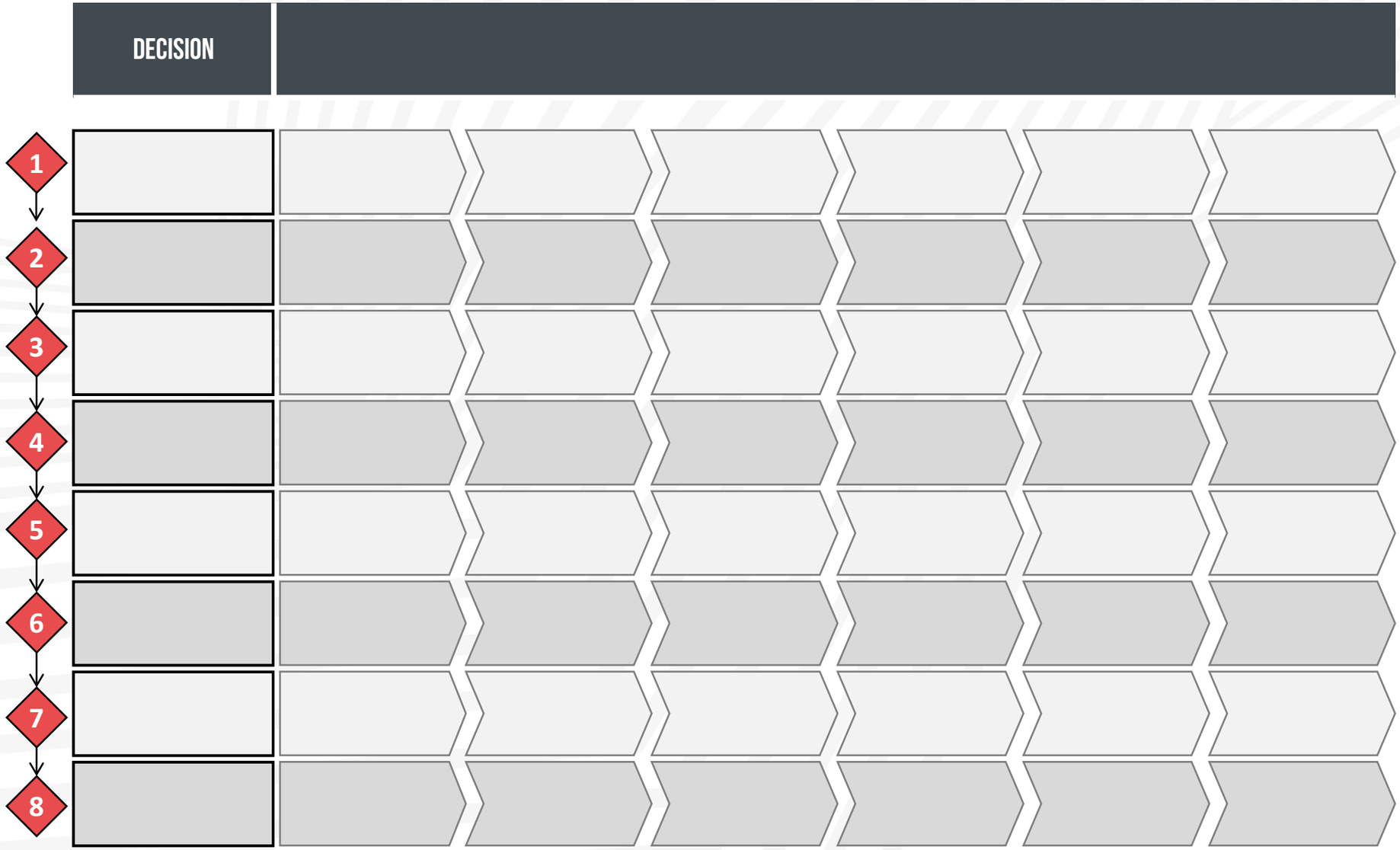
KEY ACTIONS

- The activities could be such things as data gathering, analysis, meetings etc.
- Order the Key Actions sequentially, noting any feedback loops required.

KEY ACTIONS

TOOL 5

DECISION PLANNING (HOW)



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- Criteria: What are the criteria to evaluate the options/make a decision?
- Critical Steps: What Key Actions are needed?
- Choices: What are the choices that need to be made?
- Committees: Which groups need to be engaged?
- Communication: How will this decision be communicated to the relevant parties?
- Closure: How will we know that closure has taken place?

  How will we practically mobilise to implement this decision?

DECISION TIMELINE

- Consider how long it will take to complete each of the Decision Steps;
- Refer back to the Key Actions identified for each Decision Step to inform the estimation of the amount of time required;
- Work can take place in parallel and may be iterative;
- Strike a balance between pace and realism, informed by past experience.

DECISION TIMELINE

TOOL 7

DECISION PLANNING (WHEN)

DECISION	

DECISION CALENDAR	YEAR									NEXT YEAR					
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
1															
2															
3															
4															
5															
6															
7															
8															

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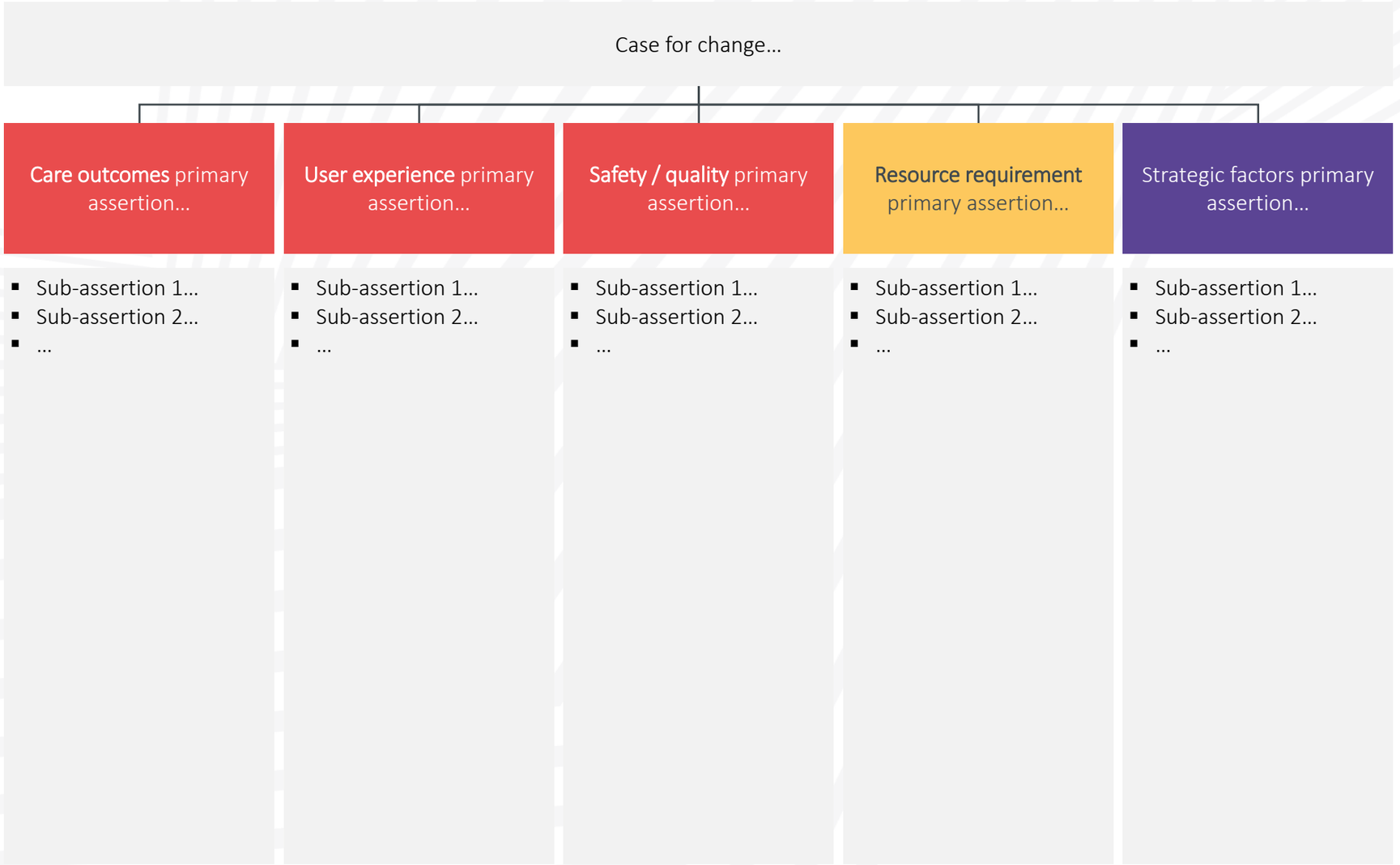
VALUE BUILDING

- Outcomes must always be considered from the perspective of the service user;
- Lay out the main hypothesis, e.g. ‘we should perform action X because of Y’;
- For each value component, generate a set of assertions that you believe are necessary to support the main hypothesis, e.g. ‘action X will benefit value component Z by…’;
- Refer to the Value Measures and outcome objectives previously decided;
- Develop in tandem with the rationale of the Logic Model where possible.

VALUE BUILDING

TOOL 8

VALUE GENERATION



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EVIDENCE LOG

- Carry forward the assertions from the Value Tree;
- Briefly describe the evidence that supports each assertion;
- Score the robustness of each item of evidence (see risk scoring);
- Indicate the next steps to gather any further evidence that is needed for greater confidence (and who will provide it and when);
- Set targets for each value measure – targets should be SMART:
    - S – specific (relating to value criteria)
    - M – measurable (relating to value metrics)
    - A – attainable (relating to evidence base)
    - R – relevant (relating to value components)
    - T – time-based (how often metrics will be measured)

EVIDENCE LOG

	PRIMARY ASSERTION	SUB-ASSERTION	EVIDENCE AVAILABLE	FURTHER EVIDENCE TO BE GATHERED	METRICS	TARGET
CARE OUTCOMES	Care outcomes will be improved / maintained by…	• Sub-assertion 1… • Sub-assertion 2…	• Evidence 1… • Evidence 2…	• Further evidence…	• Value metrics 1… • Value metrics 2…	• Target 1… • Target 2…

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SCORING RATIONALE

- Refer to example scoring mechanisms and tolerances or case studies;
- Apply a mechanism for scoring each value component against:
  - ✓ value outcomes and confidence;
  - ✓ risk
  - ✓ strategic factors.
- Indicate tolerances for each scoring component;
- Clearly indicate and agree tolerances, i.e. unacceptable scores;
- Clearly indicate how scoring logic can be consistently applied across options.

SCORING RATIONALE

TOOL 10

OPTION PRIORITIES

	CRITERIA	IMPORTANCE (%)	RATIONALE	SCORING
OUTCOMES				
RESOURCES				
RISK				
STRATEGIC FACTORS				

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SCORING GUIDANCE

Value measures, risk tolerance levels and strategic considerations will need to be agreed in advance for each scoring category. This may need to be included as a Decision Step or Key Action during Decision Planning.

It is ultimately up to the user to define their own scoring means relating to the decision or options under consideration. This section provides some examples.

Scoring may be performed by:

- relative quintiles (Likert style rank options and assign 1 to 5 scale)
- RAG statues (1 to 3 scale for red, amber and green)
- Yes / No binary

To use these tools please download the Excel file linked below.

VALUE GENERATED

Decision: Linked to the Value Tree and based on the metrics and targets set

Question: If the options realise the outcomes identified, how much value (relative to other options) will be generated for service users and taxpayers?

Consideration may also be given to the contents of the Evidence Log for example:

(1-2) Low Option is unlikely to fulfil the value target

(3) Medium Option likely to partially fulfil the value target

(4-5) High Option highly likely to completely fulfil the value target

Also consider that, based on the quality of the available evidence, how confident are we that the options will realise the outcomes identified?

RISK

Decision: Linked to strategy and based on acceptable or managed risk

Question: What is the level of risk that the options expose us to?

Examples include:

- Will the quality of care delivered potentially be negatively affected by the option?
- Is there a risk that the option will not generate the value outcomes identified?
- Can the option be implemented without disruption from internal/external factors?
- Does the option risk returning low (or negative) financial savings versus plan?
- Is the available evidence satisfactorily robust?
- For each risk, what are the unacceptable or non-negotiable risk scores?

STRATEGIC CONSIDERATIONS

Decision: Linked to Decision Charter and based on agreed strategy needs

Question: To what extent do options meet the strategic factors being considered?

Examples:

- Does the option align with organisation or patch strategic priorities?
- Will the options take to implement or realise in time?
- Could the model be replicated or adopted by others?
- Is there an unfavourable opportunity cost against other options?

Both tools should be used through the BPV Option Priorities (.xlsx) you can download this tool here