

# NHS Lanarkshire

## Accident and Emergency Services Review

### Final Assurance Report to the Board

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# 1. Introduction

## Background

- 1.01 On 6 June 2007, the Cabinet Secretary for Health and Wellbeing announced her decision to reverse the previous Administration's decision regarding Accident and Emergency Services at Monklands Hospital within NHS Lanarkshire, and Ayr Hospital, within NHS Ayrshire and Arran.
- 1.02 Since then, NHS Lanarkshire has worked in accordance with the process and the timetables set out by the Cabinet Secretary to identify, and agree, proposals to maintain Accident and Emergency Services (A&E Services) on the Monklands Hospital site.
- 1.03 As part of the review process, the Cabinet Secretary established an Independent Scrutiny Panel ('ISP') with the remit of providing a view on whether the proposals from the Health Board are:
- Safe, sustainable, evidence-based and represent value for money;
  - Robust, patient-centred and consistent with clinical best practice and national policy;
  - Reflective of local circumstances and the views of individuals and communities affected;
  - Comprehensive in terms of considering all viable options.
- 1.04 Timelines regarding the key stages and tasks of the process are set out in Appendix 1.

## Scope of our Work

- 1.05 PricewaterhouseCoopers (PwC) was engaged by NHS Lanarkshire to provide independent project assurance commentary in relation to NHS Lanarkshire's project management arrangements concerning this Accident and Emergency Review. An extract of our engagement letter is attached at Appendix 2 of this report.
- 1.06 Our assurance commentary relates to the processes and approaches adopted by NHS Lanarkshire, as opposed to the outputs produced and submitted.
- 1.07 Within the public sector and to ensure the best use of public money, all new policies, programmes and projects should be subject to comprehensive but proportionate assessment, wherever it is practicable. The HM Treasury Green Book details the techniques and issues that should be considered when carrying out such assessments.
- 1.08 Given the timescales of NHS Lanarkshire's Accident and Emergency Services review process, the Board advised the Scottish Government that full compliance with the requirements of the Green Book would not be feasible. In her letter of 1 August 2007, the Cabinet Secretary stated that she did expect the Board to "adopt the fundamental approach outlined in the Green Book: effective option appraisal combined with robust cost benefit analysis".

1.09 Our principal role was to provide commentary in terms of:

- The establishment and operation of project management arrangements (see Section 2);
- The application of Green Book principles to the option appraisal process (see Section 3);
- The reporting and decision-making process (see Section 4).

#### **Purpose of this Report**

1.10 This report represents the final output of our work in this regard. Throughout the project we have provided feedback and commentary (both written and verbal) to management in respect of the processes and procedures being applied and issues arising, including:

- Commentary on project management arrangements;
- Assessment of the evidence gathering process;
- Attendance at Board seminars;
- Attendance at the benefits scoring events;
- Commentary on responses/communications with the ISP.

1.11 This report does not detail every aspect of our input, ongoing dialogue or previous reporting, but rather seeks to provide an overall, up to date commentary on our findings and to provide commentary to the Board on the processes and procedures followed by NHS Lanarkshire in the review of A&E Services.

# 2. Project Management Arrangements

## Introduction

- 2.01 The review of A&E Services at NHS Lanarkshire was governed at two levels:
- Strategically by a process agreement between NHS Lanarkshire, NHS Ayrshire and Arran, the ISP, PricewaterhouseCoopers LLP and the Scottish Government; and
  - Locally by its local project management arrangements.
- 2.02 In our role, we considered both aspects of this governance framework on behalf of the Board.

## Strategic Arrangements

- 2.03 The A&E Review project at NHS Lanarkshire was governed by an initial agreement entitled “Process to Review the Accident and Emergency Services in Lanarkshire and Ayrshire”. This agreement, between the ISP, Scottish Government, NHS Lanarkshire, NHS Ayrshire and Arran and PricewaterhouseCoopers, was subject to a number of iterations and PwC provided detailed comments on aspects of the document. Our substantive comments related to the need to:
- Ensure that the roles and actions of the ISP and the Scottish Government be explicitly stated;
  - Clarify where accountability lay for each stage;
  - Clarify the arrangements and responsibility for public consultation;
  - Agree contact arrangements with the ISP.
- 2.04 These and other matters were duly reflected in the final version of the agreement.

## Local Arrangements

- 2.05 It is important to set the context of the local project management arrangements that were put in place for the Accident and Emergency Services Review. The Board was only informed of the Cabinet Secretary’s requirement to undertake a full options appraisal exercise in early August 2007. Prior to this (from June 2007) the Board had only been requested to provide a list of scenarios for A&E Services at the Monklands Hospital site. This left the Board with an extremely challenging timetable to prepare a comprehensive and evidenced based initial report for the Independent Scrutiny Panel (ISP) by mid September 2007, with formal submission to the ISP by the end of September. Therefore it was not possible to follow all recognised project management standards such as PRINCE2, nor to comply fully with the requirements of the HM Treasury Green Book.

- 2.06 Nevertheless the Board still required to have in place sound accountability and governance arrangements. These arrangements were documented in a Project Initiation Document (“PID”) which covered the following key elements:
- Background
  - Strategic Aims
  - Project Structure
  - Methodology
  - Timeline
  - Budget
- 2.07 Supporting the PID was a more detailed project plan using Microsoft Project which set out the tasks required to ensure the delivery of the project, along with timescales and responsibilities. A further project plan was prepared in word format.
- 2.08 A full time project manager (Project Director) was assigned to the project. This project manager was previously involved in the Picture of Health Initiative and therefore had a good understanding of the background to the review and the issues to be addressed in this process.
- 2.09 The project structure demonstrated engagement throughout NHS Lanarkshire, with input from the Board, the Corporate Management Team (CMT) and a wider reference group incorporating senior clinicians and managers.
- 2.10 NHS Lanarkshire put in place relatively formalised project management procedures from the outset, with a detailed project plan and formal documentation of action points from project team meetings.
- 2.11 Our initial review of the project management arrangements identified only minor areas for improvement, all of which were taken on board and appropriate changes made to the project management arrangements. The key actions taken by management in response to our review included:
- Review of the project plan and Gantt chart to ensure there were no inconsistencies;
  - Inclusion of PwC’s role within the project plan.
- 2.12 Our assessment was that the project management arrangements implemented were good given the time constraints relating to the project.

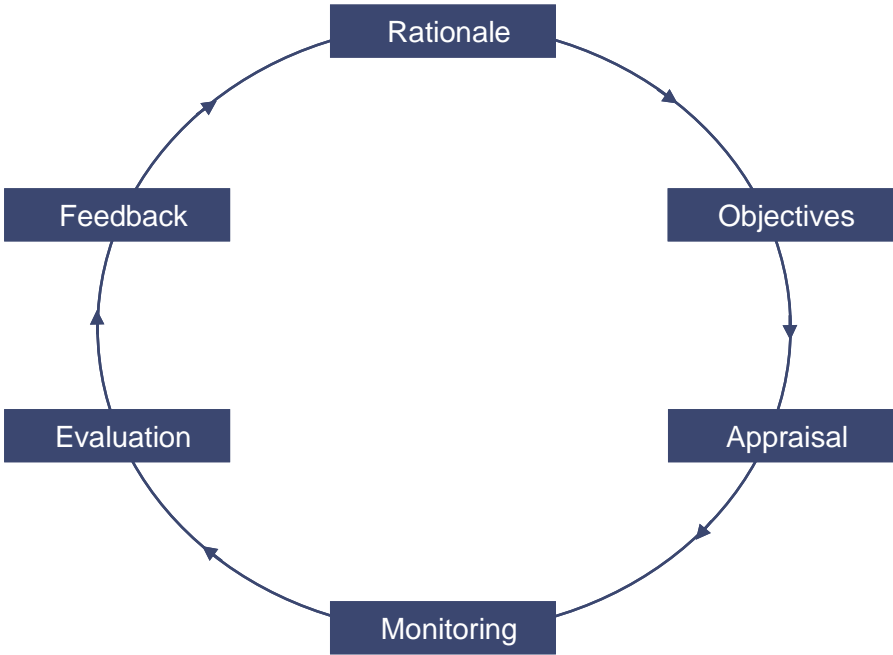
# 3. Options Appraisal Process

## Introduction

3.01 As highlighted earlier, NHS Lanarkshire was charged with undertaking an option appraisal process which adopted “the fundamental approach outlined in the Green Book: effective option appraisal combined with robust cost benefit analysis”.

## The Key Elements of the Green Book

3.02 The Green Book highlights that appraisal and evaluation often form stages of a broad policy cycle that is often summarised as the ROAMEF cycle as follows.



3.03 At this stage in the appraisal and evaluation process, NHS Lanarkshire should have addressed the following stages:

- Rationale
- Objectives
- Appraisal

3.04 The nature of this options appraisal process and the way in which it has been commissioned, are such that in effect the rationale and the objectives were determined by the Cabinet Secretary for Health and Well Being as follows:

*Rationale:* the Cabinet Secretary overturned a previous decision, requiring the delivery of A&E Services within Lanarkshire to be reconsidered and therefore requiring the review to be undertaken.

*Objectives:* the objective of the exercise as prescribed by the Cabinet Secretary was the reinstatement of A&E services at Monklands Hospital.

3.05 We have considered below how NHS Lanarkshire has addressed each of these steps.

Before any possible action by government is contemplated, it is important to identify a clear need which it is in the national interest for government to address. Accordingly, a statement of the rationale for intervention should be developed.

**Source: Green Book**

3.06 To a certain extent this stage could be considered as non-applicable to the Accident and Emergency review process, as the option appraisal process was required by the Cabinet Secretary. Nevertheless, NHS Lanarkshire has prepared a 'case for change' as part of the review process. This follows the requirements of the Green Book.

### Setting Objectives

If an intervention seems worthwhile, then the objectives of the proposed new policy, programme or project need to be stated clearly. This allows the identification of the full range of alternative options which government may adopt.

**Source: Green Book**

3.07 In the case of the Accident and Emergency review, there was one overriding objective, as stated by the Cabinet Secretary, which was to ensure the reinstatement (effectively continuity) of Accident and Emergency services at Monklands Hospital. The Cabinet Secretary also specified that any new models of care for the delivery of Accident and Emergency Services should be:

- Safe;
- Sustainable;
- High quality;
- Patient centred;
- Deliverable within existing resources;
- Value for money;
- Robust;
- Evidence-based;
- Consistent with clinical best practice;
- Consistent with national policy.

3.08 The definition of these criteria was determined by NHS Lanarkshire, NHS Ayrshire and Arran, the ISP and an independent expert, Professor Sheldon.

3.09 The objective to reinstate A&E Services at Monklands Hospital was imposed upon NHS Lanarkshire. Whilst the overall policy objective was clearly stated, it was unfortunate that no definition of what constituted an Accident and Emergency service as required by the Cabinet Secretary was ever agreed. Such a definition would have assisted the Board in identifying options which met the requirements of the Cabinet Secretary.

## Appraising the Options

The purpose of option appraisal is to help develop a value-for-money solution that meets the objectives of government action. Creating and reviewing options helps decision-makers understand the potential range of action that they may take.

*Source: Green Book*

3.10 This is often the most significant part of the analysis, involving the creation of a range of options, then valuing the costs and benefits of these options. In particular, the Green Book requires the following to be undertaken as part of the options appraisal process:

- Creation of a range of options;
- Creation of a short-list of options, including a “do minimum” option;
- Valuation of the costs and benefits of each of the options;
- Consideration of risk, uncertainty and bias; and
- Consideration of unvalued costs and benefits.

3.11 NHS Lanarkshire has largely followed the key principles of the Green Book option appraisal process. In particular:

- An initial range of high level options was developed by NHS Lanarkshire’s clinical leads;
- This initial list was presented to a larger group of clinicians and managers, who were asked to assess each option against proposed evaluation criteria;
- The outputs from this meeting were presented to each clinical and advisory committee for consideration, resulting in the expansion of the number of options from 5 to 7;
- Each option was considered in terms of cost and benefits:
  - the revenue costs of each option were identified;
  - capital costs were determined by external advisors, Currie and Brown;
  - an NPV analysis was undertaken for each option on the basis of the cost and revenue analysis;
  - benefits scoring events were held at which invited members of the public and staff were asked to score the benefits to be derived from each option; and
  - an evidence pack of relevant external evidence relating to the delivery of A&E Services was developed on the basis of a search strategy approved by an independent academic expert and applied to each of the options. Where possible, SIGN (Scottish Intercollegiate Guidelines Network) Guidelines were applied to the project.
- Consideration was given to the overall risk profile of each of the options as required by the Green Book. The risk management system used by NHS Lanarkshire was the Australian/New Zealand Risk Management Standard (AS/NZ 4360 : 2004) as adapted for use in NHS Scotland and recommended by NHS QIS.
- Optimism bias was added to the cost of each option with a differential rate used for refurbishment work and new build, given the difference in risk profile (as required by the Green Book). The optimum bias applied was based upon the advice of Currie and Brown.

- 3.12 NHS Lanarkshire made extensive use of external advisors on an iterative basis throughout and reflected their advice in subsequent processes/outputs. Given the scale and complexity of the options being considered we believe that this use of external advice at key stages of the process had a positive impact upon the robustness of the financial analysis undertaken by NHS Lanarkshire. The only substantive issues highlighted and reported for management attention during this phase were:
- The need to ensure that all options were supported by robust external evidence, as well as internal opinion. In particular this was required to ensure that the evidence provided would prove to be of assistance to the ISP in taking forward the public consultation exercise and in supporting the case for change.
  - The need to ensure a robust audit trail in the use of external evidence to demonstrate that its interpretation was balanced, clear and formally recorded. This would be a means to ensure that NHS Lanarkshire could not be accused of bias in the presentation of the evidence used.
- 3.13 Management agreed to address these matters and whilst we have not sought further documentary evidence to support such action, it is our understanding that both areas were subsequently subject to further work and development.
- 3.14 We should emphasise that our review did not include an assessment of the external evidence gathered and that we are therefore unable to comment upon the overall case for change. However, we are able to say that the fundamental process required by the Green Book was adopted.
- 3.15 We did identify one area where management informed us that they did not plan to follow the requirements of the Green Book in full as follows:
- The discount rate used in the Net Present Value (NPV) analysis should reduce from 3.5% to 3% after 30 years. However, to be consistent with the Picture of Health financial appraisal, management did not apply the reduced discount. We understand that sensitivity analysis was undertaken to confirm that the change in discount did not impact upon the relative ranking of the options.
- 3.16 One further matter was highlighted to us by management in respect of the options considered at the scoring event. It was previously thought that the new Mental Health Unit could not be provided on the Monklands site under options D, F and G and it was on that basis that the options were scored. However, further feasibility work by NHS Lanarkshire's external advisors has identified that the Mental Health Unit could be delivered on the Monklands site under these options. It is feasible that this may have impacted upon the scores given to these options although it is unlikely that this would have changed the differentiation between options F and G.
- 3.17 Notwithstanding the issues flagged above, we do consider that NHS Lanarkshire has followed the fundamental principles of the Green Book in undertaking its option appraisal.

# 4. Reporting and Decision Making

## Introduction

- 4.01 The process for undertaking the Review of Accident and Emergency Services required by the Cabinet Secretary has involved input from a significant number of people from throughout NHS Lanarkshire. Throughout the period since the review was instigated, a significant volume of information and documents has been produced.
- 4.02 In addition to the project management documentation noted in Section 2 of this document, key outputs we have considered as part of our role have been:
- First submission to the ISP (September 2007);
  - ISP Interim Report (October 2007);
  - Scoring packs for the benefits scoring events (October 2007);
  - Second submission to the ISP (December 2007);
  - ISP Draft Final Report (January 2008).
- 4.03 The effort and commitment of staff in pulling together these documents, within such tight timescales, is to be commended especially as the original, very tight timetable, has been achieved.

## Reporting Process

- 4.04 The production of the key outputs from the A&E Review process was the responsibility of NHS Lanarkshire's core project team which included the majority of the CMT, with input from other staff members as necessary. This allowed documents to be prepared within the tight deadlines the project required.
- 4.05 NHS Ayrshire and Arran undertook the benefits scoring process on behalf of NHS Lanarkshire. Unfortunately NHS Lanarkshire did not have sight of the underlying analysis until after the second submission was made to the ISP. Errors subsequently found in that analysis required NHS Lanarkshire to amend its submission to the ISP, albeit it had no impact upon the relative ranking of the options.

## PwC Review of Outputs

- 4.06 The tight timescales to which management were operating meant that there was generally limited time available for us to consider documents prior to their submission dates. In particular we did not have sight of the second report to the ISP prior to its submission.
- 4.07 However, in reviewing these documents we provided a commentary to management on areas of concern or weakness and where practical, management took account of these comments. Our most substantive comment in this regard were as follows:
- Initial differences identified between the staff cost figures and the underlying workforce planning information were subsequently addressed in the scoring pack and submission.
  - The need to improve the presentation of the information within the Evidence Packs for the scoring events to assist readers in understanding the relevance and importance of the data presented.

4.08 In view of concerns raised in connection with the evidence packs, PwC attended both the staff and public scoring events. In our view, the questions raised by staff and public alike indicated a good understanding of the different options being considered, offsetting some of the concerns regarding the information provided. In addition, summary schedules were utilised at the public event, which in our view, would have aided the overall understanding of the options.

### **Reporting and Communication**

4.09 Throughout the process, the Board and other NHS Lanarkshire officers have been kept advised of developments in the following way:-

- Formal Board Seminars on the 13<sup>th</sup> June 2007, 19<sup>th</sup> December 2007 and the 15<sup>th</sup> January 2008;
- Formal monthly Board Meetings;
- A Risk Seminar/workshop held on the 17<sup>th</sup> December 2007;
- Monthly meetings of the Risk Management Steering Group;
- A wider Clinical Forum Meeting on the 17<sup>th</sup> January 2008; and
- Meetings of the Board's Professional Advisory Committees.

The informal seminars in particular were a useful way in which feedback was received on the submissions to the ISP and as a means for open and constructive debate. However, as highlighted above, due to the tight timescales in place, the Board did not have sight of the final version of the second ISP report before it was submitted.

4.10 At this stage it is not possible for us to comment upon the decision making process applied by the Board at the meeting on 30 January 2008 nor upon the papers upon which its decision will be based. However, we understand that the Board will make use of the following in reaching its decision:

- The ISP's Report including findings from the public engagement;
- The analysis of the Accident and Emergency Option Appraisal;
- Work on Opportunity Costs;
- Information on affordability and best value for money.

# Appendix 1 – NHS Lanarkshire Accident and Emergency Review Time Lines

|             | NHS Lanarkshire   | Cabinet Secretary                                | ISP                           |
|-------------|---|--|-------------------------------|
| June 2007   | Establish Project Team & Develop Project Plan   | Cabinet Secretary Announcement                   |                               |
|             | Develop Long List of Scenarios for the Future Delivery of A&E Services  |  |                               |
| July 2007   | Long List of Scenarios Refined and standard presentation pack prepared  |  |                               |
|             | Feedback obtained from NHS Lanarkshire Professional and Clinical Advisory Committees, Chair of the ISP and other internal stakeholders on options |  |                               |
| August 2007 | NHS Board Approve Project Plan  | Cabinet Secretary requires full Option Appraisal |                               |
|             | Short-listed options, including the do minimum, taken forward for options analysis  | ISP Chair Announced                              |                               |
|             | Agreement of Process Document   | Agreement of Process Document                    | Agreement of Process Document |
|             | Develop the Evidence Strategy and Evaluate Evidence   |  |                               |

|                | <b>NHS Lanarkshire</b>                          | <b>Cabinet Secretary</b>               | <b>ISP</b>   |
|----------------|---|--|--|
| September 2007 | Assign Evidence to Models                       |  | Approve NHS Lanarkshire's proposals for Stakeholder engagement in options appraisal and the criteria definitions for the options appraisal |
|                |   |  | Approve NHS Lanarkshire's Evidence Search strategy   |
|                |   |  | Review NHS Lanarkshire's First Submission submitted to the ISP on 26 September 07  |
| October 2007   | Weight the Benefits                             |  | Review NHS Lanarkshire's Scoring Pack for the options appraisal scoring events   |
|                |   |  | Publish Interim Report   |
| November 2007  | Score the Benefits                              |  | Undertake consultation with the public   |
|                | Undertake Option Analysis                       |  |  |
| December 2007  | Issue Second Submission to the ISP              |  | Review NHS Lanarkshire's Second Submission, submitted on 7 Dec 07  |
| January 2008   | Prepare Report to the Board for Decision Making |  | Publish Final Report   |
| February 2008  |   | Cabinet Secretary's Decision Announced |  |

# Appendix 2 – Extract from Engagement Letter

## Your Requirements

The Cabinet Secretary for Health and Wellbeing announced on the 6 June 2007 that she was to reverse NHS Lanarkshire's decision to downgrade A&E Services at Monklands Hospital and NHS Ayrshire and Arran's decision to downgrade A&E Services at Ayr Hospital. She has requested that both health boards revisit the original plans and produce revised proposals that would enable A&E Services to continue at both Monklands and Ayr. To take this forward you have established a review process to determine what scenarios are available and to develop an evidence base underpinning each scenario. The timescales agreed with the Scottish Executive are such that you are required to report the outcome of the initial options analysis process to the Independent Scrutiny Panel by the end of September, with the full option appraisal report during December.

Given the tight timescales involved, you have advised the Executive that full compliance with the requirements of HM Treasury's "Green Book" will not be feasible. In particular, the requirement for public consultation will be the responsibility of the Independent Scrutiny Panel. However, in her letter of 1 August 2007, the Cabinet Secretary has stated that she does expect the Boards to "adopt the fundamental approach outlined in the Green Book: effective option appraisal combined with robust cost benefit analysis."

In NHS Lanarkshire's letter to Carmel Sheriff of the Scottish Executive on 13 July 2007, the role you envisage for PwC in this process has been highlighted, namely the provision of project assurance by reviewing your work and key milestones and formal periodic reporting to the Project Boards on completion of the reviews. These final reports would be made available to the Independent Scrutiny Panel and will allow reliance to be taken by the ISP on the work we have undertaken. In addition, after agreeing our findings with you we will brief both Audit Scotland and KPMG on a regular basis regarding our findings.

To deliver to this brief and taking account of the "Review of the Accident and Emergency Services in Lanarkshire and Ayrshire Process" document, in addition to our ongoing inputs and informal reporting we have identified five broad phases for our assurance services to you as follows:

- Phase 1: Establishment and operation of project management arrangements;
- Phase 2: Option Generation and Gathering the Evidence;
- Phase 3: Analysing the Options;
- Phase 4: Scoring the Options;
- Phase 5: Reporting the Recommendation.

Further details of what would be undertaken during each phase is given below.

At the end of the phase, we would also prepare a written report highlighting and commenting on the areas reviewed.

**Phase 1:** Initial review of the review process established by NHS Lanarkshire and NHS Ayrshire and Arran. This would include consideration of the overall project management arrangements put in place, such as:

- Initiation of the review process;
- Accountability and reporting arrangements;
- Monitoring arrangements;
- Resourcing;
- Processes and procedures;
- Development of individual project work streams;
- Delivery of work streams;
- Identification of key project milestones; and
- Decision making procedures.

**Phase 2:** The next phase will be to consider the means by which the different options for delivering A&E services at Monklands and Ayr have been developed. This will consider issues such as:

- Development of long list of options;
- Consultation;
- Research undertaken into other models;
- The means by which options were defined and agreed;
- The robustness of the evidence base gathered;
- The completeness of the evidence base;
- Identification of risk; and
- Shortlisting.

**Phase 3:** The options analysis phase will focus on each of the different work streams you have established. This work will involve consideration of the following key questions:

- What work has been undertaken as part of this work stream?
- Did the work comply with the agreed brief?
- What evidence has been gathered?
- Were the sources of the evidence used robust?
- How were the implications of each option considered?
- Who was involved in undertaking the analysis?
- Was best practice followed in delivering the work stream?

On the basis of the information provided by you, particularly the “Review Process” document paper, we would expect to apply this review process to each of the following work streams:

- Opportunity and Other Cost Analyses;
- Workforce Analyses;
- Capital and Logistics Implications;

In addition, we would review the means by which the definition for the assessment criteria and relative weightings had been agreed and subsequently applied to the options.

**Phase 4:** We would perform a review of the report prepared for submission to the ISP. This would involve ensuring that the content of the report was based upon the outcome of the work undertaken to develop the evidence base and that any commentary was adequately supported by underlying evidence.

This would include:

- Reviewing the organisation and appropriateness of the benefits scoring events;
- Assessing how the underlying data has been translated into the option appraisal report.

In terms of the benefits scoring event, we would propose reviewing the arrangements in advance of the event to ensure any issues could be addressed prior to the event itself. This would consider issues such as:

- Attendees;
- Information packs; and
- Proposed voting/scoring method.

Our review of the options appraisal report would involve:

- Verifying the findings to underlying evidence;
- Considering the completeness of the report, i.e. has any evidence been included;
- Considering the presentation of the report.

**Phase 5:** In this phase we would consider the way in which the preferred option was determined. We would consider the preferred option in light of:

- The options appraisal report;
- The ISP's report.

In addition, we would consider the way in which the preferred option was determined in terms of:

- Board involvement;
- Compliance with the Board's Standing Orders;
- Information provided to the Board to facilitate the decision making process.