The Royal Wolverhampton NHS Trust

Stroke Transfer – Post Project Evaluation

13 May 2019

Agenda Item No: 9.5

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	13th May 2019
Title:	Stroke Transfer: Post Project Evaluation
Executive Summary:	RWT took over the provision of acute stroke services for the Walsall population in April 2018. A capital development provided an expanded and improved ward facility alongside an increase in staffing and expanded outpatient facility. All patients with an acute Stroke from Walsall and Wolverhampton are now treated on the RWT site. The capital funds for this development, £3.2m came from NHSI following a successful bid. In line with NHSI good practice an interim evaluation is presented, with further monitoring of benefits realisation to follow in 12 months. The capital spend was within budget, although the delivery date overran by 3 weeks. This was due to unforeseen issues with the fabric of the existing building; however there have been no further significant problems with the refurbished facility. Clinical outcomes are monitored via the submission of data to the Sentinel Stoke National Audit Programme SSNAP. Overall RWT performs well against the national averages and there is a significant improvement in measured parameters for the Walsall cohort of patients before and after transfer. These outcomes are continually monitored for consistency and service improvement methodology will be employed where possible to further improve outcomes. Income generated by Stroke is less than projected in line with the national trend for reduction in activity. Expenditure is above the budget largely because of the reliance on 2 locum consultant doctors. To assist the Trust and Commissioners in ascertaining if clinical outcomes and that Trust systems and processes achieve best practice standards, West Midlands Clinical Quality Review Team (WMQRS) have undertaken a site visit and review in March. The final report is not yet available and this will be shared and discussed with Commissioners once received, along with any action plan that is required via the Clinical Quality Review Group.
Action Requested:	Receive and approve the first evaluation of the Stroke Services Transfer before submission to NHSI
For the attention of the Board	
Assure	Assurance has been provided via clinical, financial and capital parameters to demonstrate that the service objectives of the Walsall Acute Stroke Transfer Project have been met, see NHSI submission attached. West Midlands Clinical Quality Review Visit and report will provide external assurance on outcome, system and processes in Stroke care.

Advise	To advise the Board that evaluation of the first 9months of service delivery will be submitted to NHSI
Alert	N/A
Author + Contact Details:	Mike Sharon 01902 694290 E-mail: mikesharon@nhs.net
Links to Trust Strategic Objectives	1 Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	None
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	None
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Capital regime, investment and property business case approval guidance for NHS trusts and foundation trusts

Annex 8: Post-project evaluation templates for foundation trusts in financial distress and all NHS trusts

Updated April 2017

NHS Improvement publication code: CG 27/17

Project completion report

This pro forma is to be completed and submitted to NHS Improvement within six months after commissioning a new service and/or facility which required approval of a business case by NHS Improvement.

For clarity, where related to a facility, post-project completion does NOT refer to the physical completion of the structure itself. Here, post-project completion means the building has been in use for its planned purpose for a period of around six months.

This short project completion report (PCR) does NOT replace the need to undertake and complete the full post-project evaluation (PPE) of the agreed programme as described in the full business case (FBC) approved by NHS Improvement.

Some appropriate supplementary information may be provided to support the responses below but must be referenced in the response as being provided and how.

SECTION 1 – KEY INFORMATION				
Organisation name			**The Royal Wolverhampton NHS Trust**	
Project name			**Stroke Rehabilitation**	
Date FBC was approved by NHS Improvement			**TBC**	
Site			**New Cross Hospital**	
Nature of project (IT, equipment, construction, refurbishment, etc)			**Refurbishment**	
Project identifier (if available)				
Project SRO	**Name**		**Mike Sharon Director of Strategic Planning and Performance**	
	Contact address		**Royal Wolverhampton NHS Trust WV10 0QP**	
	Email		**mikesharon@nhs.net**	
	Telephone		**01902 307999 ext4290**	
Project main contractor/supplier			**Interclass**	
What budget was, and remains, allocated for post-project appraisal (PPA)?		**£k**	**£0**	
NHS Improvement portfolio director	**Name**		**TBC**	
	Contact address			
	Email			
	Telephone			
Date the trust board approved this project completion report			**13th May 2019**	
Date this project completion report was submitted to NHS Improvement			**TBC**	
NHS Improvement reviewer of this report			**TBC**	**Date**

SECTION 2 – PROJECT COMPLETION REPORT PRO FORMA Further, more in-depth enquiries may be made by NHS Improvement where a trust's responses appear to be insufficient or incomplete.						
Ref	**Review heading**	**Requirement**	**Trust response**	**Trust RAG rating**	**NHS Improvement comment**	**NHSI RAG rating**
1	**Project start date**	What start date was approved at FBC? Was this achieved and if not why?	**16th October 2017 Date achieved, actual start 23rd of October allowing for pre-start period.**			
2	**Project completion date**	What completion date was approved at FBC? Was this achieved and if not why?	**April 1st 2018. Completion of refurb was achieved on 23rd of April 2018. Slippage due to unforeseen issues with fabric and layout of existing building**			
3	**Project costs**	Please confirm the FBC outturn cost and final cost, and provide analysis to support any over or under spend.	**£ 3,232,706 + cost for provision additional parking £420K.**			
4	**Fees**	**a) What budget was allocated within FBC 'fees' on the FBC forms or other cost quote? b) What was the final cost? c) What were the reasons for the variation?**	**a) Fees in FBC £158,830 b) Final Cost - £163,354 c) Minor changes to room design**			
5	**Legal**	a) Was there any need to take legal action or seek arbitration during the project and if so why, what value and outcome? b) Are there any legal issues associated with the project still to be resolved and if so why, what value and outcome?	**a) No legal action or arbitration during project b) No legal issues outstanding**			

6	**Procurement method**	a) What method of procurement was used for the project? b) Would the trust use this procurement method again? If not, why not?		**a) Traditional tender using JCT contract** **b) Yes**			
7	**Framework contract**	a) Was project delivered by way of a framework contract? If so, which one? b) Give the name of the framework provider. c) Were there any shortcomings or concerns with the framework process generally?		**a) No**	N/A		
8	**Conflict**	a) Where there any major conflicts between the trust, the contractor or other stakeholders? b) If yes, give the reason and resolution or outstanding issues.		**a) No**			
9	**Key quality benefits**	What were the six key quality benefits from the FBC and to what extent have these been achieved: safety, patient experience, reduced risk, mandatory/ statutory compliance, etc?	**Patient safety**	**Ensure sustainable Acute Stroke services for Walsall population following concerns raised about the viability of services for this cohort. Continued provision of service achieved**			
			Achieve STP/national recommendation to centralise services	**The Stroke Transformation Programme led by NHS England recommended the implementation of a service model which meant that an optimum number of Stroke Units would receive stroke patients and provide the**			

				diagnosis and initial treatment phase **Concentration of services on one site to bring total population to circa 1000/annum** **This has been achieved with amalgamation of circa 600 Wolverhampton strokes and 400 from Walsall.**			
			Improved clinical outcomes	**See Appendix 1 (SSNAP data)** **Across most parameters clinical care for patients has improved, for instance by reduction in time to thrombolysis and time to admission to stroke unit etc.** **Continued monitoring required**			
			Patient/Staff Experience	**Redeveloped stroke unit with on ward ADL gym and kitchen, overnight family room, increased single rooms and ensuite facilities for all bays and rooms. Teaching facilities for staff, integrated OP.** **Current Friends and Family results show that 100% of patients would be likely to recommend this service to family**			
			Reduced Risk by improving staffing compliment	**The number of Consultants has increased from a total across 2 sites of 6wte to 7.2wte on one site (includes 2 locum, expected that one will transfer to substantive post) and a**			

				further vacancy to be recruited to. **Senior ANP in post.** **Recruitment to full nursing and therapy compliment still to be achieved. Currently 9 wte nursing vacancies, with 2.3 of these recruited and waiting start dates. Active recruitment processes ongoing**			
			Compliance against 7 day services	**Consultants work 7 days each week and all patients are seen within 14 hours of admission and daily by a Consultant. TIA clinics are offered daily.**			

10	**Service need**	a) Was the service need fully delivered? b) If not, why not? c) If not, what is being done to resolve the shortcoming? d) Will the resolution of the shortcoming be achieved in time to prevent issues arising with service delivery? e) How will that be funded?		**The service need has been delivered. Sustainable services, improved outcomes**			
11	**Key financial benefits**	Confirm the key financial benefits in the FBC (CapEx, OpEx, and Lifecycle) and confirm to what extent these have been achieved (eg backlog maintenance reduction, staff reduction, etc).	Capex	**The capital investment was delivered on time and in budget. The benefits from the improved physical environment have been described elsewhere.**			
			OpEx	**The business case required an investment in additional staffing on the single site. This staffing is in place but it should be noted that there is still a reliance on 2 locum consultants. One will be replaced by an identified permanent recruit with recruitment for a 2nd consultant ongoing**			
			Lifecycle	**There were no lifecycle costs included in the business case submission. However, one year in there have been no capital costs that have occurred which were unexpected. It should also be noted that the lifecycle costs of stroke services across**			

				Walsall and Wolverhampton (in terms of equipment and building operations, maintenance, upgrades, disposal and so on) would be costs incurred in the health economy regardless of the transfer of HASU services to Wolverhampton.			
12	**Efficiencies**	a) Were the planned operational and financial efficiencies achieved? b) If not, why not? c) What is now being done to achieve them?		**a) An internal review of the I&E account of the stroke service shows that after 9 months the service is overspent due to expenditure on locum staff which is being addressed and has a small overspend on MRI scanning which is linked to the Trust requiring mobile MRI scanning due to the overall increase in the demand for MRIs.** **The income generated is below plan which is in line with a national downward trend in stroke activity.** **Further work is required in conjunction with Walsall CCG to test whether the stated objectives of reducing length of stay and reducing admissions to nursing and care homes have occurred.**			
13	**Project team**	a) Was the trust project team appropriate		**YES**			

		for the project? b) If not, what will change for future projects?				
14	**Project 'blockers'**	a) Were any significant project blockers identified by the trust? b) If so, how were these overcome? c) Could they have been avoided by earlier action? d) Could they have been avoided with an alternative approach to the project?	**NO**			
15	**Post-project evaluation**	Confirm dates for starting and completing the full PPE and provide any supporting information. Include as a minimum: start date, completion date, trust board approval date, date of submission to NHS Improvement.	**Start Date: March 1st 2020** **Completion Date: June 1st 2020** **Trust Board Date: July 1st 2020** **Date of Submission to NHSI July 5th 2020** **Note this will be a joint evaluation between Walsall CCG, Walsall Healthcare NHS Trust and RWT**			
16	**Summary 1**	Did the project fully solve the problem that it was designed to address?	**Yes, Provision of care for Walsall patients has improved significantly (measured by SSNAP). Provision of care for Wolverhampton patients has broadly maintained or improved. All clinical measures remain under review for consistency and for improvement where appropriate.**			
17	**Summary 2**	Can the trust do more to deliver even	**SNNAP data suggests that the Trust is better than average**			

		bigger benefits from this project?		**against most parameters, however the Stroke service aspires to improve the clinical benefits for patients, for instance it aims to further increase its thrombolysis rate. Further recruitment of substantive Consultants and nursing staff ongoing**			
18	**Summary 3**	Has the trust recorded significant lessons learned that can be applied to future projects? (see Section 3 below)		**Yes**			
19	**a**	The NHS Improvement business case checklist (see Annex 1, 3.8.11) requires estates projects to comply with the building research establishment environmental assessment model (BREEAM). Is the final BREEAM certificate attached to this PCR? If not, please explain why not.		**Refurbishment contract value under £2M, therefore a BREEAM assessment is not required. A BREEAM assessment is therefore not attached to this PCR**.	**N/A**		
	b	What BREEAM target rating was expected and what rating was achieved?	**Target rating**	**N/A**	**N/A**		
			Actual rating				

20	**a**	The NHS Improvement business case checklist (see Annex 1, 3.8.5) refers to estate design/project solutions that are appropriate and supported by design quality assessment. Did this project undergo independent design appraisal? If **NO**, please explain why not. If **YES**, please state the process used, eg AEDET, DQI.	**No independent design appraisal was undertaken due to the size of the project. Internal design reviews however were regularly undertaken**.	**N/A**		
	b	If independent design appraisal was carried out, is a DQI Stage 5 In-Use Report (or similar) attached to this PCR? If not, please explain why not.	**N/A**	**N/A**		
21	**a**	The NHS Improvement business case checklist (Annex 1, 3.8.25) requires that, where the DH Procure framework (P21+ or P22) is not used, sufficient justification for this is given. Was 'DH Procure' used to deliver this project? If **NO**, please explain why not. If an alternative pre-tendered framework was used, state which one, eg SCAPE, and explain why it was used.	**Due to project timescales, P22 and DH Procure were not used.**	**N/A**		
	b	The benefit of framework contracts is the provision of a post-construction/post-occupancy evaluation by the prime contractor. Is a report attached to this PCR? If not, please explain why not.	**A post occupancy evaluation is yet to be conducted and will be done so by the organisation directly.**	**N/A**		

SECTION 3 – LESSONS LEARNED AND ACTIONS IMPLEMENTED BY THE TRUST
LESSONS LEARNED (including provider performance, client performance and procurement performance) What initial lessons have been learned by the trust from project initiation to bringing the new service/facility into use?
Please consider positive lessons learned from things that went particularly well, but also those lessons learned with the benefit of hindsight or feedback from others such as patients and staff, contractors, etc.
Lessons learned (positive): Include trust project management performance, procurement and contractors and consultants who performed well and how/why, etc. **Good liaison between Walsall CCG and Wolverhampton provider, achieved through ensuring dedicated project management time**
Please consider negative lessons learned from things that went particularly badly, but also those lessons learned with the benefit of hindsight or negative feedback from others such as patients and staff, contractors, etc.
Lessons learned (negative): Include trust project management performance, procurement and contractors and consultants who did not perform well and how/why, etc. **Capital Design – Design of ensuite facilities should be mocked up physically before signing off the design.** **Clinical Senate Review- The clinical senate requires a significant amount of information and time. Greater preparation and clearer communication processes required at the start of the process in order to reduce frustration and duplication of effort in later months.**
Please describe actions and processes implemented by the trust resulting from the highlighted lessons learned. Comment on any immediate impacts on the trust from these new actions and processes.
Actions and processes implemented by the trust as a result of the lessons learned. Include actions taken and actions planned and in the process of being implemented. **Capital design: Project planning process now includes 3d mock-up of design.**

Experience of Clinical Senate Process will be shared with future project teams

SECTION 4 – TRUST BOARD SIGN-OFF AND COMMENT
TRUST BOARD: COMMENT AND SIGN-OFF The trust board is asked to comment on how this project progressed, including lessons learned and implications for the running of future projects for the trust as a whole. The trust board is also asked to confirm by this sign-off that the full post-project evaluation (PPE) will be resourced, completed and submitted to NHS Improvement within two years from project completion.
On behalf of the trust board: _____ **Trust board meeting: Date_____20___** **Board agenda item: _____**

SECTION 5 – NHS IMPROVEMENT REVIEW COMMENTS ON SIGNIFICANT FINDINGS
On behalf of NHS Improvement
Date

Appendix 1:

Clinical Measures of Quality Comparison of performance before transfer of care (Wolverhampton (RWT) and Walsall data) and after merger (combined unit)

	Pre Transfer of Care Q4			Post Transfer of Care Q3	
	National average	**RWT average**	**Walsall Average**	**National average**	**Combined unit at RWT average**
Proportion of patient scanned within 1hr of clock start	**52.4%**	**48.6%**	**27.0%**	**54.5%**	**49.8%**
Proportion of patients scanned within 12hrs of clock start	**94.8%**	**89.1%**	**91.0%**	**95.5%**	**97.0%**
Median time to scan	**0:55**	**1:00**	**1:49**	**0:52**	**1:02**
Proportion of patient arriving on ASU within 4hrs of arrival in ED	**52.8%**	**44.5%**	**16%**	**58.9%**	**67.2%**
Median time to stroke unit	**3:52**	**4:06**	**14:35**	**3:37**	**3:14**
Proportion of patients receiving thrombolysis	**11.5%**	**10.9%**	**8.1%**	**11.6%**	**12.4%**
Proportion of patients thrombolysed in under 1hr	**63.0%**	**73.3%**	**11.1%**	**61.0%**	**64.0%**
Median DNT for thrombolysis	**0:51**	**0:51**	**1:42**	**0:53**	**0:54**
Proportion of patient spending 90% of their stay on a stroke unit	**83.4%**	**68.5%**	**71.7%**	**86.1**	**91.6**