Project Business Case

This business case provides information on the drivers and potential benefits for implementing the North Cumbria University Hospitals Trust pilot project on *Teaching Programme: Barriers to Effective Discharge – Breaking the Bottleneck.*

It is a guide that can be tailored to your needs and organisational requirements.

Project Name:	**Teaching Programme: Barriers to Effective Discharge – Breaking the Bottleneck**		
Date:		**Release:**	Draft/Final
Project Manager:			
Senior Responsible Owner (SRO):	The SRO's main responsibilities include: • being personally accountable for the outcome of the project • providing direction and leadership for the delivery and implementation • managing the interface with key stakeholders The SRO does not have to be at Board level. It can be somebody senior in your department who has experience/an understanding of the project's priorities.		

1. Document Version Control

Filepath/Filename					
Version No	**Issue Date**	**Author**	**Quality Review/ Change Date**	**Reviewed By**	**Brief Description of Action/Changes**

2. Project Definition (Purpose)

This section gives a short description of the purpose of the project. Here we have outlined the purpose of the '*Teaching Programme: Barriers to Effective Discharge – Breaking the Bottleneck*' pilot project.

Doctors in training often develop skills in discharge-planning 'after qualification'; this was highlighted as an area that needed more focus in Professor John Collin's Foundation for Excellence report.

'Barriers to Effective Discharge: Breaking the Bottleneck' is a pilot teaching programme aimed at Foundation Year 1 doctors to teach them the process of discharge planning, continuation of care in the community and inter-disciplinary team working.

The purpose of the project is to embed a cultural change, promote an active role in the discharge process and overall, streamline patient flow.

3. Case for Change

Don Berwick's 2013 report '*Improving the Safety of Patients in England'* highlighted that the capability to measure and continually improve the quality of patient care needs to be taught and learned or it will not exist. The NHS needs a considered, resourced and driven agenda of capability-building in order to generate the capacity for continuous improvement.

As well as supporting to achieve this capability, this project is also supporting to make to other key national priorities including (but not limited to):

- Out of hours care – 24/7
- Front door – Accident and Emergency.

The teaching programme was introduced in 2013-2014 at Whipps Cross Hospital at Bart's Health Trust in London and Royal Lancaster Infirmary, Lancaster.

4. Strategic Drivers and Objectives

In this section you can define the reasons for undertaking the project - who requested it and how it fits with the strategic objectives and drivers of your organisation, and the NHS as a whole. This section demonstrates why this project should be invested in.

SMART (**S**pecific, **M**easurable, **A**ssignable, **R**ealistic, **T**ime-measurable) descriptors are a helpful way of ensuring that these objectives can be measured

Below are the objectives from this pilot project

This project aims to:

- Improve the knowledge, attitudes and behaviours necessary for safe discharging and preventing delayed discharges of Foundation Year 1 doctors
- Increase patient safety and care

- In the long term, overcome the barriers to inter-disciplinary team working which can cause delays in patient discharge

5. Project Deliverables

The section below highlights the deliverables for this pilot project.

- To deliver a 5-part teaching programme based on educational theory
- To evaluation the teaching based on semi-structured interviews of the participants

6. Expected Benefits and Dis-Benefits

Consider what the primary measurable benefits or dis-benefits of achieving this project are.

The table below lists the benefits this pilot project achieved.

Benefit *(or Dis-benefit)* Description	**Measurement**	**Measurement Indicator**	**Responsibility/ Owner**	**When Realised**
Improved discharge knowledge amongst FY1 doctors	Course attendees will have a clearer understanding of the discharge process within the multi-disciplinary setting	Pre and post training questionnaires		
Increased involvement in the discharge process by FY1 doctors	FY1 Doctors' perception of the impact the training had on their own day-to-day job	Semi-structured interviews		
Reduced delays in discharge and length of stay	Clinical outcome of teaching discharge processes	Audit pre and post training: Length of stay, failed discharges, readmissions, estimated discharge dates, discharge checklists		

7. Project Governance

The governance of the *Teaching Programme: Barriers to Effective Discharge – Breaking the Bottleneck* project is illustrated below. This governance structure helped to ensure that the project achieved its objectives to a high standard, on time and within budget.

The project was managed by two doctors in training, one at each respective site. Each project site had senior clinician leads overseeing the project. The Foundation Programme Director and administrative staff ensured sessions took place within allocated teaching slots.

Face to face meetings took place monthly with supervisors and a project committee at each site.

8. Project Roles and Team Structure

There are many groups of people involved in managing the project. The project team is the group responsible for planning and executing the project. It consists of a Project Manager and a variable number of project team members, who are brought in to deliver their tasks according to the project schedule.

The below table lists members of staff who had a role to play, or were involved on the project team. The majority of these roles were not full time and were shared roles, and not necessarily new established roles.

Project Role	Working Role	Name	Division/ Directorate	WTE (whole time equivalent)
Project lead x 2 (one per hospital site)	Doctor in training			8 hours per month
Teaching facilitator x 2 (one per hospital site)	Doctor			2 hours per month
Administrator	FY1 doctor			2 hours per month

9. Timescales for Delivery of the Project and its Milestones

This section should cover the period over which the project will run. The key project milestones should be included where known at this stage. It is useful to have a separate more detailed project plan including specific tasks you want to achieve for each milestone.

You can use the table below to list your key milestones for the business case.

Some of the milestones of the *Teaching Programme: Barriers to Effective Discharge – Breaking the Bottleneck* project are listed below.

Please note that the length of the delivery of the milestones is not linear, but the tasks can overlap. The table below will give you an indication how long it took.

No.	Milestone – Decision/Delivery Point	Preparation Time	Target Date
1.	Design of project: Teaching material	5 months	August
2.	Committee recruitment	1 month	July
3.	Teaching	6 months	January
4.	Survey design	1 month	August
5.	Survey Administration	First session and last session	February
6.	Semi-structured interviews	3 months	February
7.	Evaluation of outcomes	5 months	April
8.	Audit	12 months	August
9.	Departmental presentation and dissemination	1 month	June

10. Project Dependencies and Critical Success Factors

Project dependencies are any events or work that are either dependent on the outcome of the project, or the project will depend on. These can be internal and/or external dependencies.

Critical Success Factors are factors identified as essential to achieving successful projects. These factors interface with the project and influence the autonomy of the project to deliver.

Some of the critical success factors identified by the pilot of this project are outlined below for you to consider.

The implementation of this project should be relatively smooth. The greatest challenge is to identify times for the teaching sessions due to clinical pressures, but these can be made compulsory and can be organised ahead and around consultant availability.

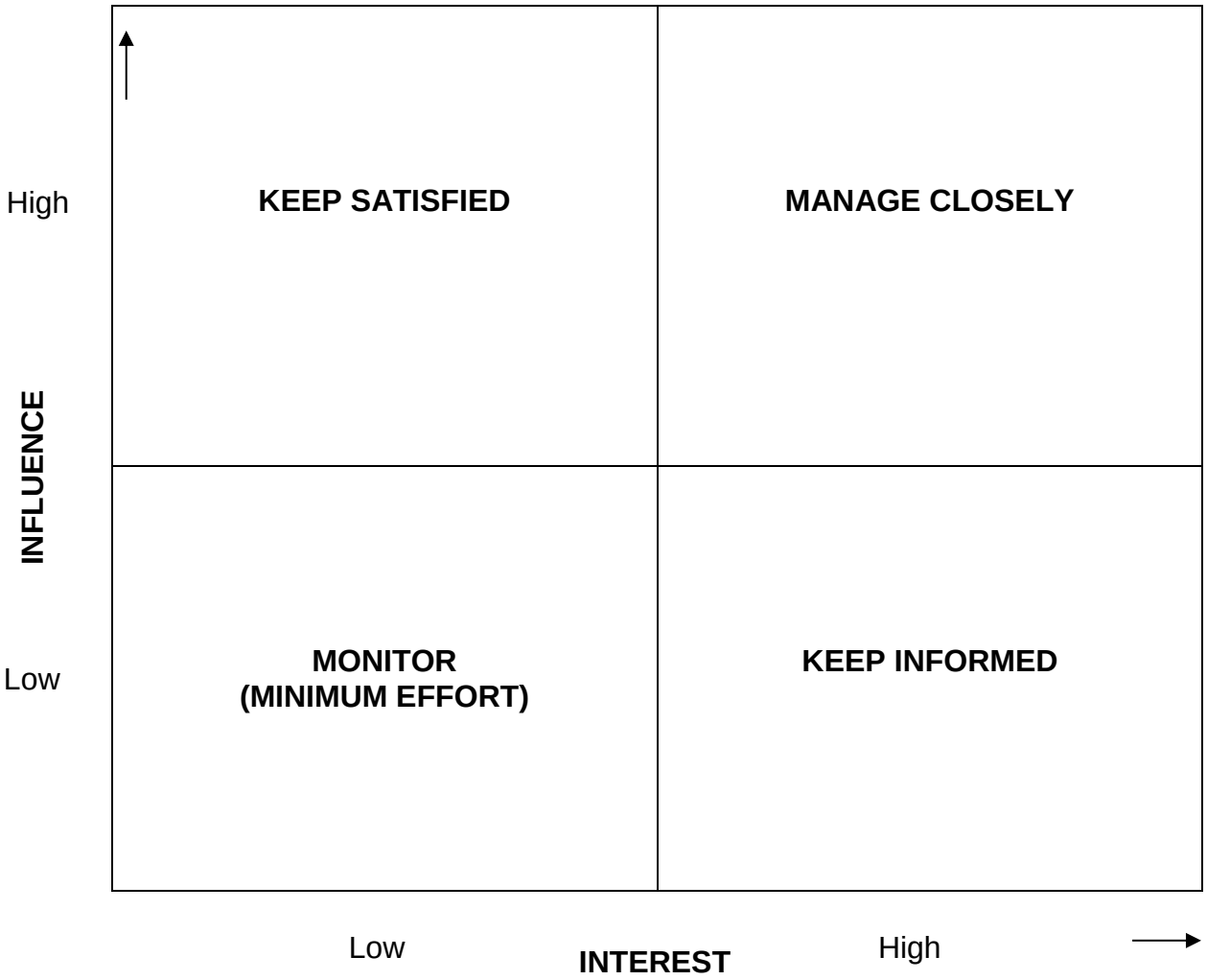
First year foundation doctors value teaching on clinical topics and therefore the subject was broached with as much clinical relevance as possible, showing that if successfully implemented these measures could have a large impact on patient care.

11. Key Stakeholders

Your key stakeholders are people and/or organisations who have a vested interest or are directly affected by delivery of the project. It could include suppliers, end users, sponsors, related organisations or internal staff.

Further suggested stakeholders would be trainees, consultants, nurses, allied health professionals, corporate staff, clinical tutors and others, who will need to be all engaged at the beginning and throughout the project and at key milestones. A lay and patient representation at the project board from the outset is to be considered. Having an academic partner involved is also a key to a successful project.

A detailed communication and engagement plan should be developed in addition to the business case and you will find the templates for those documents in the BTBC toolkit. It is helpful to map your stakeholders on the grid below. It will prompt you to taking into account their influence and interest in the project.


High
INFLUENCE
Low
KEEP SATISFIED
MANAGE CLOSELY
MONITOR
(MINIMUM EFFORT)
KEEP INFORMED
Low
INTEREST
High

12. Risk Assessment

This section gives a summary of the key risks associated with the project together with the likely impact and mitigating plans should they occur. Your organisation may have their own methods of reporting project risks you may want to consider instead. It is important to have risk management incorporated into your project governance so that you are able to escalate risks if necessary.

Risk Description	Category	Likelihood	Impact	RAG Rating	Impact Date	Mitigating Action	Risk Owner

Categories	(including but not limited to) – strategic, political, financial, legal/legislative, external/internal dependency, organisational/operational, reputational, stakeholder, service delivery, technical, delivery implementation
Likelihood	1 rare, 2 unlikely, 3 possible, 4 likely, 5 almost certain
Impact	1 negligible, 2 minor, 3 moderate, 4 major, 5 catastrophic
RAG Rating	Using the chart calculate the risk score for the risk

Likelihood	RAG RATING MATRIX				
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

13. Cost Breakdown (including VAT, where applicable)

This section will outline your cost requirements for the project.

The funding for the pilot project was £8,730. This was mainly to pay for the delivery of the teaching sessions.

Cost Requirements	Total Cost
Total Project Budget Requirements	£

14. Equality Impact Assessment (EIA)

It is good practice to evaluate your project in terms of equality. Your organisation may have a template for the EIA you may wish to use. Otherwise you can consider the main points below.

Ensure your project is developed in consideration of the requirements of the Equality Act 2010, the NHS Constitution and relevant HEE policies.

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

It may specifically benefit and reduce barriers for different equality characteristic groups including but not restricted to those included in the Equality Act 2010:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race – this includes ethnic or national origins, colour or nationality
- religion or belief – this includes lack of belief
- sex
- sexual orientation.

Additionally other relevant specific groups should be considered when developing policy or changes to services, including but not limited to; children and young people, travellers, asylum seekers, students, homeless.