

# 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 *Confusion: Delirium & dementia, a smartphone app to improve cognitive assessment*.

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

<b>Project Name:</b>	<b>Delirium &amp; dementia, a smartphone app to improve cognitive assessment</b>		
<b>Date:</b>		<b>Release:</b>	Draft/Final
<b>Project Manager:</b>			
<b>Senior Responsible Owner (SRO):</b>	<p>The SRO's main responsibilities include:</p> <ul style="list-style-type: none"> <li>• being personally accountable for the outcome of the project</li> <li>• providing direction and leadership for the delivery and implementation</li> <li>• managing the interface with key stakeholders</li> </ul> <p>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.</p>		

## 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 *'Delirium & dementia, a smartphone app to improve cognitive assessment'* pilot project.

Older patients with dementia and delirium are more prone to adverse events in hospital, but formal cognitive assessment to identify these vulnerable patients on admission is often not carried out by doctors in training grades. The aim of the project is to introduce a smartphone app created by the pilot project to facilitate the use of standard cognitive assessments for delirium and dementia at the Trust.

## 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):

- Improving education and training delivery
- Mental health

The use of the Confusion app improves performance in cognitive assessment of older people.

This app is currently being used at the North Cumbria University Hospitals Trust and is suitable to use by nurses and therapists as well as doctors in other hospitals.

## 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 cognitive assessment by Doctors in training grades in line with NICE guidelines on Delirium and the National Dementia Strategy;
- Help to increase early recognition of cognitively impaired patients as per NICE guidelines, to identify important points on history and examination;
- Fulfil curriculum outcomes for Doctors in training grades;
- Increase patient safety and care.

## 5. Project Deliverables

The section below highlights the deliverables for this pilot project.

- Introduce the Confusion app into the training of doctors at the Trust as a teaching aid;
- Introduce the Confusion app into the wider practice at the Trust when assessing patients for cognitive impairment as a reference guide;
- Collection of pre- and post- intervention data for the above initiatives to assess whether this leads to improved outcomes in the assessment of cognitive impairment of patients.

## 6. Expected Benefits and Dis-Benefits

Consider what the primary measurable benefits or dis-benefits of achieving this project are. Link in with your academic partner to discuss and establish these.

The table below lists the benefits this pilot project achieved.

<b>Benefit (or Dis-benefit) Description</b>	<b>Measurement</b>	<b>Measurement Indicator</b>	<b>Responsibility/ Owner</b>	<b>When Realised</b>
Improvement in cognitive assessment in patients	Increased number of patients receiving cognitive assessment in hospital	Audit in hospital – pre and post app		
Decreased length of stay and adverse events in cognitively impaired patients		Audit in hospital, pre and post app		
Increased patient care	A clearer understanding of delirium and dementia, and how to assess and manage these patients	Completion of qualitative evaluation questionnaire		
	Assistance in reviewing patients' medication related to increased confusion	Referral to the formulary section of the app track changes		

## 7. Project Governance

The governance of the *Delirium & dementia, a smartphone app to improve cognitive assessment* 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.

Regular meetings took place between the project mentor, deputy project manager and trust sponsor. These were monthly and face-to-face. The deputy project manager was in regular contact with the rest of the project team via e-mail and phone calls.

## 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. 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 Mentor	Consultant in Medicine Elderly			
Project Sponsor	Education and Finance Manager			
Project Lead	Foundation Doctor			
Project Team (x2)	Foundation Doctor			
IT Advisor	Trust IT Manager			

## 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 *Shadowing and peer mentoring: avoiding grey Wednesdays* 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	Collection of pre-intervention data	1 month	
2	Engagement and Communication around the app	1 month	
3	Collection of post-intervention data	1 month	

## 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.

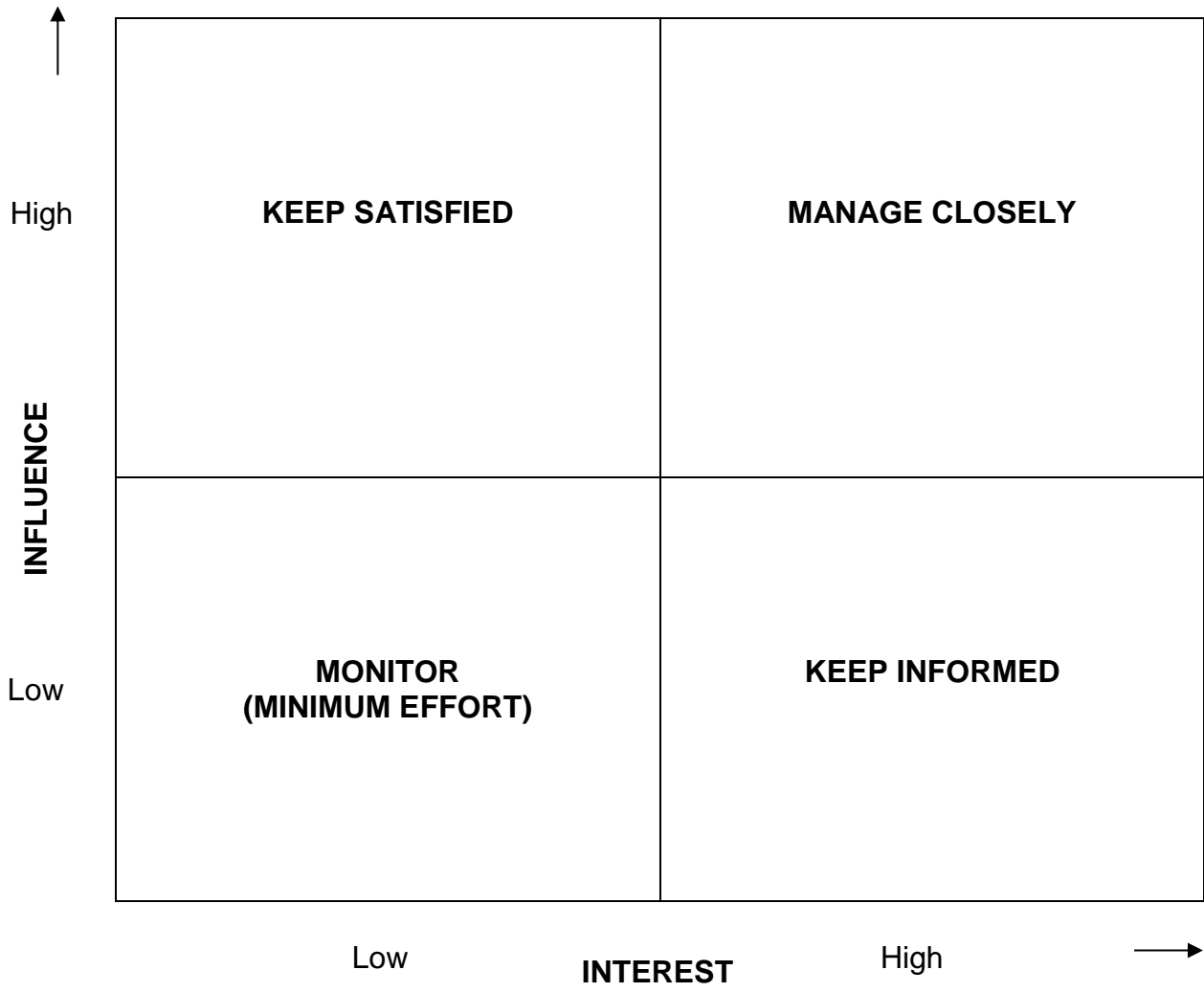
The implementation of this project should be relatively smooth. The greatest challenge is to identify stakeholders and to engage with them. Some IT support is also required.

## 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.



## 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.

Because the app has already been developed and is free to download, the project should not cost much to implement and can be implemented at almost zero financial cost if some staff time can be allocated to this project.

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.