

Project business case

This business case provides information on the drivers and potential benefits for implementing the North West Thames Foundation School pilot project *Dr Toolbox*.

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

Project name:	Dr Toolbox		
Date:		Release:	Draft/Final
Project Manager:			
Senior Responsible Owner (SRO):	<p>The SRO's main responsibilities include:</p> <ul style="list-style-type: none"> • Being personally accountable for the outcome of the project • Providing direction and leadership for the delivery and implementation • Managing the interface with key stakeholders. <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

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2. Project definition (purpose)

This section gives a short description of the purpose of the project. We have outlined the purpose of the 'Dr Toolbox' pilot project.

Trainees are often frustrated by not being able to find information quickly for administrative tasks, such as how to make referrals, book investigations and contact other professionals in their hospital. Much of the knowledge gained by doctors throughout the year is lost when they move to a different firm or another hospital. There is an unmet need for retaining such knowledge, in order to facilitate better patient care during periods of transition for doctors in training.

Dr Toolbox tackles this by providing doctors with a hospital specific, online directory. The toolbox is set up and run by trainee doctors, providing up-to-date, relevant information and 'survival guides' for each of the firms and/or hospitals.

In comparison to traditional paper based guides, the toolbox is uniquely available through intranet, internet and smart phone platforms. As it is in 'wiki' format, simple updates are possible in minutes. They are made by 'editors'; trainees at individual trusts who build on the toolbox as part of their own safety project.

The toolbox is not for patient information, clinical guidelines or sensitive information and is moderated to ensure content is appropriate. It is already being used at 20 trusts and a demo is available here: <http://www.daps.org.uk/doctors/toolbox/>.

The toolbox is a project designed for doctors in training by doctors in training to combat problems its designers encountered as trainees. Being both users and editors, trainees are implicit key stakeholders. As appointed editors for individual Trust sites, it is trainee doctors that upload new content to the wiki, ensuring continuity and focus towards addressing needs.

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):

- Multi-professional team working
- Change and empowering employees
- Handover.

This project could also be easily replicated for nurses, pharmacists and other health professionals, improving efficiency and quality throughout the NHS.

The current state of implementation of Dr Toolbox is:

- Introduced in 65 hospitals with 35 sites established and 30 new sites

- 200 registered editors
- 3 Leadership Programmes (NW Thames (established), South Thames (new) NCEL (new)
- HTML5 offline app (funded by HEE BTBC)
- Elements of success for hospital sites have been identified
- Content – high quality input from doctors with regular updates
- Sustainability – permanent members of staff endorsing the project
- Accessibility – link from the intranet and doctors accessing from mobile devices

The project received a HSJ Value in Healthcare Award in 2014.

It's very easy to start using Dr Toolbox, visit the website:

<http://www.dr-toolbox.com/>.

More information can also be found at NHS Improving Quality:

<http://www.nhs.uk/nhsq/resource-search/case-studies/hee-dr-toolbox.aspx>

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:

- Provide specific, local information on how to get things done and to complete administrative tasks in hospitals
- Improve efficiency (and learning environment) of trainee doctors with increasing time for training
- Improve patient safety by facilitating handover
- Boost the morale of trainees by facilitating quality improvement projects
- Be environmentally sustainable by reducing the need for paper based induction documentation.

5. Project deliverables

The section below highlights the deliverables for this pilot project.

- Introduce the Dr Toolbox app into the organisation and populate it with local information.

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.

Benefit (or dis-benefit) description	Measurement	Measurement indicator	Responsibility/owner	When realised
Improved productivity	Reduction of information requests on how to request a test or how to make referrals	Qualitative feedback		
Reduction in time spent adjusting to a new job	More efficient administrative practice More time to complete personal competencies and goals	Qualitative feedback		
Better patient care and safety through reduced errors	Reduced errors in making referrals, ordering investigations and allowing more time spent with patients	Quantitative and qualitative		
Standardised processes are introduced	More efficient administrative practice	Quantitative and qualitative		

7. Project governance

The governance of the *Dr Toolbox* 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 team had regular project board meetings with, sponsors/supervisors, a deanery support person, IT representative or training and education team member.

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

Project role	Working role	Name	Division/ directorate	WTE (w hole time equivalent)
Senior responsible owner	Senior clinician – toolbox champion			1 hour per fortnight
App editors (x2)	Doctor in training			2 hours p/w
IT representative				1 hour per fortnight
Medical education manager				1 hour per fortnight

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.

No.	Milestone – decision/delivery point	Preparation time	Target date
1	Set up roles within team		
2	Baseline survey		
3	Gather relevant bleeps and extensions numbers		
4	Gather and upload handover guides		
5	Finalise site and add to intranet		
6	Launch and repeat survey		

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.

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, the project should not cost a lot to implement.

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 and homeless people.