Project business case

This business case provides information on the drivers and potential benefits for implementing the Health Education Thames Valley pilot project on *Move, Eat, Treat – how to deliver effective lifestyle advice.*

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

Project name:	Move, Eat, Treat – how to deliver effective lifestyle advice		
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 *Move, Eat, Treat – how to deliver effective lifestyle advice* pilot project.

The UK is facing the well-known challenge of obesity and lifestyle-related chronic disease. Health professionals are perfectly placed to deliver lifestyle advice and empower patients to change. Delivery of effective lifestyle advice is a fundamental skill. However, health professionals frequently do not receive teaching to do this. Therefore lifestyle advice is under-utilised in practice, despite being effective.

This project aims to make effective lifestyle advice delivery, a core skill of every healthcare professional. This project will equip healthcare professionals with a toolbox of core skills required to deliver effective lifestyle advice to patients, including cutting-edge, holistic lifestyle advice (diet, exercise and sleep) and behavioural psychology techniques. Various innovative teaching methods to educate healthcare professionals will be employed.

In addition to equipping learners with skills for their whole career, this teaching will help healthcare professionals to see the role of lifestyle in disease from a new perspective and create gradual cultural change towards prevention of illness via effective management of patients lifestyles.

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 contributing to this goal, this project is also relevant to other key national priorities including (but not limited to):

- Improving education and training delivery.

The teaching has previously been delivered throughout the Oxford Deanery and is currently being delivered at Oxford University Hospitals NHS Trust and Milton Keynes NHS Trust.

4. Strategic drivers and objectives

In this section we define the reasons for undertaking the project, including 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:

- Equip health professionals with the ability to deliver effective lifestyle advice
- Contribute to a change in perception of the role health professionals in the modern NHS.

5. Project deliverables

The section highlights the deliverables for this pilot project.

The project deliverables include:

- Delivery of a programme to teach health professionals how to deliver effective lifestyle advice
- Evaluation and measurement of impact
- Publication or presentation of evaluation data.

6. Expected benefits and drawbacks

We consider what the primary measurable benefits or drawbacks of this project are.

The table below, lists the benefits this pilot project achieved.

Benefit *(or drawback)* description	Measurement	Measurement indicator	Responsibility/ owner	When realised
A clearer understanding of how to deliver effective lifestyle advice to patients amongst foundation doctors		Qualitative and quantitative feedback		
Improved communication skills for foundation doctors		Qualitative and quantitative feedback		

7. Project governance

The governance of the project is discussed below. This governance structure helped to ensure that the *Move, Eat, Treat – how to deliver effective lifestyle advice* project achieved its objectives to a high standard on time and within budget.

The team held weekly project meetings and regularly met with their project sponsor/senior responsible owner (SRO).

8. Project roles and team structure

The project team is the group responsible for planning and executing the project. It consists of a project manager and a number of project team members, who are brought in to deliver tasks according to the project schedule.

The table below lists team members. These roles were not full time and were shared roles.

Project role	Working role	Name	Division/ directorate	WTE (whole time equivalent)
Project lead				
Project team members x 2				
Project sponsor	Senior lecturer at the University			
Project sponsor	Foundation school manager			

The teaching was managed by a project manager, in conjunction with the foundation programme teaching co-ordinators. The foundation programme teaching co-ordinators played a senior supporting role, with the bulk of the day to day work completed by the project manager and project team members. Overall supervision was provided by the sponsors.

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 *Move, Eat, Treat – how to deliver effective lifestyle advice* project are listed below.

Please note that the delivery of the milestones is not linear and the tasks can overlap. The table below will give you an indication of the duration of tasks.

No.	Milestone – decision/delivery point	Preparation time	Target date
1	Agreement on the strategy to achieve integration of proposed teaching programme into the formal curriculum	1 month	July
2	Integration of teaching into the formal curriculum on a Deanery wide basis	1 month	July
3	Discussion with foundation programme teaching leads at other trusts in the Deanery to discuss how best to go about integrating into their teaching	1 month	August
4	'Teaching the teachers' day	2 months	November
5	Delivery of teaching to all foundation doctors	4 months	March
6	Analysis of all evaluation data and begin to consider best methods of dissemination	1 month	April
7	3 month follow up questionnaire	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 upon. These can be internal and/or external dependencies.

Critical success factors are factors identified as essential to the success of the project.

Some of the critical success factors identified by the pilot of this project are outlined below for you to consider.
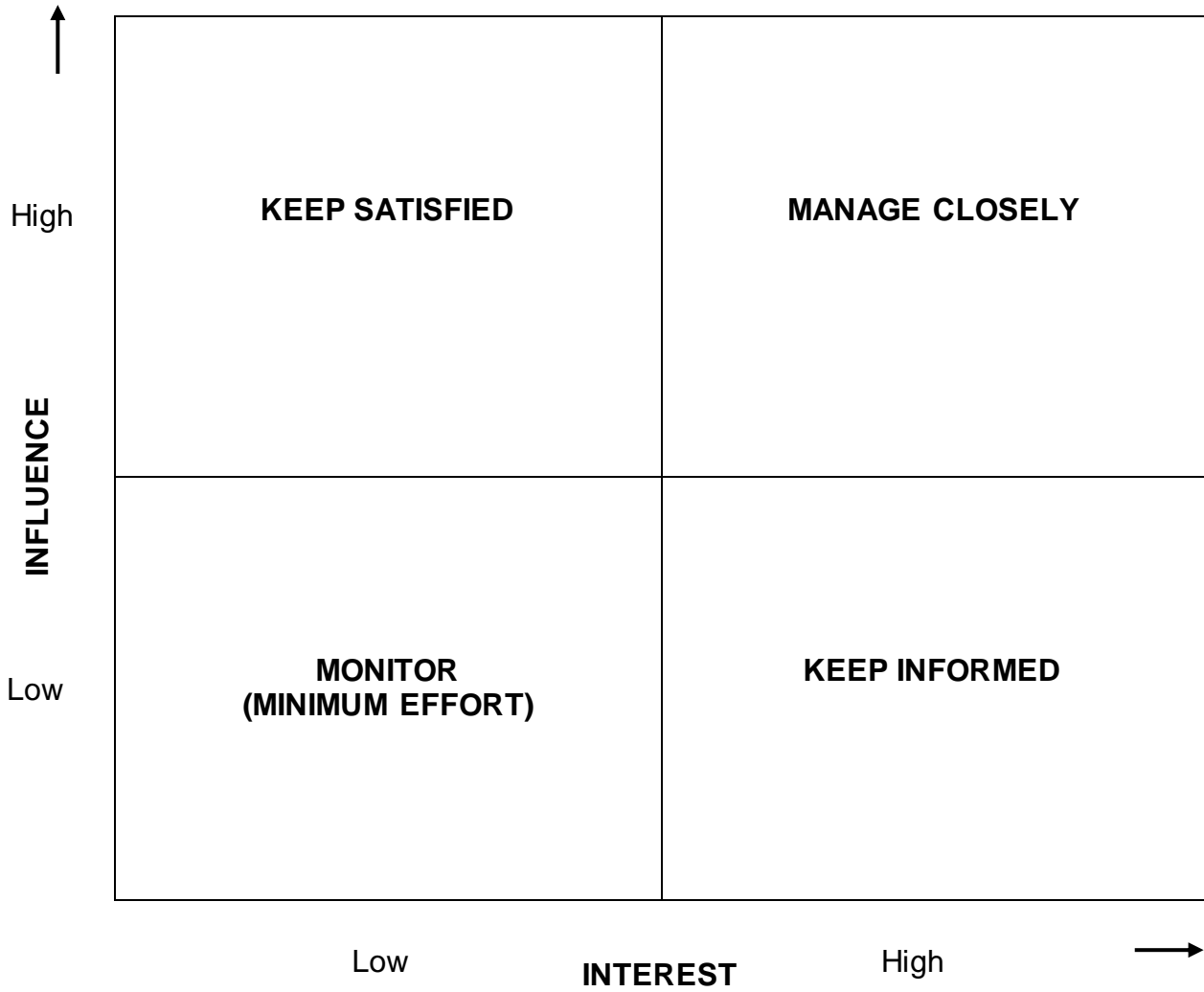
- Volunteers (healthcare professionals in training) are required to deliver the teaching as part of a peer-teaching model
- The incentives for volunteers are (i) the ability to develop teaching experience (an essential part of professional development) (ii) teaching in a regional teaching programme which gains credit in job applications and (iii) possible payment for out of hours teaching.

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. These may include suppliers, end-users, sponsors, related organisations or internal staff.

Further suggested stakeholders may be trainees, consultants, nurses, allied health professionals, corporate staff, clinical tutors. A lay and patient representative on the project board from the outset is to be considered. Having an academic partner involved is also 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 take into account their influence and interest in the project.

	KEEP SATISFIED	MANAGE CLOSELY

High

KEEP SATISFIED

MANAGE CLOSELY

INFLUENCE

Low

**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 budget allocation for the pilot was £5,000. The pilot project was underspent.
>
> Because the materials have already been developed, the project should now cost significantly less to implement.
>
> **An open-access "education library"** of resources for clinicians and patients is accessible via www.moveeattreat.org.

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.