Project business case

This business case provides information on the drivers and potential benefits for implementing the Mid Cheshire Hospitals NHS Foundation Trust pilot project on *Shadowing and peer mentoring: avoiding grey Wednesdays.*

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

Project Name:	Shadowing and peer mentoring: avoiding grey Wednesdays		
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 'Shadowing and peer mentoring: avoiding grey Wednesdays pilot project.

The aim of the project is to develop a Foundation Year 1 doctor's (FY1) inter-rotation shadowing and peer mentoring week to improve patient safety, trainee doctor confidence and the clinical learning environment.

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

- Handover
- Out of hours care – 24/7
- Rotas and scheduling.

This project has been approved for regional roll out and this is currently in progress. Once approved and regionally/nationally adopted, the project will be managed by foundation schools as per other elements of the foundation programme.

This project can be adapted to the rotation of other trainees such as pharmacists and physiotherapists.

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:

- Pilot inter-rotation shadowing
- Pilot peer-mentoring for inter-rotation handover
- Collect pre- and post- intervention data for the above initiatives to assess whether this leads to improved outcomes.

5. Project deliverables

The section below highlights the deliverables for this pilot project.

- Teaching presentation for FY1 doctors
- Peer mentoring programme.

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
Developed skills in peer-mentoring and written handover amongst trainee doctors		Qualitative questionnaire pre- and post-shadowing day		
Increased confidence in trainee doctors new role enabling education in addition to simple service provision		Qualitative questionnaire pre- and post-shadowing day		
Trainee doctors are more prepared for day one of their rotation, ensuring maximal patient safety and care		Qualitative questionnaire pre- and post-shadowing day		
Reduced delays to patient flow and discharges on the commencement days of the trainee doctors training/rotation				

7. Project governance

The governance of the *Shadowing and peer mentoring: avoiding grey Wednesdays* 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.

Project steering board meetings were held monthly throughout the project.

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 number of project team members, who are brought in to deliver 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 (whole time equivalent)
Project lead				
Project supervisor				
Project team member				

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 that 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 of how long it took.

No.	Milestone – decision/delivery point	Preparation time	Target date
1	Collection of pre-intervention data	5 months	August
2	Linking appropriate trainees	2 months	June
3	Teaching/presentation to existing trainees	1 day	July
4	Inform clinical supervisors about project	1 month	By end of July
5	Teaching session for new FY1s	3 sessions	Confirmed dates August
6	First inter-rotation shadowing day organised by F1's, overseen by administrators	2 months	September-November
7	First peer mentoring session	2 hours	December
8	Early data analysis	1 month	November
9	Second inter-rotation shadowing day organised by F1's, overseen by administrators	2 months	February-March
10	Second peer mentoring session	2 hours	May
11	Full data analysis	1 month	March
12	Project end		July
13	Teaching/presentation to existing trainees	1 day	July
14	Inform clinical supervisors about project	July 2013	By end of July

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.
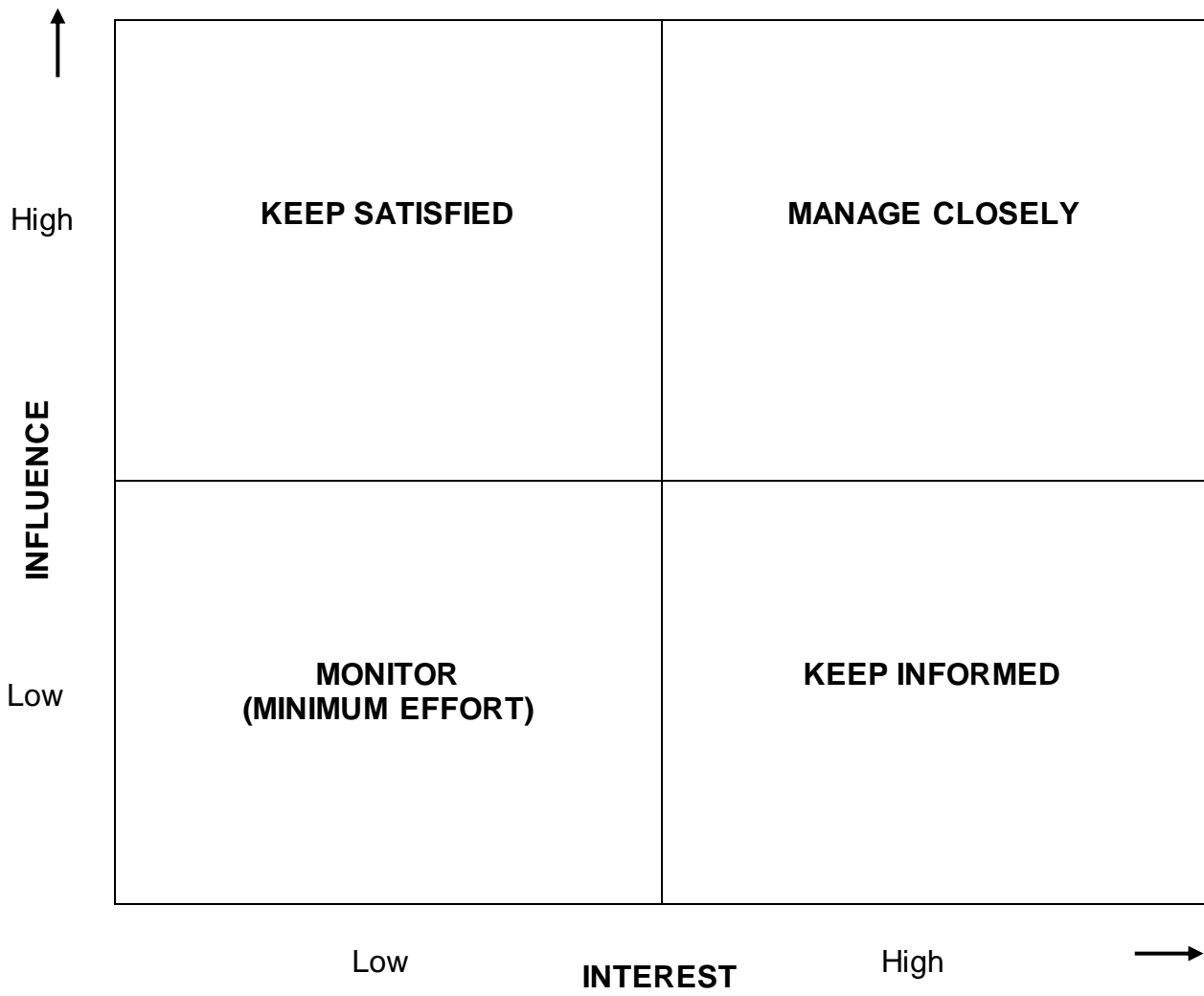
The implementation of this project should be relatively smooth. The greatest challenge is to identify and engage with key stakeholders.

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 engaged at the beginning, throughout the project and at key milestones. A lay and patient representative 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 take into account their influence and interest in the project.

INFLUENCE

High — **KEEP SATISFIED** | **MANAGE CLOSELY**

Low — **MONITOR (MINIMUM EFFORT)** | **KEEP INFORMED**

INTEREST — Low | 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 £4540. However, the pilot project underspent on the allocation.
>
> Because the materials have already been developed, the project should now cost significantly less to implement. Inter-rotation shadowing can be implemented at almost zero financial cost.

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.