Project Business Case

This business case provides information on the drivers and potential benefits for implementing the Leeds and York Partnership NHS Foundation Trust project '*Maximising and enhancing training opportunities and clinical time with patients by changing working patterns*'.

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

Project name:	Maximising and enhancing training opportunities and clinical time with patients by changing working patterns		
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 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 '*Maximising and enhancing training opportunities and clinical time with patients by changing working patterns'* pilot project.

A 12 week survey of trainee activity in the pilot trust demonstrate that with the introduction of European Working Time Directive, the trainees are spending approximately only 30% of 48 hours in placements with their clinical (also educational) supervisor. The other 70% is:

- In less supervised out of hours work, often not in contact with patients or if in contact with patients, is of no benefit to training
- time off post on call
- unsupervised day on call
- educational meetings, exam courses and psychotherapy training.

The issues the project will address are:

- Increased ratio of daytime working in line with patients' preference for psychiatric care that is consultant supervised and well planned
- provision of clear guidance to trainers and trainees on training expectations
- protection of training in emergency experience out of hours with appropriate supervision
- increased curriculum competencies of trainees and in turn a better expected progression to Specialist Training Level 4
- promotion of psychiatry as a career.

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 supports other key national priorities including (but not limited to):

- Handover
- out of hours care – 24/7
- rotas and scheduling
- multidisciplinary working
- education and training delivery
- mental health.

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 aimed to provide:

- A greater number of trainee doctors working in daytime hours
- appropriate and improved supervision and support
- increased patient contact and learning in this area
- improved learning in key areas, especially in communication and leadership skills
- reviewed and developed resources available to support training
- improved patient safety and trainee experience
- integrated doctors in training on call into Multi-Disciplinary Teams (MDTs)
- improved quality and outcomes of referrals between MDTs and doctors in training
- increased curriculum competencies in the fields of communication and core trainee teaching skills.

5. Project deliverables

The section below highlights the deliverables for this pilot project.

The project deliverables are:

- Revised out of hours care pathway and trainee doctors' on-call rotas
- revised Core Trainee (CT) and Specialist Trainee (ST) job descriptions and timetables to ensure maximum consultant contact in core placement– with regional approval
- introduction of an agreed programme for CTs to assess and develop communication skills with patients and the multi-disciplinary team
- mandated formative assessment for CT1s
- development of simulated sessions on 'Recognising a Medical Problem in a Psychiatric Setting (RAMMPS) – and incorporated into training regionally
- introduction of the SBAR communication tool in psychiatric inpatient settings
- multidisciplinary guide on expected competencies of doctors in training in a specialty
- teaching skills module agreed on a regional level.

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
More team-based working environment	Increased contact with supervisors and patients for trainee doctors	• Revised out of hours care pathway and trainee doctors' on call rotas with more full time equivalent (FTE) doctors working in the daytime • No of Workplace Based Assessments (WBAs) carried out • Patient surveys		
More opportunities for training	Increased contact with supervisors and patients for trainee doctors Attendance at training sessions/ teaching delivered	• Revised out of hours care pathway and trainee doctors' on call rotas with more full time equivalent (FTE) doctors working in the daytime • No of WBAs carried out • Patient		

		surveys		
An improvement in trainees' ability to complete workplace-based assessments (WBAs)	Increased contact with supervisors and patients for trainee doctors	Number and type of WBAs carried out		
Increased trainee skills and knowledge around quality improvement and management skills	Increased contact with supervisors and patients for trainee doctors	Greater number of quality improvement projects developed and delivered		
Increased identification of developmental needs of Trainees	Increased contact with supervisors and patients for trainee doctors	Revision of out of hours care pathway and trainee doctors' on call rotas		
Increased opportunity for identifying trainee communication skills and facilitation of their development.	Introduction of the SBAR communication tool in inpatient settings	A structured questionnaire two weeks before and after SBAR training		
Increased trainee confidence	Introduction of the SBAR communication tool in inpatient settings	A structured questionnaire two weeks before and after SBAR training		
Improved patient care and safety through greater supervision of trainees	Increased contact with supervisors and patients for trainee doctors	• Revised out of hours care pathway and trainee doctors' on call rotas with more full time equivalent (FTE) doctors working in the daytime • No of WBAs carried out • Patient surveys		
Increased opportunity of the team working resulting in	Increased weekday evening, night-time and weekend activity of trainees	• Revised out of hours care pathway and		

increased productivity		trainee doctors' on call rotas with more full time equivalent (FTE) doctors working in the daytime • No of WBAs carried out		

7. Project governance

The governance of the *Maximising and enhancing training opportunities and clinical time with patients by changing working patterns*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 met monthly. Minutes from the meeting were sent to the relevant groups within the Trust's governance structure:

- The Head of Transformation to report to Transformation Programme Board
- Chair of the Committee for Consultant Psychiatrists as information item
- Medical Professional Leadership group as information item
- Teaching and Training Standing Support Group as information item.

The project manager ensured a monthly progress report was completed. Each project team member took responsibility for communication of the project, work being completed, issues for discussion and feedback to the project team for their work stream or group they were representing.

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 and Workstream Lead				
Project Manager				
Project Administrator				
Communications Lead and a key member of workstreams	Chair of Trainee Doctors' Committee			
Members of Workstreams	Clinical Operations Managers			
Other Workstream Leads				
Critical friends	Researchers			
Academic Partner				

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 *Maximising and enhancing training opportunities and clinical time with patients by changing working patterns* 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	Development of out of hours care pathway	six months	
2	Work based placement assessments carried out		
3	Core trainee and specialist trainee job descriptions and timetables developed and agreed	six months	
4	Formative Assessment of Communication Skills (FACS) completed	three months	
5	Electronic trainer/trainee guide	six months	
6.	Recognising and Assessing Medical problems in Psychiatric Settings (RAMPPs) – pilot and evaluation	nine months	
6	Post project summary report	two months	

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.
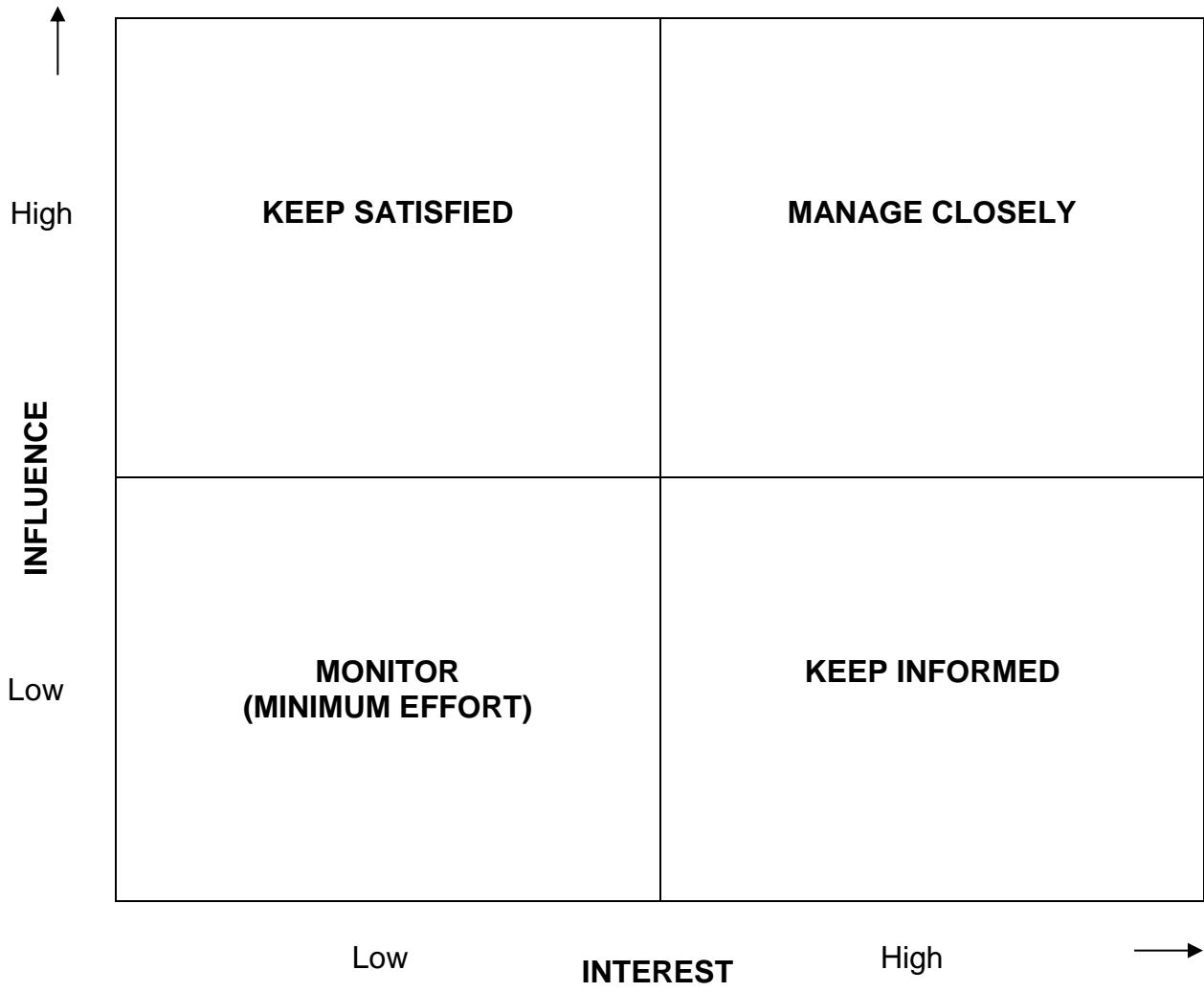
Critical success factors were:

- Passionate leadership
- dedicated resources to support the project
- engagement of the trainee doctors to find the solutions.

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	**KEEP SATISFIED**	**MANAGE CLOSELY**
Low	**MONITOR (MINIMUM EFFORT)**	**KEEP INFORMED**

INFLUENCE

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 initial project received just over £100k in funding, with a large proportion of this covering back-full costs for staff leading on the project.

Because the materials have already been developed, the project should now cost significantly less to implement.

Cost requirements	Total cost
Total project budget requirements	£

14. Equality impact assessment (EIA)

This section will allow you 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.