

Project Business Case

This business case provides information on the drivers and potential benefits for implementing The Dudley Group NHS Foundation Trust's pilot project: *Bringing together pre-registration pharmacists and foundation trainees for improved training, education and prescribing.*

This business case is for you to use as a guide which can be tailored to the needs and requirements of your organisation.

Project name:	Bringing together pre-registration pharmacists and foundation trainees for improved training, education and prescribing		
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

2. Project definition (purpose)

This section gives a short description of the purpose of the project. Here we have outlined the purpose of the '*Bringing together pre-registration pharmacists and foundation trainees for improved training, education and prescribing*' pilot project.

This project is based upon the ethos of a synergistic relationship fostered by having pharmacists and medics working and learning together. The initiative focuses on improving prescribing (from the point of view of Foundation Doctors) and improving the understanding of the clinical context of prescribing (from the point of view of pharmacists).

The project works alongside an e-learning course called 'SCRIPT' (Standard Computerised Revalidation Instrument for Prescribing and Therapeutics), produced by Health Education West Midlands and local Universities, which all Foundation Doctors in the West Midlands are required to complete. The aim of this project is to improve prescribing within the trust and to encourage pharmacists to learn alongside doctors in training. It also encourages doctors in training to complete SCRIPT throughout the year rather than end load and therefore put this learning into practice throughout the year for the benefit of patients.

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

- Improving multi-professional working

The sessions and themes for the training sessions have been developed and the consultants have been approached to deliver the sessions for the next year. Agreement has been obtained at the Trust to conduct one session per year. All the material is available for others to select off the HEE website, as well as: <http://www.safeprescriber.org/bettertraining/>

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:

- A protected inter-professional learning environment which enables Foundation Year 1 and 2 doctors and pharmacists to develop a culture of safe prescribing in a simulated environment
- A culture of safe and cost-effective prescribing within the Trust and to demonstrate that this course improves prescribing in specific areas
- An opportunity for doctors in training and pharmacists to work together, understand each other's role, share knowledge and gain the confidence to interact with each other in the classroom and collaborate to promote good prescribing on the ward
- Increase training opportunities to prescribe in a non-threatening learning environment
- Increase patient safety by improved quality of prescribing
- Improve confidence and competence of individual prescribers
- Utilisation of the e-learning package SCRIPT to supplement the in-house training package

5. Project deliverables

The section below highlights the deliverables for this pilot project.

This project aims to design and deliver a successful training course on safe prescribing.

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 trainee communication with the multi-professional team	Staff feedback	Qualitative feedback questionnaires		
Increased safety awareness of trainees	Supervisor, trainee and patient feedback	Qualitative feedback questionnaires		
Increased trainee confidence and experience in prescribing	Supervisor and trainee Feedback	Confidence Assessment Questionnaire		
Sharing of risks of prescribing	Number of incidents recorded by pharmacy	Risk audit		
Improvement in	A number of completed	Audit of		

prescribing leading to an improvement in administration, reduction in incidents and better, safer care for the patients.	prescription charts with less errors	prescription charts Audit of insulin prescribing Audit of antibiotic prescribing		
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7. Project governance

The governance of the *Bringing together pre-registration pharmacists and foundation trainees for improved training, education and prescribing* 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 development team comprised of a Medical Education Director, Principal Pharmacist and Educational Pharmacist. Stakeholders were involved throughout the process, with links established with the University of Birmingham, support and input received from the Trust's Chief Executive and Director of Pharmacy. A member of the Trust Board was also co-opted onto the team.

The project team provided overarching governance with feedback to the Trust Board. The Educational Pharmacist was responsible for the development, communication and organisation of the programme.

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. The majority of these roles were shared roles, not full time and not necessarily new established roles.

Project role	Working role	Name	Division/ directorate	WTE (whole time equivalent)
Senior Responsible Officer (SRO) and Project Lead				
Project Co-ordinator	Educational Pharmacist			0.5 WTE
Administrative Support B3				1-2 sessions per week
Project Consultant	Head of Medical Education			0.5 PA per week
Pharmacy Lead (x2)	Principal Pharmacist Educational Pharmacist			

9. Timescales for delivery of the project and its milestones

This section should cover the period over which the project will run and include any known key project milestones. 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 *Bringing together pre-registration pharmacists and foundation trainees for improved training, education and prescribing* 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	Prioritisation of SCRIPT modules and determination of programme topics for the year	2 months	July 2012
2	Identification consultants/specialist MD staff to support “educational pharmacist course tutor” with each of the study sessions on the FY2 programme	2 months	July 2012
3	Production and delivery of 4 training sessions for FY1s & FY2s	6 months	October 2012
4	Production and delivery of the remainder of the training programme	9 months	April 2013
5	Review of the programme	12 months	June 2013

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 following were identified by the pilot project:

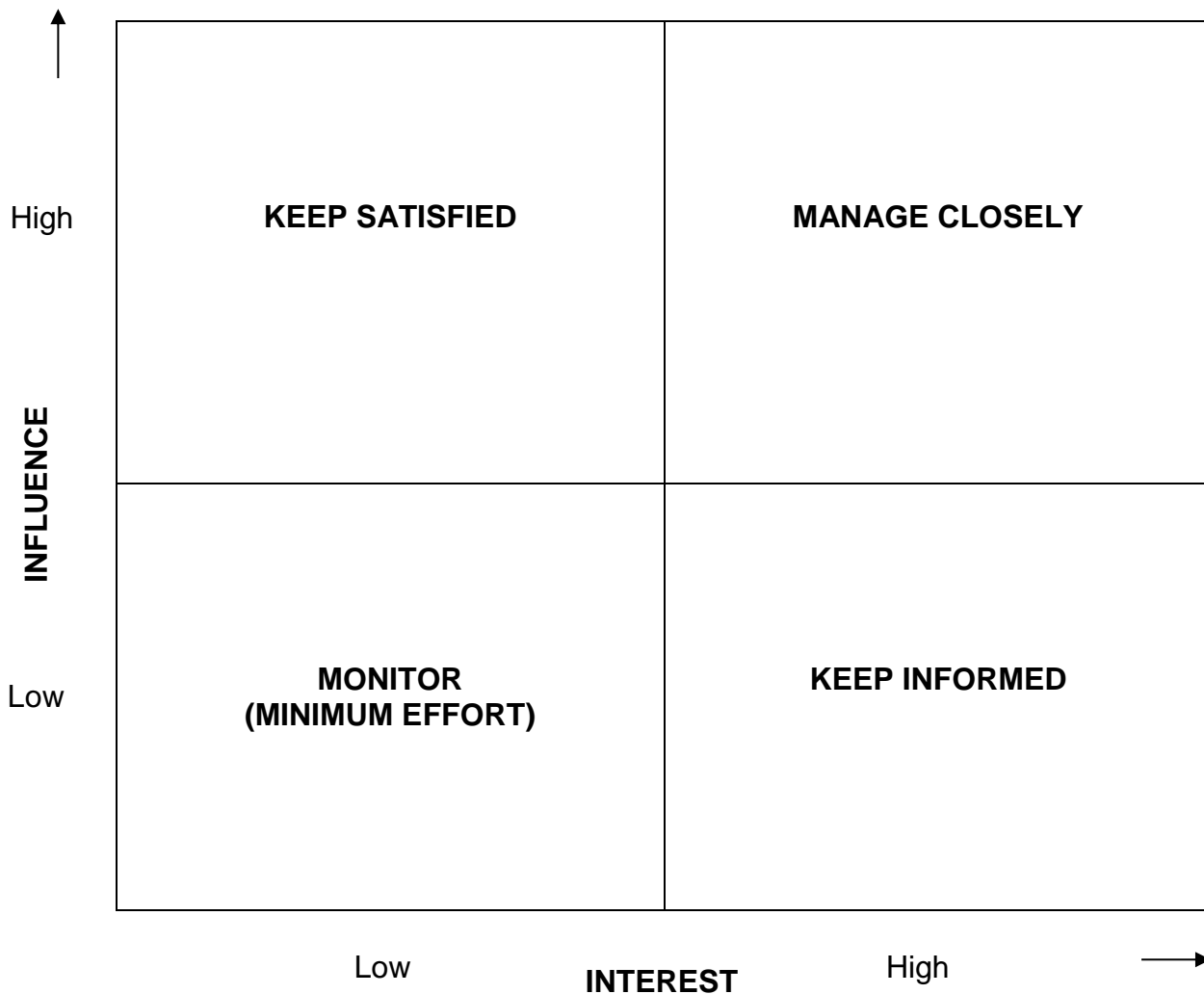
- Availability of a project champion for each year of junior doctors to help promote the programme and also for feedback
- Consultant ‘buy-in’
- Having a pharmacist as part of the team to reinforce the safety aspects leading to people being more careful when they prescribe
- Ensure pharmacy teaching is part of protected teaching
- Make SCRIPT completion mandatory before the first training session
- Establish a prescribing mentor for the trainees to allow for feedback on any prescribing incidents
- Ensure Pharmacist involvement wherever possible, especially during facilitation and teaching of the sessions.

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. The initial project had £36,575 funding, of which most of money was spent on the project team. £2k was spent on IT support and stationery. In addition, there was indirect Trust funding as resource commitment to Consultant and Clinical Specialist preparation and teaching time for a 1.5 hr teaching commitment together with the support of a senior pharmacist support for the educational pharmacist.

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)

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.