Health Education England

Project Business Case

This business case provides information on the drivers and potential benefits for implementing the Tees, Esk and Wear Valleys NHS Foundation Trust pilot project on *Improving basic psychiatric training through revised early supervision and support arrangements.*

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

Project name:	**Improving Supervision in Basic Psychiatric Training**		
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 *Improving basic psychiatric training through revised early supervision and support arrangements* pilot project.

Training in psychiatry has traditionally been delivered through indirect supervision and only since the introduction of workplace-based assessments has there been regular observation of clinical practice.

To ensure patient safety, some Trusts have introduced increased immediate indirect supervision. However, this can have a counterproductive effect because doctors in training grades become dependent on this level of support. In other areas, there are other issues such as where new services have been developed leading to inadequate experience, for example in emergency psychiatry with the introduction of crisis teams.

This pilot project is aimed at enabling doctors in training grades who are new to adult and old age psychiatry services, to perform core tasks more quickly and earlier into post.

This will be achieved by putting in place a model of progression to safe independent practice. In effect, doctors in training grades will move from direct supervision to immediate indirect supervision to reflective indirect supervision as they demonstrate proficiency in basic clinical tasks in psychiatry. A supervision model tailored to the stage of training will be developed and delivered without significant disruption to consultant-present services. In the new system, doctors in training grades will be able to confidently perform core tasks more quickly, more competently and earlier into the post, hence improving both the productivity and the quality of patient care.

New standards for induction and supervision will be embedded within normal clinical and educational practice within the pilot project area with a view to rolling this out to the rest of the Trust over the coming year. Trust-wide medical induction will be revised to incorporate this model of training.

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):

- Rotas and scheduling
- Multidisciplinary working
- Empowering employees to deliver improvement
- Improving 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 aims to:

- Ensure that doctors new to psychiatry receive enough direct supervision in the initial weeks for them to function more independently more quickly
- Make psychiatric training posts relevant to all doctors in training
- Introduce standard work for training and supervision around core medical tasks
- Improve productivity of doctors in training grades new to psychiatry.

5. Project Deliverables

The section below highlights the deliverables for this pilot project.

The project deliverables are:

- Reconfiguration of the training posts for doctors new to psychiatry (foundation doctors, GP registrars and CT1 psychiatric registrars)
- Simplification of the induction for doctors in training grades around introduction to the workplace and clinical team, review of core psychiatric skills, electronic records training, focus on using supervision to develop skills
- Supervision report tools
- Patient experience and evaluation tools (questionnaires and focus groups)
- Training package for clinical supervision
- Training posts reconfiguration with the allocated “home” clinical team for doctors in training grades
- A new workplace based induction model.

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**

Increased amount of directly supervised clinical work for doctors new to their post.	Increased amount of direct supervision by a senior doctor when undertaking a clinical task with a patient	Observed Encounter Reports		
Increase in confidence of doctors in training grades	Assessing confidence in undertaking core psychiatric tasks quickly and competently on a five point scale	A 12 item questionnaire		
Increased quality of training delivery		A 10 item questionnaire on the quality of the training post		
Increased doctors in training grades experience of induction, supervision, training and clinical experience		A 10 item questionnaire on the quality of the training post		
More standardised approach to supervision.	Surveyed of clinical supervisors	Training post evaluation report		
Better patient care	Feedback from patients after an observed clinical encounter.	Patient and carer experience questionnaires Doctors in training grades evaluation questionnaire		
Improved MDT working and a more tolerant multidisciplinary culture.		Qualitative questionnaires Informal feedback		
Better preparedness of doctors new to psychiatry for practice and an improvement of their contribution to service delivery		A 10 item questionnaire on the quality of the training post		
A reduction in time spent in induction on e-training, but with improved competency.	Experience of induction, supervision, training and clinical experience	Formal feedback from doctors in training posts		
Reduction in serious adverse events		Trust risk reporting system		

7. Project governance

The governance of the *Improving basic psychiatric training through revised early supervision and support arrangements* 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 was discussed and agreed by the senior clinical forum within the Trust (the clinical leaders and operational directors' monthly meeting) and gained the support of the Chief Executive and Medical Director. Regular reports were provided by the project lead to the Medical Director and the Chief Operating Officer.

At the start, a BTBC project steering group was set up, comprising the project lead (Director of Medical Education), the Clinical Director for Adult Mental Health, the Clinical Director for Mental Health for Older Persons, a senior trainee representative (a psychiatric senior registrar) and a core trainee representative (a psychiatric core registrar) and the Medical Education and Development Manager. Progress was reported to the Trust's monthly Medical Directorate Management Meeting, chaired by the Trust's Medical Director. Additional members were invited to the steering group from the Medical Education Faculty to consider the evaluation, dissemination and roll out plans.

The project steering group was accountable to the Trust Medical Director and reports were provided at the Trust Medical Directorate monthly meetings.

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 not full time and were shared roles, and not necessarily new established roles.

Project role	Working role	Name	Division/ directorate	WTE (whole time equivalent)
Senior Responsible Officer (SRO)				
Project Lead	Consultant Psychiatrist, Director of Medical Education			0.1 WTE
Project Clinical Support	Senior Registrar			0.4 WTE
Project Administrator	Clerical Officer			0.1 WTE
Academic Partner	University Medical Education Research Group 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 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 *Improving basic psychiatric training through revised early supervision and support arrangements* 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	Project set up	Three months	
2	First cohort of training takes place	Four and six months	
3	Preliminary analysis & report	Four weeks	
4	Second cohort of training takes place	Four months	
5	Third cohort of training takes place	Six months	
6	Fourth cohort of training takes place	Four months	
7	Data analysis	Two months	
8	Final 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.

There are three core elements to the project to be considered: post configuration, induction and supervision.

- Post configuration is about ensuring that the training posts are doable, provide relevant experience, and enable a meaningful contribution to patient care with a single clinical supervisor having responsibility for the post working as a whole. Trust medical education departments need to take the lead and have the authority within the Trust to plan and deliver change. However, this can only be done in close co-operation with clinical services.

- Induction sets the tone for the job and is therefore of crucial importance. It needs to be understood that it is the shared responsibility of the clinical supervisor, the clinical team manager and the Trust medical education department. Doctors in training grades should be advised when to complete those elements of mandatory training which are not an immediate priority at the start of the post.

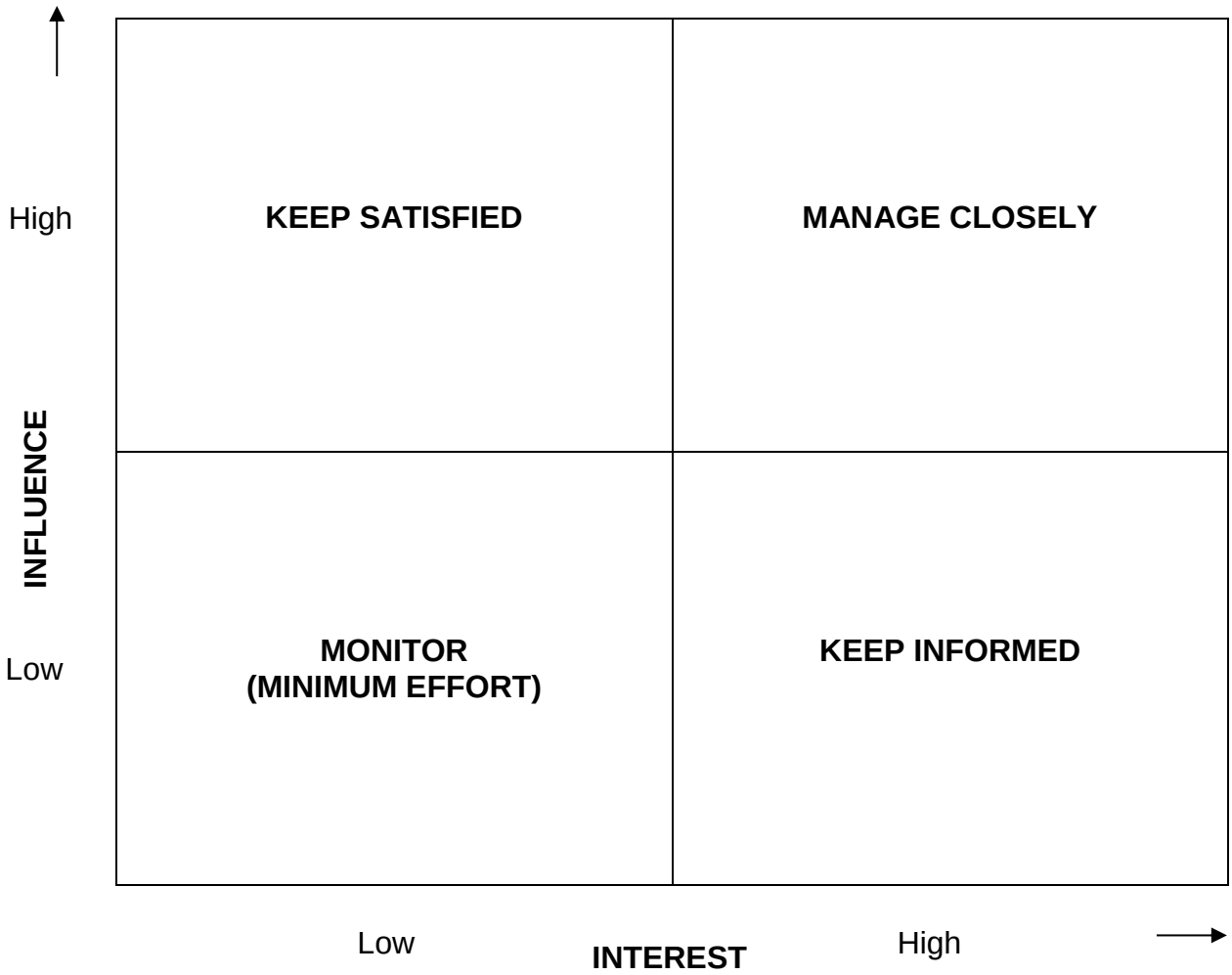
- For supervision and feedback to be effective, clinical supervisors and doctors in training grades need to know what the core clinical skills to be developed at the start of the post.

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 Tees, Esk and Wear Valleys NHSFT had £35,000 project funding. The clinical time costs had to be sustainable and were funded by the Trust.

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.