# Project Business Case

This business case provides information on the drivers and potential benefits for implementing the Royal Berkshire NHS Foundation Trust's pilot project on ***'Addressing the apparent gap between learning opportunities from every day recognised problems by 'Making Every Moment Count'***.

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

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| **Project Name:** | **Addressing the apparent gap between learning opportunities from every day recognised problems by 'Making Every Moment Count'** | | |
| **Date:** | | **Release:** | Draft/Final |
| **Project Manager:** | | | |
| **Senior Responsible Owner (SRO):** | The SRO's main responsibilities include:<br>• being personally accountable for the outcome of the project<br>• providing direction and leadership for the delivery and implementation<br>• managing the interface with key stakeholders<br>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** |
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## 2. Project Definition (Purpose)

This section gives a short description of the purpose of the project. Here we have outlined the purpose of the *Addressing the apparent gap between learning opportunities from every day recognised problems by 'Making Every Moment Count'* pilot project.

Doctors in training bring fresh eyes and unique perspectives to ways of working within an organisation; they are an untapped potential to making a difference to improving patient care.

This project will enable core medical trainees to learn, develop and embed new skills in quality improvement methodology and at the same time make a real difference at the frontline to the quality of patient care. Doctors in training across all specialities are encouraged to design and implement a quality improvement project with multi-professional team involvement to address everyday recognised problems (e.g. from incidents or complaints) and how these translate into effective action and improvement change. Training will have an emphasis on human factors and will encourage a multi-professional approach to learning and development.

The aim of this project is to promote the learning and development of new and relevant skills in quality improvement (QI) methodology, for trainees in core medical training, to enable them to deliver effective QI projects at the frontline. An important part of the project is to develop processes that enable trainees or multi-professional team members to realise that when a problem is recognised, there is a systematic approach in place to do something about it. By owning the problem and seeking a solution through QI methodology it would embed a culture of being proactive rather than reactive. The sole purpose is to "make every moment count".

## 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):

- Improving education and training delivery
- Multi-professional working
- Employees to deliver improvement

Making Every Moment Count is now an integral part of the trust Quality Improvement programme, with agreement from Oxford Deanery and Thames Valley Local Education and Training Board (LETB) for this to be established and accepted practice as part of education for doctors in training.

The pilot project was presented at the International Forum on Quality and Safety in Healthcare and the National Association of Clinical Tutors 12th National Multi-Specialty Conference. The spread is currently ongoing for all core medical trainees across the UK delivered by key individuals such as training programme directors and college tutors, and 6 clinical leaders in QI (HEE-funded). The pilot project has developed resources including a practical toolkit (resources available on the LTMD website) and developed the role of a QI champion in every UK Trust. A leadership academy for doctors in training has also been established.

## 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:

- "Make every moment count" by embedding Quality Improvement (QI) as normal practice and utilising every learning opportunity, incident and complaint to enhance the quality of care for patients
- Provide high quality training for the trainee, and multi-professional team
- The learning and development of new and relevant skills in QI methodology and enable delivery of effective QI projects at the frontline
- Develop a model of learning in the simulation environment around the processes, challenges and impact of incidents and complaints, to inform learning and potential targeted improvement change
- Embed consultant-led supervision in these processes as normal practice
- Develop the appropriate resources to facilitate easy dissemination and spread of these approaches nationally

## 5. Project Deliverables

The section below highlights the deliverables for this pilot project.

The project deliverables include:

- e-learning packages for QI
- xx completed QI projects by doctors in training
- Regular training sessions on QI
- Showcase event to promote the trainee completed QI projects
- Process measures to assess the steps in the pilot are performing as planned and improving the training delivered as intended
- Outcomes and measurables to assess the pilot impact on patients and other stakeholders such as the trainees and staff implementing the changes

## 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 learning experience | Trainee and trainer feedback | Qualitative assessment through questionnaire | | |
| Increased trainee knowledge and skills | Trainee and trainer feedback | Qualitative assessment through questionnaire | | |
| Demonstration of behavioural change transferred from the learning environment to the workplace | Multi-professional and patient feedback | Qualitative assessment and observations | | |
| Increase in knowledge and skills in delivering and completing a quality improvement project amongst trainees | Evaluation of recruitment of trainees and the number of projects completed<br><br>Assessment of trainee knowledge | Project progression assessment scale (process measure)<br><br>Evaluation of new skills: QIPAT tool | | |
| Improved clinical practice amongst trainees | Trainer Feedback | Qualitative assessment | | |
| A positive impact on organisational structure and practice | Staff and patient feedback | Qualitative assessment | | |

## 7. Project Governance

The governance of the *Addressing the apparent gap between learning opportunities from every day recognised problems by 'Making Every Moment Count'* 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 Board was accountable for the success of the project and had responsibility for the project and the authority to act within its remit. The Project Board of the pilot reported into the Patient Safety Council and hence into the Trust Clinical Governance Committee. A monthly progress report was submitted to the Board, through the Quality and Safety Report.

Risks from the project fed into the Trust Risk Management Committee and added to the wider corporate Risk Register.

## 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 Manager Band 7 (x2) | | | | 0.3 + 0.2 |
| Project Assistant Band 3 | | | | 1 |
| Head of Clinical Quality Improvement Band 8c | | | | 0.2 |
| Project Co-ordinators | The Patient Safety Team | | | |
| Project Support | | | | |

## 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 *Addressing the apparent gap between learning opportunities from every day recognised problems by 'Making Every Moment Count'* 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 | Engagement with consultants and tutors | 4 months | September 2012 |
| 2 | Sort out job descriptions/advertise/employ staff | 4 months | September 2012 |
| 3 | Identify Quality Improvement projects | 6 months | January 2013 |
| 4 | Consultants Quality Improvement workshop | 1 month | July 2012 |
| 5 | Creation and start of the programme board meetings | 1 month | August 2012 |
| 6 | Engagement with trainee doctors | 1 month | August 2012 |
| 7 | Set-up webpage on intranet | 1 month | September 2012 |
| 8 | Quality improvement training Toolkit Development | 3 months | September 2012 |
| 9 | Identify a cohort of cross-specialty trainees | 6 months | January 2013 |
| 10 | Create package to Educate trainees as to how | 2 months | September 2012 |

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|---|---|---|---|
| | incident and complaints process works | | |
| 11 | Trainees undertake Quality Improvement training | 2 months | October 2012 |
| 12 | DICE Score measurement | 3 months | November 2012 |
| 13 | Trainee Qualitative assessment survey at start | 1 month | October 2012 |
| 14 | Collaborative Assessment Scale measurement (monthly) | 9 monghs | July 2012 |
| 15 | Serious incident scenario filmed onto DVD | 1 month | December 2012 |
| 16 | Quality Improvement Challenge development | 3 months | November 2012 |
| 17 | Quality Improvement Challenge | 1 month | November 2012 |
| 18 | Quality improvement e-training Development | 6 months | April 2013 |
| 19 | Trainee Kirkpatrick Qualitative assessment of learning from incidents and complaints | 4 months | July 2013 |
| 20 | Trainee Qualitative assessment survey at end | 2 months | July 2013 |
| 21 | Trainee Qualitative assessment interviews at end | 2 months | July 2013 |
| 22 | Evaluation by questionnaire of acceptability and feasibility of implementation of pilot methodology | 3 months | August 2013 |
| 23 | End event date | 2 months | July 2013 |
| 24 | Evaluation of recruitment, retention and completion | 1 month | August 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.

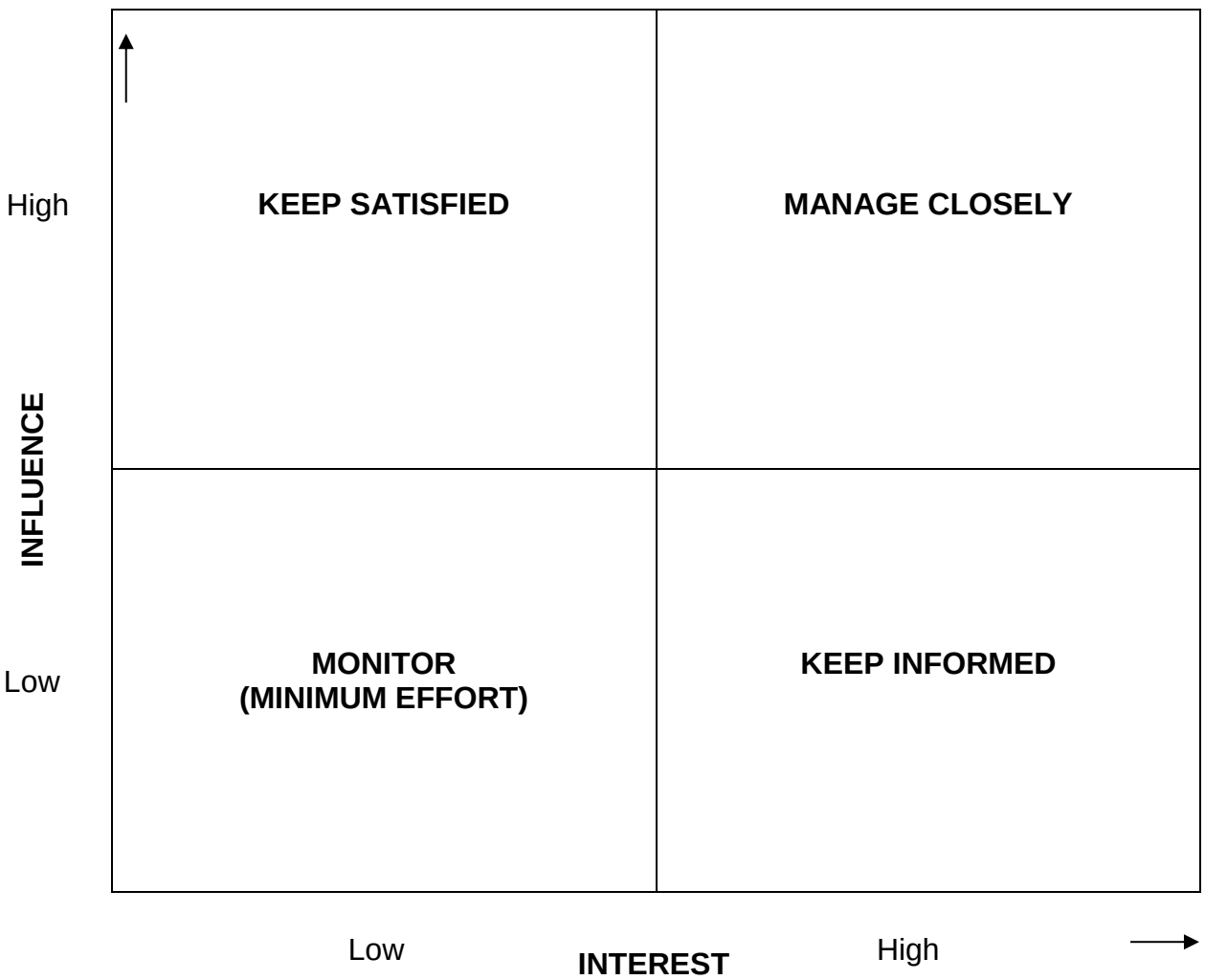
- The Project needs to be seen as core trust business and owned by a core group
- Invest resource in administration/project management to ensure oversight and continued momentum
- Include a Clinician lead in the project who can influence, guide, support and enable both trainee and consultant engagement and participation
- Hold regular core project team meetings to keep up to date with progress and new trainee projects coming on board
- Ensure on the steering group meet monthly.
- Involve the multi-professional team in all trainee projects

## 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 |
|---|---|---|---|---|---|---|---|
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|---|---|
| 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 £100k funding of which circa £84k was spent on the project and the remaining £16 on its sustainability and the development of the debriefing package and the modular programme.

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

| Cost Requirements | Total Cost |
|---|---|
| | |
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| | |
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| | |
| 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.