Health Education England

Project Business Case

This business case provides information on the drivers and potential benefits for implementing the Guys' and St Thomas' NHS Foundation Trust pilot project: *Introducing modular training to improve patient care.*

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

Project Name:	**Introducing modular training to improve patient care**		
Date:		**Release:**	Draft/Final
Project Manager:			
Senior Responsible Owner (SRO):			

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 '*Introducing modular training to improve patient care'* pilot project.

This modular training project is planned with rotation based on training modules, rather than traditional firm or service focussed cover.

Balancing excellent service provision with delivering first class training has remained a challenge since the introduction of the European Working Time Directive (EWTD) and Modernising Medical Careers (MMC) in specialties such as obstetrics and gynaecology.

Provision of facilities, such as StratOG (the Royal College of Obstetrics and Gynaecology (RCOG) online learning resource), regional training programmes and local teaching programmes has addressed this issue partially. With the traditional rota, exposure to various subspecialty modules within the specialty has been luck of the draw, with a few trainees spending six months in a particular sub-specialty such as gynaecology oncology, and a few other trainees finishing their core training without having had enough exposure to or experience in all the modules in the RCOG curriculum.

It is possible to integrate clinical training and service provision to achieve good training without compromising patient safety by splitting up the training rotation into modules and focussing on achieving competencies in each module. This type of training leads to positive trainees' experience and, in the long term, better patient care.

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) the following.

- **Rotas and scheduling**

The gynaecological oncology training is being delivered as modular training within a block of 12 weeks for two doctors in training at a time. This has been incorporated into the general rota without affecting the service. Resources have been developed and the rota structured for ongoing 'recruitment' of doctors in training. Once the rota template is designed and implemented, it will not need maintenance costs for the subsequent years.

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.

Below are the objectives from this pilot project

This project aims to:

- Improve the quality and satisfaction of trainees
- Improve patient care and safety.

5. Project Deliverables

The section below highlights the deliverables for this pilot project.

The project deliverables are:

- To design a rota that can address training needs into distinct modules in line with RCOG curriculum of core training in the specialty of Obstetrics and Gynaecology.

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 quality of training	Data comparison of doctors in training in the control block with the doctors in training who were part of the pilot	The amount of knowledge received in a shorter time frame Achievement of 100% of RCOG logbook requirements More completed WBAs (Work Based Assessments) as part		

		of the pilot project compared with 'traditional' training		
Improved patient care	Qualitative Feedback	High scores in the clinical competency assessment		

7. Project Governance

The governance of the *Introducing modular training to improve patient care* 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 led by a consultant interested in postgraduate training along with the college tutor, responsible for training implementation in the directorate. The Project was managed by a team of doctors in training, trainers, and an administrative team. Frequent meetings were held between team members and the Project lead. Communication was further facilitated by emails. The rota was designed with assistance from junior doctors' administrative team. Once the pilot design was planned, it was communicated with the unit through correspondence in meetings and weekly newsletters.

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)
Project Leads x 2	Consultant College Tutor			0.125 wte for 6 months
Project Administrators x 1	Administrator at Band 5 level			0.3 wte for 6 months
Clinical Trainers x 2	Clinical Trainers			
Project Managers x 2	Doctors in Training			0.25 wte each for 12 months

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.

Please note that the length of the delivery of the milestones is not linear, but the tasks can overlap. The actual duration of the project was 8 weeks. However, the planning, designing, actual implementation and analysis lasted for approximately 6 months. Project management continued for 12 months since the start of the project.

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 vou to consider.

The project was successful due to several factors:

	Milestone – Decision/Delivery Point	Preparation Time	Target Date
1			
2			
3			
4			
5			
6			
7			
8			

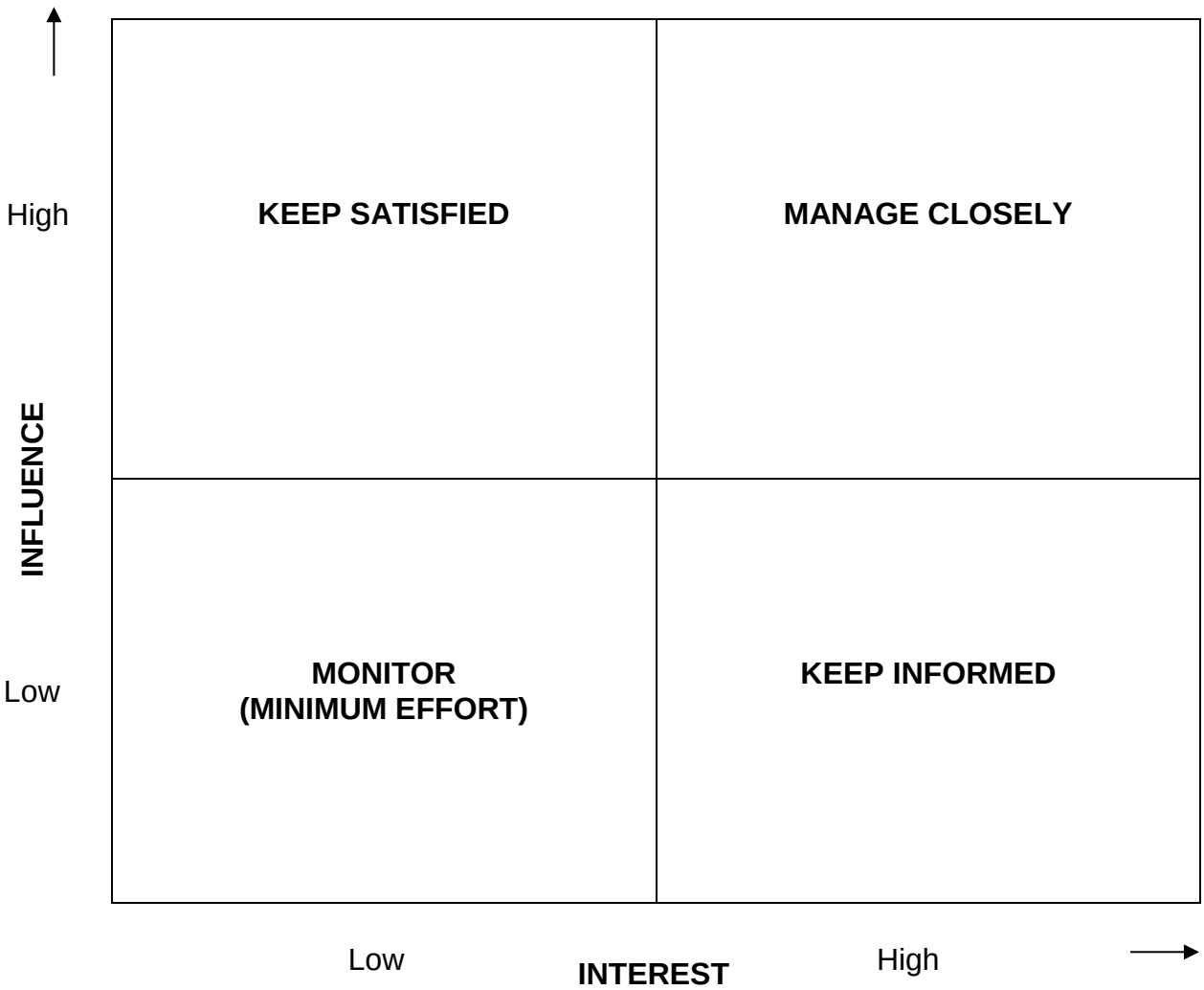
- Creating a modular training rota in gynaecology oncology
- Implementing and incorporating the modular rota with the general rota
- Analysis of outcomes suggests positive response from both trainees and trainers, who have highly recommended extending this pilot module
- Enablers and success factors:
    - Initial enthusiasm and support from the unit
    - passion of the project lead
    - excellent engagement of trainers and trainees
    - support and stimulation from Health Education England.

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 should 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
None identified							

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 Guys' and St Thomas' project received £5,000 in funding. At the time of the evaluation, the pilot project did not report any outcomes that could be monetised, nor was a break-even analysis feasible in this case. The majority of funding was spent on:

- Project leads' time during the project
- Junior administrative teams' time during the project
- Availability of trainers and trainees for various meetings

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.