


Business Case and Project Plan

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Project Name	Fitness for Purpose: Willesden Inpatient Wards		
Project Reference	61		
SRO (Sponsor)	Sarah Thompson		
Project Manager	Coral Alexander		
Financials verified by	Ray Davey		
Start date	September 2008	Completion date	March 31 st 2009

Project Description			
Our desired outcome is:			
<p>To improve fitness for purpose of the Willesden Inpatient services based on the recommendations of the external independent review.</p> <p>This is a project to recruit urgently the minimum number of staff to make the service safe and sustainable whilst longer term plans are being developed.</p>			
The project objectives that will lead to this outcome are:	KPI	Base-line	Target
Improve measures of clinical safety and positive patient outcomes	Reduce patient complaints and Serious Untoward Incidents	2007-8 Complaints 279 ¹ SUIs Dec-07-March 08: 4SUI's	2008-9 reduce by 25% 2009-10 further reduction by 25% No more than 1 per 4 months for in year April-December 2008. 2009-10

	Undertake Pressure Ulcer Audit. Commence Clinical incident reporting of all pressure ulcers and establish baseline incidence measures for targeted improvement.	No reporting	target to reduce to NIL Reporting to be established by Ward managers from September 2008
Improve sickness and absence	Reduce staff sick absences	13% fy 2007/8	Reduction to 7% mean in Q4 2008/9. 2009-10 target 3%
Reduce current expenditure on bank staff	Reduce current levels	Month 4 position exceeds £80K	Reduce proportion by 25% Jan-March 2009 Target reduction to maximum of 5% from April 2009-10
Support improved discharge process and reduced length of stay.	Patient flow and throughput. Delayed Transfers of care (DTOC) ² reduced	3-4 delayed discharges per week on average	1 Delayed transfer of Care per week

² A Delayed transfer of Care (DTOC) is a measure for a patient who is not in a place or bed that is appropriate to their need: for example a medically fit person with no further medical or nursing input required, who has been unable to return home because they await household adaptations. Willesden target is 1 DTOC per recorded week (DH – monitored via weekly SITREPS)

	Improved Discharge: Patient Summary to GP to include details of tests and treatment and ongoing medical issues:	no current baseline	Be producing effective Discharge Summaries by March 09 Set target March 08
Reduced staff turnover	Monitor staff resigning from in-patient areas and record exit interview	activity December 07- August 2008: 8	reduce proportionally by 50% by second half of financial year: maximum of 4 staff by April 2009
Bed occupancy rates	Targets will be agreed after review of access criteria by Commissioners		
Cost per bed day	Once robust costs suitable for benchmarking are available targets will be agreed for this area.		

This supports our strategic objectives by:

Develop Brent tPCT as a high performing and responsive organisation

Deliver a patient centred service

Ensure a safe effective service underpinning future developments for reviewing and defining purpose of beds in line with DH Community Hospital and Care Closer to Home strategy.

Reduce patient complaints

Improve Clinical and Medical Governance.

Improve Information Governance in respect of Caldicott Compliance and Data Protection.

Improve staff morale (Staff Survey 2008 & Vision and Values Event July 2008)

Manage resources effectively

Deliver staffing levels and standards in line with Standards for Better Health and the provision of safe services

Improve costs of future service delivery by reducing staff turnover and high bank / agency costs.

Reduce Sickness and Absence from unacceptably high levels.

Delivering on the “Care Closer To Home” Strategy by reducing delayed transfers of care from currently unacceptable levels leading to cost savings

Improve health and reduce inequalities

Deliver safer, better services

Build Partnership working

Support the dialogue between service provider, stakeholders and commissioners in respect of future service purpose.

Ensure we develop modern and accessible services

. Support delivery of phase 1 recommendations “**Review of staffing and ways of working at Willesden Centre for Health and Care for Brent Teaching primary care Trust**” (Jill Cox and Sue Simmons July 2008). This will form the platform for developing the most appropriate range and model of services which will be planned in parallel to this Phase 1.

Developing a service attractive to Commissioners to support APO.

Benefits

The benefits of delivering this project are:

Safety

Improved levels of safety for staff and patients demonstrated by a reduction in the incidence of Serious Untoward Incidents (SUI's) December 2007-March 2008 number 3.

Improved patient care

Improved Clinical leadership resulting in better integration of therapy and nursing services around patients needs.

Improved patient care demonstrated through patient satisfaction survey (no baseline) and contrasted with patient complaints.

Improved multi-disciplinary working around patient needs measurable through staff satisfaction survey, staff turnover and patient experience analysis

Efficiency

Improved Clinical leadership resulting in reduced staff turnover

Reduced delayed transfers of care (DTC)³. Potential development of service in line with Care Closer to Home as above

Improved processes will enable better management information that will assist in underpinning the strengths and weaker aspects of the service and enable goal setting improvement targets. It will also assist in enabling the development of refined measurement metrics required by both commissioners and managers and will ultimately lead to revenue increases.

Benefits for staff

Better leadership leading to a more satisfying work environment and greater opportunities to learn from good practice.

The initiative will act as leverage to develop other sources of improvement for the service e.g. improved access to training for staff through improved staffing levels, leading to better performance on Continuing Professional Development and staff up-skilling.

Increased safety

Increased staffing levels leading to less stress and a more rewarding work environment

Options

Good practice relevant to this project includes:

Standards for Better Care

The Healthcare commission – Ward Staffing Management Tools

Royal College of Nursing (2006) Setting appropriate ward nurse staffing levels in NHS acute Trusts. RCN Policy Unit.

PUK Review Process.

“Review of staffing and ways of working at Willesden Centre for Health and Care for Brent Teaching primary care Trust” (Jill Cox and Sue Simmons July 2008).

Reduction in recorded incidents (Unobserved Slips trips and falls)

³ A Delayed transfer of care (DTC) means that a patient is in the wrong place at the wrong time, for example in an acute care bed when medically fit for discharge.

The options that have been considered are:

1 Do nothing

This has unacceptable safety implications

2 Close the wards

This could not be achieved in the short term without major compromise to long-term patient healthcare

3 Transfer operation to an Acute Provider

This could compromise the Commissioners' developing thoughts on future patterns of care and would not by itself address the safety issues.

4 Cooperate with another PCT to develop a wider range of services using the vacated wards to support a stronger management and care infrastructure

Not achievable in the short term and does not address safety issues.

5 Recruit temporary staff to make the service safe and sustainable

It is thought unlikely that sufficient staff of sufficient quality would be available. It is also considered that continuous performance improvements are more likely to be achievable with the stability of permanent staff

6 In the short term, deliver safe services in line with the Jill Cox review and work with Commissioners to develop their plans for future patterns of care.

The preferred option is:

Option 6

This meets the paramount need to ensure safe services whilst leaving flexibility for Willesden Hospital to be a key platform for future healthcare in Brent but potentially offering different services and different care pathways.

Permanent staff are thought to give more opportunity to achieve continuous performance improvements.

The risk that strategic change to the role of the Willesden Wards will lead to a major redundancy charge will be mitigated by insertion of clauses in the Job Descriptions which make it clear that staff can be deployed to alternative roles elsewhere in the local health economy.

Scope

This project will cover:

Making the in-patient wards at Willesden safe and better quality

This project will *not* cover:

Strategic change to the 'ownership', role or services of the Willesden Wards. Such changes would be the subject of separate recommendations.

Strengthening of Medical Cover. The level of Medical Cover is currently under external review by NWLH and, may be subject of separate consideration.

Delivery

The actions required to deliver the objectives are:

Phase 1 (ie the current bid):

Secure full time, in and out of hours Clinical Leadership, closer to operational service delivery.

Implement commonly utilised administrative systems and staff to undertake this.

Improve record keeping around patient information

Improve multi-disciplinary working on the in-patient wards.

Improve discharge process. To include improved information to GP's and community nursing that details in-patient treatment and tests, as well as ongoing medical and clinical issues.

Preparation for Phase 2

Share findings of External Review, Audits and PUK Review with Commissioners to allow them to define the future role and services of Willesden Hospital.

The individuals who will fill the project roles are:

Role	Dates and FTE	Person filling
Project Manager	September 2008 onwards. As part of normal role	Coral Alexander

The dependencies of this project are:

Dependencies:

Primarily these changes do not depend on other factors external to the Willesden wards

However, to realise the maximum benefits there are secondary dependencies:

- Dependencies within the local health economy include social care (predominantly London Borough of Brent) who have a relatively high number of patients (exceeds 10% with frequency) within the in-patient beds who are medically fit for discharge, but for whom the discharge has not been actioned because of an outstanding issue to be resolved within the local social care economy – such as residential home placement, home adaptations or persons awaiting a care package at home).
- Further dependencies are the acute Trust (NWLH) for whom the vacant in-patient beds can be utilised as an emergency “step down” when demand for acute beds reaches very high levels. Equally, the use of vacant beds may support management of the A&E 4 hour wait target.

Some senior medical cover and consultant care is provided within the unit by NWLH. Therapy supervision is provided and Laboratory tests / blood products and pharmacy services also. These arrangements are supplied through provider-provider Service level Agreements and must be maintained.

Stakeholders and Governance

The people who need to be involved are:

Patients and their families / supporters / advocates.
Commissioners
Wider stakeholders e.g. NWLHT
Director of Provider Services and Estates
Assistant Director Adult inpatients and Therapies
Intermediate Care and rehabilitation Manager
Consultant to Robertson ward
Staff Grade, Ward based, Doctors.
Deputy Director For Clinical Standards and Integrated Governance (post agreed through consultation process Provider side services, August 2008)
Caldicott Guardian
Ward Managers
Senior Cover Nurse
HR

We will ensure all the necessary interests are represented by:

The Commissioner led quarterly 2008 SLA monitoring meetings, will receive regular reports of activity, throughput, project progression, DTOC, clinical risks and refined measurement metrics as requested.

Cost

The costs that will be incurred to obtain these benefits are:

Phase 1: Improving Clinical Leadership and Staffing Levels.

Staff: Recurrent Gross costs detailed below: **£613,707**

Current Financial Year 2008-9 @25% of recurrent costs **£153,427**

2008-9:

1 WTE Modern Matron (clinical senior lead) Band 8b:	£70,153
1 WTE Band 5/6 Discharge coordinator:	£47,139
6 Rehab / HCA assistants 3 @ Band 3:	£150,000
2.56 WTE Administrative assistants as Ward Clerk band 3:	£64,000
1 WTE Laundry assistant Band 2	£21,000
3.7 Additional Trained Nurses: 3.7 @ Band 6,	£158,123
1.9 Additional HCA's 1.9 @ Band 3	£47,500
Nurse Practitioner Training to enhance skills (no cost to PCT anticipated)	

Sub Total recurrent expenditure: **£557,915**
Associated costs of recruitment, training, CRB clearance and ongoing training and development at 10% **£55,792**

Grand Total **£613,707**

The timing of this expenditure will be:

- September 2008: Modern Matron JD / PS and Advertising
- October 2008: Interview and appoint Modern Matron
- October 2008: The other job descriptions and person specifications completed
Internal and external advertisements placed.
- November 2008: Interview and appoint to staff vacancies
- December 2008/January 2009:
Modern Matron commences employment
Induction
Year 1 workplan developed and agreed
- January/February 2009:
Vacancies filled and staff commence working on unit

December 2008 - March 2009 anticipated expenditure £153k salaries, on-costs and overheads

These costs will be met by:

Investment Panel funding

Risks

Risk (to success of project)	Likelihood	Impact	Total
Difficulties in recruitment : Modern matron Post is Key	1	2	2 (Amber)
Nursing staff will resist “giving up” admin tasks.	4	2	8 (Amber)
Risks (to the PCT, if the project is not delivered successfully)	Likelihood	Impact	Total
Services that are not clinically appropriate	5	4	20 (Red)
Risks (to the PCT, of undertaking the project)	Likelihood	Impact	Total
Unsuitable staff recruited	2	2	4 (Amber)
Staff recruited but then plans for change at Willesden mean these staff have to be made redundant. (This risk will be mitigated by ensuring Job Descriptions include provisions for flexibility of role and location within the local health economy).	2	3	6 (Amber)

Monitoring and Reporting

The critical success factors for this project are:

Recruitment of an effective Modern Matron.
Continued effective senior management scrutiny and reporting.
Timely discussions that support future planning.

The schedule for key project decisions is:			
Decision	Date	By	
1 _- Approval to proceed	25 September	NHS Brent Board	
The additional control points when the Investment Panel will review progress are:			
Control point			Date
Report on recruitment success			December 2008
Approval of Year 1 Work Plan			January 2009
Quarterly progress report			April, July, October 2009, January 2010
The Investment Panel will also be consulted if this variance is exceeded:			
	Expected	+	-
Cost	Annual Salary Bill £557,915	£30,000	£30,000
Benefit	The success against KPI's will be reported in each of the quarterly reports		
Time/Schedule	Recruitment complete November 2008	January 2010	Only if 2008/9 budget is likely to be broken by more than £15,000 due to early recruitment
Risk	The recruitment risk is covered in the December 2008 control point. Resistance to change would be covered in the quarterly reports		

Document History

Version	Status (Draft or Approved)	Date	Author/Editor	Details of changes
0.1	Draft	28 August 2008	CA	Document created
0.2	Draft	29 August 2008	PJM	After review by SFT/PJM
0.3	Draft	9	CA	Review and amendments.

		September 2008		
1.0	Final	11 September 2008		Amendments after review by Sarah Davis and final financial review.