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<b>Project Name</b>	Health Visitor Digitalisation	<b>Date</b>	July 2019
<b>Author</b>	Michelle Grant/Eve Whyte	<b>Version</b>	2.0

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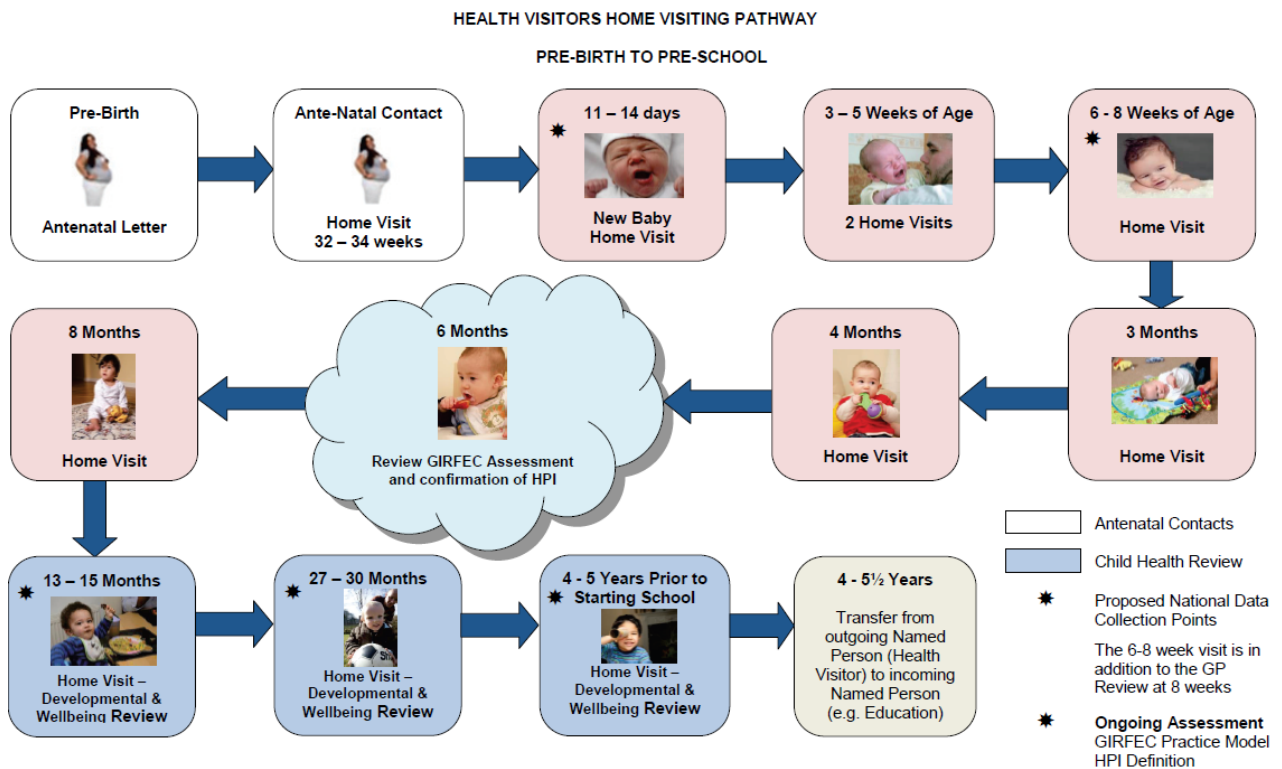
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## 1. Business Need

The Health Visiting Service assess the developmental health and wellbeing of all children between the ages of ten days to five years (or when the child starts school). Within this time, the Health Visitor acts as the named person for the child and will intervene where additional support is required. The Health Visitor is central to any further interventions. The named person service is a central part of the Scottish Government's 'Getting it right for every child' (also known as GIRFEC) policy, the national approach in Scotland to improving outcomes and supporting the wellbeing of our children

The national Universal Health Visiting Pathway dictates a minimum framework for Health Visitor contacts that require to take place. These are to take place in the home setting where development can be assessed and any parental concerns regarding the wellbeing of the child can be raised and discussed.



The details of all contacts made with the child and/or family is held in the Community Child Record (CCR). This is a paper record which is kept at the Health Visitors team's GP Practice base. The records are created by the Community Child Records Department and movements and transfers between teams and Health Boards are managed by the records department. Health Visiting teams are made up of a variety of professionals and can include nursery nurses, administration staff and links with immunisation nurses.

The Health Visiting Service across Aberdeen City has approximately 12,500 children on its caseload. The majority of children are deemed core pathway and require minimal



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intervention aside from the standard visits; however some of the children can identify as vulnerable, with around 10% of children across the city being identified as 'additional' pathway clients.

In addition to the risk surrounding vacancy levels, the current paper-based Community Child Record makes it difficult to comply with the Interagency Referral Discussion (IRD) policy. At present, a significant risk exists around how Health Visitors gather the appropriate information from paper-based records within the one-hour timescale, especially where an IRD is called out of office hours e.g. public holidays, overnight etc when paper-based records at GP Practices cannot be accessed.

ACHSCP and NHSG have a corporate responsibility to support staff members who work in isolated situations. Within the NHSG Lone Working policy, support systems for checking in and monitoring are recommended for managing the risk which surrounds Lone Working and the implementation of an electronic scheduling and records management application could reduce this risk.

The Health Visiting Service can create and tap into a large sphere of information about the child. Due to the nature of paper records, this can be challenging to share with other professionals and analyse effectively. There are also significant amounts of duplication where concerns exist around siblings in the same family. It has been challenging to obtain baseline figures on the current paper-based system on which to project benefits but using Lean 6- Sigma methodology, we tapped into one process and estimated that we could save each Universal Health Visiting Pathway visit in the child's first year 16.5 minutes. Considering that 2,000 new children come into the service each year and seven visits are conducted over this first year, this would result in a saving of 3,850 hours per year for this cohort of children. Costing this time at the top of a band 7 salary plus 22.5%, this equates to £108,069 of time saved. This also does not consider other children out with the first 12 months of the Universal Care Pathway. This time saving alone, provides the potential for ACHSCP to make progress towards achieving the national Universal Health Visiting Pathway and potentially lowering the vacancy risk level by alleviating some of the pressure points on the service.

ACHSCP has identified that the procurement and roll-out of an 'off the shelf', electronic scheduling and records tool could help to mitigate these risks and increase better patient outcomes. An accelerated timescale in conjunction with increased resource has been placed on this project to ensure that progress is made quickly so that the day to day operational tasks of the Health Visiting teams can improve while reducing the need for duplication. This application is to be an interim electronic solution with a lifecycle of a maximum of five years so that the identified risk factors can be immediately addressed and reduced.

ACHSCP is aware that the Community Child Record is a NHS Grampian-wide record and that movements between the Aberdeen, Aberdeenshire and Moray Health Visiting Services occur frequently and it would be the business's hope that if a solution can be found for

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ACHSCP that this could be adopted across Grampian so that the benefits could be realised by all three Health Visiting services and so that children and their care-givers can benefit from the ability to share data seamlessly. However, this is dependent upon Aberdeenshire and Moray Health and Social Care Partnership's support and agreement.

<h2>2. Objectives</h2>
<p>Application can store and update the Community Child Record</p>
<p>Application provides scheduling on behalf of the Health Visiting Service</p>
<p>The application should be off the shelf and require no code development</p>
<p>The application should either</p> <ul style="list-style-type: none"> <li>• Be known to NHS Scotland</li> <li>• Successfully used in similar services such as child health</li> <li>• Or application has been used in a Health &amp; Social Care setting</li> </ul>
<p>The application must be able to be used as a Mobile Application on touch screen devices compatible with one of the following</p> <ul style="list-style-type: none"> <li>• Android</li> <li>• IOS</li> </ul> <p>The system must also be compatible with Windows and Microsoft Office 365</p>
<p>Application to be assessed for usability within a mobile context in order to give productivity gains.</p>
<p>Although not mandatory, system will be assessed for enterprise scalability</p>
<p>Compliant with NHS Grampian Information Security and Information Governance standards</p>
<p>The application should provide value for money</p>



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### 2.1 Scoring of Options Against Objectives

Objectives	Do Nothing	NHSG Estate – TrakCare	Hybrid-Morse	Enterprise Solution- EMIS	
Application can store and update the Community Child Record	0	2	2	2	
Application provides scheduling on behalf of the Health Visiting Service	0	2	3	2	
The application should be off the shelf and require no code development	0	0	3	3	
The application should either: Be known to NHS Scotland and successfully used in similar services such as child health Or application has been used in a Health & Social Care setting	0	3	3	3	
Application to be assessed for usability within a mobile context in order to give productivity gains.	0	0	3	2	
Although not mandatory system will be assessed for enterprise scalability	0	2	2	3	
Compliant with NHSG Information Security and Information Governance Standards	0	3	2	2	
The application should provide value for money	0	2	3	2	
<b>Total</b>	<b>0</b>	<b>14</b>	<b>21</b>	<b>17</b>	

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<b>Ranking</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>2</b>
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**Scoring**

Fully Delivers = 3

Mostly Delivers = 2

Delivers to a Limited Extent = 1

Does not Deliver = 0

Will have a negative impact on objective = -1



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## 2.2 Recommendation

Based on the options appraisal, it is recommended that a hybrid approach is taken, and we would recommend that the procurement of the Cambric Morse system is progressed. The utilisation of Morse would allow for the service to work in a day-to-day mobile fashion regardless of network connectivity while building on the lessons learned from other Health Boards who have realised the benefits of this system already.

Based upon the work achieved in the NHS Western Isles where Morse was rolled out to one service, a conservative estimate has been made that we can expect to save the Health Visiting Service approximately five hours per week per practitioner by reducing the number of trips back to base to collect paper files. This represents 12,000 hours based on a 48-week year and would account for the equivalent of six FTE posts. This time saving is irrespective of increased productivity from pre-populated forms and more automated processes.

These may not be cashable savings but would allow the health visiting service to give a higher quality service which would in turn mean better patient outcomes.

This type of system implementation would enable progress to be made on a relatively short timescale to allow the Health Visiting Service to schedule and manage their caseload. Building on this, it would be possible to build the Community Child Record into the application utilising work and forms created by other Health Boards while allowing us to make configuration changes needed to enable it to tie in with the Health Visiting Service's needs. An interface with SCI Store would allow for the application to be furnished with demographic details and, where appropriate, information could be sent back from the Community Child Record to SCI Store. This could provide a view of data to Acute and Primary Care meaning that the circle of care around the child would be more complete.

One major benefit of this approach is the data capture in forms. It means that the business can decide upon what information is required and mandatory about each child. This in turn offers a robust means of reporting without having an additional cost attached with a vendor each time business logic or processes change.

Since this is a known solution for Health Visiting and is successfully used in other Health Boards, it is anticipated that lessons learned could be sought and that ACHSCP could take part in future user groups which would help to shape the direction of the product into the future.



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As this project is seen to be an interim solution which would allow the Health Visiting Service to move onto an electronic platform, it is recommended that an initial two-year contract is entered into with the supplier, with negotiations year by year thereafter.

Also, as part of the recommendations the project team would look to initiating a project utilising Lean Sigma Six methodology to reduce administration overhead and streamline data capture and business processes.





# Application Review Report

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## 3. Benefits

### 3.1 Patient Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Measure Frequency
Improved Service Delivery	Compliance of the Universal Health Visiting Pathway	Reporting	n/a	Delivery of service expectation	3 months post implementation
Improved information sharing	Perceived improvement in information sharing within and between teams	Staff Questionnaire	n/a	Improved communication	3 months post implementation

### 3.2 Staff Benefits

Benefit	Measures	Source	Baseline	Expected Benefit	Measure Frequency
Improved information sharing	Perceived improvement in information sharing within and between teams	Staff Questionnaire	N/A	<ul style="list-style-type: none"> <li>- Reduction in duplication of information.</li> <li>- Improved Information sharing across ACHSCP teams.</li> <li>- Productivity gains</li> </ul>	3 months post implementation
Efficiencies from working with an electronic record	Time saving	Lean 6 Sigma review		<ul style="list-style-type: none"> <li>- Improved time management</li> <li>- Productivity gains</li> </ul>	6 months post implementation



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Universal Health Visiting Pathway reporting	Reporting	Service Data	N/A	- Ability to conduct reporting	3 months post implementation
Reduction in the duplication of information	Perceived improvement in duplication of information, time saving	Staff Questionnaire/Lean	N/A	- Reduction in the duplication of information. - Productivity gains	3 months post implementation
Reduction in risk of current vacancy level to Health Visiting Service	Review of Risks	Risk register	N/A	- Improved Staff Morale - Productivity gains	6 months post implementation
Ability to comply to IRD requests	Compliance to 1 hour access to information where the child's record is available electronically.	IRD Spreadsheet	N/A	- Compliance to NHSG Health Attendance at IRD Policy 2019	6 months post implementation
Increased compliance to the NHSG lone working policy	Perceived increase of support from staff	Staff questionnaire	N/A	- Increased compliance to the NHSG lone working policy	3 months post implementation
CHAD dataset reporting	Reporting	Service Data	N/A	- Compliance of national reporting	3 months post implementation



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### 3.3 Resources Benefits (financial)

Benefit	Measures	Source	Baseline	Expected Benefit	Measure Frequency
Productivity gains	<ul style="list-style-type: none"> <li>- Compliance with Universal Health Visiting Pathway</li> <li>- Lean 6 Sigma Review</li> </ul>	<ul style="list-style-type: none"> <li>- Reporting</li> <li>- Lean 6 Sigma Review</li> </ul>	N/A	<ul style="list-style-type: none"> <li>- Compliance with Universal Health Visiting Pathway</li> <li>- Time efficiency savings from reduction in duplication of information</li> </ul>	3 months post implementation

### 4. Costs

Name	Description	Year 1	Year 2
Devices and Scanners	<p>This will include:</p> <ul style="list-style-type: none"> <li>- a tablet device,</li> <li>- keyboard,</li> <li>- pencil,</li> <li>- 3 years insurance and</li> <li>- Mobile iron security software over 3 years</li> </ul> <p>A separate business case looking at devices is available</p>	£89,362	
Application License and Server and	Service-based license for Health Visiting. Covers up to 600 users. Super User Training for up to 10	£120,614	£43,200



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implementation Costs	individuals and Form Configuration training for up to 5 individuals included in cost.		
	<b>Year total</b>	<b>£209,976</b>	<b>£43,200</b>
		<b>Total</b>	<b>£253,176</b>

## 5. Time

### 5.1 Key Milestones

Description	Target Date
Procurement of Application	3 <sup>rd</sup> September 2019
Procurement of Devices	3 <sup>rd</sup> September 2019
Sign off from NHSG Information Security and Information Governance	20 <sup>th</sup> September 2019
Application Hosted on NHSG Servers and accessible	1 <sup>st</sup> October 2019
SCI Store Interface in place and tested	31 <sup>st</sup> October 2019
Implementation of Application (Phase 1- Scheduling)	30 <sup>th</sup> November 2019
Implementation of Application (Phase 2- Community Child Record)	15 <sup>th</sup> January 2020
Implementation of Application (Phase 3- Reporting)	31 <sup>st</sup> January 2020
Project Close/Business as Usual	29 <sup>th</sup> February 2020

\*Note – this is a summary version of the Business Case, the full Business Case is available on request to IJB board members.



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