

**BUSINESS CASE PROFORMA**

<b>Business Case for Capital and Revenue Investment</b>		
Title of Bid	Band 7 VTE Prevention Clinical Nurse Specialist/Practitioner	
Care Group / Department		
Author of Business Case		
General Manager Approval		Date
Finance manager approval		Date

SAMPLE

## 1. Executive Summary

This business case requests the funding for XX wte Band 7 nurse to implement/continue the VTE risk assessment programme at (organisation name).

Venous thromboembolism (VTE) prevention has been a key patient safety initiative led by the Department of Health since 2007 when it was recognised that hospitalised patients were at risk of harm and death from potentially avoidable VTE. Risk Assessment of thrombosis and bleeding risks for every adult inpatient has been a fundamental component of the VTE prevention programme in England that has resulted in a 20.8% reduction in post hospital deaths from pulmonary embolism<sup>1</sup> and has been a feature of NICE VTE Prevention guidance since 2007. The current National target in England for Hospital Trusts is to evidence that at least 95% of adult inpatients have a recorded VTE risk assessment performed on admission to hospital<sup>2</sup>.

The NHS Standard Contract 2021-22<sup>2</sup> requires providers to 'have regard to Guidance (including NICE Guidance) relating to venous thromboembolism'.

NICE Quality Standard QS201 (August 2021) sets out 5 quality statements in relation to prevention of VTE and care of patients who experience a VTE. The associated Quality Standard Service Improvement Template sets out the structures, processes and outcomes that can be taken as a measure of successful implementation. It identifies the following outcomes measures:

- Rates of hospital-associated HAT
- Rates of thrombosis associated with lower limb immobilisation
- Rates of emergency admissions to hospital for people aged 18 and over having outpatient treatment for low risk pulmonary embolism.

The NICE VTE quality standards form part of the CQC Inspection framework for NHS acute hospitals. A dedicated VTE practitioner is necessary to coordinate an audit programme to ensure compliance with these standards.

Many NHS Trusts in England have demonstrated rapid and sustained improvements in rates of VTE risk assessment through having a dedicated VTE Practitioner. This is achieved through education, surveillance, feedback and audit of the above standards, all of which requires a dedicated practitioner. The National Thrombosis Survey report (2021)<sup>3</sup> revealed that 30% of participants do not have a clinician dedicated to VTE prevention. One of its recommendations is that all centres should have one in place to lead and implement VTE prevention strategies.

Case review and further investigation of hospital associated thrombosis is a vital component of any VTE quality improvement strategy since the learning gained can lead to positive and sustained change to practice resulting in reduced rates of hospital associated thrombosis and preventable harm to patients. It is also an important component of the duty of candour A VTE practitioner is able to coordinate this strategy and can ensure that compliance to the duty of candour legislation is met.

1. NHS Digital (2021) Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital. Accessed at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/august-2021/domain-5---treating-and-caring-for-people-in-a-safe-environment-and-protecting-them-from-avoidable-harm-nof/5.1-deaths-from-venous-thromboembolism-vte-related-events-within-90-days-post-discharge-from-hospital>
2. NHS England (2021) NHS Standard Contract 2021/22. Accessed at <https://www.england.nhs.uk/wp-content/uploads/2021/03/3-FL-SCs-2122-republished-may.pdf>
3. Thrombosis UK (2021) National Thrombosis Survey [TUK-GIRFT-REPORT.pdf \(thrombosisuk.org\)](https://www.thrombosisuk.org/TUK-GIRFT-REPORT.pdf)

**2. Description of bid** – *outline the problem and how do you propose to solve it or describe the opportunity and what are your requirements to capitalise on it*

This bid is for 1 WTE band 7 nurse/practitioner to support delivery of the VTE NHS Standard Contract and CQC requirements and meet the NICE VTE Guidelines.

To deliver the VTE risk assessment standard, a 95% assessment rate needs to be maintained.

Employing a nurse/practitioner will provide a vital resource to educate, support, audit, and drive an increase in the VTE assessment rate and general quality improvement to address patient safety. The post will be valuable in achieving and maintaining the assessment rate, supporting training and providing a focused resource in areas of under performance.

**3. Strategic Fit** - *identify key relevant external and internal strategic drivers (e.g. NSF's, IOG's, care group priorities , KPI's etc) and how the bid supports their delivery*

Strategically

- Deliver NHS Standard Contract Requirements
- Meet NICE VTE Quality Standards
- Meet the CQC inspection framework for acute Trusts requirements
- Meet the duty of candour requirements
- Enhance quality of care and patient safety
- Reduce length of stay
- Raise / maintain profile of service and work towards becoming an exemplar site
- Reduce the risk of preventable patient harm

**4. Define objectives** – *identify the key objectives which the bid seeks to deliver, making these 'SMART'*

1. Delivery of VTE NHS Standard Contract Requirements
2. Reduce the number of potentially preventable hospital associated thrombosis cases and optimise management of VTE
3. Reduce long term health costs

**5. Options** – *Identify a range of options for how the problem or opportunity can be addressed or capitalised briefly summarising each.*

1. Do nothing

Doing nothing may result in avoidable patient harm from VTE and failure to comply with NICE guidance and the NHS Standard Contract

2. Employ a band 7 nurse/practitioner

3. Incorporate into an existing quality role within the Trust. This may be associated with less specialist knowledge and reduced time commitment to VTE prevention which may negatively impact the ability to achieve objectives.

**6. Non financial appraisal of options (including risk analysis) –** *identify the extent to which each option meets the objectives listed in section 4. noting key risks associated with each.*

**Option 1** Doing nothing risks patients experiencing potentially avoidable harm from hospital associated thrombosis and its associated severe and long term complications. Trusts not meeting national standards also risk reputational damage.

**Options 2.**

Employing a nurse/practitioner offers the best opportunity to enhance patient safety, deliver the NHS Standard Contract targets and enhance the Trust's reputation and status.

**7. Financial appraisal of options –** *Identify and quantify revenue and capital costs for each option.*

Option 1 – No direct costs

Option 2 – Employ a band 7 nurse

There is no additional income associated with this business case.

<b>Income</b>		
Not applicable		
<b>Expenditure</b>		
Staffing	Band 7 nurse/practitioner	£XXk (mid point)
Non pay costs	Consumables (paper / posters etc)	£
Total costs		£

**8. Stakeholder support –** *identify key internal and external stakeholders demonstrating that they have been consulted and support the proposal (e.g. PCT support for any service developments)*

Internally support has been provided by XXXXXX (both the Executive Director of Operations and Divisional Manager.)

**9. Preferred option –** *based on non-financial and financial appraisal identify the preferred option summarising why this is the case*

**Option 2**

**10. Implementation Plan , timetable, responsibility etc**

Recruitment will be initiated after approval

**11. Risk Assessment** – describe any risks with any of the options (including clinical risk, risk of loss of activity / income, loss of reputation – and risk to business continuity)

**Option 1 – Do nothing.**

Patient safety is compromised without an established VTE prevention program.

The Trusts reputation may be compromised by failure to deliver NHS Standard Contract, NICE, CQC and duty of candour requirements with the possibility of litigation cases if avoidable patient harm is caused.

**Option 2 – Employ a Band 7 nurse**

Whilst employing a nurse/practitioner cannot guarantee delivery of the VTE prevention strategies, the investment is required to provide the best opportunity to deliver the targets. With the continued support of the thrombosis committee, the team is confident the targets can be delivered. Without the post there is a strong likelihood of failure to deliver and maintain the targets.

The investment in a nurse/practitioner is considered reasonable in return for delivering the NHS Standard Contract requirements, enhanced patient safety and enhancing the Trust profile.

**12. Equality Impact Assessment** – describe any positive or negative impact the proposal may have on service users and staff (complete EIA form and attach where necessary)

No negative impact