Business Case

[Insert title]

*This case template only applies to cases of a value over £75,000*

*Cases of a value between £25,000 and £75,000 can be approved through Executive Performance Reviews.*

*Cases below £25,000 in value should be resolved through an A3.*

|  |  |
| --- | --- |
| **Case Name** |  |
| **Division** |  |
| **Executive Sponsor** | *Only applicable to cases progressing to TMC* |
| **Unit / Service Lead** |  |
| **Case Author** |  |
| **Date** |  |

|  |  |  |
| --- | --- | --- |
| **Title of recommended option** | |  |
| **Change +/- budgeted workforce establishment (in-year, and over 5 years)** | |  |
| **Change +/- service / unit finance budget (full year effect)** | |  |
| **Name of funding source** | |  |
| **Top 3 benefits** | | |
|  |  | |
|  |  | |
|  |  | |

# Document Management

***Revision History***

| Version | Author | Date | Summary of Changes |
| --- | --- | --- | --- |
| 0.1 |  | XX/XX/XXXX |  |
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|  |  |  |  |
|  |  |  |  |

***Approved by***

Prior to the Trust Investment Group and Trust Management Committee/Board consideration.

GUIDANCE NOTES

The document should have the Executive Sponsor, a Divisional Management and Finance Business Partner signature.

If your business case impacts corporate services you should **also** have signature(s) from head of services i.e. Head of Procurement; Chief Information Officer; Head of OD and People; Head of Estates; Chief Pharmacist; Head of Pathology; Head of Nursing; Head of Transformation Programme Office

***This document is supported by the following people***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reviewer | Title | Signature | Date | Version |
|  | Divisional / Corporate Service Director |  |  |  |
|  | Finance Manager |  |  |  |
|  | Clinical/non-clinical procurement lead |  |  |  |
|  | Head of service |  |  |  |
|  | Other |  |  |  |

***Document control and authorisation channels***

| Version | Channels | Date Issued | Date Reviewed | Actions / Decisions |
| --- | --- | --- | --- | --- |
|  | Divisional Team Meeting *(Or through SLTs in non-clinical divisions)* | XX/XX/XXXX | XX/XX/XXXX |  |
|  | Trust Investment Group (TIG) |  |  |  |
|  | Trust Management Committee (TMC) |  |  |  |
|  | Finance & Planning Committee (F&P) |  |  |  |
|  | Audit Committee |  |  |  |
|  |  |  |  |  |

All business cases that are approved by the Trust Management Committee **MUST** be reviewed within 6 months from the date of approval. The responsible divisional manager should liaise with the administrator of the Trust Management Committee to confirm the date of the review. The purpose of the review is to evidence delivery of the investment, to time and budget and the achievement of the benefits.

The controlled copy of this document is maintained by Salisbury Hospital NHS Foundation Trust (SFT). Any copies of this document held outside of the Trust, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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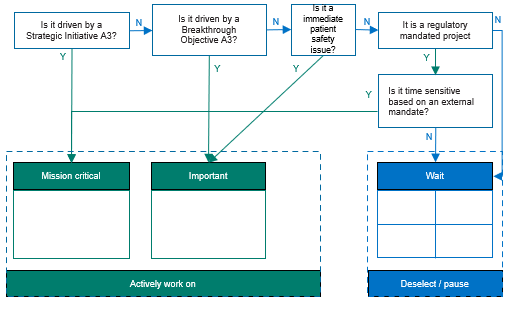
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# **Executive Summary**

This case relates to a proposal for investment in X funded by Y costing Z to deliver A, B, and C benefit / outcome, trackable by measuring Ω.

Show how the case has been filtered through our improving together methodology.[[1]](#footnote-1)

This investment will enable the Trust to:

SUMMARY GUIDANCE NOTES:

* Explain the purpose of the case by making a high-level statement outlining the business need, and the objectives the case will achieve. Include:
  + A summary of what the case is about, what are you trying to achieve, by when and how we will know the change has been successful.
  + Tell the reader if this is a case for change, innovation, improvement, investment to save, etc.
* Link your narrative to the top 3 measurable benefits you inserted on the front sheet
* If the case is approved to the next stage, name the forum which will take responsibility for the project planning, monitoring and management of delivery and benefit tracking

If this business case is approved the next phase of implementation actions are:

[Insert a high level summary of the key milestones]

The Executive and DMT sponsors for this proposal confirm the business case is aligned to the following strategic, tactical and operational objectives: (Delete each as required)

|  |  |
| --- | --- |
| Organisational / System Level | Alignment |
| National | *[Insert Name statutory/regulatory, improvement work stream e.g. GIRFT]* |
| Regional | *[Any SW NHS regional activity / policy / strategy]* |
| ICS/P/B | *[Insert name of ICS, AHA, or Network work stream e.g. BSW Frailty Pathway]* |
| Trust Priorities[[2]](#footnote-2) | POPULATION |
| PARTNERSHIPS |
| PEOPLE |
| Strategic Planning Framework[[3]](#footnote-3) | Breakthrough Objectives, Strategic Initiatives, Corporate Projects. |
| Divisional Annual Plans | You can contact your divisional director of operations for this years plan and the divisional elements. |

# **Recommendation**

The recommendation to [insert the name of the relevant forum to whom you are presenting the case] is to [select: approve/endorse/note/provide feedback] on Option [insert number and title]. A high level mitigation plan to manage the options risks is contained in the appendices.

GUIDANCE NOTES:

* Provide the reader with a few sentences on why this option is the preferred option
* Don’t just copy and paste from elsewhere in the document. This section needs to be more concise
* Explain ‘what’ this option would deliver (e.g. a change in service, increase in capacity by X and Y %, etc.) rather than ‘how’
* Explain briefly ‘why’ this option is the preferred option, compare it briefly to the other options and how it would best deliver the desired benefits and outcomes.

# **The Case for Change**

GUIDANCE NOTES: In this section the reader will want to know:

* What is the current situation? is the scope of the investment a regulatory requirement and/or business change imperative?
* What do our patients say?
* What are the future and desired outcomes/changes?
* Why do we need to change?
* Is there an ICS angle to the change?
* Is there an imperative milestone/timetable in which to achieve the outcomes/changes?
* Why is this investment needed or where does it originate from?
* What are the critical success factors and interdependencies impacting on the case?
* What are the key cultural and practical barriers to change as regards this case?
* Who, and which departments will need to be involved, or have been involved to date?
* What does the case not include?
* How is the case linked to other Trust or local system wide business cases or plans?

# **Options**

GUIDANCE NOTES:

* This section of the business case should document the range of options that have been considered. It should aim to demonstrate that the Business Case Sponsors have arrived at the optimum balance of cost, benefit and risk.
* **A minimum of 3 options** should be included in the case if possible.
* In scoping the “do-nothing” option, the appraisal should be as comprehensive as the other options, as it forms the baseline/ reference case in terms of informing an appetite for risk and demonstrating value for money.
* To inform decision making on whether to approve/decline the investment, the case should include the argument for affordability and the available funding source(s). It should link proposed expenditure to available budget and existing commitments.
* Be transparent about costings and include everything i.e. all costs which will increase as a result of the change proposed e.g. additional ward and administrative staffing arising from a new consultant post; additional equipment and transport costs to enable sterile services to achieve turn-around times arising from a change in surgical procedure; etc.
* There may be financial benefit to the system if not SFT, be sure to reflect such effects.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Option | Income  £k  FYE | Pay  £k  FYE | Non-pay  £k  FYE | Contribution  £k  FYE | Effect in following FY | Effect over 5 FY |
|  | | [Insert Year] | | | |  |  |
| 1 | Do Nothing |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

The financial information above has been validated by [insert Finance Manager Name].

GUIDANCE NOTES:

* The whole life cycle cost should be calculated per annum, over a 3 – 5 year period. Therefore additional columns will need to be added
* You might wish to illustrate the phasing of the financial implications. For example, recruitment may take 3 months, so pay costs start to be incurred from Q2
* OR, you may decide to signpost the reader to refer to one comprehensive table in the appendices that illustrates the story as phased income, expenditure, project milestones and benefits as one table.

## **Discounted Options**

GUIDANCE NOTE: The reader will only want a high-level summary of the options that have discounted, if any, and why they were discounted.

## **Option 1 – Do Nothing**

GUIDANCE NOTES:

* Describe what the situation will be if the decision to invest and/or change in not taken, and the status quo remains.
* Describe the impact that doing nothing will have on the strategic, tactical and operational elements of the business/service unit, from a patient experience, clinical outcome, activity, finance and resource perspective (not just for your department or service)
* Use base line data to support your statements and forecast
* Include regulatory or statutory requirements and outline the consequence of non-compliance at service and Trust level
* Set out a high-level assessment of the benefits, risks, and financial impactions of the option.

## **Other Options** [add further sections within numbering convention]

GUIDANCE NOTES:

* Provide a paragraph that describes the option
* Describe what will be different (current verses future), for example:
  + Demand and/or operational capacity
  + Achievement of quality standards e.g. reduction in RTT; length of stay / NCTR
  + Difference in workforce capacity or skill mix e.g. WTE and/or PA’s increase/reduction – this should show any change in workforce over MULTIPLE years, not just the in year effect.
  + New ways of working
  + Changes the patient will experience e.g. improved quality outcome measure
  + Service improvements
* Insert who, when, where and what is required to enable this option e.g. diagnostic or housekeeping services to meet an increase in capacity; procurement team and sourcing lead support to conduct a 3 month tender exercise by end of Q1; estates and IT teams to enable connectivity to a room before a clinic activity can take place ; etc.
* Set out a high level assessment of the benefits, risks, and financial impactions of the option.

# **Benefits & Evaluation**

GUIDANCE NOTES:

* Provide a paragraph that describes the benefits associated with the recommended option
* Describe benefits against the below matrix

Quantifiable & Monetizable

Quantifiable & Non-monetizable

Non-quantifiable & monetizable

Non-quantifiable & non-monetizable

* Where income is proposed to be generated this should be expressed in absolute terms as well as percentage terms and overheads / margin made explicitly clear.
* Set out the method and process for evaluating the success of the recommended option – that should align to the expected benefits and be proportionate and appropriate to the business case.
* Evaluation services and advice can be sought from the Wessex Academic Health Science Network (AHSN, will be the ‘Health Innovation Network’ as of November 2023), as well as a number of other NHS resources.
* Case owners and divisional leadership will be asked to bring benefits and outcomes to TMC in line with what is set out in the business case, and held to account for their delivery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Benefit | Monitoring Owner | Measurable outcome | Completed by |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

# **Risk**

GUIDANCE NOTES:

* Describe how these risks have been identified and what process will be implemented to monitor and manage the risks and issues
* What are the risks? Use the table below to note the key risk, and link them to the delivery of the benefits (short, medium and/or long term)
* Use the ‘Trust Risk Assessment Matrix’ to RAG rate each risk. (Insert intranet link to Matrix) rather than simply rate as a low-medium-high risk
* Risks can be associated with any option, for example the risks of ‘do nothing’ or the risks of a more expensive option, however there should be a clear focus on assessing the risks of the recommended option.
* Use the final column in the table below to show any read across to the trust risk register and the board assurance framework (BAF).

|  | Risk Description | Risk Likelihood | Risk Consequence | Mitigating Actions | Monitoring Forum | Link to Trust Risks and BAF |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

# **Timeline & Delivery Plan**

GUIDANCE NOTES:

* What will need to happen by when, what is the critical path to delivery, what are the future milestones for approval?
* How will resource to deliver come online? Consider a difficulty of implementation and impact assessment – the transformation team can advise.
* Reference back to the financial modelling and any phasing

## Delivery Plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Action | Milestone |  | Owner |
|  | | Start Date | End Date |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

# **Appendices**

|  |  |  |
| --- | --- | --- |
|  | Required (Y/N) | Attached (Y/N) |
| Data Privacy Impact Assessment |  |  |
| Equality Impact Assessments |  |  |
| Patient Impact Assessment |  |  |
| Quality Assessment |  |  |

GUIDANCE NOTE: Insert any other supporting information

1. Insert how they can get guidance / help on this and link the current SPF. [↑](#footnote-ref-1)
2. LINK TO MORE INFORMATION FOR THEM [↑](#footnote-ref-2)
3. LINK TO MORE INFORMATION [↑](#footnote-ref-3)