**Title**

**OUTLINE BUSINESS CASE**

**Date:**

**Proposal Owner:**

**Division/Directorate:**

|  |  |
| --- | --- |
| **Full Year Revenue Total**  **[Average Yearly Total Income]** | **£** |
| **Full Year Expenditure Total**  **[Average Yearly Total Revenue Expenditure]** | **£** |
| **Capital Total** | **£** |
| **Date Finalised** | **\_/\_/\_** |
| **Business Case Reference Number (PMO)** |  |

**CONTENTS COMPLETE?**

*\*Please tick the box to show these items are completed and included.*

Completed fully signed Outline Business Case Pro-forma

**FINANCIAL APPENDICES**

*\*Please tick the box to show these items are completed and included*

Detailed revenue breakdown

Non-financial Appendices (if required)

**Service Lead**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finance – Business Advisor**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

**Divisional Clinical/Medical Director**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

**Head of Estates**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

**Head of IT**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

**HR Business Partner**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

***All above signatures must be completed as this may delay your business case.***

**Additional supporting signatures (if impacting on another area e.g. Support services, Radiology, Pathology, Theatres):**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

Job Title & Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_

Job Title & Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | **Ref No** |  |
| **Division/Directorate** |  | **Project Lead** |  |
| **Date Submitted** |  |  |  |
| **SECTION** | **DETAIL** | | |
| **Background** |  | | |
| **Description and Objective of proposal** |  | | |
| **Options Considered**  *Please ensure at least 3 options are considered* | 1.  2.  3. | | |
| **Risk Register** | Is the preferred option linked to the Divisional Risk Register?  If so, what is the Risk Register reference? | | |
| **Activity & Income Implications – Preferred Option** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Net Activity Changes** | **2015/16 Activity** | **2016/17 Activity** | **2017/18 Activity** | **2018/19 Activity** | **2019/20 Activity** | | Outpatients |  |  |  |  |  | | Admitted Patient Care |  |  |  |  |  | | Other |  |  |  |  |  | | **Total** |  |  |  |  |  | | **Revenue** | **2015/16 £000s** | **2016/17 £000s** | **2017/18 £000s** | **2018/19 £000s** | **2019/20 £000s** | | Outpatients |  |  |  |  |  | | Admitted Patient Care |  |  |  |  |  | | Other |  |  |  |  |  | | **Total** |  |  |  |  |  | | | |
| **Revenue Implications – Preferred Option** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Revenue** | **2015/16 £000s** | **2016/17 £000s** | **2017/18 £000s** | **2018/19 £000s** | **2019/20£000s** | | **Income** |  |  |  |  |  | | **Expenditure** |  |  |  |  |  | | Staffing |  |  |  |  |  | | Non-pay |  |  |  |  |  | | Asset Write Offs |  |  |  |  |  | | Capital Charges |  |  |  |  |  | | **Sub Total Expenditure** |  |  |  |  |  | | **Net Contribution** |  |  |  |  |  | | **% Contribution** | **0.00%** | **0.00%** | **0.00%** | **0.00%** | **0.00%** |   **Investment Analysis – Please provide an investment analysis of all the options considered in Appendix 1.** | | |
| **Capital Implications** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Capital** | **2015/16 £000s** | **2016/17 £000s** | **2017/18 £000s** | **2018/19 £000s** | **2019/20 £000s** | | Capital |  |  |  |  |  | | VAT |  |  |  |  |  | | **Total** |  |  |  |  |  | | **Revenue Implications** |  |  |  |  |  | | Capital Charges |  |  |  |  |  | | Maintenance |  |  |  |  |  | | **Life of Asset** |  |  |  |  |  |   *Has the Capital Prioritisation Group approved the Capital Implication?*  Yes/No  Date of meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Workforce Implications** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Workforce Changes** | **2015/16 WTEs** | **2016/17WTEs** | **2017/18 WTEs** | **2018/19 WTEs** | **2019/20WTEs** | | Medical |  |  |  |  |  | | Nursing |  |  |  |  |  | | P&T |  |  |  |  |  | | A&C |  |  |  |  |  | | Other |  |  |  |  |  | | Total |  |  |  |  |  |   *Please provide a breakdown of WTEs by staff grade in Appendix 2.* |
| **Estate Implications** | *Please indicate any accommodation requirements/issues* |
| **Other Support Department/Directorate Implications** | *Please highlight impact on other Departments/Directorates to enable business case to be delivered*  Radiology:  Pathology:  Pharmacy:  Therapies:  Theatres:  Outpatients:  Support Services:  Commissioner Services: |
| **QIPP Benefit** | *Please highlight the QIPP benefits (Quality, Efficiency or Productivity) which would be delivered through the investment.*  ***Non-financial Implications:***  ***Financial Implications:***   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **2015/16 £000s** | **2016/17 £000s** | **2017/18 £000s** | **2018/19 £000s** | **2019/20£000s** | | **QIPP Savings** |  |  |  |  |  | |

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| **Key Performance Indicators (KPI’s)** | *Please rank, in order of priority, up to 6 objectives you expect to achieve through this investment and detail the KPI’s to justify the investment.*   |  |  |  | | --- | --- | --- | | **Objectives** | **Measurable Target (KPI) set at** | **Date to be achieved by** | | *1.* |  |  | | *2.* |  |  | | *3.* |  |  | | *4.* |  |  | | *5.* |  |  | | *6.* |  |  | |
| **Key Milestones** | *Please indicate the milestones against which the business case implementation will be assessed*   |  |  |  | | --- | --- | --- | | **Key Milestones** | **Timescale** | **Person Responsible** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Risk Assessment** | *Key risks to delivery and mitigating actions*  *If the business case does not deliver expected benefits, what would be the exit strategy? Please include workforce related exit strategies.* |

**Date of submission: \_ / \_ / \_**

**Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ / \_ / \_**

**By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 1**

**Investment Analysis**

*Please provide an investment analysis of all the options considered.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Option 1** | **Option 2** | **Option 3** | **Option 4** | **Option 5** |
| **Income**  *(5 year projection)* |  |  |  |  |  |
| **Costs**  *(5 year projection)* |  |  |  |  |  |
| **Surplus**  *(5 year projection)* |  |  |  |  |  |
| **Capital Costs**  (*Over the 5 years)* |  |  |  |  |  |
| **QIPP Savings**  *(5 year projection)* |  |  |  |  |  |
| **Financial Ranking**  Average % Yearly Contribution **(X)**  *(5 year projection)*  *Rank 1,2,3 etc. with 1 the Highest* |  |  |  |  |  |
| Average £s Yearly Contribution **(Y)** *(5 year project)*  *Rank 1,2,3 etc. with 1 the Highest* |  |  |  |  |  |
| **Overall Financial Ranking**  (X) multiplied by (Y) |  |  |  |  |  |

|  |
| --- |
| *Please state the reasons if the highest ranked financial option has not been selected as the preferred option for the business case:* |

**Appendix 2**

**Breakdown of Staffing costs and WTEs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POST TITLE** | **GRADE** | **HOURS** | **W.T.E** | **SALARY** | **COST £000** |
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| **TOTAL PAY** |  |  |  |  |  |

**Appendix 3**

**Quality Impact Assessment**

*Please complete the attached (or inserted table) quality impact information:*



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete all fields highlighted in | green: - |  | | | | | |
|  |  |  |  |  |  |  |  |
| **Clinician Completing/Reviewing QIA** |  | |  |  | **Financial Benefit** |  | |
|  |  |  |  |  |  |  |  |
| **Quality Indicator(s)** |  | | | | | | |
| What means can be used to determine if this impacts quality? |  | | | | | | |
|  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | | | | | | | |
| **KPI Assurance - Sources & Reporting to Monitor Quality Indicator(s)** How are you going to report the progression of the scheme against the Quality Indicators above? |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
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|  |  |  |  |  |  |  |  |
| **Scheme Risk Overview** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **Risk to Patient Safety** | **Details** | | | | | **Consequence** |  |
| Please record any risks of making this change on Patient Safety |  | | | | | 1low – 5high |  |
|  |
| **Score** |
| 0 |
| Please record the mitigations to be put in place to address the risks identified | **Mitigation** | | | | | **Likelihood** |
|  | | | | | 1low – 5high |
|
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|  | | | | | | | |
| **Risk to Clinical Effectiveness** | **Details** | | | | | **Consequence** |  |
| Please record any risks of making this change on Clinical Effectiveness |  | | | | | 1low – 5high |  |
|  |
| **Score** |
| 0 |
| Please record the mitigations to be put in place to address the risks identified | **Mitigation** | | | | | **Likelihood** |
|  | | | | | 1low – 5high |
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| **Risk to Patient Experience** | **Details** | | | | | **Consequence** |  |
| Please record any risks of making this change on Patient Experience |  | | | | | 1low – 5high |  |
|  |
| **Score** |
| 0 |
| Please record the mitigations to be put in place to address the risks identified | **Mitigation** | | | | | **Likelihood** |
|  | | | | | 1low – 5high |
|
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| **Consideration has been given for the safeguarding of Adults and Children** (Add comments if required) |  | | |  |  |  |  |
|  |  |  |  |
|  |  |  | 0 |
|  |  |  |
|  |  |  |  |  | Overall Risk Score | |
| **No Impact on Equality & Diversity** (Add comments if required) |  | | |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |

**Appendix 4**

**Non-financial Appendices**

*Please provide any other relevant information.*