**BUSINESS CASE INITIATION PROPOSAL**

**JIRA Ref: PLAN-** *should have already been registered with Business Planning/JIRA*

**Date**

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| **Guidance**  |
| This proforma must be completed:* where a proposal will require investment, with an estimated value **greater than** **£100k,** to be made.
* **as part of a project initiation meeting**, involving representation from the service, finance, planning, estates and commissioning, as required.

To complete this please:* **Use bullet points and summary tables**.
* Bear in mind that costs and space requirements may need to be estimated.
* Do not exceed **4 sides.**
* Provide a job plan (Appendix B) and complete the consultant checklist (Appendix C), for **consultant appointments**.

**On completion of the proforma, please delete this section and Appendices A. Please also delete Appendices B and C if they are not required.** |

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| Lead Clinician |
|  |
| Author  |
|  |
| Other contributors (Name/Title)  |
|  |
| 1. Summary of Proposal |
|  |
| 2. What is the issue that is being addressed?What will the benefits of the proposal be?  |
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| 3. Why is this proposal important to the OUH? How does this proposal support the delivery of the OUH’s strategic themes as described in Appendix A (proposals involving capital investment must reference the Master Plan). Does the proposal address actions from the Focus on Excellence feedback?  |
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| 4. How does the proposal contribute to the delivery of the Division’s Business Plan?  |
|  |
| 5. How does the proposal deliver transformation?  |
|  |
| 6. What other options have been looked at? (Including consideration of alternative approaches to service delivery e.g. using current staff differently, using another professional group to undertake the work, using physical resource such as space differently) |
|  |
| 7. What will you do if this proposal is not prioritised for investment?  |
|  |
| 8. What discussions have taken place with others? (E.g. divisional management team including DME approval date, relevant directors, other affected services). Please list all support services (name of service/manager or clinician) directly consulted on this proposal.  |
| Support Services:* Radiology -
* Pathology -
* Pharmacy -
* ICU/Anaesthetics -
* Therapies –
* Other -
 |
| 9. Assessment of Estimated Financial and Commissioning Implications  |
| Please complete the following table (with accompanying narrative/statement of assumptions as required) specifying : * The size of the current service i.e. numbers of patients, current expenditure and income budgets
* What is your assessment of the impact of your proposal on activity?
* What impact will this have on income? (The Commissioning Team will help with any background information on who commissions the service, PbR or non PbR, any proposed tariff changes etc).
* What is your assessment of the additional resources that are going to be required (this must include an assessment of space requirements) with an estimated cost (“ballpark figure” – revenue and capital)?
* Please explain how the revenue and capital costs will be paid for. (Will the costs be covered by income? Is there any other available funding? Savings - are these already in CIP? Is any capital requirement in the capital programme?)
* Please confirm the current profitability of the service.
* Please provide an assessment of the additional space required to support this proposal and explain its purpose.
 |
|  | Year 1 | Year 2 | Year 3 |
|  | 2019/20 | 2020/21 | 2021/22 |
|  | Baseline – Annual Plan  | Forecast Outturn |  |  |
| No. of Patients  |  |  |  |  |
|  |  |  |  |  |
| Staffing |  |  |  |  |
| Non-pay  |  |  |  |  |
| Overheads (incl. capital charges) |  |  |  |  |
|  |  |  |  |  |
| Total Expenditure |  |  |  |  |
|  |  |  |  |  |
| Income  |  |  |  |  |
|  |  |  |  |  |
| Capital  |  |  |  |  |
|  |  |  |  |  |
| Contribution (£) |  |  |  |  |
| Contribution (%) |  |  |  |  |
|  |
| 10. Has this been discussed with commissioners? What did they say? |
|  |
| 11. Senior Responsible Officer for delivery of proposal if agreed |
|  |
| 12. Timescales if the proposal is approved  |
| **Action** | **Timeline** |
| Business Planning Group sign-off |  |
| Finance sign-off of Business Case  |  |
| Divisional approval |  |
| TME approval  |  |
| Proposed start date |  |
| 13. Other Issues  |
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| **Business Planning Group Feedback**  |
| **What decision has the Business Planning Group made about this proposal (What are the next steps and proposed timelines?)** |
|  |
| **Is a Quality Impact Assessment required for this proposal (Y/N)?**  |
| * E.g. insource/outsourcing activity
* E.G. If BPG don’t approve, what is the quality impact
 |
| **What resource (Estates, Finance and Planning) will support the further development of this case?**  |
|  |
| **What is needed for this case to be supported?**  |
|  |

**APPENDIX A – OUH Strategic Themes**

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| **OUH Strategic Themes**  |
| Sustainable Compliance - To continue to deliver to the NHS constitution, national access standards and financial balance in a sustainable manner |
| Building Capabilities - To develop the organisation’s ability to deliver our strategic objectives |
| Home Sweet Home – To redesign our services, in partnership with others, to achieve local health care integration, to deliver excellent care in the best settings |
| Focus on Excellence - To prioritise investment in services; developing world class services to deliver excellence  |
| Go Digital – To achieve digital transformation, to support excellent care and enable care to be delivered closer to home |
| Master Planning - To develop long term estates planning that sets out the strategic vision for the Trust sites for the next 40 years |
| High Quality Costs Less - To deliver our quality priorities and ensure continuous service improvement through efficient working practices |

**APPENDIX B - Consultant Appointment Checklist**

Please reference PLICS to support your answer to question 9.

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| Question | Answer |
| 1. Is the post new or replacement?- If new, has a Business Case been approved by Trust Management Executive?
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| 1. Is the appointment required to meet specialty designation standards? - If yes, please provide an explanation.
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| 1. Is the appointment essential to achieving a compliant on call rota? - If yes, please provide an explanation.
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| 1. Is the appointment a requirement to meet an agreed strategic service strategy and/or to maintain service provision and funded within the agreed baseline budget and/or generates additional income within the context of commissioner contracts. - If yes, please provide an explanation.
 |  |
| 1. How many consultants are currently employed in the specialty? Please detail current variance between in post and budgeted establishment.
 |  |
| 1. Set out the service capacity requirements in terms of activity to be delivered against constitutional standards.
 |  |
| 1. Provide a profile of direct clinical activity by consultant in the specialty.
 |  |
| 1. Provide UK and comparable international benchmark data on productivity for the specialty.
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| 1. Provide a consultant by consultant productivity analysis for the specialty explaining any variance between consultants.
 |  |
| 1. Have alternative models of service delivery been explored?- If yes, please set out the details- If no, please explain why an alternative model is not practicable.
 |  |
| 1. Is there an option to agree a team based delivery model to meet activity demand?- If yes, has this been explored with the specialty team? Describe how the alternative model could operate and whether this has Divisional Management Team support.
 |  |
| 1. Does the appointment deliver an enhancement to 7 day service provision?- If yes, provide details and any consequent financial impact on other services/staffing.
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**Appendix C - Proposed Consultant Job Plan**

**OUTLINE JOB PLAN WEEKLY PROVISIONAL PROGRAMMED ACTIVITIES**

An indicative timetable and job plan is outlined below. The final job plan for the post will be agreed with the Clinical Director upon appointment and will be subject to renegotiation at least annually.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Time** | **Location** | **Work** | **Categorisation** | **No. of PAs** |
| **Monday** |  |  |  |  |  |
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| **Tuesday** |  |  |  |  |  |
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| **Wednesday** |  |  |  |  |  |
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| **Thursday** |  |  |  |  |  |
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| **Friday** |  |  |  |  |  |
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|  **Saturday** |  |  |  |  |  |
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| **Sunday** |  |  |  |  |  |
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| **Additional agreed activity to be worked flexibly** |  |  |  |  |  |
| **Predictable emergency on-call work** |  |  |  |  |  |
| **Unpredictable emergency on-call work** |  |  |  |  |  |
| **TOTAL PAs** |  |  |

|  |  |
| --- | --- |
| **Programmed activity** | **Number** |
| **Direct clinical care (including unpredictable on-call)** |  |
| **Supporting professional activities** |  |
| **Other NHS responsibilities**  |  |
| **External duties** |  |
| **TOTAL PROGRAMMED ACTIVITIES** |  |

**Anticipated on-call availability supplement**

**Agreed on-call rota e.g. 1 in 5:**

**Agreed category (delete):**

**On-call supplement %:**

**This is an indicative job plan the actual initial job plan worked will be negotiated with the Clinical Director upon appointment and may vary depending on the candidates experience and the clinical need within the department.**

**Annual and study leave arrangements must be co-ordinated within the specialty to ensure there is an acceptable level of consultant cover.**