

Templed ar gyfer Achos Busnes - Pecyn 26

Business Case Template – including Options Appraisal

Purpose of this document

This document summarises the benefits to be delivered by the project and demonstrates that these benefits can be realised through the project as proposed.

The business case will compare expected patient outcomes and financial cost of the current service with that of the revised service, using firm data where available and making clear assumptions where data is not available.

Senior Responsible Officer:

Service Development Lead:

Clinical Lead:

Document Control

Versions

Date	Version	Section (s) Affected	Description of Change

Approvals

Date	Version	Name	Title	Organisation

Strategic Fit

Project aligned to (Evidence of National & Local Fit)

IMTP_____ 7 Pillars_____ Foundations 4 Change_____ Other_____

Existing Arrangements

Please specify the current service in place

Strategic Risks

Outline the risks of continuing with this service, consider:

Patient Experience Quality & Safety Service Sustainability Service Demand Finance
Equality Impact Assessment
Please refer to Health Board guidance

Options Appraisal - Option One

Proposal
Provide an outline of the option including: How will the new service be delivered By whom and what clinical / service expertise they have When will the service operate What is the volume of delivery and how does this match demand Please include as appendices any technical documentation / evidence / service specification / flow charts.
Risks
Outline the risks of continuing with this service, consider: Patient Experience Quality & Safety Service Sustainability Finance
Benefits
Clinical Benefits: Patient Benefits: Staff Benefits: Financial Benefits:
Capital Costs
Outline any capital costs including all IT hardware, estates, or equipment over £5k
Non-Recurrent Costs
Outline all initial start-up costs to commence the service
Recurrent Costs
Outline all on-going running costs including any changes over time anticipated

	Year 1	Year 2	Year 3	Year 4	Year 5
Recurrent Costs					
Savings					
If you anticipate that the service will make savings elsewhere these need to be identified and quantified. An explanation will be needed for any evidence to support this.					
	Year 1	Year 2	Year 3	Year 4	Year 5
Savings					
Transfer in Funding					
Please quantify the exact funding required for the delivery of the service.					
	Year 1	Year 2	Year 3	Year 4	Year 5
Capital Costs					
Non-recurrent costs					
Resurrent costs					
Savings					
Balance					
Opportunity for Innovation					
Identify anything that is particularly innovative or new about the service.					

Option Appraisal - Option Two

Proposal
<p>Provide an outline of the option including:</p> <p>How will the new service be delivered</p> <p>By whom and what clinical / service expertise they have</p> <p>When will the service operate</p> <p>What is the volume of delivery and how does this match demand</p> <p>Please include as appendices any technical documentation / evidence / service specification / flow charts.</p>
Risks
<p>Outline the risks of continuing with this service, consider:</p> <p>Patient Experience</p> <p>Quality & Safety</p> <p>Service Sustainability</p> <p>Finance</p>

Benefit					
Clinical Benefits Patient Benefits Staff Benefits Financial Benefits					
Capital Costs					
Outline any capital costs including all IT hardware, estates, or equipment over £5k					
Non-Recurrent Costs					
Outline all initial start-up costs to commence the service					
Recurrent Costs					
Outline all on-going running costs including any changes over time anticipated					
	Year 1	Year 2	Year 3	Year 4	Year 5
Recurrent Costs					
Savings					
If you anticipate that the service will make savings elsewhere these need to be identified and quantified. An explanation will be needed for any evidence to support this.					
	Year 1	Year 2	Year 3	Year 4	Year 5
Savings					
Transfer of Funding					
Please quantify the exact funding required for the delivery of the service.					
	Year 1	Year 2	Year 3	Year 4	Year 5
Capital Costs					
Non-recurrent costs					
Recurrent costs					
Savings					
Balance					
Opportunity for Innovation					
Identify anything that is particularly innovative or new about the service.					

Please add in as many options as appropriate following the same format. There should be at least 2 options – Preferred Option & Do Nothing

Preferred Option
Please state which of the options outlined above is your recommendation and why.

The following is based upon the preferred option:

Procurement / Commissioning

Procurement Strategy
Please specify how you will procure / commission the service and what procurement advice you have received
Risk Transfer
Please identify any risks inherent in the transfer of the service and how you will mitigate these.
Contract Length
Please state if this is an on-going service change or a pilot / project
Workforce & Personal Development (inc. TUPE & Pension)
Please identify any HR issues – take HR advice on this prior to submission

Project Management

Project Manager Time			
Identify how the project will be managed during the development, implementation and delivery phase. Also identify any project management support needed for evaluation and reporting.			
Completion Schedule			
Outline the timeline for implementation of the project			
Contingency Plan			
Please identify any contingencies identified to mitigate risks outlined in your preferred option appraisal.			
Evaluation of Service			
How will the service be evaluated and which group will this be reported to.			
Evaluation of Benefit	Performance Indicator	Method of Measurement	Frequency of Measurement
Clinical			
Patient Experience			
Finance			

Othe (Specify)			
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Summary of Project Objectives
Achievement of expected benefits
Refer to the benefits outlines in the proposal or business case approved submission
Financial Costs & Benefits
Cost of the scheme
Benefits of the scheme
Unexpected benefits
Unexpected problems
Patient Engagement
Recommendations for Action