




Business Case Title

Ref number (added by finance)

BUSINESS CASE TEMPLATE SUMMARY INFORMATION																								
Scheme Title	<i>A few words e.g. "Replacement XX" or "Development of YY service" A name commonly accepted and which cannot be confused with other schemes</i>																							
Division	<i>Name of sponsoring Division</i>																							
Executive Sponsor	<i>State name of the Executive Sponsor</i>																							
Project Owner	<i>State name of the Project Owner</i>																							
Type of Business Case	<i>Please highlight the type of business case from one of the four categories below.</i> <table border="1" data-bbox="399 571 1484 750"> <thead> <tr> <th>Type of Business Case</th> <th>ETM</th> <th>F&P</th> <th>Board</th> </tr> </thead> <tbody> <tr> <td>Revenue only *</td> <td>£500k</td> <td>£1m</td> <td>>£1m</td> </tr> <tr> <td>Capital – category 1</td> <td>£500k</td> <td>£1m</td> <td>>£1m</td> </tr> <tr> <td>Capital – category 2 with revenue implications</td> <td>£500k</td> <td>£1m</td> <td>>£1m</td> </tr> <tr> <td>Capital – category 2 with no revenue implications</td> <td colspan="3">Not required</td> </tr> </tbody> </table> <p><i>* NHSI have stated that until further notice non-COVID-19 expenditure should not increase and therefore trust's should suspend all business cases seeking increased revenue spend. Revenue business cases should only be put forward in exceptional circumstances.</i></p>				Type of Business Case	ETM	F&P	Board	Revenue only *	£500k	£1m	>£1m	Capital – category 1	£500k	£1m	>£1m	Capital – category 2 with revenue implications	£500k	£1m	>£1m	Capital – category 2 with no revenue implications	Not required		
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BCOG Category	<i>All revenue business cases must have an outline business case approved by the Business Case Oversight Group (BCOG) before proceeding to a full business case. Please state the date considered and the outcome (category A or B).</i>																							
Executive Summary	<i>A single paragraph summing up the essence of the business case. Problem, proposed solution, recommendation & benefits.</i>																							
Planned implementation date	<i>E.g. purchase date of equipment or start date for new service / staff appointment</i>																							
Summary finance	<i>Picture of summary table to be pasted into final document by DFM</i>																							
Expenditure to be Funded By	<i>E.g. Divisional Budget (named), Capital included in XX capital programme, R & D grants. Bid to charity (if a charitable bid please complete Appendix 2)</i> <i>Please clearly state if there is no funding source.</i>																							
Quality Impact	<i>State the changes in quality</i>																							

Workforce Impact	<i>State changes in staff numbers by grade and type of staff</i>	
Activity Impact	<i>State changes in patient activity by patient type and specialty</i>	
Links to Corporate objectives	<i>State relevant corporate objective(s) and how the development assists delivery</i>	
Risks mitigated	<i>State risks as per divisional risk register – current score and residual score after implementation</i>	
CQC Registration	<i>Do the changes proposed by the case require us to acquire CQC registration?</i>	
Work Equipment Risk Assessment Complete	<p><i>To be completed and submitted with business case when purchasing work equipment including medical devices</i></p> <p><i>Risks to health and safety posed by work equipment must be assessed by law. You are required to complete the attached risk assessment template and submit it with your business case if your business case relates to or includes equipment that will be used for work purposes. It is recommended that you complete this risk assessment in consultation with the manufacturer's representative. For further information please contact Lynne Atherton.</i></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Risk Assessment Template - Work Equip </div> <div style="text-align: center;">  How to Guide Work Equipment Risk </div> </div>	
Patient & Public Involvement / Equality Impact Assessment	Patient & Public Involvement  Patient & Public Involvement & Equality	If applicable - State what patient and public involvement has been undertaken in relation to the service. Patient and public involvement must be considered when developing a new service or making changes to a service. Consideration must be taken from the views of patients, carers and relatives. A copy of the patient and public involvement report must be added to the business case. http://intranet/Departments/Patient and Public Involvement/Pat_Pub_Docs.asp
	Equality Impact Assessment	If applicable - State any positive or negative impacts in relation to inclusion and diversity. An Equality Impact Assessment must be completed when developing or reviewing a new policy / service / project or tender. If any negative impacts are identified, consideration will need to be given to removing the impact, acceptably mitigating it, or justifying it. A copy must be submitted with this Business Case Application. For further guidance / copy of assessment form visit: http://intranet/Departments/Equality Diversity/Equality_Impact_Assessment_Guidance.asp

	Please liaise with Kathryn Glass & Debbie Jones for queries				
Benefits KPI's for Post Project Evaluation	State the benefits which will be accrued to the Trust as a result of the investment. The benefits must be measurable and be able to be monitored as part of the benefits realisation / post project evaluation process. Examples as follows:				
	Benefit	Eg 31.7.13	1.4.14	2015/16	2016/17
	Financial				
	Baseline activity	X	X	X	X
	Increased activity	30 Day cases	40 Day Cases	50 Day cases	100 Day cases
	Baseline income (£000)	X	X	X	X
	Increased Income (£000)	3	4	5	10
	Quality				
	Baseline bed days	X	X	X	X
	Reduced bed days	100	200	300	400
	MRSA baseline	X	X	X	X
	MRSA reductions	3	5	7	9

SIGNATORIES REQUIRED (please embed email approval)	
Divisional Medical Director of Sponsoring Division	Divisional Medical Director to sign off to confirm that the Division has approved the business case and that they recommend for approval (embedded email or signature required)
Divisional Director of Performance of Sponsoring Division	Divisional Director of Performance to sign off to confirm that the Division has approved the business case and that they recommend for approval. In addition to this confirmation should be given that the other divisional leads have been consulted and any impact on their divisions has been included within the business case. (embedded e-mail statement required).
Deputy Director of Human Resources	Human Resources must have reviewed any workforce issues (embedded e-mail or signature required)
Deputy Director of Nursing	Deputy Director of nursing must review the proposal to ensure all relevant issues are addressed for business cases with nursing implications only (embedded e-mail or signature required)
Associate Director of Estates & Facilities	Estates and Facilities must have reviewed the proposal to ensure all relevant issues are addressed (embedded e-mail or signature required)
Chief Information Officer	Informatics must have reviewed the proposal to ensure all relevant informatics issues are addressed (embedded e-mail or signature required)
Head of	Infection Control must have reviewed the proposal to ensure all relevant informatics

Infection Control	<i>issues are addressed (embedded e-mail or signature required)</i>
Health and Safety Manager	<i>Health and Safety must have reviewed the proposal to ensure all relevant informatics issues are addressed (embedded e-mail or signature required) ONLY REQUIRED WHEN PURCHASING WORK EQUIPMENT INCLUDING MEDICAL DEVICES</i>
Head of Patient & Public Involvement	<i>Head of PPI must have reviewed the proposal to ensure all relevant issues are addressed (embedded e-mail or signature required)</i>
Data Protection Officer	<i>Head of Information Assurance must have reviewed the proposal to ensure any data protection issues are addressed.</i>
Director of Pharmacy	<i>Pharmacy must have reviewed the proposal to ensure all relevant issues are addressed (embedded e-mail or signature required).</i>
Chief AHP	<i>The Chief AHP must have reviewed the proposal to ensure all relevant issues are addressed (embedded e-mail or signature required).</i>
Directorate Manager Radiology & Cancer Services	<i>Radiology must have reviewed the proposal to ensure all relevant issues are addressed (embedded e-mail or signature required).</i>
Divisional Finance Manager	<p><i>DFM must have reviewed the proposal to ensure all financial issues are accurate.</i></p> <p><i>DFM must liaise with the other DFMs, Capital Accountant, Head of Commercial Investment & Planning, Head of Income, Procurement Manager & Charitable Fund Accountant.</i></p> <p><i>A statement should be made to confirm that the finances are accurate and that the key finance team members have been consulted.</i></p>

It is essential to attach e-mail confirmation from these 6 signatories even if there is “no impact”

**WRIGHTINGTON, WIGAN & LEIGH TEACHING HOSPITALS NHS FOUNDATION TRUST
BUSINESS CASE TEMPLATE**

NB – following section to be no longer than 2 pages

BUSINESS CASE DETAIL: to include following summary information
1 – Current issue - Insert a brief description of the current issue
2 – Proposed solution – Insert a brief description of the proposed solution
3 – List of other options consider – List the other options that have been considered and the reason they have been discounted
4 – Financial Summary of option – Insert the financial summary from the corresponding costing template. DFMs to complete this section, please contact your finance manager
5 – List of impacts of proposed option – List how the business cases impacts on staffing, activity, quality, risks, other divisions etc