East Lancashire Hospitals **NHS**

NHS Trust

(COMMITTEE NAME) REPORT

DD Month 2016

Item

Purpose Information

Action

Monitoring

Title	
Author	Name, Job Title
Executive sponsor	Name, Job Title

Summary: (summarise the key points from the report and what the committee is being asked to do)

Recommendation: (advise the Board/Committee of a suggestion or proposal as to the best course of action.)

Report linkages

Related strategic aim and corporate objective *(Delete as appropriate)*	Put safety and quality at the heart of everything we do Invest in and develop our workforce Work with key stakeholders to develop effective partnerships Encourage innovation and pathway reform, and deliver best practice Become a successful Foundation Trust
Related to key risks identified on assurance framework *(Delete as appropriate)*	Transformation schemes fail to deliver anticipated benefits The Trust fails to deliver and develop a safe, competent workforce Partnership working fails to support delivery of sustainable safe, personal and effective care The Trust fails to achieve a sustainable financial position The Trust fails to achieve required contractual and national targets and its improvement priorities Corporate functions fail to support delivery of the Trust's objectives

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Impact *(delete yes or no as appropriate and give reasons if yes)*

Legal	Yes/No	Financial	Yes/No
Equality	Yes/No	Confidentiality	Yes/No

Previously considered by:

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BUSINESS CASE

PROJECT TITLE: [PROJECT TITLE]

VERSION: V1.0   **DATE:** [DATE]

EXECUTIVE SUMMARY

1. Executive summary of no more than 100 words outlining the purpose of the report, key issues and recommendation.

2. Formatting of the document should be in accordance with Trust report writing guidelines. Refer to Appendix 1.

BACKGROUND INFORMATION, PROPOSAL AND KEY OBJECTIVES

2. Explain the setting, background and context for the project.

3. Provide a clear summary of what is being proposed and the problem it is trying to address. What are the consequences of not doing anything?

4. Outline the key objectives of the proposal (these will be used later in the non-financial options appraisal). It is good practice to make them SMART (Specific, Measurable, Agreed, Realistic, Timebound).

STRATEGIC RATIONALE

5. Explain how the proposal is aligned to the Trust's Clinical Strategy and Business Plan.

6. Outline any link to relevant national bodies, guidance, standards, recommendations etc.

7. Outline alignment to commissioning intentions (local CCGs, NHS England including Specialised Commissioning, Councils etc) and links to Pennine Lancashire Transformation Programme and/or Healthier Lancashire.

8. Outline whether the case has been discussed with Commissioners and the commissioner view.

OPTIONS APPRAISAL

Considered Options, Advantages and Disadvantages

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9. Provide a summary of all the options that have been considered in developing this business case. Include a "Do nothing" option and alternative options for delivering the outcome, stating clearly which the preferred option is and why.

10. Clearly state what you will do if this proposal is not prioritised for investment.

Option	Advantages	Disadvantages	Cost
Option 1: Do nothing			
Option 2:			
Option 3:			
Add more as necessary			

Non-financial Options Appraisal

11. Undertake a non-financial options appraisal utilising the key objectives that the proposal is aiming to meet. Refer to Appendix 2 as to how to undertake the non-financial options appraisal using a weighting and scoring system. Clearly rank the options based on the weighted score.

Objectives	Weighting	Option 1		Option 2		Option 3	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
Total	-						
Rank							

Preferred Option

12. Based on the analysis undertaken in this section clearly state the preferred option.

BENEFITS AND DIS-BENEFITS

13. Provide a description of the tangible and intangible benefits the project will deliver and an estimation of the value. Benefits should be quantified as far as possible in financial terms, and this should be done in consultation with the finance team.

Description of Benefit	How will it be measured	When will it be delivered	Financial benefits Recurrent/Non recurrent

14. Any dis-benefits should also be described. A dis-benefit is a definite outcome of the project that is perceived as negative by one or more of the stakeholders.

15. A benefits profile should be included to show when the expected benefits, listed above, associated with the development will be realised. This will clearly show the part-year and full-year benefits.

Benefits	Year 1												YR2	YR3
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12		
Tangible														
Incremental														
Non-Incremental														
Non-Tangible														
Quality														
Safety														
Patient Experience Etc.														
Total														

WORKFORCE IMPLICATIONS

16. Clearly outline the implications for the workforce and the options that have been considered.

17. Clearly outline any training implications which will need to be addressed.

ACTIVITY AND FINANCIAL ANALYSIS

18. Provide a summary of the key activity and financial analysis undertaken with supporting narrative. This should be fully inclusive of all income, expenditure and anticipated benefits. The summary of the finances should be inserted in the paper as a table, with the detailed financial appraisal included as an appendix and appropriately referenced.

	Activity - Patients per annum	Option 1 Do nothing	Option 2	Option 3	Add as Required
Income					
POD or HRG					
Increase/(Decrease) in Income		0	0	0	0
Expenditure					
Pay					
Maintenance					
Consumables					
etc					
etc					
(Increase)/Decrease in Expenditure		0	0	0	0
EBITDA		0	0	0	0
Capital Charges					
Surplus / (Deficit)					

19. Relevant and detailed demand and capacity analysis should be included as an appendix to keep the main body of the case short but with a summary narrative.

20. For new consultant business cases this section should reference as an appendix the proposed job plan and how this will either meet the demands of the service (which are currently not being met) or clearly demonstrate the ability to increase market share/demands of a new opportunity etc.

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RISKS

21. Outline any known risks you have identified which the proposal/project is aiming to address and any risks associated with implementation. How likely are these to occur and what would be the impact on the project if they did occur? What mitigating actions might be taken to manage the risks?

Risks identified which have led to the proposal/project

Description of risk	Mitigating actions	Likelihood Low/Medium/High
There is a risk that…		

Risks associated with implementation

Description of risk	Mitigating actions	Likelihood Low/Medium/High
There is a risk that…		

OTHER IMPLICATIONS, INTERDEPENDENCIES AND AFFECTED SERVICES

22. Outline any known implications for other services, interdependencies to other projects/services and provide assurance that all aspects have been considered e.g. any legal implications.

Area	Yes/No	Further Detail if Yes	Agreed with
Estates and Facilities	Yes/No		
Division of Diagnostics and Clinical Support	Yes/No		
ICG/FCD/SAS Divisions	Yes/No		
PFI	Yes/No		
Contracting	Yes/No		
Procurement	Yes/No		
IM&T	Yes/No		
Data Protection	Yes/No		
Governance	Yes/No		
CQC Registration	Yes/No		
Legal Implication	Yes/No		
Equality and Diversity	Yes/No		
Communications Team	Yes/No		

PROJECT ORGANISATION AND RESOURCE REQUIREMENTS

23. Describe with the aid of diagrams the structure of the project's organisation and the resource requirements.

Project Board

24. Identify Project Board members and their roles on the Project Board. The PMO can help you identify the key roles that should be part of a Project Board.

Role	Name	Title
Project Sponsor		
Project Manager		
Finance Lead		
PMO		

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Project Management Team

25. Show the management structure of the team that will deliver the project, what are their roles and identify the people that will undertake those roles. The PMO can help you identify the structure and roles that should be part of a Project Team.

Role	Name	Title
Project Manager		

Project Plan/Timeline

26. Provide a high level timeline for the implementation, with the main project stages and key milestones identified.

Milestone	Planned Completion
Stage One	
	MM/YYYY
	MM/YYYY
	MM/YYYY
Stage Two	
	MM/YYYY
	MM/YYYY

RECOMMENDATION

27. Clearly outline the recommendations of the case, next actions, how the decision will be communicated internally and externally and how progress will be monitored (committee and frequency).

DOCUMENT HISTORY

Author(s):

Version	Date	Author	Amendment History
V1.0			Initial Draft

Reviewers:

Name	Job Title / Responsibility	Date	Version
	PMO		
	Business Case Review Group		

Approvals:

Name	Title / Responsibility	Date	Version
	Sponsor/Accountable Officer		
	Finance		
	Estates and Facilities		
	Diagnostic and Treatment Services		
	Chair – Capital Planning		

APPENDICES

28. Include further reading, references and supporting documentation. Clearly number appendices and reference appropriately in the main body of the document.

APPENDIX 1

Detailed Guidelines for Producing Board or Committee Papers

Introduction

1. The purpose of this paper is to provide guidance to those preparing reports presented to the Board and other committee meetings on the new *Report Template* that has been introduced

2. One objective of the review of governance arrangements is for the organisation to be more open and transparent. All reports written for committees are potentially subject to public disclosure, even those intended for private or internal meetings. When preparing reports you should therefore strive to avoid abbreviations and NHS jargon as much as possible.

3. Those preparing reports are responsible for ensuring compliance with this *Report Template* – it is your responsibility. Ultimate accountability for the preparation of papers in accordance with this *Report Template* rests with the Lead Director / Manager who has been identified for each committee / group. Failure to adhere to these standards – together with the requirements for the submission of papers to meetings – may result in papers being pulled from meeting agendas by the Chair of the meeting.

4. It is preferable that all papers are distributed and used in electronic form however, if paper copies are to be used, staff preparing papers are responsible for copying / printing sufficient copies of their papers to be sent those attending the meeting. This is your <u>not</u> the role of the Secretary supporting the meeting, however the Secretary will be responsible for collating all the papers that have been photocopied / printed and distributing them to attendees with the agenda.

5. Electronic copies of all papers, including appendices, must be sent to the Secretary of the meeting as they are responsible for filing meeting papers.

Basic composition

7. All papers consist of three main components:
    a) Report Header (the first 2 pages
    b) Main Body of the Report
    c) Appendices (if applicable)

Use of acronyms, abbreviations and NHS terminology

8. When preparing papers – irrespective of whether they are for public, private or internal meetings – staff are asked to:
    a) use plain English and not 'NHS speak',
    b) avoid the use of NHS acronyms and abbreviations See paragraph

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9.   The rational for this is as follows:

    a) the Trust is committed to be more open and transparent, which means it intends to routinely publish more information about the way decisions are made;

    b) the Trust is a public body and as such all papers prepared by the organisation are subject to public disclosure under the Freedom of Information Act, whether voluntarily by the Trust or as a requirement (especially during legal / investigatory processes), subject to necessary requirements to protect patient and person-identifiable information.

10. By ensuring that first time around papers are written in the expectation that they will be made public, additional work will not be required later to explain the acronyms, abbreviations and NHS terminology used. Also it is not unusual for the same abbreviation to have a different meaning in different contexts.

11. As such **only two abbreviations are now permissible in papers**, based on the assumption these will already be known by the public, these are:

    a) NHS,

    b) GP

12. In all other circumstances the full terms should be used. For those writing papers that frequently use a set of abbreviations and are concerned at additional inconvenience / time required to type in the full description, staff should be aware of their ability to add 'autocorrect' options in Word whereby when you type in the abbreviation, the full text will appear in your document.

13. Where NHS terminology has to be used to refer to a policy initiative (i.e., Payment by Results, Choose and Book), staff preparing papers are asked to explain what this means. If in doubt explain. It is not just the public who may be confused, often NHS colleagues may not be sure of the meaning if it relates to activity outside their normal areas of work.

Status of this paper

14. When preparing a paper you need to indicate if it is intended for distribution:

    a) to the public – the intention is that the majority of the papers to Board meetings will be placed on the Trust's website;

    b) internally – most of the papers sent to committees and groups will be intended for internal distribution, most often to members of the specific committee / group;

    c) private – the nature of the issues dealt with by the organisation means that some papers going to the Board, committees or groups will need a restricted circulation. As the organisation is striving to be more open and transparent private papers should not be used for convenience or to save potential embarrassment, but usually for one of the following reasons:

      i.   to protect patient / person identifiable data,

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      ii.   it contains commercially sensitive information,

      iii.   it is a draft (the final version of which will later be published).

15.   If you are requesting that a paper is a *private paper*, you must clearly indicate that it considered to be confidential and provide a reason.

16.   As has been stated above, as a public body all papers produced by the Trust may be subject to public disclosure – even if classified as internal or private.

Main body of the report

17.   This is where you need to start writing your report. All text in the body of the report should be Arial 11 with 1.5 line spacing. Spacing before and after paragraphs should be set at 0.

Paragraph Numbering

18.   **Each paragraph** needs to be numbered. Only 'four' levels of numbering / bullets are allowed in papers as shown in the diagram. The formatting for the paragraph numbers is as follows:

Level	Shown as	Aligned at	Text indent at	Add tab stop at
1	1.	0 cm	1.27 cm	1.27 cm
2	a)	1.27 cm	1.9 cm	1.9 cm
3	i)	1.9 cm	2.54 cm	2.54 cm
4	•	2.54 cm	3.17 cm	3.17 cm

Use of Colours

19.   Wherever possible when preparing papers try not use colours. If they have to be used authors need to limit the number of colours used and not use a bold colour scheme. Staff preparing papers also need to ensure that information is 'readable' if the reader is only able to access a black and white copy. For example, if using 'traffic lights' also include a text description (red, amber, green) or using R, A and G in the colour block.

20.   This is for two reasons:

    a) to enable colour-blind readers to be able to understand the paper;

    b) to reduce costs when distributing papers.

Other Titles

21.   Staff preparing papers are asked not to underline any headers / titles. If you need more than the 'Main', 'Section' or 'Sub' headers outlined in this guidance note, then use the a header in *italics* but still in Arial 11pt.

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APPENDIX 2

<div align="center">

Guidance Notes – Non-Financial Options Appraisal

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Introduction

1. This guidance note has been developed in order to assist the development of a non-financial options appraisal using a weighting and scoring system. Weighting and scoring enables a consistent comparison of unvalued costs and benefits.

2. This basic approach involves assigning weights to the **project objectives**, based on their relative importance, and then scoring each option in terms of how well it performs against those weighted objectives. It is good practice to weight individual objectives since it is unlikely that they are of equal importance within the project. The weighted scores are then totalled and the options ranked.

Scale for Weighting and Scoring

3. Setting **weightings** will normally involve the judgements of stakeholders and decision makers and can be decided upon through reasoned discussions. Using a weighting of 1 (Low), 3 (Medium) or 9 (High) for each objective will usually be sufficient to ensure that an accurate result is achieved.

4. The scale used to **score** the options should be wide enough to reflect differences between options, even if these are quite small. A scale of 0-10 will usually be appropriate, where a rating of 0 refer to complete failure to deliver an objective, while 10 should indicate that an option fully delivers an objective.

Example

Options for my summer holiday.

Objectives	Weighting (A)	Option 1: Stay at home		Option 2: Go to Cala n Bosch, Menorca		Option 3: Go to Florida (USA) to see my parents	
		Score (B)	Weighted Score (A x B)	Score (B)	Weighted Score (A x B)	Score (B)	Weighted Score (A x B)
Must be over 25 degrees every day	3	1	3	8	24	10	30
At least 5 different restaurants within 10 minutes walking distance	9	6	54	10	90	5	45
Plane journey a direct flight, ideally no more than 4 hours	3	10	30	10	30	5	15
Outdoor entertainment for children including a swimming pool	9	0	0	10	90	10	90
Babysitting/crèche on site, ideally someone known to child	3	10	30	5	15	10	30
Total	-	**27**	**117**	**43**	**363**	**40**	**210**
Rank			**3**		**1**		**2**

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