

Corporate	ICBP048 - Investment Business Case Policy
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Version Number	Date Issued	Review Date
2	February 2025	February 2027

Prepared By:	Deputy Director of Strategic Commissioning Director of Finance
Consultation Process:	Deputy Director of Strategic Commissioning Director of Finance
Formally Approved:	January 2023
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
October 2022	None identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact necsu.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	January 2023	Deputy Director of Strategic Commissioning Director of Finance	First Issue
V2	January 2025	Director of Finance (Corporate)	Amended to highlight the additional spending controls in section 3

Approval

Role	Name	Date
Approver	Executive Committee	January 2023
Approver	Executive Committee	February 2025

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1. Introduction

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is responsible for a budget of over £7 billion and for ensuring that high quality and safe health services are accessible to all our communities. It has a wide range of functions including; promoting integration of health and care services, improving people's health and wellbeing, and reducing health inequalities. Developing and redesigning services and pathways is vital to improving care for patients. It is therefore important that the organisation has processes in place for proposing, considering, and making decisions on investment business cases that will achieve the objectives of the ICB. The processes need to be sufficiently agile so as not to delay positive change whilst robust to ensure appropriate governance

1.1 Status

This policy is a corporate policy.

1.2 Purpose and scope

This policy describes the process and governance for the consideration of investment business cases within the ICB. It is based on the ICB standing financial instructions and financial delegations so that decisions are being considered and made by appropriate staff members and committees where relevant. A business case template is provided for use by all staff to ensure that all relevant factors are set out for the decision makers and to enable consistency of approach across the organisation.

The scope of this policy covers any commissioning or service change requiring investment from programme budgets. It does not cover decision making relating to staffing structures funded through running costs or 'pass-through' allocations where funding is received to be passed on to specific provider trusts and the use of the funding has already been agreed by NHS England with providers.

Where Capital investment is required as part of a revenue business case, this process can be followed. Where the proposal solely relates to capital investments or the distribution of capital allocations then the separate ICB capital investment policy should be followed.

2. Definitions

The following terms are used in this document:

- Investment business case – a document that proposes a plan for investment relating to a commissioning change or service change.

3. Additional Financial Controls

3.1 Additional financial controls were implemented in 2023/24 to manage the challenging financial position facing both the ICB and ICS. These additional financial controls processes continue to apply for the ICB. The following principles apply:

- Financial controls apply to all discretionary spend;
- Discretionary spend between £0 - £10k, where a budget is identified, should be considered by the responsible Executive Director;
- Discretionary spend between £10k - £250k, where a budget is identified, should be considered by the Investment Oversight Panel;
- All proposals above £250k or where there is no budget currently identified must continue to follow the current ICB investment business policy and go to Executive Committee for consideration and approval

3.2 Whilst those additional financial controls continue to be in place, they will also apply to any relevant investment business cases and take precedence over the approval process set out in section 4.1 below. As a result any investment business cases relating to discretionary spend above £10k must be considered by the Investment Oversight Panel up to £250k, or by the Executive Committee if above £250k.

4. Investment business case process

In general, investment decisions will be made by the ICB during the annual business planning round and so business cases should only be developed in the following circumstances:

- A) Where the matter concerned has been identified as a priority in the annual business plans and financial provision is available, subject to a business case
- B) Where there are exceptional circumstances in relation to an unforeseen quality or safety issue in year
- C) Where a new funding stream is available to the ICB that was not known about at the time the annual plan was agreed and the deadline for accessing it is prior to the conclusion of the next planning round.

ICB staff should be cognisant of the following when deciding whether to generate a business case proposal:

- The ICB and NHS is facing extreme financial sustainability issues and challenges and as such submitters should be mindful of the very limited discretionary resources the ICB will have to invest into new developments
- The most likely cases to be approved are those that clearly articulate the most significant benefits to the population compared to previous ways of doing things and those that generate significant savings and efficiencies

All business case proposals should be discussed with the relevant director prior to development and submission via the process outlined below.

4.1 Process flowchart and notes

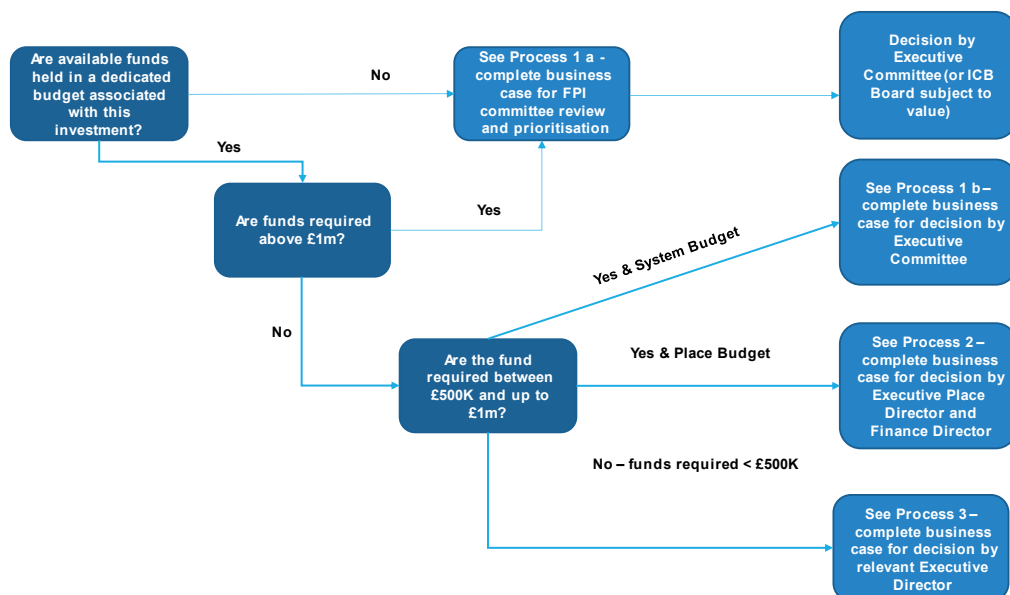
ICB staff should follow the below process to seek consideration and approval of their investment proposal.

It should be noted that:

- Process 1a differs from the other processes as the Finance, Performance and Investment (FPI) committee will be used to consider the business case proposals prior to consideration by the Executive Committee or the ICB Board. This is because process 1a relates to proposals requiring a new budget and/or significant investment. All other processes relate to investments from existing budgets at values less than £1m.
- There may be occasions where a business case proposal is of such strategic or legal importance that the proposal should be considered by Executive Committee even if the financial value of the proposal does not determine this requirement under the ICB SFIs. The lead director for the proposal should determine a proposal's strategic importance.

- The overall financial situation of the ICB and individual Place budgets should be considered when reviewing proposed investments of in-year non-recurrent funding from existing budgets.

NENC Integrated Care Board (ICB) Investment Business Case Process



Process 1 a – complete business case for decision by Finance, Performance and Investment (FPI) committee review and prioritisation prior to Executive Committee or ICB Board decision

Scenario applicable when one of more of the below factors apply:

- A new budget is required
- **And/or**
- Funds over £1m are required

Complete the business case template at appendix B and ensure the relevant Executive Director is comfortable for the application to be made to the investment committee in the first instance and then if prioritised Executive Committee or ICB Board for decision.

As a new budget and/or funds over £1m are required, the FPI committee will be used to consider the business case proposals prior to consideration by the Executive Committee or the ICB Board. As the resources available for investment will be finite, business case proposals will need to pass the threshold for approval and then be prioritised against other proposals. As such the FPI committee will receive and review business case proposals at any point in the financial year but those demonstrating the requiring benefits will then be prioritised as part of the annual planning cycle in quarter 4 ahead of the start of the next financial year. The recommended list of business case proposals will then be considered by the Executive Committee or ICB board dependent on value.

Where there is deemed to be an urgent need to support a proposal in-year, the FPI committee may make a recommendation to Executive Committee or the ICB Board to support a proposal outside of the normal annual planning cycle timeline.

If the funds required are above £1m and up to £29,999,999 then the Executive Committee should receive the business case for decision. If the funds required are £30,000,000 or above then the business case will also need to go to ICB Board for final approval (after Executive Committee).

A log of decisions should be kept with accompanying business cases for audit purposes.

Process 1 b – complete business case for decision by Executive Committee

Scenario applicable when the below factors apply:

- Funds between £500k and up to £1m are required from a System budget

Complete the business case template at appendix B and ensure the relevant Executive Director is comfortable for the application to be made to the Executive Committee. Executive Committee will scrutinise the proposal to ensure wider views are sought and considered.

A log of decisions should be kept with accompanying business cases for audit purposes.

Process 2 – complete business case for decision by Executive Director of Place Based Delivery and Finance Director

Scenario applicable when the below factors apply:

- Funds are available in an existing dedicated Place budget
- and**
- Funds over £500k and up to £1m are required

Complete the business case template at appendix B and present to the Executive Director of Place Based Delivery and Finance Director for decision. Best practice is for Executive Directors of Place Based Delivery to use their local meeting infrastructure to discuss and scrutinise the proposal to ensure wider views are sought and considered.

The final decision rests with the Executive Director of Place Based Delivery and the Finance Director. A log of decisions should be kept with accompanying business cases for audit purposes.

Process 3 – complete business case for decision by Executive Director

Scenario applicable when the below factors apply:

- Funds are available in an existing dedicated budget (whether Place or System Budget)
- and**
- Funds up to £500k are required

Complete the business case template at appendix B and present to relevant Executive Director for decision. Best practice would be for Executive Directors to use relevant meeting infrastructure to discuss and scrutinise the proposal to ensure wider views are sought and considered.

The final decision rests with the relevant Executive Director. A log of decisions should be kept with accompanying business cases for audit purposes.

4.2 Business case template

Appendix B provides a business case template for use by ICB staff. The use of a consistent template will ensure all relevant considerations are made. A short cover paper will be required to accompany the business case for relevant decision-making committees.

All sections of the template should be considered for each proposal. However, it is recognised that proposed investments will vary in value and proposals will have differing complexities which could mean some sections are not applicable in all cases. Decision makers should therefore consider the required business case depth on a case-by-case basis. For example, if SDF is received from NHS England with stringent criteria that allows little local determination on investment plans then a proportionate approach to completing the business case template should be taken.

4.3 NHS England funding allocations including service development funding (SDF)

NHS England provide ICBs with SDF for investment in specific service areas, often with expected delivery outcomes. For clarity, SDF investments should follow the process described in this policy in the same way as a novel investment proposal should.

When SDF funding is received into the ICB a budget allocation decision will be made to determine whether the budget will be kept at a system level or whether the budget will be delegated to Place. Where it is decided that a budget should be delegated to Place, investment plans will be determined at Place. In this scenario the value of the allocated Place budget should determine the approval process followed. Where funding is retained at a system level, a business case should be drafted to follow the relevant approval process based on the total value of the allocation.

If budgets are allocated to Place for delivery, but a system level decision is made on how the funding will be invested, then a single business case should be processed for approval, based on the total system budget value. This is on the basis that this

doesn't constitute a delegation of decision making around investment plans and therefore there is no need for additional governance at Place.

4.4 Decision making

As a large organisation with a range of decision makers this process seeks to support consistent decision making. As such the business case template (appendix B) includes standard assessment criteria for use by relevant decision makers. The total assessment score which indicates a business case should be approved will vary dependent on the value and complexity of the proposal however it is not envisaged that any business cases that receive a score of 2 or less against any criteria will be deemed suitable to progress.

4.5 Evaluation of approved investments

All proposals will require evaluation criteria. The approving director or committee should ensure that arrangements are made to follow-up and check the outcome of evaluations and review the success of approved investments. This will enable the organisation to identify and apply learning from the evaluation. In most cases it is expected that the decision-making committee will be used to follow-up and review evaluations of approved investments.

4.6 Register of approvals

Approved investment decisions must be recorded on the ICB's decision logs, held by each place. This will enable compliance with the policy to be audited and consistency of decision making across the organisation to be monitored.

Place delivery groups provide monthly reports to the Executive Committee which will include the decisions logs held at place for any decisions made relating to business cases. Any decisions made at Executive Committee and/or the Finance, Performance and Improvement Committee will be captured in meeting minutes and the central corporate governance team will ensure this information is compiled into a single register of approvals.

5. Implementation

- 5.1** This policy will be available to all Staff for use in relation to the specific function of the policy.
- 5.2** All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

7. Documentation

7.1 Other related policy documents.

- ICB Governance Handbook
- ICB Standing Financial Instructions

7.2 Legislation and statutory requirements

- Health and Social Care Act, 2022.

8. Monitoring, Review and Archiving

8.1 Monitoring

The ICB Board will agree with the policy author a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy documents, should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy or procedure outside of the agreed timescale for revision

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

Schedule of Duties and Responsibilities

ICB Board	<p>The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p> <p>The ICB Board will also consider and make decisions on investment proposals where appropriate under this policy</p>
Executive Committee	<p>The Executive Committee has responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance</p> <p>The Executive Committee will also consider and make decisions on investment proposals where appropriate under this policy</p>
Commissioning Support Staff.	<p>Whilst working on behalf of the ICB NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.</p>
All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

Appendix A – Equality Impact Assessment

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Paul Turner

Job Title: Deputy Director – Strategic Commissioning

Organisation: NENC ICB

Title of the service/project or policy: Investment Business Case Policy

Is this a;

Strategy / Policy ☒

Service Review ☐

Project ☐

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

To have a clear, standardised policy for considering investment proposals.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff** ☒
- **Service User / Patients** ☐
- **Other Public Sector Organisations** ☐
- **Voluntary / Community groups / Trade Unions** ☐
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> Eliminating unlawful discrimination, victimisation and harassment Advancing quality of opportunity Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy will provide a clear process for considering investment proposals within the ICS and will ensure all the right factors are considered, including the completion of an EQIA. It is therefore not envisaged that the implementation of this policy will have a detrimental impact on any equality group. In fact the policy will help ensure the ICS decision making processes consider the impact on equality groups as a matter of routine.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: "If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)"		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.**

Appendix B - North East & North Cumbria Integrated Care Board Business Case

<i>Title of scheme</i>

Document version control

Version	Date	Purpose/changes	Author

Review and decision

Reviewing committee:
Date:
Decision:

Section 1 – Executive Summary

This section provides a very brief summary of the entire case. It should be no more than 2 pages. It is intended to provide those individuals receiving the document with summarised details of the reasons for the production of the business case, proposed solution and consequences. The executive summary should include:

- 1. The reason for the business case (including strategic fit)*
- 2. The proposal (the preferred option)*
- 3. The benefits*
- 4. The financial implications*
- 5. The risks*
- 6. The recommendation*

Section 2 – Reasons for the proposal

Use this section to explain why the business case has been developed. For example:

- Strategic need*
- The case for change – eg to address a specific problem.*
- To pursue an improvement opportunity.*

If the proposal relates to an existing service the business case should briefly articulate the current service impact, including activity and value.

Section 3 – Option appraisal

3.1 – Do nothing

Explaining the consequences of taking no action can be a powerful argument in support of a proposal. Summarise, as far as possible in measurable terms, what would, or would not, happen if the proposal does not proceed.

3.2 – Alternative options

Summarise the alternative ways of addressing the issue that gave rise to the business case. Given your knowledge of the issues and the work you will already have done it's likely that you will already favour one option. However it is important to demonstrate to decision makers and those who may subsequently scrutinise the decision that all reasonable alternatives were considered. Avoid giving an indication of the preferred solution in this section. That is the purpose of section 3.3.

3.3 - Options evaluation

Set out the criteria used to assess the various options, **including quality impact assessment (Templates and guidance within the PMO)**, which should align with the reasons for the proposal and intended benefits set out in sections 1 and 2. Below is a simple table to evaluate each option against the above criteria. Score High, Medium or Low reflecting the extent to which each option fulfils the agreed criteria. It may be helpful to perform this evaluation in a group. Record in the template who did the evaluation. State the preferred option based on the above evaluation.

Criteria	Option 1 Do nothing/As is	Option 2	Option 3	Option 4

Section 4 – Benefits

This section sets out the benefits and the processes that will be implemented to ensure they are realised.

4.1 – Benefits that can be measured e.g., performance standards, patient experience measures, financial.

4.2 – Benefits that cannot easily be quantified e.g., cultural, reputational, some aspects of quality.

4.3 – Explain how we will seek to ensure and demonstrate that the benefits are achieved. Refer to any evidence that the benefits are likely to be achieved.

Classification e.g., cash releasing, efficiency, corporate reputation etc

Section 5 – Activity

Set out here the changes to patient activity that will result from the proposal compared to the do nothing option. This needs to be in sufficient detail to support the financial analysis and workforce implications covered later in the business case. The activity analysis provided will depend on the services involved and the nature of the proposals, but may be any combination of setting, site, organisation, POD, specialty, patient demographic etc.

Section 6.1 – Financial analysis

6.1 – System wide financial impact

The analysis should be consistent with the information provided in sections 7 to 10. Do not forget to include:

- any additional support service, infrastructure and overhead costs (e.g. estates, IT, finance, HR) that the proposal will create,*
- implementation and transitional costs and, if the proposal is time limited, termination costs.*

Provide a brief commentary to highlight the key assumptions, drivers of the financial impact, and which organisation(s) are committing to meet the recurrent revenue consequences.

Financial Summary	Financial year				
	FY1 £000	FY2 £000	FY3 £000	FY4 £000	FY5 £000
Revenue cost					
[itemise]					
[itemise]					
[itemise]					
[itemise]					
[itemise]					
Total cost					
Savings					
[itemise]					
[itemise]					
[itemise]					
Total savings					
Net revenue cost/(saving)					
Capital expenditure					
[itemise]					
[itemise]					
[itemise]					
Total capital spend					

6.2 – Organisational impact

Use this section to comment on any significant impact on individual organisations that require consideration.

6.3 – Finance sign off

It is essential that finance are involved in development of the business case and the financial modelling required. The project SRO should ensure that financial support is secured at an early stage. Before finalising the business case you will need to obtain sign off from a senior finance manager (as a guide, at least band 8 or above) to evidence that financial information has been reviewed for completeness and accuracy and presents a balanced view of the financial consequences of the proposal. This section is to evidence that sign off and allow the finance manager to provide comments highlighting key issues, assumptions and risks.

Section 7 – Funding

If the financial analysis in section 6.1 includes any additional revenue or capital income to the ICB system, provide details including:

- The sources of the income, including capital (capital departmental expenditure limits (CDEL) if applicable)*
- How certain it is, and what evidence supports this,*
- The duration of the funding,*

Any conditions attached to it, such as performance or activity levels.

Section 8 – Workforce

Describe how the model utilises the most efficient use of current workforce. Summarise any significant workforce issues relating to the proposal, and how they will be managed, e.g., consultation, recruitment, re-training, relocation, termination. If the proposal involves significant changes to the type and/or number of staff, then provide a summary here and details as an appendix.

Section 9 – Estate issues

This section seeks information about space, costs, infrastructure, facilities/support services and equipment needs and will help us to identify projects where you need estates and facilities support. These should be discussed with senior estates managers and all estate-related costs and savings should be included in section 6.

Questions	Please answer Yes or No <i>If Yes, tell us more in the box to the right.</i>	Please provide evidence/further details
Does the scheme involve changes that are dependent on changes to the physical environment? <i>If so, please specify what changes are needed to support the scheme?</i>		
Will the scheme require new buildings to be built to support it?		
Is specific space identified to support the proposed scheme? <i>If so, where is this and is it available to the proposed scheme?</i>		
Is additional space required support the scheme? <i>If so, how much and of what nature?</i>		
If the scheme involves relocation of a service has any decision being made as to the future use of space to be relinquished?		
Is funding identified to create and then pay for the running of the required space and / or equipment? <i>If so, what costs are anticipated and where is the funding coming from?</i>		
Does the scheme require improvements or changes to the building services <i>e.g. electrical supply, heating, ventilation, fire safety, water systems etc.?</i>		
Does the scheme require changes to the support services provided to a facility? <i>E.g. cleaning, catering, portering, transport, maintenance etc?</i>		
Does the scheme require any equipment or changes /upgrades to existing equipment or to maintenance regimes?		
Does this scheme have any other estates & facilities implications not captured above?		

Section 10 – ICT & Information Governance (IG)

This section will identify projects where you need informatics and information governance support. These should be discussed with senior ICT and IG staff (band 8 or above) and all ICT related costs and savings should be included in section 6.

Questions	Please answer Yes or No <i>If Yes, tell us more in the box to the right.</i>	Please provide evidence/further details
Does this scheme involve building new IT systems for storing or access personal data?		
Does this scheme involve any changes to existing IT systems?		
Does this scheme require any integration between systems (either new or changes to existing)?		
Does this scheme involve developing any policies or strategies that have privacy implications?		
Does this scheme involve any changes to data sharing between organisations/teams?		
Does this scheme involve using data for new purposes?		
Are any Contractors (third parties/suppliers) involved?		
Are there any implications for reporting or performance information?		
Do any of your schemes rely on the use of telehealth/telemedicine technology?		
Does this scheme have any other information technology implications? <i>e.g. networking, office moves, additional devices requires?</i>		

Section 11 – Patient/Staff/Community Involvement

We are committed to using the principles of co-production as we develop service changes and improvements. How have you involved patients, staff delivering that service and the community in developing these proposals? Please outline your engagement so far and your plan as you move forward.

Section 12 - “As Is” and “To Be”	
<p><i>Use the section below to graphically describe the difference between the “As Is” and “To Be” (An example indicating the differences in a change of treatment pathway is shown in appendix 1. Please add notes to support your graphics</i></p>	
Fig 1 – “As Is”	Fig 2 – “To be”
<p>Notes:</p>	

Section 13 - Strategic Fit			
<i>Provide an overview of how this project / recommended option will contribute to delivery of the ICB strategic objectives and draft priorities for 2022/23</i>			
ICB Strategic Objectives	Yes (✓)	No (x)	Evidence
Improve outcomes in population health and healthcare			
Tackle inequalities in outcomes, experience and access			
Enhance productivity and value for money			
Help the NHS support broader social and economic development			

Section 14 - Key assumptions and constraints
<p><i>List any assumptions that have been identified (Assumptions are circumstances and events that need to occur for the proposal / project to be successful, but are outside the total control of the delivery team. They are accepted as true and are often without proof or demonstration).</i></p>
<p><i>List any constraints that have been identified (Constraints are things that might restrict, limit, or regulate the proposal/ project).</i></p>

Section 15 – Dependencies

List any dependencies that have been identified (The term dependency refers to the logical relationship between this proposal and any other on-going or current schemes). They can describe events that this proposal is reliant on happening before something else can happen. Or it can describe events happening within this proposal that outside schemes are reliant upon.

Section 16 - Consequences of inaction

- *Effects on customers / patients or other services and organisations*
- *Effects on employees*
- *Legal implications*
- *Financial implications*
Organisation's rating

Section 17 - Contracting and Procurement

Clearly identify the implications for contracting, procurement or the implications for existing contractors or any decommissioning strategy. Include timelines for procurement if applicable. Ensure advice is sought from a senior contract management lead when completing this section, and refer to the ICB procurement policy and single tender waiver policy if applicable.

Section 18 – Timescales			
<i>The proposed start and end dates should be given together with a list of significant (particularly financially significant) milestones (events with dates).</i>			
Proposed Start Date:		Proposed End Date:	
Milestone	Delivery Date		

Section 19 - Exit Strategy

Please detail the exit strategy in the event of non-delivery clearly articulating when and under which circumstances the strategy will be invoked

Section 20 – Quality and Equality Impact Assessment

This assessment will be coordinated by the SRO, using the agreed template, with appropriate clinical input.

*Impact assessments should be led by a **senior professional** from the workstream with **support from the SRO and Management Lead**. Support may also be required from **specialists / workstreams** such as workforce/HR if the work is likely to have a significant impact on the workforce.*

*The assessment should consider **any potential impact that the work could have on any of the dimensions of quality listed** – including any beneficial impact - and should also identify **how this impact could be measured**. This would include using indicators which may already be in use such as those in:*

- any relevant quality indicators
- the performance indicators.

Questions to consider in assessing potential quality impact

1. Outcomes: What is the likely effect of the project on the health and care of people using the services?
 - Mortality
 - Morbidity
 - Functional status
 - Health status measurement
 - Work status
 - Quality of life
 - Satisfaction
2. Safety:
 - What is the impact on partner organisations and any aspect of shared risk?
 - Will the proposal impact on our duty to protect children, young people and adults?
 - Impact on patient safety?
 - Impact on preventable harm?
 - Will it affect the reliability of safety systems?
 - How will it impact on systems and processes for ensuring that the risk of healthcare acquired infections to patients is reduced?
 - What is the impact on clinical workforce capability care and skills?
3. Effectiveness
 - How does it impact on implementation of evidence based practice?
 - How will it impact on clinical leadership?
 - Does it reduce/impact on variation in care provision?
 - Does it affect supporting people to stay well?
 - Does it promote self-care for people with long term conditions?
 - Does it impact on ensuring that care is delivered in most clinically and cost effective setting?
 - Does it eliminate inefficiency and waste by design?
 - Does it lead to improvements in care pathway?
4. Experience
 - What is the impact on access and waiting times?
 - What is the impact on race, gender age, disability, sexual orientation, religion and belief for individual and community health, access to services and experience?
 - What impact is it likely to have on self-reported experience of patients and service uses? (Response to national/local surveys / complaints / PALS / incidents)
 - How will it impact on the choice agenda?
 - How will it impact on the compassionate and personalised care agenda?
5. Workforce planning and staff impact (including new roles and additional training required):
 - Are the right people with the right skills available?
 - What impact will the proposed changes have on staff in the service?
 - Is the proposed change consistent with the our values, for example fairness?
6. Training and education:
 - Will current training be affected?
 - Will new training / learning opportunities be created?
 - Will any new training or education be required to deliver the proposed changes?

Questions to consider in assessing potential equality impact

Use the matrix to undertake Equality Analysis Screening, thinking about how some people might be excluded from the proposals/options being considered.

Undertaking 'Equality Analysis' in respect of race, disability, gender, religion/belief, sexual orientation, gender identity, pregnancy/maternity, age and marriage/civil partnership is a legal requirement under the Equality Act 2010 and the public sector equality duty.

The benefits of carrying out an EA are that it helps:

- Identify whether the needs of any groups are likely to be overlooked
- Service development leads consider alternatives, and

Target resources more effectively

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name						
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
3. Project Overview & Objective						
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
Patient Safety						
Clinical Effectiveness						
Patient Experience						
Others including reputation, information governance and etc.						
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?						
What is the impact on health inequalities in terms of access to services and outcomes achieved for the population? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act						

2012), for example health inequalities due to differences in socioeconomic circumstances?						
6. Research Reference to relevant local and national research as appropriate.						
7. Metrics Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.	Impact Descriptors	Baseline Metrics			Target	
8. Completed By	Signature		Printed Name	Date		
Additional Relevant Information:						
9. Clinical Lead Approval by	Signature		Printed Name	Date		
Additional Relevant Information:						
10. Reviewed By	Signature		Printed Name	Date		
Comments						

Section 21 – Risk assessment

In this section identify the main risks associated to the delivery of the benefits and that may result from the project.

You should calculate a risk score for each of the options using the standard risk assessment methodology.

Guidance on Calculating the Risk Score

The risk matrix in table 1 below includes risk scores and colour coding. Follow the steps below.

Step 1

Establish the consequence of harm and likelihood of re-occurrence scores using the guidance in table 2.

Step 2

Multiply the scores together to get a risk score between 1 and 25

**NB. Further guidance is available in the ICB risk management policy and support is available from the governance team.*

Table 1: Risk Matrix

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Low	1	2	3	4	5

Table 2:

Score	Likelihood	
1	Rare	Only occurs in exceptional circumstances, <1%, 1-5 year
2	Unlikely	Could occur at some time, 1-5%, at least annually
3	Possible	Should occur at some time, 6-20%, at least monthly
4	Likely	Will probably occur, 21-50%, at least weekly
5	Almost Certain	Expected to occur, >50% at least daily

22.1 Risks to realisation of the benefits

ID	Date raised	Risk	Title of Risk	Description	Description of impact	Mitigating Action	Status	Action owner

22.2 Risks created by the project

ID	Date raised	Risk	Title of Risk	Description	Description of impact	Mitigating Action	Status	Action owner

Section 22 - Implementation plan

Provide assurance that there is sufficient capacity in place to plan and implement the project. Identify the key project staff (SRO, management lead, other key roles). Identify the staff and other resources required to successfully implement the project and the extent to which these are in place or available. Provide an implementation timetable setting out the key milestones including the dates by which the benefits will be realised.

Section 23– Other issues

Use this section to highlight any issues relevant to the business case decision not covered elsewhere in the document.

Section 24 – Conclusion and recommendation

25.1 – Conclusion

Summarise the key factors supporting the recommendation.

25.2 – Recommendation

State clearly the decision you are seeking.

Assessment Criteria

Business Case Assurance / Approval Process							
For ICB Completion							
Category	Very Low 1	Low 2	Mid-scale 3	High 4	Top 5		Committee Score
Contribution to achievement of ICB selected outcome aspirations	Project does not demonstrate link to achievement of ICB outcome aspirations	Project indicates a loose link to contribution to achievement of ICB outcome aspirations	Project demonstrates contribution to achievement of one ICB outcome aspiration	Project demonstrates a clear contribution to achievement of one or more ICB outcome aspirations	Project strongly demonstrates a significant contribution to achievement of more than one ICB outcome aspiration		
Quality & Safety	Does not provide enough quality evidence.	Weak, but includes some quality evidence.	Reasonable amount of quality evidence.	Adequate amount of quality evidence.	Strong quality evidence base.		
Finance & Performance	Project costing does not appear to be within budget and has not been scoped out correctly.	Project calculations and estimated expenditure are weak and does not detail a breakdown and or forecast of the project expenditure.	Project outline project is viable, achievable and affordable. Includes a breakdown and projected spend forecast.	Project calculations detailed with breakdown of quarterly expenditure, affordable, viable and achievable, with indication of projected savings.	Project is cost effective and within budget detailed savings expected over project delivery and beyond as a result of expected impact -spreadsheet costing, detailed project expenditure and projected forecast provided attached as appendix.		
Risk Management	Project shows no consideration of risk, nor how risk would be managed in the event a risk should arise.	Project indicates consideration of risk and management reduction/ minimizing risk	Project includes risks to the project and includes a strategy, contingency plans for future risk.	Project Includes detailed risk register and interdependencies, including the issues that may arise as a result of delivery	Project clearly identifies the potential or real risk and proposes mitigating actions (including risks to the health economy)		

Contracting & Procurement	Project does not clearly identify the implications for contracting, procurement or the implications for existing contractors or decommissioning strategy, nor timelines for procurement process as part of the application and delivery.	Project indicates how services will be impacted, what the current timeline and impact and what services and support would be required as part of the process for delivery.	Project indicates the implication for timelines and how this will be incorporated into the process for delivery.	Project clearly indicates the approach to and options considered as part of the delivery process.	Project clearly identifies the implications for contracting, procurement and the implications for existing contractors and decommissioning strategy, outlining how the contract will achieve real objectives in the appropriate contractual schedules.		
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Appendix 1:

Example of "As is" and "To be" Graphic

