**Consultancy expenditure**

**business case approval form**

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| **For foundation trust completion** | |
| **Trust name** |  |
| **Date submitted** |  |

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| **Project description** |
| *Please give a high level summary of what this project entails (~250 words)* |

Monitor’s Foundation Trust Consultancy Approval Panel will give final approval for all expenditure requested in this business case approval form. This panel exercises the authority of the Chief Executive, the Managing Director of Provider Regulation, and the Finance, Reporting and Risk Director.

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| **For Monitor completion** | |
| **Reference number** |  |
| **Date received** |  |

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| **Reference information** | | | |
| **Title of the project:** |  | | |
| **Name of requestor:** |  | **Job role of requestor:** |  |
| **Email address of requestor:** |  | **Date submitted for approval:** |  |
| **Tel number of requestor:** |  | **Total contract value (£) (including expenses and irrecoverable VAT)1:** |  |
| **Contract duration (days):** |  |  | |
| **Start date:** |  | **End date:** |  |

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| **Expenditure type** (please tick **✓**) | | | | | | | |
| **New business case** | |  | | **Extension to business case** | | |  |
|  | |  |  | |  |  | |
| **Expenditure type** | | | | | | | |
|  | **Please tick** | | **Details** (Please select one of the following: strategy; finance; organisational and change management; IT; property and construction; procurement; legal services; marketing and communications; human resources, training and education; programme and project management; technical, other (specify)) | | | | |
| Management consultancy | **** | | [e.g. Strategy] | | | | |
| Specialist day rate contractors |  | | Interim managers and day rate contractors do not currently require approval | | | | |
| Interim managers |  | | Interim managers and day rate contractors do not currently require approval | | | | |

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| **Authorisation** (two internal authorisations required as a minimum) | | |
| **Authorisers2** | **Please tick ()** | **Name and date** |
| [Specify job role] |  | **By:** [Specify name]; **Date:** [Specify date] |
| [Specify job role] |  | **By:** [Specify name]; **Date:** [Specify date] |
| [Specify job role] |  | **By:** [Specify name]; **Date:** [Specify date] |
| [Specify job role] |  | **By:** [Specify name]; **Date:** [Specify date] |

1 Total contract value stated here should equal total cost in the table on the final page of this document.

2 Business case approval forms should be signed off in accordance with the trusts’ own governance arrangements. Please note that Monitor also expects this form to be authorised by at least two board level executives. For projects with direct impact on clinical services, authorisation by the Nursing Director or the Medical Director is required.

Note: It is the responsibility of the requestor to ensure that approval information is retained for audit purposes.

**Please submit this form via** [nhsi.businesscases@nhs.net](mailto:nhsi.businesscases@nhs.net)

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| **Assessment criteria** | |
| Please demonstrate the value of the proposed contract against the following criteria.  Please limit answers to max. 350 words per question. Answers should be self-contained within this table, but further evidence and analysis can be submitted as an annex for consideration if absolutely essential. | |
| **Ambition to deliver something of value, importance and relevance** | **What strategic or operational objectives does this request support?** *Please provide a short description of how your organisation’s strategic and operational objectives are supported by this procurement, referring where relevant to your operational and five-year strategic plan. Where appropriate, please also provide assurance that this work aligns with local health economy strategy.* |
| **What outputs or specific deliverables are required, and how do they support the overall objectives?** *Please provide details of the outputs or deliverables required from the consultancy service. Outputs should be capable of objective evaluation.* |
| **Please provide details of the clinical case where the proposed work directly affects the provision of services for patients or quality improvement.** |
| **Why do you need external resources to deliver these outputs or deliverables?**  **What skills can or will be transferred to permanent trust staff?** *Please explain why the services set out above cannot be resourced internally or sourced from peer organisations. What skills will be transferred to permanent staff, and how will this be done?* |
| **Please describe the impact on the trust’s objectives, staff and patient care if approval is not given for this business case.** |
| **Clear scope** | *Please ensure the scope is clear and defined and provide information on how the scope was developed, including any engagement with patients, clinicians, commissioners or suppliers.* |
| **Robust contract management** | *Please explain steps you will take to control spend and manage the supplier to deliver value for money, including steps to ensure the delivery of the scope as planned. Please include detail of the payment structure including detail of approaches to link payment to deliverables.* |
| **Capacity to implement findings/**  **recommendations** | *Please demonstrate your capacity to implement findings/recommendations of the procured support including details of steps taken. Please support your response with details of any relevant previous examples, such as specific examples of where benefits have been realised.* |
| **Timeframe of work** | *Please include when expected outcome will be delivered.* |
| **Robust post-implementation review proposal** | *Please outline how you will review the effectiveness of the consultancy support procured.* |
| **Wider use of findings** | *Please confirm that a contract clause is in place allowing for the wider use of any generic technical findings and that the deliverables have been scoped so that such technical work is as far as possible separated from any commercially sensitive elements of the scope.* |

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| **Procurement route if relevant**  (please tick **✓**) | | | | | | |
| **Framework**  [Insert which one if known] |  | | **Open tender** |  | **Other** |  |
| **Procurement method and value on price:**  *Provide details of the proposed procurement/resourcing method, including how you reached the decision that this is the best way to meet your business requirements, evidence of sourcing the best value supplier and evidence of negotiation over rates. Please also provide details of the basis of payment (eg details of fixed fee) and why this will achieve best value. If there is a contingent fee element linked to implementation please also highlight it here as this will be given positive consideration.* | | | | | | |
| **Selected provider (if known):** | |  | | | | |
| **Benchmarking of rates** | | | | | | |
| *Please provide details of agreed benchmarking rates, referencing where possible agreed framework rates.* | | | | | | |

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| **Financial case** | | | | | | |
| *Please provide details of how you have calculated the cost of the product or service, by reference (as relevant) to benchmarked costs, and provide justification for the number of days required and/or mix of resources. Please provide evidence of the market engagement you have undertaken to calculate the financial case. You should also provide details of additional costs.* | | | | | | |
| **Breakdown of expenditure (expand as necessary)** | | | | | | |
| **Product, service, role(s) and grade(s) (or equivalent)** | **Unit cost or daily rate** | **Discount agreed (%)** | **Units required** | **Financial Year Expenditure Due** | | **Sub Total (£)** |
| **16/17** | **17/18** |
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|  | | **Contingency** | |  |  |  |
| **Expenses** | |  |  |  |
| **VAT (irrecoverable only)** | |  |  |  |
| **Total cost** | |  |  |  |