<This template provides the structure of a business case for requesting funds for Mobile Working in Community Services. It’s provided as an example only, to help organisations understand the key considerations at the inception phase of a typical project.

It contains suggested text that is likely to be applicable in each section plus guidance text (highlighted in yellow) to aid with completion.

Organisations are welcome to use and adapt and maintain this document in accordance with their own governance arrangements.

Once the template has been completed, any sections such as this (highlighted in yellow) should be deleted>
Document Control

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1 Executive Summary

1.1 Introduction

<Explain what this business case intends to achieve and why it is needed>

The remainder of this document is structured as follows:

- Section 2, Strategic Background – explains why the investment is needed and the nature of the investment objectives.
- Section 3, Option Assessment - identifies a preferred option that best meets existing and future needs and represents optimal value for money.
- Section 4, Funding and Affordability – demonstrates how the scheme will be made affordable.
- Section 5, Management Arrangements - demonstrates that the scheme is achievable and can be successfully delivered in accordance with accepted best practice.

1.2 Executive Summary

<The Exec summary should give a brief resume of the main elements of the business case. It is typically best and easiest to complete these sections once the remainder of the business case is complete>

This section should include a summary of:

- organisational scope (i.e. which organisations and services the proposed mobile working project covers)
- the proposition (provide a brief overview of the required investment)
- why it is needed
- costs
- benefits
- how it will be made affordable
- major risks
- commercial considerations
- proposed next steps>
2 Strategic Background

The main outcome of this part of the case should be a set of objectives which in essence define what the proposed project is about. These will be derived from information about the organisation and its needs, and the strategic context it operates in.

2.1 Strategic Context

2.1.1 National Strategic Context

The sections below outline how this investment is strongly tied to and supported by current government policy at a national level.

2.1.2 Strategic context

Please see the executive summary for the Mobile Investment Toolkit.


Outlines and reinforces that the time is now right for the public sector to exploit ICT services and systems to enable organisations and services to meet the challenges they face. Not least the global economic downturn of 2008/09 which will have long term ramifications for market structures and investment models, leading to greater pressure for efficiency and savings.

2.1.3.1 Quality, Innovation, Productivity and Prevention (QIPP)

Mobile working strongly supports the QIPP strategy. QIPP emerged from the Department of Health as part of the drive to increase efficiency and improve services within the NHS whilst reducing costs to make £20bn savings by 2014/15.

2.1.4 Local Strategic Context

This section allows you to present an overview which includes the following:

- The organisations and healthcare services covered by the proposed investment
- The local strategic drivers for the investment (which may be tied to policy outlined above)

What’s driving the change?
(increased demand? the need to reduce costs? generate revenue? improve staff satisfaction? improve services? improve quality? rationalise estates?)

- Your existing arrangements – describe the status quo for community services data collection and data use in your organisation, including (if relevant) any existing mobile arrangements. Who are the key stakeholders for this project?

2.2 The Case for Change

Summarise:
Specific gaps and weaknesses in your existing arrangements (for example: multiple data entry; lack of timely clinical data available during patient contacts leading to unnecessary referrals or admissions; time consuming administrative processes; unnecessary trips back and forth from base to patient contacts)

It may be useful to refer to the ‘case for change’ section of the knowledge centre at the link below: http://www.connectingforhealth/systemsandservices/icd/assessment/mobile/change

How do your current information systems underpin the areas covered by the proposed investment? How will the mobile investment fit with current arrangements?

### 2.3 Investment Objectives

The above sections have identified a clear gap between information systems and services needed to meet current and future requirements and those that are presently available. As a result there is a potential need for a suitable investment to bridge the gap. A series of specific objectives for the proposed investment have been defined in the following table along with a description of the relevant key benefits.

- The table below represents examples only. Customise the table to suit your own organisational objectives and the benefits you are targeting.
- The investment objectives have been populated with ‘themes’ rather SMART (Specific, Measurable, Achievable, Realistic and Timed) objectives. You need to create your own SMART objectives relevant to your own investment opportunity.

<table>
<thead>
<tr>
<th>Investment Objective</th>
<th>Benefit</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Better quality of care</strong></td>
<td>Less clinical errors where there has been a conflict of treatments prescribed.</td>
<td>Real-time access and updates to care plans (which can be shared with GPs and other specialists).</td>
</tr>
<tr>
<td></td>
<td>Less rekeying errors.</td>
<td>Direct data entry at the point of care instead of rekeying information at a later stage.</td>
</tr>
<tr>
<td></td>
<td>Patients have to wait less time to receive treatment.</td>
<td>Staff can book and confirm appointments with the patient at the point of care.</td>
</tr>
<tr>
<td><strong>More efficient working practices</strong></td>
<td>Clinician’s time saving.</td>
<td>Real-time access to records and other resources online. This allows immediate communication and eradicates duplicate data entry activity.</td>
</tr>
<tr>
<td></td>
<td>Clinician’s time saving.</td>
<td>There is less need for clinicians to travel to and from the office as they can access resources</td>
</tr>
<tr>
<td>Benefits</td>
<td>Division</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Avoidance of unnecessary admissions.</td>
<td>NCR</td>
<td>The clinician has real time access to the patient's clinical history, leading to more informed decision making at the point of care.</td>
</tr>
<tr>
<td>Avoidance of unnecessary referrals.</td>
<td>NCR</td>
<td>The clinician has real time access to the patient's clinical history, leading to more informed decision making at the point of care.</td>
</tr>
<tr>
<td>Avoidance of unnecessary 'no access' visits.</td>
<td>NCR</td>
<td>The clinician has access to real time information on the latest referrals and hence whereabouts of the patient. Plus demographic information including key safe numbers, and phone numbers for access.</td>
</tr>
<tr>
<td>Clinician’s time saving.</td>
<td>NCR</td>
<td>More flexible working patterns and opportunities to transform whole services.</td>
</tr>
<tr>
<td>Rationalise estates</td>
<td>Less office space required.</td>
<td>CR</td>
</tr>
<tr>
<td>Reduce costs</td>
<td>Reduced travel costs.</td>
<td>CR</td>
</tr>
<tr>
<td>Avoidance of litigation costs.</td>
<td>CR</td>
<td>Reduction in clinical errors.</td>
</tr>
<tr>
<td>Motivate the workforce</td>
<td>Improved staff satisfaction.</td>
<td>QL</td>
</tr>
<tr>
<td></td>
<td>Improved staff satisfaction.</td>
<td>QL</td>
</tr>
<tr>
<td></td>
<td>Improved staff satisfaction.</td>
<td>QL</td>
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</tbody>
</table>
Better experience for patients

<table>
<thead>
<tr>
<th>Description</th>
<th>QL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faster service for patients.</td>
<td></td>
</tr>
<tr>
<td>Patients feel more engaged and ‘in control’ of their own care.</td>
<td></td>
</tr>
<tr>
<td>Improves the accuracy and completeness of performance and management information.</td>
<td></td>
</tr>
<tr>
<td>More staff can cover each other’s cases when required.</td>
<td></td>
</tr>
<tr>
<td>Reduction in CO2 emissions.</td>
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</tbody>
</table>

Better management processes

<table>
<thead>
<tr>
<th>Description</th>
<th>QL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff can book and confirm appointments with the patient at the point of care.</td>
<td></td>
</tr>
<tr>
<td>Patients can view real time information regarding their care.</td>
<td></td>
</tr>
<tr>
<td>Real time data entry.</td>
<td></td>
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<tr>
<td>Standardised processes.</td>
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</table>

Corporate social responsibility

<table>
<thead>
<tr>
<th>Description</th>
<th>QL</th>
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<tbody>
<tr>
<td>There is less need for clinicians to travel to and from the office.</td>
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</tbody>
</table>

2.4 Scope Of The Investment

What the mobile working investment will actually include and also what it will specifically exclude – for example, state explicitly costs for developments that are covered via separate business cases.

You should state clearly whether this business case is seeking approval for delivering the entire mobile working vision (and so includes costs, benefits, risks etc for the entire mobile solution), or whether instead it seeks sign-up to the entire mobile working vision but only requests approval for deploying a first phase (for example, an initial implementation to a single service) that can be reliably understood, costed and controlled. Supplementary business case(s) would then make the case for later phases of the overall mobile working vision.

This section can also be used to make clear that the scope of the proposed investment covers not just the supply of new IT but also the adoption of associated elements critical to the success of the investment such as revised working practices, training and extra staffing resources. This can then be expanded upon within the Organisational Change And Change Management section of the Management section.

2.5 Strategic Risks

This sub-section outlines the main strategic risks. A risk is considered strategic if it has a high overall retained risk value for the preferred option. These are shown below together with the proposed controls/mitigation. The full risk analysis is presented in the Options Assessment.

Include a table of the main risks here. Strategic risks for a mobile working investment might include ‘Low operational uptake’ due to lack of training in the use of the technology or ‘Lack of financial support for implementation’ due to a shortage of investment capital.
Typically this section will be completed once the risk assessment in the Options Assessment section has been completed; strategic risks can be identified and copied straight over.

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Description</th>
<th>Mitigation</th>
</tr>
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<tbody>
<tr>
<td>&lt;e.g. Financial, Control, Design, Legislative&gt;</td>
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</tbody>
</table>

Table 1 – Strategic risks

2.6 Constraints and Dependencies

These are each defined as follows:

- A constraint is something that limits the proposed investment in some way, e.g., funding, staffing resources, competing initiatives, a national target, the organisation’s ability to accept change.
- A dependency is something which the investment depends on in order to be delivered, e.g. commissioner and stakeholder support, other related project outcomes or continuation of existing services or availability of external resources e.g. NHS Trust resources or actions, suppliers ability to deliver.
3 Option Assessment

The outcome of this part of the business case should be a clear and defined preferred option, supported by risk and benefits analysis and meeting the project’s objectives.

This is the technical core of the business case, and is where the options analysis is carried out and the preferred option identified. It may be useful referring to the technology guidance section of the knowledge centre at the link below when assessing high level technical solutions:


The work on benefits and risks is carried out here – identification, analysis and, later, management plans. Although technical, this part of the case can also require the widest input from the organisation as options are considered, worked up and evaluated and recommendations made regarding the optimum value for money way forward.

In developing the options, a do-nothing or do-minimum option must be retained. Do-nothing may not, for various reasons, be feasible; in that event, a do-minimum option will act as a baseline. In addition, options may focus also on when to implement and what to do in the meantime (e.g. regarding interim solutions).

Larger and more complex investments that pass through the Business Case lifecycle typically require a comprehensive options appraisal involving long listing, short listing and a full analysis of shortlisted options. However, for a medium sized Business Case with an investment of between £100K and £500K the long listing may not be required.

In some cases it could be that there is clearly only one realistic way of meeting the investment objectives, in which case this can be explained, giving the reasons and demonstrating the extent to which the investment objectives and critical success factors are met.

In other situations a small range of potential options exist, in which case these should first be set out and then explored via a value for money appraisal as per a normal Business Case whereby costs, benefits and risks of each option are compared. However, the appraisal should be less complex than with a larger and more contentious investment, and so should take less effort to complete – potentially involving a strategic level appraisal around Investment Objectives and Critical Success factors plus in some cases a qualitative evaluation.

The remainder of this section presents headings and guidance based on the assumption that a relatively simple VFM analysis of a small number of options is required. If instead just a single option is the only viable way forward, then these headings can be ignored and replaced with a simple textual explanation of why the option is the only viable way forward and what the costs, benefits and risks associated with it are.

3.1 Introduction

This section of the business case explores and assesses a series of options for delivering the investment objectives in the Strategic Section, resulting in identification of the best value for money option that is subsequently carried forward into the affordability analysis.

In accordance with the relatively limited nature of the proposed investment (<£500k), a suitably streamlined approach has been taken that involves:
• Step 1 - defining the options that exist for meeting the investment objectives.
• Step 2 - undertaking a value for money appraisal of these options in order to identify a preferred option that forms the basis of the remainder of the business justification.

The outcomes of this process are now described.

3.2 Options Identification

The following options have been identified as possible ways of meeting the investment objectives:

• <describe each option>

3.2.1 Option 1: Do nothing/do minimum

3.2.2 Option 2: <Option name e.g. Mobile deployment to key areas only>

3.2.3 Option 3: <Option name e.g. Mobile deployment to all staff>

3.3 Options Appraisal

The identified options have been evaluated by assessing the costs, benefits and risks of each option and then comparing the combined results in order to identify which option has the best combination of risk-adjusted net present value and quality benefits score.

<An overall point to note is that this stage inevitably requires the use of suitable spreadsheet models, and can be a very complex and time-consuming process. It can be particularly wasteful if the wrong options have been identified and if this only comes to light once a great deal of analysis of the options has been undertaken. For this reason it is vital that all key stakeholders are comfortable with the shortlist identified before this appraisal is commenced.>

3.3.1 Assumptions

In taking forward the evaluation a series of important assumptions have had to be made:

• <set out key assumptions made – e.g. regarding timescales over which the costs, benefits and risks have been modelled and why these timescales have been used>

3.3.2 Costs

<Explain how costs were derived – e.g. market surveys, discussion with project managers>

The following table summarises the costs per option.

<Either describe overall costs per option over the duration of the investment or paste in the relevant table from the Excel model>

This shows that <describe outcomes>

3.3.3 Benefits

<This section should be completed with the aid of the Benefits Calculator Tool for helping to quantify cashable and non cashable benefits. See the mobile investment toolkit for more information and the link to the tool>
Note that each benefit has been categorised as either:

- **Cash releasing** – quantifiable in financial terms and will result in a reduction in budget. Examples include avoidance of future spend on legacy system upgrades and/or maintenance charges or headcount savings.

- **Financial non-cash releasing** – quantifiable in financial terms but no money is actually released in a budget. Examples include staff time savings or relinquished storage space that is put to better use rather than being realised as cash savings.

- **Quality benefits** – namely benefits that cannot be quantified in financial terms. For example improved patient satisfaction.

<An example list of target benefits can be found in the table in section 2.3. The benefits pre-populated in this table are intended as examples, which can either be taken as they are or modified/added to as required. The examples provided have been taken from actual NHS mobile implementation projects that have realised these benefits.>

### 3.3.4 Risks

<A relatively simple impact/probability scoring system for risks is acceptable for a medium sized Business Case (=<£500k)>.

A risk assessment was undertaken to identify the nature of individual risks and to then, per option, place a value on them, determine the extent to which they are likely to occur and determine mitigation plans. In summary, the total risk scores per option are as follows:

<Insert risk scores per option>

This shows that <describe outcomes>

### 3.4 Outcome of Options Appraisal

<In this section, the outcome of the above Options Appraisal should be presented, with conclusions and the preferred option clearly stated>

Overall, <Option X> is selected as the preferred option, for the following reasons:

<Include conclusions around the following:>

- Case for change (i.e. why 'do nothing' is not a viable option)
- Strategic fit of preferred option
- Value for money of preferred option
- Benefits of preferred option

The preferred option is then carried forward into Section 4 – Funding and Affordability – for more detailed financial analysis>
4 Funding and Affordability

The outcome of this part of the case should be a clear view of whether the project is affordable or not in respect of the preferred option. If there is a gap, there should be a plan for its coverage supported as needed by a note from relevant commissioners. Commissioner support is also needed where there is heavy reliance on assumed cash-releasing benefits or substantial Cost Improvement Programme targets since commissioners have the right to a say in how any cash released is redistributed.

This section clearly cannot be completed until the preferred option is identified via the Options Assessment, along with its cost/benefit/risk profile. All costs and budget funding must be confirmed with the relevant management accountant(s).

4.1 Introduction

This section evaluates the affordability of the preferred option that emerged from the Options Assessment by balancing the costs (with relevant non-recoverable VAT and capital charges applied) against cash releasing benefits and other sources of funding (and with cost of risk retained not incorporated).

4.2 Affordability Analysis Assumptions

The following assumptions have been made when considering affordability:

- Inflation – all figures are shown adjusted for inflation.
- Balance sheet treatment - insert specifics re which items can be capitalised and so appear on the balance sheet.
- Capital items are depreciated to zero on a straight line basis over the investment duration.
- Rate of return is assumed to apply to all capital expenditure at a rate of 3.5% per annum.
- Cash releasing benefits: state whether any cash releasing benefits identified within the Options Assessment will be used to help make the investment affordable. Add anticipated return on investment (ROI) where appropriate.

4.3 Overall Affordability Position

The following table summarises how the costs are allocated amongst relevant organisations. All costs are in £’s, include revenue contingency, include irrecoverable VAT, exclude capital charges and depreciation, and are uplifted for inflation.

The above costs will be funded as follows:

- State the sources of funding for the costs, including cash-releasing benefits, any national funding and local funding.
5 Management Arrangements

This section, although a vital part of any successful project, quite deliberately comes at the end of the case structure as it is expected to pick up the management issues in all the previous areas. The outcome should be evidence of a successful and well-managed project. Indicators of this will be:

- a clear project structure that includes wide-ranging and appropriate clinical and cross-organisation input and that identifies named individuals and/or roles where possible
- identification and provision of the resources necessary to support the project
- an outline benefits plan, with the necessary headings (such as ownership)
- an outline risk management plan and register
- a timetable for the whole project, up to and including post project evaluation

It may be useful referring to the management guidance in the knowledge centre at the link below:

www.connectingforhealth.nhs.uk/systemsandservices/icd/assessment/mobile/support/project

5.1 Project Organisation

Set out the project organisational structures and details of governance arrangements

5.2 Implementation Plan

Insert details, including overall approach and key milestones for the procurement, approvals, management, implementation, post-project evaluation etc.

5.3 Training

Present an outline training programme that explains how and where all relevant staff will be trained, including details of who will develop and deliver the training. Ensure training costs (including any required backfill) have been built into the costs within the Options Assessment and Affordability sections

It may be useful to refer to the training guidance in the knowledge centre at the link below:

www.connectingforhealth.nhs.uk/systemsandservices/icd/assessment/mobile/support/engagement

5.4 Benefits Management

Explain the approach to benefits management, in so doing:

- Refer to the link below which will provide a proven methodology for benefits analysis in mobile working implementations:
  www.connectingforhealth.nhs.uk/systemsandservices/icd/assessment/mobile/support/benefits
- Refer to the specific benefits for the preferred option that emerged from the Options Assessment
• Set out the broad strategy for realising benefits (including the extraction of cash releasing benefits) and explaining the relationship of this to the organisational change agenda.

A detailed benefits analysis has been undertaken during the production of this business case in order to identify the expected benefits. This was described within the Options Assessment and so is not repeated here.

In terms of ensuring the expected benefits are actually realised a Benefits Realisation Strategy will be applied, the objectives of which are to:

• Identify the benefits and responsibility for their delivery.
• Establish baseline measurement where possible.
• Quantify benefits where possible.
• Periodically assess likely realisation and any actions required.
• Manage the change programmes.
• Record further expected benefits identified during the project.
• Measure outcomes.

5.5 Organisational Change and Change Management

>Insert details of the approach being taken regarding change management, stressing how this will be tackled so as to ensure that benefits are fully realised and disbenefits are minimised.

In so doing it may be useful to stress the importance of changing existing working practices in order to realise the full potential of mobile working, so that in signing up to the business case all stakeholders, including clinicians, are clear about the need to change existing processes and procedures.

Refer to the following link for guidance on business process design: www.connectingforhealth.nhs.uk/systemsandservices/icd/assessment/mobile/support/benefi

s

Refer to the following link for guidance on stakeholder engagement: www.connectingforhealth.nhs.uk/systemsandservices/icd/assessment/mobile/support/engag

everement

>

5.6 Supporting the Operational Service

Once the service is operational, the staffing requirements will change to reflect the switch from a project environment to an operational day to day service. To that end the requirement for project management will gradually disappear, being replaced by an on-going service management role.

<Explain arrangements for maintaining an operational service, including details of any new support roles that are required and that have been costed into the Options Assessment>

5.7 Risk Management

<Detail an outline risk management strategy which should make reference to the risk assessment of the preferred option in the Options Assessment>
The project has a risk and issues register. The Project Manager escalates all severe risks / issues to the Project Board on a monthly basis via highlight report. Where a decision is required urgently, an exception report is raised and a decision is sought from the Project Board.

5.8 Commercial Arrangements

Provide a clear and justified decision on how the proposed investment will be procured / acquired. This should include details of the exact requirements and what procurement route to take. The Commercial Arrangements can also describe the nature of service level agreements and partnerships that are required to make the proposals work, even where a procurement is not envisaged.

5.9 Project Evaluation

There will be a Post Implementation Review (PIR) <x> months after go-live. The review will assess operations against service level agreements. It will also be designed to:

- Ascertain the degree of success from the project, and in particular the extent to which it met its objectives, delivered planned levels of benefit, and addressed the specific requirements as originally defined.
- Examine the efficacy of all elements of the working business solution to see if further improvements can be made to optimise the benefit delivered.
- Learn lessons from this project, lessons which can be used by the team members and by the organisation to improve future project work and solutions.
- Ongoing post go-live reviews around benefits realisation.