**Consultancy expenditure**

**Business case approval form**

This template should be completed for the approval of consultancy spend where the lifetime contract expenditure, including any extensions, equals or exceeds £50,000. Consultancy is defined by HM Treasury as:

The provision of management, objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives. Such assistance will be provided outside the business as usual environment when in house skills are not available and will usually be time-limited. Services will include the identification of options with recommendations and/or assistance with (but not delivery of) the implementation of solutions.

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| **For requestor to complete** | |
| **Organisation name** |  |
| **Date submitted** |  |

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

Regional teams will review and approve all requests for consultancy. Cases must be submitted a minimum of six weeks in advance of proposed spend to allow for review and approval timescales.

**Please submit this form via email to** [**england.consultancy@nhs.net**](mailto:england.consultancy@nhs.net)

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| **For NHS England completion** | |
| **Reference number** |  |
| **Date received** |  |

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| **Background Information** (please tick **✓**) | | | |
| **New business case** |  | **Extension to business case** |  |

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| **Case information** | | | |
| **Title of the project** |  | | |
| **Name of requestor** |  | | |
| **Job role of requestor** |  | | |
| **Requestor email address and phone number** |  | | |
| **Contract duration (days)** |  | | |
| **Total contract value (£) (including expenses and irrecoverable VAT)** |  | | |
| **Is this a STP or ICS Project (Y/N)** |  | | |
| **Start date** |  | **End date** |  |
| **Date submitted for approval** |  | | |

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| **Additional Information required if case is an extension** | |
| **Reference of original case** |  |
| **Value of original case** |  |

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| **Expenditure type** | |
| Please select the relevant category from the dialog box below | |
| **Other (please provide detail in box to the right)** |  |

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| **Authorisation** (Minimum of two required, one of which must be a Board director) | | |
| **Authorisers** | **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] |

| **Assessment criteria** | |
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| Please demonstrate the value of the proposed contract against the following criteria.  Please limit each answer to 350 words max. Answers should be self-contained within this document, but further evidence and analysis can be submitted as an annex for consideration if essential. | |
| **Need for the consultancy** | **What is the issue that needs addressing?**  *Please provide a short description of the issue this consultancy will address with reference to your relevant strategic / operational objectives and / or operational / recovery plans. Where appropriate confirm that the work aligns with the local health economy strategy including the Long-Term Plan and Carter review.* |
| **Scope of work and required outputs**  *Please ensure the scope and required outputs are clear and defined and provide information on how these were developed, including any engagement with patients, clinicians, commissioners or suppliers. Please explain the project’s boundaries, mention any key elements that are out of scope and detail the specific outputs required.* |
| **Why is consultancy needed?**  *Please state what use has been made of support options within the NHS to resolve the identified issue. Please explain how you have made use of existing standard specifications and guidance available and demonstrate why consultancy is the appropriate solution.* |
| **Please describe the impact on your organisation, staff and patient care if approval is not given for this business case.**  *This should be the impact of non-approval not the fact the project cannot take place.* |
| **Timeframe of work**  *Please include when expected outcome will be delivered. Please explain why the project needs to start now and not in say six months’ time?* |
| **Timing of the submission**  *Has this business case been submitted sufficiently in advance of the expected start date of the engagement. Please note that if retrospective a detailed explanation is required with detail of the steps undertaken at senior management level to ensure that this is not repeated.* |
| **Clinical Factors** | *Please provide details of the clinical case where the proposed work directly affects the provision of services for patients or quality improvement* |
| **Capacity to implement results** | **How will you ensure that the consultancy outputs can be implemented?**  *Please explain the organisation’s strategy to oversee and implement the results and the capability available to support this? Please define the role and name of the Senior Responsible Officer and outline if future support is likely to be needed. Please support your response with details of any relevant previous examples, such as specific examples of where benefits have been realised* |
| **How will this improve your organisation’s capacity and capability?**  *Please explain how internal capacity and capability will be developed to sustain delivery once the consultancy has ended. Please explain the specific steps that will be taken to transfer key skills to permanent staff.* |
| **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 approaches to link payment to deliverables. If there is a contingent fee element linked to implementation, please also highlight it here as this will be given positive consideration.* |
| **Robust post-implementation review proposal** | *Please outline how you will review the effectiveness of the consultancy support procured.* |
| **Wider use of findings** | *Please explain how will the results of the work be shared across the NHS? 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 below if known* | |  | **Open tender** |  | **Other** |  |
| **Procurement method**  *Please provide details of the proposed procurement / sourcing method, including how you reached the decision that this is the best way to meet your business requirements and that this complies with procurement regulations.*  **Benchmarking**  *Please explain the benchmarking process undertaken. Please provide details of agreed benchmarking rates, referencing where possible agreed framework rates. Where known present the key points from a competitive tender e.g. other supplier names, scores and prices.*  **Evidence of Value for Money**  *Please provide evidence of sourcing the best value supplier and evidence of negotiation over rates including the status of any prices quoted – firm or provisional. Please explain how you will ensure value for money throughout the contract. Please provide details of any risk sharing proposals and how your approach will achieve best value.* | | | | | | |
| **Selected provider (if known):** |  | | | | | |

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| **Financial case** |
| **What is the expenditure?**  *Please provide details of how you have calculated the cost of the product or service, by reference (as relevant) to benchmarked costs, and justify the number of days required and/or mix of resources. Please provide evidence of the market engagement you have done to calculate the financial case. You should also provide details of additional costs. Costs should be detailed in annex one and summarised in the table below*   |  |  | | --- | --- | | **Financial Year** | **Cost £** | | **1** |  | | **2** |  | | **Total Cost** |  |   **Is this planned expenditure affordable within your financial plans?**  *Please detail the total planned expenditure on consultancy in this financial year and state how this request fits with any other consultancy projects planned for this financial year. What other deliverables are being postponed / delayed to fund this consultancy?*  **What is the source of funding?**  *Please confirm where funding is coming from, affordability to the trust and the status of the funding approval (eg board approved/director of finance approved).*  **What are the key benefits?**  *Please highlight any in-year benefits and overall business case benefits. Does the benefits realisation of this project depend on capital approval, public consultation or other providers or any other programmes?* |

**Annex 1 - Breakdown of Expenditure by Financial Year** (add tables and lines as needed)

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| **Financial Year 1 (please state year to the right)** | | |  | |
| **Product, service, role(s) & grade(s) or equivalent** | **Unit cost or daily rate** | **Discount agreed (% or £)** | **Units required** | **Sub total**  **£** |
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| **Contingency** | | | |  |
| **Expenses** | | | |  |
| **VAT (irrecoverable only)** | | | |  |
| **Total Cost for financial year** | | | |  |

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| **Financial Year 2 (please state year to the right)** | | |  | |
| **Product, service, role(s) & grade(s) or equivalent** | **Unit cost or daily rate** | **Discount agreed (% or £)** | **Units required** | **Sub total**  **£** |
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| **Contingency** | | | |  |
| **Expenses** | | | |  |
| **VAT (irrecoverable only)** | | | |  |
| **Total Cost for financial year** | | | |  |