Project Appraisal Unit

Capital Investment, Property, Equipment & Digital Technology proposals

NHS England Project Appraisal Unit

£1m - £3m Business Justification Template

To be used for Capital Investment, Property & Equipment between £1m and £3m and complex schemes below £1m

Sponsors and authors of documents seeking appropriate authority to fund or proceed with a scheme or project must consider whether the content or strategy to which the document applies at this stage is sensitive or may have commercial implications. If it is considered necessary, the document should be headed and watermarked appropriately.

Document version control (for use by Business Case sponsors) Add rows as required. Last entry should read: '**Final submission for review and approval'**	Version No.	Status	Issue date	Notes
	1	Draft for review		
	2	Draft for review	18-02-22	WIP- gaps will be filled as soon as detail is received from key contributors.
	3	Draft for review and final amends before issue to RCCG Estates Board and PCCC	25-02-22	WIP- gaps will be filled as soon as final detail is received from key contributors.
	4	For approval to issue to NHSE	01-03-22	Draft issue to RCCG Estates Board and PCCC

SCHEME DETAILS

1. TITLE OF SCHEME	Broom Lane Medical Centre - Extension and reconfiguration project	
TYPE OF SCHEME *Note. For £1m - £3m **Digital Technology** Business Cases, please use the specific £1m - £3m Digital Technology Business Justification / Case Template.*	New build	New build extension
	Improvement	Reconfiguration to existing GP surgery
	Equipping	
If other – specify and explain		
Scheme reference number and source of number (organisation). *Please ensure the relevant unique reference (for all Schemes) is used in all correspondence and reporting using appropriate format: e.g. XXX – YY - XXX (Org Code – 17 – 001)*	Reference	PC 15
	Confirm the Organisation issuing the reference number.	NHSE
ANY OTHER APPLICABLE REFERENCE NUMBER *(please clarify source in light blue box on right and insert number and,*		

where necessary, explanantion in white box).		
PID APPROVAL AND ANY RELATED CONDITIONS OF APPROVAL *(Append approved PID where it will support the information provided in this Business Case).* Confirm that PID conditions have been fully complied with in this Business Case. Explain which and why if they have not.	PID reference number	PC 15 Reference no in the SYB Capital Programme (wave 4a)
	Date	TBC
	List any conditions	TBC
	Conditions are fully met. If not, which and justify why.	TBC
IDENTIFY ANY SIGNIFICANT DEROGATION IN THIS BUSINESS CASE FROM THE APPROVED PID FOR THIS SCHEME. *(Significant deviation from the original approved PID, includes but are not exclusively funding, cost, deliverables, procurement, client or use changes, etc.).*	Details of scheme change?	N/A
	Details of cost change?	
	Reason for change?	
	Who approved the change?	
	Date of change?	
	Please provide evidence of authority to change.	
DCO OFFICE		

2. SPONSORING NHS ORGANISATION(S) (or other such as GP)	Lead Sponsor 1:	Rotherham CCG
	Sponsor 2:	Broom Lane Medical Centre (GP)
	Sponsor 3:	

3. LEAD SPONSOR AND SUPPORTING TEAM FOR THE SCHEME CONTACT DETAILS		
PROVIDE DETAILS OF LEAD OFFICER FOR THE SCHEME	Title	
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PROVIDE DETAILS OF LEAD FINANCE OFFICER FOR THE SCHEME	Title	
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LEAD COMMISSIONER	Title	Jacqui Tuffnell
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	e-mail	

4. NHS ENGLAND FUNDING STREAM Please confirm the NHS England capital funding stream relevant to this investment e.g. BAU, etc. *(Use standard NHS finance codes) Where capital funding is from a special initiative e.g. ETTF, please use the first two rows opposite to denote initiative name and scheme reference number*	Where applicable, funding initiative name	STP Capital Fund Wave 4a
	Scheme reference No.	PC15
	Funding stream	
	Cost Centre	116119
	Subjective Code	54114601

5. ANY OTHER PROPOSED SOURCE OF CAPITAL? In addition to NHS England capital, explain if more than one source of funding is to be accessed, explain: a) How it is to be obtained b) Obtained from whom? c) Type of funding. d) Certainty of funding e) Is any element refundable or provided as a grant? f) If yes to e) above, provide details g) Show amounts in table 1. below	An additional £100,000 capital relates to the purchase of adjacent land on which the extension element of the scheme is to be constructed. This further money is required to bridge the gap between the value of the site (£300k) and the purchase price of the site (£400k). This funding gap of £100k will be directly financed by Broom Lane GP Practice This element is non refundable and is not a grant, there is no mortgage involved, and certainty and commitment to funding by the Practice is confirmed through meeting notes and a signed Option to Purchase agreement.

Table 1. CAPITAL VALUE AND PROPOSED CASH FLOW OF FUNDING: *(add additional rows as required)*

PERIOD *[Please enter appropriate Financial years on right]* **FUNDING SOURCE**	Current year 2021 -2022 £'000	2022 -2023 £'000	2023 -2024 £'000	2024 -2025 £'000	Total £'000
NHS England		2,233			
NHS Property Services					
Community Health Partnerships / LIFTCo					
Broom Lane Medical Practice		100			
Other *(specify)*					
Total					2,333

Table 2. BASIC BREAKDOWN OF SCHEME CAPITAL COST: *(add additional rows as required)*

PERIOD *[Please enter appropriate Financial years on right]* **ITEM** *(where applicable, please specify individual items below)*		Current year 2021 -2022 £'000	2022 -2023 £'000	2023 -2024 £'000	2024 -2025 £'000	Total £'000
Item 1	**Construction Costs**		1,103	367		
Item 2	**Construction Related Fees**		50			
Item 3	**Planning, Building Regulations etc**		4			
Item 4	**Legal Fees**		15			
Item 5	**Land Purchase**		300			
Item 6	**SDLT**		22			
Item 7	**VAT (non reclaimable)**		299	73		
Total						2,233

Table 3. GPIT CAPITAL COSTS FOR NEW BUILD/IMPROVEMENT SCHEMES: *(add additional rows as required)*

PERIOD *[Please enter appropriate Financial years on right]* **ITEM** *((where applicable, please specify individual items below)*		Current year 2021 -2022 £'000	2022 -2023 £'000	2023 -2024 £'000	2024 -2025 £'000	Total £'000
Item 1		N/A				
Item 2						
Item 3						
Total						
Source of Funding						
NHS England						000

6. BRIEF SCHEME OVERVIEW	**Principal Strategic Drivers**
a) What is/are the principal strategic drivers triggering the need for this business case (e.g. to enable delivery of relevant commissioning requirements, to comply with NHS policy requirements, alignment with relevant policy e.g. Five Year Forward View, Strategic Transformation Plans and Strategic Estates Plans. **b)** Summarise the key dimensions of the scheme in terms of both the tangible capital asset to be delivered, and the outputs that will be enabled in service terms as a consequence of the investment. Include land and premises ownership issues, cross boundary/partnership working and impact for service users, etc.	Key strategic project drivers include: • Provision of additional space capacity to cope with increased patient numbers and future growth projections. • Future proofing GP services in the locality and the wider Rotherham area. • Alignment with the Five Year Forward View, the GP Forward View and the Rotherham CCG (RCCC) Strategic Estates Plan. • Provision of enhanced services. • Accommodation provided in compliance with latest NHS guidance and DDA requirements. The following broad project objectives are derived from current local and national strategic drivers for change: 1. Covid – The practice is operating in a very different way as a result of the Covid pandemic, with clinicians and staff working in a flexible and agile way. Technology has enabled this to a large extent and the new ways or working and supporting technology will be taken forward into the new facility.

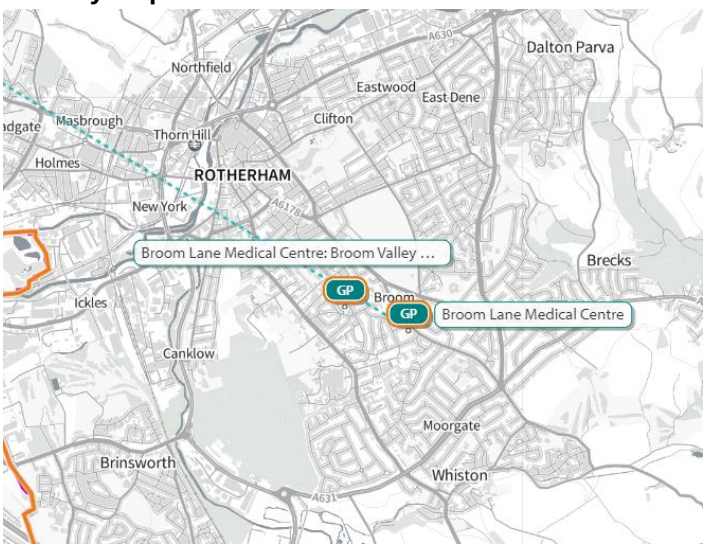
2. Promote shift towards delivery of services in patients' homes and community and / or modern fit for purpose primary care settings, including supporting the 'near patient testing' (e.g., enhanced treatment room and diagnostic facilities) and 'care closer to home' initiatives.
3. Provide value for money in relation to NHS revenue funding (e.g., by allowing diversion of admissions from secondary care where possible).
4. Improve access to services generally, including increasing variety of services to be offered from GP premises. This would also create the opportunity to extend effective care access up to 7 days per week.
5. Promote care navigation within the local community, including self-care measures.
6. Ensure the GP services are delivered from premises that comply with CQC registration, in the short, medium and longer term.
7. Provide accommodation in compliance with latest NHS guidance and DDA requirements, wherever possible.
8. Provide accommodation with sufficient capacity to accommodate current and future projected demand (including provision of additional / enhanced / hosted services).
9. Minimise patient waiting times and increase patient choice.
10. Provide premises which offer maximum flexibility to incorporate future changes in working practices, including increased training capability.
11. Provide premises with optimum scope for increasing operational efficiencies (e.g. relocate / align GP / admin teams centrally, incorporate enhanced technology, etc.).
12. Provide an enhanced patient experience / environment.
13. Provide an environment that promotes and facilitates patient and community engagement and social inclusion (building upon opportunities already generated with the JSC).
14. Contributes towards the integration of health, social and voluntary care.
15. Provide a reduction in emergency attendances or admissions to hospital for over 65's, incorporating additional clinical space to facilitate employment of multi-disciplinary care planning teams (Tailored Care).

Scheme Narrative & Key Dimensions

The GP practice involved in this project is the Broom Lane Medical Centre. The Practice currently operates from 2 sites:

- Broom Lane Medical Centre, Broom Lane, Broom, Rotherham, S60 3EU (GP Owned); and
- Broom Valley Medical Centre, 102-104 Broom Valley Road, Rotherham, S60 2QY (GP Leased from RMBC with lease due to expire on 27-06-24).

Locality Map



The project involves provision of additional space at one location to integrate the merged practices under one roof. This will be achieved by vacating the leased Broom Valley Medical Centre and extending the existing GP owned Broom Lane Medical Centre by 322m2 on adjacent land. In addition, 186m2 of the existing Broom Lane Medical Centre will be reconfigured so that the two spaces work together in a modern, fit for purpose way at a cost of £2,374,400 (including VAT). The overall footprint for the reconfigured and extended building will be 846m2.

Broom Valley Medical Centre (BVMC):

- Is leased from Rotherham Metropolitan Borough Council (RMBC), the lease expires 27th June 2024 and early surrender can be triggered.
- Has three consulting rooms, none of which are fit for purpose.
- Clinical rooms are all undersized and are non-compliant with NHS standards and current DDA regulations.
- Has no car parking provision.
- Has a patient list size of 1,700 and the proposal is to close this branch and relocate the patients to Broom Lane Medical Centre situated less than a mile away. There are no other GP practices within close proximity of BVMC so patients will naturally flow to Broom Lane Medical Centre.

Broom Lane Medical Centre (BLMC):

- Existing BLMC includes eight consulting rooms and one treatment room.
- Has a patient list size of 8,300. With the addition of the transferred patients from BVMC the combined list size for BLMC will be 10,000 patients.

The scope of the scheme is to:

1. Construct a two storey extension.
2. Reconfigure part of the existing building.

The scheme does not require any temporary accommodation as a phased approach will be taken and enabling works are not needed. To prevent disruption to service delivery, and ensure a seamless transition,.construction of the extension will be completed and BLMC services transferred to the new build, while reconfiguration of the existing premises is undertaken. BVMC services will then transfer to BLMC once the reconfiguration works are complete.

Extensive space planning has been undertaken in consultation with the GPs. The completed BLMC project will include 14 consulting rooms (10 new) and 2 treatment rooms (one new). All new spaces will be fully compliant with NHS guidance (HTM's and HBN's etc.). The proposals are future proofed allowing further expansion to be added cost efficiently if / and when required going forward. This additional expansion potential can deliver up to 6 extra clinical rooms. 10 more car parking spaces will also be provided

The reconfiguration includes relocating the existing staircase (from ground floor to lower ground floor), opening up the interface between existing and new, to create one integrated space, rather than the current separate areas. It also allows the administration staff, currently isolated on the lower ground floor, to relocate to the ground floor so facilitating more efficient, collaborative team working with reception colleagues. These works also allow for 3 existing non-compliant clinical rooms (situated directly off the waiting area) to be reprovided in the new extension delivering additional, compliant clinical space.

Once all building works are completed and signed-off and BVMC staff and services successfully relocated, the BVMC lease will be surrendered.

Further details are contained in the design access statement and plans included at Appendix 1.

Land ownership and requirement

The practice has a freehold over the existing BLMC and no mortgage on the property.

To enable acquisition of the adjacent land, (currently in private ownership) required to extend BLMC, the GPs and seller have entered into a conditional sale agreement which is now being transacted and is in the process of reaching completion.

Planning approval was granted in August 2021, there are no known premises ownership issues and the current intention is to seek NHSE Business Justification Approval in March 2022.

Building Size

At 516m^2, BLMC is undersized both for the services delivered, and the numbers of GP's and Clinical staff employed. The Practice currently struggles to provide the required number of appointments, having to employ a lot of hot desking with resultant inefficient working. This has been remedied in part following changes implemented to address the additional Covid related challenges.

BLMC has 8,300 patients and is experiencing year on year patient growth. Based on NHS Space Guidance, the premises should be 692m2. With Broom Valley patients added to the equation, the guidance recommendation is 833m2. The proposals will create a revised floor area of **846m2.**

The increased footprint would appear to accommodate only the current patient list size however this is not the case. The developed schedule of accommodation actually considers an operational model that includes online consultation and more efficient use of space through detailed scheduling of patient footfall.

The assumption has been made that as technology and clinical methodologies develop going forward, the space requirement for the current 10,000 patient cohort will reduce and be offset by patient growth. Using the NHSE space estimator as a guide we anticipate, based on a fixed footprint of 846m2, that a patient list of 13,000 can be accommodated i.e., allowing for growth of 30%.

Impact for Service and Service Users

	Key benefits to the service and its users from delivery of this scheme include: • Reduced number of attendances at A&E and other urgent and emergency services. • Reduced number of admissions to hospital. • Advanced primary care. • Shortened, more efficient care pathways. • Improved access to mental health services. • Further extended hours of service. • Walk-in clinics. • Modernised, easily accessible building offering not just treatment services but also community and social activities and facilities to encourage cohesion, and a sense of belonging and wellbeing. • Community pharmacy. • Physiotherapy and rehabilitation. • A mini 'Community Market Place' for health, social care and wellbeing advice and drop-ins. • Clinical training facilities. • Enhanced facilities resulting in improved staff moral and lowering sickness rates for clinical and other staff groups.

7. PURPOSE **a)** State clearly what the business justification is in support of: typically – 'this is to seek approval of ..... for £ ….. on ….. in support of …..' **b)** Where funding sources are, or may be split, such as investment by the premises owner and external funding e.g. ETTF, this must be clearly defined and explained here, in the relevant subsequent sections and in the table above.	The purpose of this business justification case is to seek approval for the extension and partial refurbishment / reconfiguration of the Broom Lane Medical Centre for £2,233.400 (VAT incl). This investment will support delivery of all of the strategies listed in section 8 below but in particular back the South Yorkshire & Bassetlaw (SY&B) Sustainability & Transformation Plan, RCCG Strategy for General Practice and the RCCG Estates Strategy. Apart from the £100k funding required for top up land purchase there is no external investment involved in this scheme.

STRATEGIC CASE

8. STRATEGIC CONTEXT **a)** Provide a summary in the context of underpinning plans and key strategic drivers together with the service requirements that support the case for investment. E.g. Five Year Forward View, GP Forward View, Sustainability & Transformation Plan, Strategic Estates Plan, Devolution and New Care Models, etc. **b)** Provide confirmation of the support of all relevant stakeholders. **c)** Confirm the extent to which the scheme delivers on high priority NHS capital investment requirements, e.g.	The overall population of Rotherham is circa 260,000. Rotherham is one of the 20% most deprived districts in England, with approx. 23% of children living in low income families. Life expectancy for both men and women is lower than the England average. There are health inequalities across Rotherham, with men and women in the most deprived areas living, nine and seven years respectively, less than those from the least deprived areas, Child obesity is higher than the national average (almost 22% of Year 6 pupils), and adult health indicators demonstrate that Rotherham is worse than the national average in relation to alcohol, smoking and excess weight. Priorities in Rotherham take account of improving child health (including helping mums to stop smoking), reducing early deaths (including infectious disease and suicide) and helping people stay healthy for longer.

Service transformation and related infrastructure requirements as identified in the strategic drivers above, improving patient safety and the patient environment, reducing backlog maintenance (% of total); enabling QIPP delivery, etc. and other current key work streams. **d)** Confirm the support of key clinicians and the way in which the scheme supports delivery of local commissioning priorities. **e)** Confirm that any premises subject to the investment will not be disposed of within 5 years of their completion. **f)** Include how the investment will deliver the aims of the programme, etc.	The project scope and objectives are determined by the following national and local strategic drivers for change: • GP Forward View (2016) • NHS Long Term Plan (January 2019) • Rotherham CCG Strategy for General Practice (revised June 2019) • NHS England Primary care networks—plans for 2021/22 and 2022/23# • New GP Training Contract • South Yorkshire & Bassetlaw Sustainability & Transformation Plan (STP) • Primary Care Strategy (Commissioning Plans) • Strategic Estates Plan (SEP) The *GP Forward View (2016)* focuses on the need for increased investment (£2.40 billion per year nationally), doubled growth rate for new GP's (increase of 5,000 nationally) over the next 5 years (together with 3,000 mental health therapists and 1500 clinical pharmacists), new practice resilience programme to support workload within struggling GP Practices, infrastructure investment (including creating potential for 100% reimbursement of premises developments) and care re-design (including GP federations and Primary Care Networks). The BLMC Project facilitates delivery of this Forward View through the use of NHSE infrastructure investment to provide: • Care redesign. • Additional compliant space to provide greater capacity for training. • Improved working environment to facilitate workforce development required to ensure primary care has capacity, including staffing numbers and skills, to deliver revised models of care. • Encourage recruitment and retentention of much needed new GP's, mental health therapists and clinical pharmacists. The BLMC Project also fully supports the *NHS Long Term Plan (January 2019)* by accelerating the capacity to move to a new service model, offering patients more choice, better support and properly joined up care at the right time and in the right setting including: • New, funded, action to help reduce / prevent health inequalities. • Identifying priorities for care quality and outcomes. • Tackling workforce pressures and supporting staff. • Upgrading of technology towards fully digitally enabled care is already underway as a key enhanced service delivery requirement. Additionally, provision of this scheme will assist with delivery of the identified five areas of focus of the recenty published NHS England Primary care networks—plans for 2021/22 and 2022/23: • PCN improving prevention and tackling health inequalities in the delivery of primary care. • Supporting better patient outcomes in the community through proactive primary care. • Supporting improved patient access to primary care services. • Delivering better outcomes for patients on medication. • Creating a more sustainable NHS. Specifically: • Implementing further extended hours and including weekends and bank holidays to support improved patient access to services and improve prevention and address health inequalities.

- Facilitated by additional compliant space and to offer more proactive care to improve prevention and address health inequalities and deliver better outcomes for patients on medication.
- Will embrace integration and collaboration with other health and wellbeing agencies.
- Employ an additional pharmacist and technicians, a health and well being coach, a dietician, extra care coordinators, an admiral nurse, physiotherapists and social proscribers.
- Have the space and resultant increased staff capacity to:
    - Increase provision of innovative services that allow the right skill sets for the right job but require very specific dedicated space, e.g., tele-dermatology where admin staff are trained to take very high resolution images of skin conditions and submit to hospital consultants for initial diagnosis – current patient waiting time for face to face consultation is circa 9 months with results from image consultation typically next day. So by using trained admin staff freeing up GP time to support a more sustainable NHS and providing improved patient access and outcomes.
    - Increase current participation in pilot schemes that support all five areas of focus through testing innovative clinical service delivery models of care e.g., PARM to provide better care for diabetics through early identification and specialist care for pre and early diagnosed diabetics.
    - Reintroduce services suspended due to lack of space with the intention of hosting group consultations that will provide *'twice the service in half the time'* and include:
        - Support to stop smoking
        - Obesity clinics
        - Menopause clinics
        - Prostate clinics

The project will also align with, and deliver benefits in connection with the following specific local level plans:

Rotherham CCG Strategy for General Practice- delivery of this scheme will specifically help BLMC support the following key aims:

- All children get the best start in life and go on to achieve their potential.
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life.
- All Rotherham people live well for longer.
- All Rotherham people live in healthy, safe and resilient communities.

The RCCG STP - this focuses on eight key priority areas. The BLMC project will support delivery on the following seven priorities to bring a positive influence to the Broom Lane locality:

The *Primary Care Strategy for Rotherham* identifies a number of needs and challenges presented by the local population, including growing numbers (housing development), increasing proportion of ageing population, health outcomes and high levels of inequality. NHS Rotherham CCG therefore continues to develop its model for primary care in recognition of these challenges and recommendations of the NHSE 5 Year Forward View. Current priorities are management of long term conditions (e.g. diabetes, cardiovascular and respiratory), care out of hospital and closer to home, mental health and dementia, and primary care expansion models, delivery of which are all well supported by this scheme.

The SEP - As a reflection of both the STP and Primary Care Strategy, the SEP references various considerations for Rotherham as a whole. Table 4 below describes those specifically addressed by this project:

Table 4 SEP considerations	**Addressed by BLMC Project**
Short-term Provider contracts for Community, Mental Health and other services, which do not support or complement the longer term ownership or leasehold requirements associated with property.	√
GP Practices increasingly encouraged to amalgamate, merge or confederate to achieve economies of scale in service delivery, which requires alternative property models to the traditional "individualistic" and small scale property provision.	√
Transfer of care from acute to primary care settings, requiring more compliant and "fit for purpose" clinical facilities (e.g. for minor surgery, diagnostics and other potential services which can be better delivered in a community setting).	√
Opportunities to share property resource with other public sector providers, including RMBC and acute / mental health Trusts.	√

The SEP also focuses on the strategic estates needs of each district within the Rotherham Borough, with Central North PCN being a specific highlighted 'zone' from an estates planning perspective. A relevant point noted the poor condition of Broom Valley MC as one of the estate's key issues.

RCCG confirms that in relation to this scheme:

- There is no requirement for temporary clinical accommodation during the construction work.
- There will be no enabling works.
- It has the support of the key stakeholders namely NHSE, SYB Programme Board, RCCG, BLMC and their patients.
- It delivers on the following high priority NHS capital investment requirements:
    - Will enable service transformation, already underway, to be delivered effectively by the practice to serve its population.
    - Supplies the related infrastructure requirements identified in the strategic drivers above.
    - Improves patient safety and the patient environment.
    - Clears the year 1 backlog maintenance of c £106,000 (representing c17% of CCG total).
    - Enables more effective QIPP delivery.

The scheme has the support of key clinicians and through the provision of additional compliant space and the related clinical staff increases the scheme will be able to support delivery of the following local commissioning priorities.

Patient care - supporting people to age well including:

- GPs using the frailty index to routinely identify people with severe frailty.
- Proactive population health management approaches focused on the moderately frail.
- Integrated primary and community teams working together to support people to maintain their independence and age well.
- Establish falls prevention schemes.
- Continue to develop and implement plans to support those living with multiple long term conditions or living into old age with frailty or dementia.
- Ensure out of hospital approaches continue to consider the needs of those living with dementia and their carers so we can strengthen community support.

Primary Care Estates priorities directly supported by this scheme are:

- New facilities reflecting new models of care.
- Support a leftshift in provision.
- Reconfigured existing estate to enable changes in ways of working.
- No redundant estate.
- Asset Optimisation.

In addition, the scheme is supported by the PCN and LMC and RCCG can confirm that the premises will not be disposed of within 5 years of their completion.

In summary, the proposed development will align with the NHSE 5 Year Forward View and all local Commissioning, Estates and Sustainability & Transformation Plans, and will also comply with all prevailing statutory consents and design guidelines.

The following Table 5 highlights how this investment will support the aims of the SYB Capital programme:

Table 5 Supporting the aims of the SYB Capital programme

Primary Care Capital Programme Objectives	To support SYB Programme Objectives BLMC Project will (How)
Implement a robust Programme Management infrastructure and processes to allow delivery of the prioritised projects to timescales and within agreed budget	• Implement a robust Programme Management infrastructure and processes to allow delivery of the prioritised projects to timescales and within agreed budget Implement a robust Project Management structure and processes to ensure project delivery on time, within budget and to required quality • Ensure engagement with and collaborative working with all key stakeholders • Work with SYB PMO to help develop success measures and quantifyable benefits to support project delivery and wider outcomes • Work collaboratively with partner organisations to ensure any possible funding sources are identified and utilised • Develop and submit an approvable BJC • Feedback results of PIR to support development of a Blueprint for future Primary Care capital investment incorporating key learning and best practice
Ensure that new and reconfigured facilities support service development through alignment with clinical, digital and workforce strategies	
Support / oversee the delivery of prioritised new and reconfigured estate across SYB, which is fit for purpose, sustainable and enables changes in ways of working by the end of 2023	
Support the achievement of asset optimisation, with quantifiable financial benefits, delivering Value for Money and ongoing / sustainable affordability	

ECONOMIC CASE

9. ECONOMIC CASE

a) Confirm the options considered to achieve the scheme's objectives and provide a summary of the options appraisal process that has resulted in the selection of the preferred option. It is important that a range of viable options are considered during the appraisal process If the options were/are limited in number, please provide clear supporting rationale.

b) Confirm the scheme benefits – including financial (cash releasing and non-cash releasing) and non-financial (quantifiable and non-quantifiable) and how the scheme delivers value for money. Appraisal

Option Appraisal

Current Asset Base

Broom Lane Medical Centre

of options on the basis of the extent to which they deliver non-financial benefits can be carried out and presented using a non-financial benefits analysis employing weighted benefits criteria and a scoring system to derive non-financial benefits points.

c) Provide supporting economic appraisal to demonstrate the value for money of the preferred option using a recognised methodology such as the Generic Economic Model (GEM) as appropriate.

Note.
To allow reviewers to see and analyse the underpinning information, please attach supporting workings in executable tables (Excel, etc. and NOT pdf or images).

Broom Valley Medical Centre

A number of potential property / development options were considered in terms of their respective abilities to deliver against the Project objectives detailed in Section 6 above, these include as many of the local and national drivers for change as are relevant to the scheme.

To establish a clear preferred premises solution, from the list of possible options, an options appraisal was undertaken as follows:

Options Long List

A total of five options were considered originally, including: a Do Nothing, a Do Minimum; Addition of a third storey to BLMC; a New build on a different site and a Two storey extension plus partial reconfiguration of the existing BLMC.

A desk top evaluation of the long list was carried out with the following conclusions:

- Option 1 Do Nothing - The Do Nothing option, with Project scoped services continuing to operate as now, is not considered to be a viable option as the 6 facet survey identified this property as high risk, failing on all assessed elements with a combined backlog maintenance of circa £100k for BLMC and BVMC to be addressed immediately, rising to a requirement for a significant £2.75m improvement / development scheme by year five. This option is discounted and not included in the short list as it does not meet minimum H&S and DDA requirements or support local commissioning objectives.
- Option 2 – Do Minimum to address only the DDA and H&S non-compliance across both locations at a current cost of circa £100k. This would still not deal with the other 6 facet failed elements, nor support local commissioning objectives or avoid the need for the significant £2.75m improvement / development scheme required by year five but is included in the short list for BAU comparison purposes.
- Option 3 – Add a third storey to existing BLMC was discounted immediately as not viable on the grounds that the current foundations would not support an additional floor and, planning consent would not be given for a third storey in that particular location.

- Option 4 – New build on alternative site considered viable, subject to value for money considerations, and is therefore included in the short list.
- Option 5 –Two storey extension to BLMC plus reconfiguration of part, then early surrender of lease and vacation of BVMC considered viable, subject to value for money considerations, and is therefore included in the short list.

Options Short List

- Option 1 – Do Minimum - 6 facet survey outcomes and costs used in the economic appraisal.
- Option 2 – New build on different site – economic appraisal costs estimated by desk top exercise through use of recognised industry benchmark figures.
- Option 3 – New build two storey extension to BLMC plus reconfiguration of part of existing, then early surrender of lease and vacation of BVMC - Project tender costs, CIA modelling and Optimism Bias workshop outputs reflecting costs and benefits used in the economic appraisal.

The options appraisal (OA) of the short list, the output of a workshop held on 23-02-22, and attended by representatives from the CCG, BLMC and two independant consultants is included below in Table 6. The appraisal results concluded with the preferred option as short list Option 3 - a new build extension plus a partial reconfiguration. This preferred option is fully supported by the RCCG Project Team and has been sent for approval and sign off to the SYB Programme Board at its forthcoming meeting in early March 2022. OA workshop notes reflecting scoring rational are attached at Appendix 2.

Table 6 OA Matrix

Option	Description	Revenue Costs	Capital Investment	Financially Sustainable	Reduced System Costs	Deliverability	Improve Health Outcomes	Sustainability & Sufficiency	Improve Service Standards	Service Integration	Positive Impact	Future proofed	Transfer of acute services	Improved Technology	Score
		Financial Impact					Strategic Objectives								
		F1	F2	F3	F4	F5	S1	S2	S3	S4	S5	S6	S7	S8	
1	Do Minimum	3	3	1	1	3	1	1	1	1	1	1	1	3	21
2	New build on alternative site	2	1	2	3	1	5	5	5	5	3	5	5	5	47
3	Two storey extension plus some reconfiguration of existing	2	2	3	3	3	5	5	5	5	4	5	5	5	52

A multi-agency workshop, was held on 15-02-22 to consider optimism bias (OB) and reviewed the preferred option to fully understand how it meets scheme requirements and affordability. Workshop outcomes revalidated both the elements considered, and the levels of contingency included. OB workshop notes are attached at Appendix 3 and OB outcomes have been used to update CIA modelling.

Scheme Benefits

The following table (Table 7) details those overall SYB programme benefits that are supported by BLMC Project delivery:

Table 7 BLMC Project Benefits

Number	Benefit	Summary
UMB 1	The investment will reduce unused areas within the building.	Wider benefits of having complementary services within the same building and a more dynamic and vibrant work setting.
UMB 2	The greatly improved facilities will improve staff moral and lower sickness rates for clinical and other staff groups.	Reduction in sickness and absence due to stress and other poor workplace related ailment.Modern buildings with emphasis on flexible working will improve the overall staff experience.
UMB 3	The larger modern transformational service will see a reduction in A&E attendances resulting from greater patient confidence.	With improved facilities having a greater presence in the local community, in time, patients will have greater confidence and will utilise these facilities far more often (when available) rather that going straight to A&E, which in turn will bring down waiting times.
UMB 4	Due to the improved facilities and wider services offered there will be a reduction in hospital outpatient appointments.	Provision of some outpatients services in the extended / improved medical facilities (e.g. GPs with special interests or other qualified health professionals and the use of minor surgery units).
UMB 5	An expansion of services and facilities will lead to improved access to mental health services and help to reduce the stigma associated with the illness.	Co-location of psychological therapy services with other GP services for both Practices, arising from increase in space (e.g. IAPT, CBT). Expansion space available to extend range of Counselling and IAPT services in the future.
UMB 6	The building is being developed with flexible working and enhanced digital services.	Flexible buildings leading to modern methods of working in both patient consultation and administrative duties.
UMB 8	The investment will provide improved patient experience.	Improved quality, healthcare compliant facility (s) with welcoming, therapeutic environment.
UMB 9	The additional space will provide Increased capacity for clinical training and education.	Increased volume of clinical rooms. Better designed and equipped rooms, appropriately sized, and improved teaching opportunities.
UMB 10	Will become a real asset for the local community.	Improved premises and service offering for use by the local community.
UMB 13	The investment will enable access to a wider range of primary care health professionals & complementary services delivered by this practice.	Increased scope for other health professionals working within same building as GP's (e.g. IAPT, Diabetes Nurses, Health Visitors, Clinical Pharmacists).Wider range of shared GP experience within the same building, arising from increased co-located GP resource.

UMB 14	The wider services provided will lead to a reduction in "inappropriate" GP appointments.	Increased number of other health professionals working co-productively within the expanded and improved premises arrangements.
UMB 15	Delivery of the project will offer additional capacity to meet increased demand from growing population.	Provision of additional clinical rooms and increased opening hours.
UMB 16	Improved Access to information and support to encourage a healthy lifestyle and self-care.	Provision of shared health promotion and well-being services to patients, increasing opportunities for self care. Increased joint capacity will facilitate increased / improved health intervention measures, including PCN Services, Network Neighbourhoods and Public Health initiatives.
UMB 17	Increased 'resilience' of primary care provision, arising from economies of scale with additional GP's and other AHP's employed and accommodated within increased / improved facilities (reduced cancellations).	Integrated working between GP's arising from increased capacity, and 'cross-covering' by GPs.
UMB 18	Increased provision of 'one-stop shop' GP based services, within expanded GP premises.	Wider range of GP services provided locally by larger / integrated care teams.
UMB 19	The proposed scheme will improve local access to specialist health services.	Provision of specialist services in expanded facilities, made possible by increased amount of space / rooms and improved quality of such space (e.g. GPs with special interests or other qualified health professionals).
UMB 20	Specific and purposed building layout offered by the project will be tailored by post-Covid learning.	Efficient delivery of clinical services as building layout is not compromised and will be flexible by design.
UMB 21	A benefit from the scheme will be Improved QALYs.	As this is now on the government agenda (a new Office set up in for Health Promotion will lead national efforts to improve and level up the health of the nation by tackling obesity, improving mental health and promoting physical activity was agreed by government on 31st March 2021) This building will not do this on its own, but will enable the clinical model to be reviewed and focus on social, diet, health promotion introduced as if people are healthier, not obese, do not smoke etc then they will need reduced health services, have fewer sick days etc.

Insert CIA lite here

Value for Money

Insert Gem here

Broom Lane VFM Pro Forma March 20

FINANCIAL CASE

10. Financial case

a) Confirm the capital costs of the scheme and anticipated dates of capital deployment (and any associated disposals) split across financial years (as required).

b) If a lease is proposed, confirm the whole life cost of the lease (see note 6 on the BC Selector Introduction tab for more information).

c) Confirm the recurrent revenue costs of the scheme. Where these are anything other than revenue neutral or revenue saving, confirm the availability and source of additional revenue.

d) Confirm and demonstrate that the recurrent revenue cost of the scheme is affordable.

e) Confirm and where necessary explain any non-recurrent (e.g. transitional costs) of the scheme.

f) Confirm the availability and source of non-recurrent funds to meet these costs.

g) Provide supporting income and expenditure analysis that sets out clearly the recurrent and non-recurrent costs of the scheme, the sources of funds to meet these costs, which must demonstrates clearly that the scheme is affordable.

h) Clarify where the assets will reside in terms of ownership.

j) Provide evidence of the proposed efficiency measures and projected outcomes and how they align with service improvements.

Here we are asking for the narrative explanation but financial detail should be entered in the tables below.

Capital Costs of the Scheme are as follows:

Table 1 CAPITAL VALUE AND PROPOSED CASH FLOW OF FUNDING: (add additional rows as required)

PERIOD [Please enter appropriate Financial years on right] / FUNDING SOURCE	Current year 2021 - 2022 £'000	2022 - 2023 £'000	2023 - 2024 £'000	2024 - 2025 £'000	Total £'000
NHS England		1,793	440		
NHS Property Services					
Community Health Partnerships / LIFTCo					
Broom Lane Medical Practice		100			
Other (specify)					
Total					2,333

The spend profile is described in Table 1 above with works due to commence in Quarter 1 of financial year 2022/23 and complete by Quarter 2 of financial year 2023/24.

Whole Life Costs are not applicable to this scheme as no lease is proposed.

Recurrent Revenue Costs for BLMC plus BVMC currently total £77,059.53 annually. The Practice is aware and accepts that as the development is 100% grant funded, a condition of building ownership of the new extension reverting to them at the end of a 45 year period is that there there will be no increase, going forward, in the current £50,000 notional rent reimbursed to the practice.

The existing status of ongoing annual rental and rates costs is itemised in Table 8 below:

Table 8 Income Expenditure Analysis

Cost Item	Existing £ [516] m2 BLMC + BVMC	Proposed £ [846]m2 BLMC	Increase £	Notes
Lease/Funding Costs	63,100	50,000	-13,100	
Cleaning	14,766	24,209	9,443	
Rates Refuse	11,103	18,204	7,101	In talks with DV
Clinical Waste				
Utilities (Gas/Electric)	9,600	15,740	6,140	
Utilities (Water)	2,857	4,684	1,827	

Insurance	1,500	2,500	1,000	
Repairs and Maintenance	7,000	12,000	5,000	
TOTAL ANNUAL COST	**109,926**	**127,337**	**17,411**	
Reimbursed Notional Rent	63,100	50,000	-13,100	
Reimbursed Rates and Waste	11,103	18,204	7,101	
Reimbursed Utilities (Water)	2,857	4,684	1,827	
TOTAL ANNUAL NHS SUPPORT	**77,060**	**72,888**	**-4,172**	Include as contingency costs so the revenue costs to RCCG would be neutral
GROSS GP COST LIABILITY	**32,866**	**54,449**		
Pharmacy Income	21,000	21,000		
Additional Health Service Income				
NET GP COST LIABILITY	**11,866**	**33,449**		

Difference to RCCGgoing forward is **minus £4,172** to be Included as contingency so the revenue costs to RCCG is considered neutral.

There are no transitional costs associated with this scheme as early lease exit from Broom Valley will coincide with BLMC Project completion.

Availability and source of non-recurrent funds to meet these costs are not applicable.

Asset Ownership - Current premises are GP owned and NHS new build extension will revert to GPs at the end of 45 Years.

Efficiency Measure and Project Outcomes are described in Table 9 below.

Table 9 Efficiency Measures and Project Outcomes

Ref	Cash releasing benefits	Value	Additional information
CRB1	Rent and rates savings (NHS)	£13k pa	Represents the Notional Rent saving on Broom Valley site
CRB4	Reduced prescribing costs due to close working with pharmacy	£16,580 pa	Based on Net Ingredient Cost, List size, No of prescriptions per head of population and Prescriptions saved (assumption 1%)
CRB5	Disposal of Public Sector site	£150k	Desk top estimate based on local comparables
CRB6	Proactive fall prevention care based on MDT intervention reducing hospital admission (15%)		Insert values here – Meeting to sign off CIA 3/3/22
CRB7	Emergency visiting service	£2895 pa	

	implementation of this service will sustain reduction in emergency admission (15%)		
CRB8	Continue to contribute to reduction in A and E admissions (15%)	£4273 pa	
	Non-Cash releasing benefits	**Value**	**Additional information**
NCRB 1	Cost avoidance - Non NHS buildings (planned and backlog)	£100,000	Combined 6 facet backlog maintenance for BLMC and BVMC - uplifted estimate to reflect actuals avoided by July 2023.
NCRB 2	Lower sickness rates - GP	£969 pa	Based on national averages with local knowledge and actuals applied
NCRB 3	Lower sickness rates - Other staff	£114 pa	Based on national averages with local knowledge and actuals applied
NCRB 4	Proactive fall prevention care based on MDT intervention reducing hospital admission (85%)		This benefit applies where there is a New Model of Care. If the colocation of practices means that there will be a step change in falls prevention care then we can make an assessment of the financial benefit Insert values here – Meeting to sign off CIA 3/3/22
NCRB 5	Emergency visiting service implementation of this service will sustain reduction in emergency admission (85%)	£935 pa	
NCRB 6	Continue to contribute to reduction in A and E admissions (85%)	£1,380 pa	Based on online search 27/07/2020 with nominal reduction applied
NCRB 9	Improved staff retention and decreased churn	£94 pa	Based on avoided recruitment and training costs
NCRB 10	New ways of working - GP associates and clinical pharmacists	£1,425 pa	Nominal reduction from using lower graded staff; assumes 25% gross cost saving on one post with a gross cost of £100,000 Insert values here – Meeting to sign off CIA 3/3/22
NCRB 12	GP non clinical days	£1,260 pa	Based on prevailing rate per job boards online as 29/07/2020 adjusted by local knowledge
NCRB 15	Consolidation of workforce	£2,171 pa	Based on reduction of 1 admin staff. CCG to confirm. Reality is that this will be planned through the project but likelihood is that by the time project is delivered there will be service increases that compensate for any efficiencies.

COMMERCIAL CASE

11. COMMERCIAL CASE

For new build and refurbishment projects:

a) Confirm the commercial arrangements for delivery of the proposed capital investment, e.g. procurement approach and proposed contract type. Procure 22, LIFT (Local Improvement Finance Trust) are two DHSC initiatives available to the NHS. If not used for this proposal, please explain why an alternative approach to procurement has been used

b) Confirm when any necessary full planning consent will be achieved.

c) Confirm status of any legal documentation or processes required for the scheme to be delivered in full and what (if anything) remains to be agreed, e.g. lease documentation, land ownership (also see g) below, party wall agreements, etc. and if not finalised, how and when the risk will be mitigated.

d) Confirm:
- **i)** compliant with DHSC guidance (HBN & HTM);
- **ii)** compliant with eliminating mixed sex accommodation;
- **iii)** compliant with an approved infection control strategy;
- **iv)** in alignment with an approved estate strategy, or equivalent;
- **v)** intention to undertake BREEAM assessment and target relevant outcome (*excellent* for new build, *very good* for refurbishment).

e) Confirm any contribution to carbon reduction plan (if applicable).

f) Where appropriate, attach site plans and design drawings for the preferred option.

g) Identify the ownership of the land or premises to be modified, the risk this poses and how the risks are mitigated for the options.

For equipping and Digital Technology expenditure related to building projects

(projects which are solely related to Digital Technology should use the specific Digital Technology Business Justification Template).

h) Describe the scheme: specify what equipment is being purchased and for what site(s)

i) Describe the strategic need for the capital investment and what

Commercial Arrangements

The proposed development is not within a known LIFT or Procure 22 area. However, as the proposed works are neither excessively high value or complex / risk intensive in nature, a simple construction contract based on JCT Design and Build 2016 Edition will be used.

Grant Agreement and Legal Charge

The BLMC are sighted on the NHSE Grant Agreement and Legal Charge and are currently reviewing the drafting.

Mark ups of the agreements are set out in Appendix 4.

Procurement Overview

An optimal procurement strategy for the project was developed and has been implemented in line with the specific detailed project requirements and NHS / GP approach to risk exposure.

Procurement strategies and contract types generally aim to support the development of collaborative relationships between the sponsoring 'client' / project stakeholders and its suppliers and may therefore need to facilitate the early appointment of integrated delivery teams (each part of which should incorporate an integrated supply chain).

Fundamental project procurement criteria will include:

- Early Cost Certainty – Tenders received.
- Project Deliverability (Programme) – High level timeline developed.
- Design, Functionality and Quality – GPs fully consulted at all stages of design development and space planning and signed up to architects drawings.
- Value for Money - the current high level risk register will be developed in greater detail in consultation with the contractor once appointed.
- Budget / Costs (Availability of Funding) – the current scheme costs are just slightly above approved budget. A change request is already in the system however contract price will be the subject of early negotiations with the preferred contractor.

The procurement selection process involved an experienced judgmental assessment of the delivery of fundamental project procurement criteria whilst also giving appropriate weight to meeting the project objectives.

The procurement of the supply chain is in line with the PCDs, so a minimum of 3 tenders have been obtained.

See Appendix 5 for details of the tendering process and the tender summary report.

Site & Project Specific Considerations

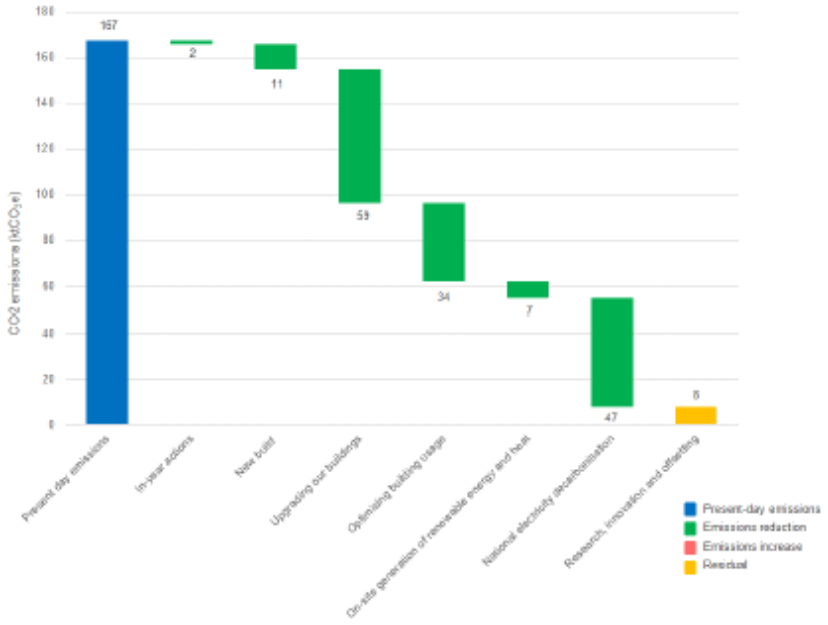
The local construction economy is well placed to deliver the project requirements against the majority of the procurement criteria and under all of the potential procurement routes highlighted above.

As mentioned earlier as the proposed works are neither excessively high value or complex / risk intensive in nature, a simple construction contract based on JCT Design and Build 2016 Edition will be used.

The procurement process was managed by a suitably qualified and experienced Project Management Consultancy. The Project Manager will also deal with all necessary statutory consents and other requirements.

Procurement of the Contractor is fully in accordance with NHSE standing financial instructions, including five quotations obtained via a formal tendering process.

measurable benefits the capital investment will provide. j) Indicate where funding is required to support Strategic Estate Plans. For example, if a new build has been agreed and the requirements in this business case also specifically relate to another business case which has delivered or will deliver premises development, please explain and justify the links	**Planning Consent** Planning consultation and application made with consent granted on 21st July 2021. See Appendix 6 planning consent notice. **Land Ownership Legal Documentation** Broom Lane MC is owned by the GP Partners. Broom Valley MC is leased from RMBC and this lease expires on 27 June 2024. To enable the project to be practically deliverable the GPs have purchased the adjacent land. The purchase price is £400,000, the market valuation is £300k and the GPs are meeting the £100k gap. The £300k cost is included in the overall capital value of the project which is being funded by NHS England. **Compliance** **The scheme is fully compliant and in alignment with:** • DHSC guidance (HBN & HTM) • Eliminating mixed sex accommodation • An approved infection control strategy • The SY&B approved Estate Strategy, • There is the intention to undertake a BREEAM assessment and target relevant outcome (*excellent* for new build, *very good* for reconfiguration / refurbishment) so overall – BREAAM Very Good **Carbon Reduction Interventions to reduce emissions in the primary care estate** There are approximately 7,000 GP practices in England, spread over some 9,000 buildings. Total emissions for the primary care estate last year were 167 ktCO2e. A summary of the range of interventions considered is presented in the figure below. (Source 'Delivering a 'Net Zero' National Health Service')



Additional resource will be required to support older primary care buildings across England to become more energy efficient: engineering interventions such as improved building insulation, lighting and heating could save 59 ktCO2e annually; improvements to building instrumentation and energy management could save 34ktCO2e annually; while the installation of photovoltaics and heat pumps could save 7ktCO2e annually. Although further work is required here, one important resource is the Green Impact for Health toolkit, produced by the Royal College of General Practitioners and the educational charity SOS-UK. It was used by 754 GP practices in 2019/20, and provides accessible and comprehensive guidance on available emissions reductions interventions.

Principles of the Green Impact for Health toolkit will be applied to the BLMC new build and reconfiguration works as appropriate and in particular the following potential for carbon reduction interventions identified above will be addressed by the scheme:

- New Build
- Upgrading our Buildings
- Optimising Building Usage

Submissions to the call for evidence, and cited in the Delivering a 'Net Zero' National Health Service report, highlighted the following four broad principles or approaches to reduce carbon emissions. All four will be supported by investment in the BLMC Project:

- Optimising the location of care, eg care closer to home and in the community
- Earlier and faster diagnosis, to allow for earlier and less intensive treatment
- Reduced unnecessary treatments and interventions
- Ensuring that all activity in the system represents best clinical practice.

Plans and Design Drawings

Architect Design information (elevations, layouts, site plan, design access statement etc) is included in Appendix 1.

Land Title & Risks

The BLMC GPs own the current unmortgaged building and adjacent land.

	Digital & Equipping expenditure There is no GPIT element to this project and the infrastructure costs of £25k (i.e. data cabling and comms cabinets) are included within the overall capital construction cost.

12. MANAGEMENT CASE

a) Confirm the arrangements for management and delivery of the scheme

b) Confirm the key risks to delivery and measures to mitigate and manage these risks.

c) Provide a simple timeline with key milestones for the procurement and delivery of the scheme.

Summary

The purpose of this section of the case is to describe the systems and processes that will be established to ensure the successful implementation of the proposed option for the BLMC Scheme, which forms part of a wider 21 scheme South Yorkshire and Bassetlaw (SYB) programme .

This is structured across the following key areas:

Management and Governance

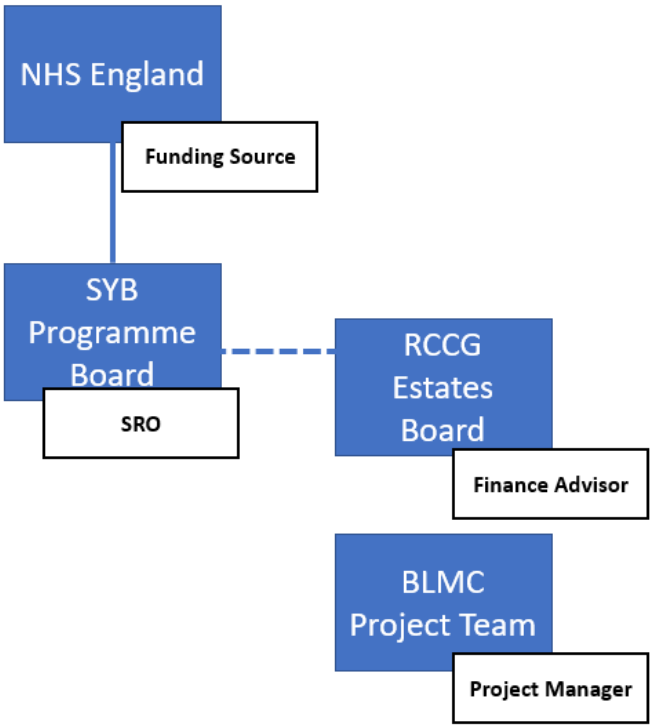
Management and governance of the scheme will be aligned with best practice described in the Treasury recommended methodology for programme management i.e. Managing Successful Programmes (MSP). The over-arching project management will focus on the delivery of the scheme's associated key financial and non-financial benefits and outcomes.

The principles of PRINCE 2 (Light) project methodology will be used to manage underpinning project life cycles from start-up to closure to ensure project planning and monitoring are carried out rigorously. The project management will focus on delivery of the key enabling actions and outputs that support achievement of the overarching SYB programme benefits and outcomes.

Subject to required approvals to implement, the BLMC Project Plan will be developed. This will detail the planning, coordination and provision of assurance activities and required approval points (gateways) throughout the Project.

Governance Structure

The following diagram provides an overview of the project management structure. The structure is designed to ensure there is one overall Senior Responsible Owner, and one Project Manager each with the required authority and responsibility to manage the project on behalf of RCCG.



The SYB Programme Board has overall responsibility and accountability for the programme ensuring that this project has a viable and affordable business justification case that will deliver value for money and best quality healthcare through effective management of the procurement process and implementation of the proposed configuration of services.

The Programme Board will seek assurance from the Senior Responsible Owner on the RCCG Estates Board and the BLMC Project Manager on any aspect of this project that may pose a risk to successfully achieving the investment objectives and realisation of the expected benefits.

Business Case Management and Governance

The RCCG Estates Board will approve and manage the project plan and sign off the key outputs and decisions at each stage of the project including:

- Patient and staff communications and engagement.
- The procurement process.
- Review of all the key deliverables and the activities required to deliver them.
- The activities required to validate the quality of the deliverables.
- The resources and time needed for all activities and any need for people with specific capabilities and competencies.
- The dependencies between activities and any associated constraints when activities will occur.
- The points at which progress will be monitored, controlled and reviewed.
- The provision of regular reports, updates and assurance to RCCG Board.
- Maintenance of a detailed risk register and mitigation of risk factors affecting the successful delivery of the project.
- Maintenance of a benefits realisation register and monitoring of delivery.
- Considering and recommending to the Board any changes to the project scope, budget or timescale if required.
- Review of serious issues, which have reached threshold level.

	• Broker relationships with stakeholders within and outside the project to maintain positive support. • Maintain awareness of the broader strategic perspective advising the SRO on how it may affect the project. **Key risks are outlined in section 13 below.** **High Level Timeline** The following key project milestone dates are noted on the programme. See Appendix 7 for the detailed programme: • Programme Business Case Approved – January 2022 • Formal PID submission to NHSE for approval January 2022 • NHSE PID approval February 2022 • NHSE BJC formal submission March 2022 • NHSE BJC approval May 2022 • Construction tenders (already) returned – October 2021 • Grant Agreement signed – May 2022 • Start on Site – May / June 2022 • Practical Completion July 2023

13. KEY RISKS Please provide adequate information to enable reviewers to understand the level and likelihood of risk and how it is to be mitigated. Please list any risks to delivery, for example if the spend is dependent on estates investment etc.	**Risk**	**Mitigation**
	Planning Consent	Planning approval was granted on 21 July 2021.
	NHSE / CCG Funding Support	Discussions to date with NHSE Regional Team, including support for this BJC submission and planning approval stage. The delivery mechanism was discussed at the stage gate 2 meeting with the SYB PMO and NHSE. It was agreed that the PCD Direction 6 route provides the best VfM.
	Final Funding Availability	Ongoing review and stage gate assessments with the SYB PMO & NHSE.
	Statutory Consent / NHS Guidance Compliance	Building Regulations and HBN / HTM compliance will be assured via engagement of appropriately qualified and experienced professional team. Subject to pre-agreed minor derogations, in relation to HBN / HTM guidelines.
	Impact on Service Provision During Project Delivery Stages	Construction stage risk only. Detailed planning will be undertaken with all key stakeholders and Contractors during pre-contract and construction stage, including phasing of the work to minimise disruption. Once the preferred option approved, planning will commence to ensure minimised risk.
	Statutory services and utilities	Detailed surveys have been undertaken and the design has taken any findings into account.
		Prepare and implement workforce strategy to ensure that appropriate time and resource is allocated to

	Ability to secure the appropriate workforce to support transformational working and new models of care.	securing suitably skilled and available workforce. GPs / Providers to develop HR work streams as necessary. Overall workforce strategy will be prepared during the construction tender mobilisation period.
	Construction / Ground Contamination Risks (Existing Land / Buildings)	Thorough survey and reporting process during design development stage has been carried out. Robust tender documentation to transfer risks to Contractor during appointment process, where appropriate implemented.
	Appointment of Suitable Contractor	Professional team will ensure that tender documentation is robust and Contractor panel consists of appropriately qualified and experienced companies.
	Existing Building Structure Limitations	Structural Engineer advice has been sought, to ensure that design is developed based on principles which will retain majority of existing loadbearing structure.

ENDORSEMENTS AND APPROVALS

14. LETTERS OF APPROVAL / SUPPORT

Organisation	Enclosed		Letter dated	Note
SPONSOR ORGANISATION	**Y**	**N**		Sponsoring organisation and commissioner approving and submitting the Business Justification Case.
LEAD COMMISSIONER	**Y**	**N**		Sponsoring organisation and commissioner approving and submitting the Business Justification Case.
PROPERTY COMPANY (NHS Property Services or Community Health Partnerships)	**Y**	**N**		N/A

15. PROJECT ENDORSED BY:

Form of Signature.

Note 1. This Word based PID is circulated electronically in an unlocked format to allow the various fields to be completed and signatures to be added by different organisations. As with any document of this nature, NHS England Information Governance policy and British Standards therefore apply to any attached signatures.

Note 2. Where an Officer uses a wet or electronic signature on behalf of an organisation, the organisation itself is confirming that the signature is valid and the signatory has authority to sign the document in relation to the approval purpose of the signature and consents to their electronic signature on this document being transmitted to others for purposes relating solely to this particular PID proposal and approval process.

Note 3. In the event of future enquiries by internal or external/auditors or others, and to protect the signatory, use of any electronic signature must be capable of being evidenced as having been authorised by the signatory. It is the responsibility of the signatory to ensure that evidence of this authorised use of their electronic signature and the document signed is held on their files for future reference.

Note 4. Conversion of the full document to pdf should not be used as this could prevent others from authenticating the document.

15. SCHEME OR PROJECT ENDORSED BY:		
SPONSOR ORG 1 **DIRECTOR/HEAD OF FINANCE or APPROPRIATE AUTHORISED OFFICER**	Statement	I hereby confirm that I am satisfied the payment of capital as set out in this Business Case is necessary expenditure and offers value for money. I am satisfied that the capital funding requirement set out in this Business case is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
	Organisation	
	Position	
	Name	
	Signature	
	Date	
(Where applicable) **SPONSOR ORG 2** **DIRECTOR/HEAD OF FINANCE or APPROPRIATE AUTHORISED OFFICER**	Statement	I hereby confirm that I am satisfied the payment of capital as set out in this Business Case is necessary expenditure and offers value for money. I am satisfied that the capital funding requirement set out in this Business case is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
	Organisation	
	Position	
	Name	
	Signature	
	Date	
(Where applicable) **SPONSOR ORG 3** **DIRECTOR/HEAD OF FINANCE or APPROPRIATE AUTHORISED OFFICER**	Statement	I hereby confirm that I am satisfied the payment of capital as set out in this Business Case is necessary expenditure and offers value for money. I am satisfied that the capital funding requirement set out in this Business case is not replicated in any other NHS capital funding request, e.g. under other parallel capital investment initiatives
	Organisation	
	Position	
	Name	
	Signature	
	Date	
DSO OFFICE		
NHS ENGLAND DCO OFFICE DIRECTOR OF FINANCE	Statement	I hereby confirm that I am satisfied the payment of capital as set out in this Business Case is necessary expenditure and offers value for money. I confirm that all items to be procured are

		capitalisable in accordance with the current NHS England Capital Accounting Guidance
	Area	
	Position	
	Name	
	Signature	
	Date	
REGIONAL OFFICE		
NHS ENGLAND REGIONAL DIRECTOR OF FINANCE	Statement	I hereby confirm that I am satisfied the payment of capital as set out in this Business Case is necessary expenditure and offers value for money. I also confirm that I am satisfied with the assurance provided by the relevant local DCO office Director of Finance in this Business Case. I confirm that this capital expenditure is funded within the Regional capital budget for the relevant year(s) as outlined in this Business Case. I am assured that there is a credible plan in place to order, receive and account for the capital assets in the appropriate financial year in accordance with NHS England Standard Accounting Practice. I recommend that the NHS England Chief Financial Officer approves the proposed investment of capital set out in this Business Case Document.
	Region	
	Position	NHS England Regional Director Of Finance
	Name	
	Signature	
	Date	
PRIORITISATION *(For regional use only)*		
(Where applicable) **ETTF OR OTHER NHS ENGLAND PROGRAMME:** **REGIONAL HEAD OF PRIMARY CARE or PROGRAMME LEAD OR DIRECTOR** *(Depending on value and fund approval arrangements)* Special programme or funding initiatives only.	Statement As appropriate	
	Programme	
	Position	
	Name	
	Signature	
	Date	

NHS ENGLAND / NHS IMPROVEMENT Joint working initiative.		
NHS IMPROVEMENT (Where necessary and/or appropriate on certain schemes) Confirms strategic need for this investment (Signature option added as joint working initiative details are to be agreed)	Statement As appropriate	
	Name	
	Position	
	Region	
	Signature	
	Date	

NHS ENGLAND CHIEF FINANCIAL OFFICER		
SCHEME NAME		
NHS ENGLAND **CHIEF FINANCIAL OFFICER**	Statement As appropriate	
	Name	
	Signature	
	Date	
Conditions of approval, Where applicable.		