

# Approval of a Podiatric Surgery Business Case – my experience

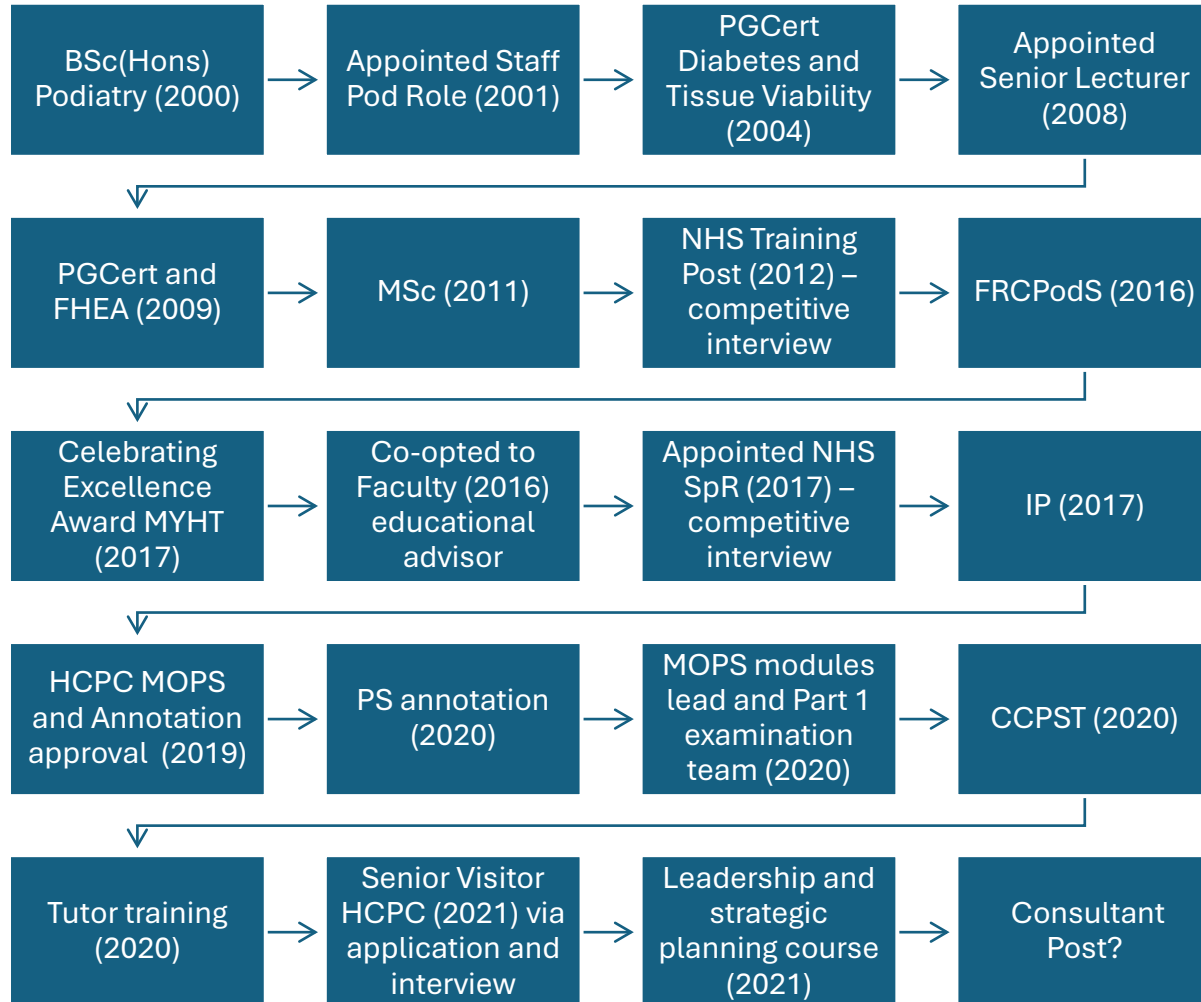
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Honorary Senior Lecturer in Podiatric Surgery, The University of Huddersfield

# My Background



Peer reviewed publications

Annual appraisals

National and regional presentations

Audited outcomes

Over 3000 procedures

Joint working with Vascular and Diabetes specialties etc...

# 14<sup>th</sup> September 2022

- Introductory meeting
- Decision not to renew podiatric surgery consultant post – **NO!**
- Options
  - Work in clinic with F&A surgeons similar to Physio, - no elective surgical lists
  - Move over to Vascular surgery, continue salvage lists as a “Reg”.
  - Seek work elsewhere to try to secure a consultant AHP post, the trust will support this.

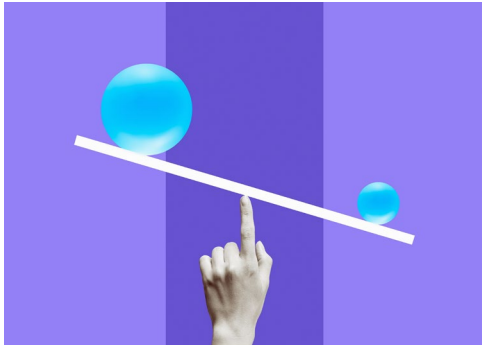
**WARNING**



RUGS FREQUENTLY PULLED OUT

# Fight or Flight

- Time for Calm
- Assess options, take stock and strategic decision making



- Podiatric Surgery has so many benefits just need to write a business case!



# Strategy 2023



Understanding the organisational structure



Identify location of services



Stakeholder analysis



Develop shared vision and create a movement



Establish current and available resources



Who will champion the cause, who is in a position of influence?



What data is currently collected, what does success look like in terms of KPI`s



Monitor and publicise outcomes

# Identification of services

- 3 Hospitals
- 23 theatres increasing to 25 in May
- 3 hospital sites
- Under-utilised theatres and list cancellations due to anaesthetic demand
- F&A activity and waiting times



# Understanding the Organisation

**NHS**  
The Mid Yorkshire Hospitals  
NHS Trust


## MY BEHAVIOURS

OUR MISSION (PURPOSE): To provide high quality healthcare services, to improve the quality of people's lives.




OUR VISION (AMBITION): We strive to achieve excellent patient experience each and every time.




|  |   |
|--|---|
| <p><b>★ HIGH STANDARDS</b></p> <p>Taking responsibility for providing the best services and patient experience.</p> <ul style="list-style-type: none"> <li>■ I will strive to do things right first time, every time.</li> <li>■ I will speak up about and report any concerns I have.</li> <li>■ I will support and encourage others in the team.</li> <li>■ I will make first impressions count by being professional in my appearance, communication, body language and attitude.</li> <li>■ I will recognise, praise and celebrate a job well done.</li> <li>■ I will commit to continuing my development, learning new skills and sharing knowledge.</li> <li>■ I will take responsibility for my actions.</li> <li>■ I welcome feedback.</li> </ul>  | <p><b>♥ CARING</b></p> <p>Ensuring quality of care is at the heart of everything we do.</p> <ul style="list-style-type: none"> <li>■ I will avoid making assumptions and always treat people as individuals.</li> <li>■ I will make eye contact, smile and introduce myself with, "Hello, my name is..."</li> <li>■ I will listen and welcome different opinions.</li> <li>■ I will put myself in the other person's shoes and take time to understand their needs.</li> <li>■ When I make a commitment, I do what I say I am going to do.</li> <li>■ I will aim to give the standard of care or service I would expect for myself or my relative and ask myself, "would I be happy with this?"</li> <li>■ I will give time to people in distress or who need me.</li> <li>■ I will show genuine compassion to others by being kind and thoughtful.</li> </ul>  |
| <p><b>👤 RESPECT</b></p> <p>Showing value and respect for everyone and treating others as they would wish to be treated.</p> <ul style="list-style-type: none"> <li>■ I will protect the privacy and dignity of patients, service users and colleagues.</li> <li>■ I value the opinions of others and show consideration for their feelings.</li> <li>■ I will take the time to listen to others and consider their perspective, even if it is different to my own.</li> <li>■ I will treat people as individuals, taking into account their personal circumstances.</li> <li>■ I will listen, check my understanding and act with fairness, honesty and consistency.</li> <li>■ I will show appreciation by saying thank you for work well done.</li> <li>■ I will respect the confidential nature of information.</li> <li>■ I will strive to develop insights into how I impact</li> </ul> | <p><b>🚀 IMPROVING</b></p> <p>We always look for ways to improve what we do. We encourage involvement, value contributions and listen to and positively act on feedback.</p> <ul style="list-style-type: none"> <li>■ I will be responsive and adaptable to changing circumstances and new expectations.</li> <li>■ I appreciate learning can come from mistakes and I will take positive steps to change.</li> <li>■ I will continually reflect on my actions and take every opportunity to make improvements.</li> <li>■ I will work as part of a cohesive team, praise co-operation and value the views and contributions of others.</li> <li>■ I will learn from others, be receptive to new ideas and look elsewhere to see what works.</li> <li>■ I will speak up when I see or hear behaviour which does not reflect the Trust values.</li> <li>■ I will help seek opportunities to improve and take part in the way it is done.</li> <li>■ I will encourage creativity and support new ideas by suspending judgement until all the benefits</li> </ul> |

The Mid Yorkshire Hospitals  
NHS Trust



## ANNUAL REPORT AND FINANCIAL ACCOUNTS

2019/2020

Striving for excellence

# Understanding the Organisation



**Keith Ramsay**  
Trust Chair

## Voting members – Non-Executive Directors



**David Throssell**  
Senior Independent Director



**Lydia Devenny**  
Non-Executive Director



**Alan Mighell**  
University Nominated  
Non-Executive Director



**Diane French**  
Non-Executive Director



**Richard Parry**  
Non-Executive Director

## Non-voting members – Non-Executive Directors



**Lindsay Barron**  
Associate Non-Executive  
Director



**Rashida Salloo**  
Associate Non-Executive  
Director



**Len Richards**  
Chief Executive

## Voting members – Executive Directors



**Chris Evans**  
Chief Operating Officer and  
Deputy Chief Executive



**Amy Whitaker**  
Chief Finance Officer



**Richard Robinson**  
Chief Medical Officer



**Talib Yaseen**  
Chief Nursing Officer



**Phillip Marshall**  
Director of Workforce and  
Organisational Development

## Non-voting members – Directors



**Emma Hall**  
Chief of Planning  
Partnerships and Strategy



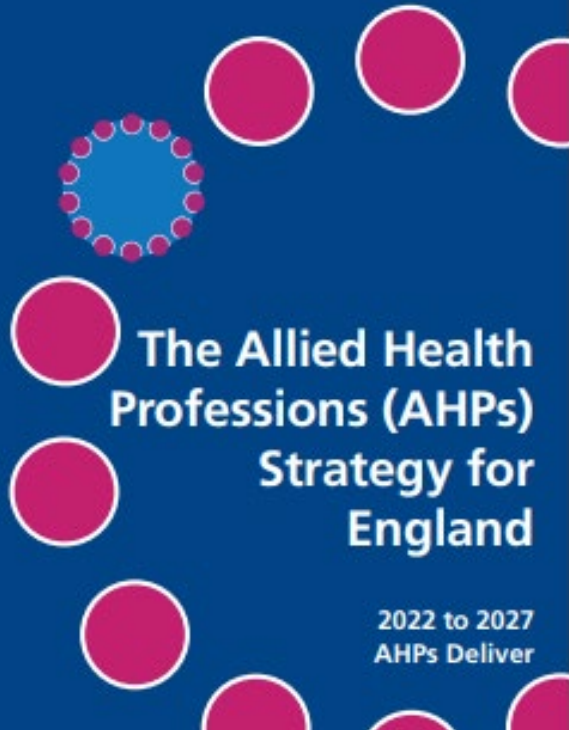
**Mark Braden**  
Chief Infrastructure Officer



**Rob Birkett**  
Chief Digital Information  
Officer

# Stakeholder analysis – who can influence, who will champion?

- **AHP director**
- DO Surgery
- DDO Surgery
- HoCS Orthopaedics
- **HoCS Vascular**
- HoCS Diabetes and endocrinology
- **CMO - Responsible officer**
- Chief Nurse
- Divisional Clinical Director
- PSM`s and APSM`s
- **CEO**
- **Senior Finance Manager**
- **Finance contracts manager – head of patient income**
- Director of workforce and organisational development
- Freedom to speak guardian
- COO



# The Allied Health Professions (AHPs) Strategy for England

2022 to 2027  
AHPs Deliver



## Guidelines on offloading foot ulcers in persons with diabetes

IWGDF 2023 update



Eur J Vasc Endovasc Surg (2019) 58, S1–S109

### CLINICAL PRACTICE GUIDELINE DOCUMENT

#### Global Vascular Guidelines on the Management of Chronic Limb-Threatening Ischemia

Michael S. Conte, MD, Co-Editor <sup>1\*</sup>, Andrew W. Bradbury, MD, Co-Editor <sup>2</sup>, Philippe Kolh, MD, Co-Editor <sup>3</sup>, John V. White, MD, Steering Committee <sup>4</sup>, Florian Dick, MD, Steering Committee <sup>5</sup>, Robert Flörjde, MBBS, Steering Committee <sup>6</sup>, Joseph L. Mills, MD, Steering Committee <sup>7</sup>, Jean-Baptiste Ricco, MD, Steering Committee <sup>8</sup>, Kalkunte R. Suresh, MD, Steering Committee <sup>9</sup>, M. Hassan Murad, MD, MPH <sup>10</sup>, Viktor Aboyans <sup>11</sup>, Murat Aksoy <sup>12</sup>, Vlad-Adrian Alexandrescu <sup>13</sup>, David Armstrong <sup>14</sup>, Nobuyoshi Azuma <sup>15</sup>, Jill Bekh <sup>16</sup>, Michel Bergoeing <sup>17</sup>, Martin Björck <sup>18</sup>, Nabíl Chakfé <sup>19</sup>, Stephen Cheng <sup>20</sup>, Joseph Dawson <sup>21</sup>, Elke S. Debus <sup>22</sup>, Andrew Dueck <sup>23</sup>, Susan Duval <sup>24</sup>, Hans H. Eckstein <sup>25</sup>, Roberto Ferraresi <sup>26</sup>, Raghvinder Gambhir <sup>27</sup>, Mauro Gargiulo <sup>28</sup>, Patrick Geraghty <sup>29</sup>, Steve Goode <sup>30</sup>, Bruce Gray <sup>31</sup>, Wei Guo <sup>32</sup>, Prem C. Gupta <sup>33</sup>, Robert Hinchliffe <sup>34</sup>, Prasad Jetty <sup>35</sup>, Kimihiko Komori <sup>36</sup>, Lawrence Lavery <sup>37</sup>, Wei Liang <sup>38</sup>, Robert Lookstein <sup>39</sup>, Matthew Menard <sup>40</sup>, Sanjay Misra <sup>41</sup>, Tetsuro Miyata <sup>42</sup>, Greg Moneta <sup>43</sup>, Jose A. Munoz Prado <sup>44</sup>, Alberto Munoz <sup>45</sup>, Juan E. Padini <sup>46</sup>, Manesh Patel <sup>47</sup>, Frank Pomposelli <sup>48</sup>, Richard Powell <sup>49</sup>, Peter Robless <sup>50</sup>, Lee Rogers <sup>51</sup>, Andres Schanzer <sup>52</sup>, Peter Schneider <sup>53</sup>, Spence Taylor <sup>54</sup>, Melina V. De Ceniça <sup>55</sup>, Martin Veller <sup>56</sup>, Frank Vermassen <sup>57</sup>, Jinsong Wang <sup>58</sup>, Sherming Wang <sup>59</sup>; GVG Writing Group for the Joint Guidelines of the Society for Vascular Surgery (SVS), European Society for Vascular Surgery (ESVS), and World Federation of Vascular Societies (WFVS)

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<sup>15</sup>Aoshikawa Medical University, Japan  
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Endorsed by the American Podiatric Medical Association, British Cardiovascular Society, British Society for Endovascular Therapy, British Society of Interventional Radiology, Circulation Foundation, College of Podiatry, Society of Interventional Radiology, Society for Vascular Nursing, the Society for Vascular Technology of Great Britain and Ireland, and the Vascular Society of Great Britain and Ireland.

Additional material for this article may be found online at <https://doi.org/10.1016/j.jvs.2019.05.006>.  
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# AHP Director meeting.

## What is the purpose of developing podiatric surgery services?

### Patient Benefit

- Improving outcomes for patients
- Reduce admissions and major amputations
- Reduce LoS and Increase discharge
- Preserving functional foot
- Reducing delays for patients

### Organisational Benefit

- Meet national targets
- International standards/recommendations
- Cost efficiency/income generation
- Research and audit opportunities

### Staff Benefit

- Dynamic AHP roles improving recruitment and retention
- Improving staff skill mix and mentoring
- Innovation
- Stronger together - increased professional voice

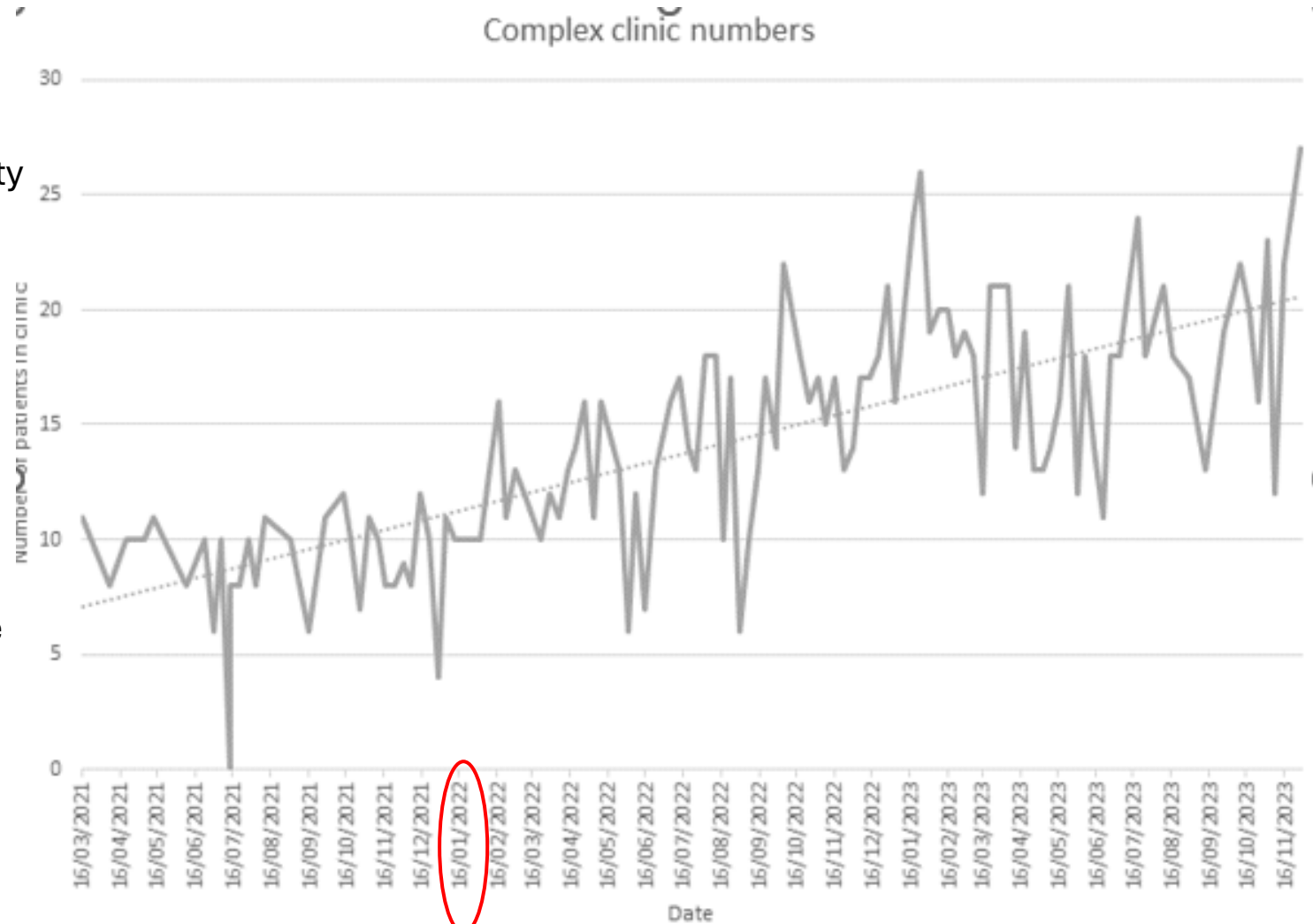
# Develop shared vision – general principles to create a movement

- Be purposeful and mindful in approach
- Empower self and others
- Be inclusive and fair
- Be aware of bias
- Perceptual positioning – what do things look like from the other side
- Try to identify aims and objectives



# Demand Vascular

- Vascular Fellowship at arterial hub LGH
- Increased confidence from vascular surgeons in safety and effectiveness of Podiatric surgery
- Complex clinic member – increased referrals
- Independent podiatric surgery
- ‘urgent vascular’ list, 2/52
- Diabetes MDT, 1/12
- Draft referral pathway
- Microbiology and Antibiotic pharmacist engagement
- PSM recognition of value of service – reduces elective vascular waiting list
- Audit of 100 cases since 2022
- 42 surgical cases generated a surplus of Net Surplus £46,416.03
- Improved patient experience
  - Care closer to home
  - Continuity of care
  - Enhanced follow-up
  - Regional pathway rather than GA



# Demand Elective



Supporting NHS teams to provide high quality patient care and continuous improvement.

The Model Health System is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for improvement. The Model Health System incorporates the Model Hospital, which provides hospital provider-level benchmarking. Access to the Model Health System is currently available for all NHS commissioners and providers in England.

## Register or log in

Click on the button below to register via NHS England applications.

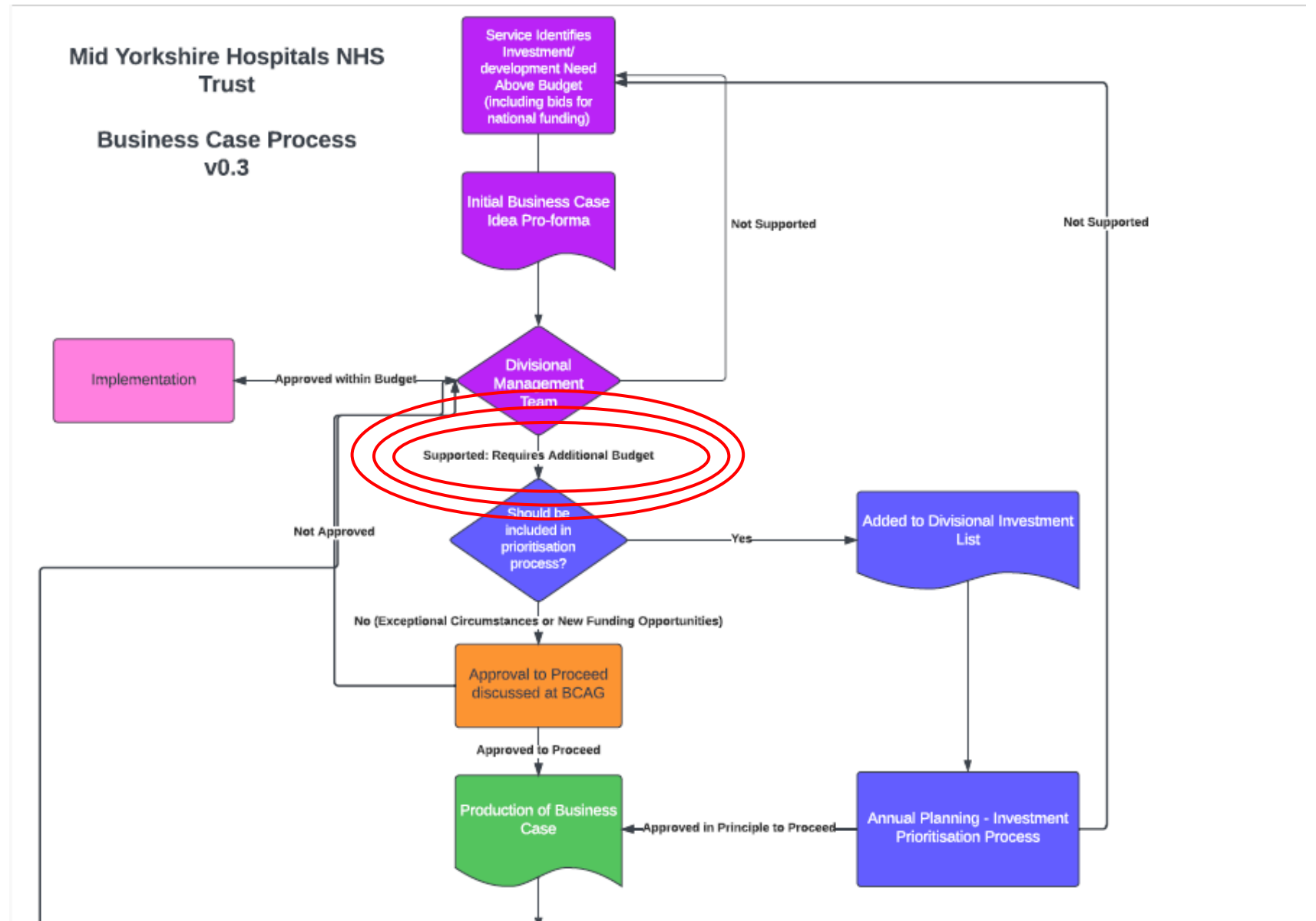
Registering gives you access to additional services, depending on the organisation where you work.

Register

Login

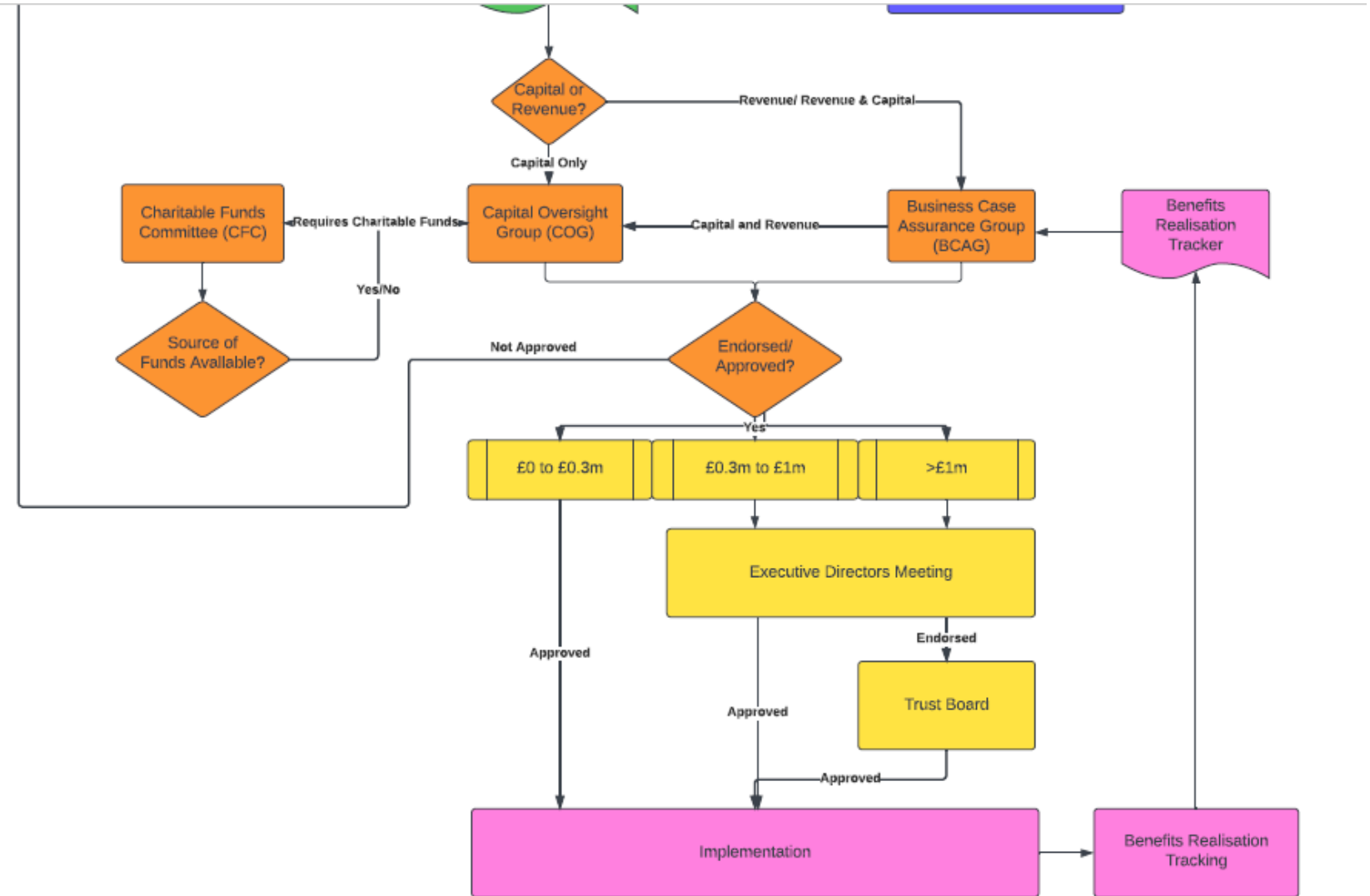
# Business case

- Usually there is a process to follow



# Business case

- Understanding the process and the work between the stages is key.



# Finances

Senior Finance Manager – accurate income and costs for the service

Finance contracts manager – Head of patient income, clarification on income generation.

“the HRG code is what generates the income regardless of the profession performing the procedure and all surgical activity counts towards the ERF funding”



# Income generation - Tariff HRG Codes

## Admitted patient care, elective and outpatient procedures - unit prices, 2024/25

[Return to contents](#)

**Please no** tab 1 contains both unit and guide prices for admitted patient care and outpatient procedures. This tab contains the same prices, but for unit prices only. Tab 1b presents the guide prices only. HRGs BZ34A/B/C have separate daycase and ordinary elective spell prices. See tab 4 'Other unit prices' for these prices.

| HRG Code | HRG Name  | Outpatient procedure (£) | Combined day case /ordinary elective spell (£) | Ordinary elective long stay trim point (days) | Per day long stay payment (for days exceeding trim point) (£) | BPT applies to HRG or sub-HRG level |
|----------|---|--------------------------|--|---|---|-------------------------------------|
| HN32A    | Very Major Foot Procedures for Non-Trauma with CC Score 4+                        | -                        | 7,180  | 10  | 320   | -                                   |
| HN32B    | Very Major Foot Procedures for Non-Trauma with CC Score 2-3                       | -                        | 6,335  | 5   | 320   | -                                   |
| HN32C    | Very Major Foot Procedures for Non-Trauma with CC Score 0-1                       | -                        | 5,914  | 5   | 320   | -                                   |
| HN33A    | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 4+         | -                        | 4,752  | 10  | 320   | -                                   |
| HN33B    | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 2-3        | -                        | 4,224  | 5   | 320   | -                                   |
| HN33C    | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 0-1        | -                        | 3,696  | 5   | 320   | -                                   |
| HN33D    | Major Foot Procedures for Non-Trauma, 18 years and under                          | -                        | 3,696  | 5   | 479   | -                                   |
| HN34A    | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 4+  | -                        | 3,168  | 5   | 320   | -                                   |
| HN34B    | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 2-3 | -                        | 2,406  | 5   | 320   | -                                   |
| HN34C    | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 0-1 | -                        | 2,031  | 5   | 320   | -                                   |
| HN34D    | Intermediate Foot Procedures for Non-Trauma, 18 years and under                   | -                        | 2,031  | 5   | 479   | -                                   |
| HN35A    | Minor Foot Procedures for Non-Trauma, 19 years and over                           | 181                      | 1,221  | 5   | 320   | -                                   |
| HN35B    | Minor Foot Procedures for Non-Trauma, 18 years and under                          | 134                      | 1,221  | 5   | 479   | -                                   |
| HN36Z    | Minimal Foot Procedures   | 134                      | 536  | 5   | 320   | -                                   |

# Finance Manager - list of our procedures

|       |   |    |            |           |           |              |             |             |
|-------|---|----|------------|-----------|-----------|--------------|-------------|-------------|
| HN32A | Very Major Foot Procedures for Non-Trauma with CC Score 4+                        | 1  | -£2,516.39 | £6,973.21 | £4,456.82 | -£2,516.39   | £6,973.21   | £4,456.82   |
| HN32B | Very Major Foot Procedures for Non-Trauma with CC Score 2-3                       | 13 | -£2,552.66 | £6,160.09 | £3,607.43 | -£33,184.58  | £80,081.18  | £46,896.60  |
| HN32C | Very Major Foot Procedures for Non-Trauma with CC Score 0-1                       | 46 | -£2,542.91 | £5,753.22 | £3,210.31 | -£116,973.69 | £264,647.90 | £147,674.21 |
| HN33A | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 4+         | 2  | -£2,360.26 | £4,631.09 | £2,270.84 | -£4,720.51   | £9,262.18   | £4,541.67   |
| HN33B | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 2-3        | 7  | -£2,656.17 | £4,218.16 | £1,561.99 | -£18,593.20  | £29,527.13  | £10,933.93  |
| HN33C | Major Foot Procedures for Non-Trauma, 19 years and over, with CC Score 0-1        | 29 | -£2,183.19 | £3,611.88 | £1,428.70 | -£63,312.44  | £104,744.65 | £41,432.21  |
| HN34A | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 4+  | 3  | -£1,644.99 | £3,089.14 | £1,444.16 | -£4,934.96   | £9,267.43   | £4,332.47   |
| HN34B | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 2-3 | 10 | -£1,495.58 | £2,352.24 | £856.66   | -£14,955.78  | £23,522.39  | £8,566.61   |
| HN34C | Intermediate Foot Procedures for Non-Trauma, 19 years and over, with CC Score 0-1 | 21 | -£2,000.81 | £2,004.47 | £3.66     | -£42,017.08  | £42,093.87  | £76.79      |
| HN35A | Minor Foot Procedures for Non-Trauma, 19 years and over                           | 29 | -£1,490.01 | £1,212.70 | -£277.30  | -£43,210.20  | £35,168.43  | -£8,041.76  |

# Historical income

## Patient Level Information and Costing System (PLICS) Data Collections

NHS Digital is supporting the data collection and processing requirements of NHS England's Costing Transformation Programme.

| POD          | POD Name                       | 2019-20 11 months report |                  |                  |                   | 2018-19      |                  |                  |                   | 2017-18      |                   |                 |                   | 2016-2017    |                      |                    |                   |
|--------------|--------------------------------|--------------------------|------------------|------------------|-------------------|--------------|------------------|------------------|-------------------|--------------|-------------------|-----------------|-------------------|--------------|----------------------|--------------------|-------------------|
|              |                                | Activity                 | Income           | Total Costs      | Surplus/- Deficit | Activity     | Income           | Total Costs      | Surplus/- Deficit | Activity     | Income            | Total Costs     | Surplus/- Deficit | Activity     | Income               | Total Costs        | Surplus/- Deficit |
| DC           | Daycase                        | 225                      | £700,288.        | £419,159.        | £281,129.         | 204          | £517,770.        | £372,514.        | £145,256.         | 287          | £636,871          | £568,437        | £68,434           | 274          | £686,953.90          | £462,342.32        | £224,612          |
| EL           | Elective                       |                          |                  |                  |                   | 3            | £6,652.          | £8,378.          | -£1,727.          | 7            | £20,424           | £30,683         | (£10,259)         | 7            | £21,665.24           | £20,293.21         | £1,372            |
| NEL          | Non-Elective                   | 2                        | £14,042.         | £8,911.          | £5,131.           |              |                  |                  |                   |              |                   |                 |                   |              |                      |                    |                   |
| OPFA         | OP First Attendan              | 333                      | £63,087.         | £74,112.         | -£11,025.         | 43           | £7,637.          | £7,420.          | £217.             | 23           | £4,445            | £4,172          | £273              | 38           | £6,452.63            | £4,775.58          | £1,677            |
| OPFUP        | OP Follow up Attendance        | 680                      | £54,477.         | £123,992.        | -£69,515.         | 111          | £8,688.          | £17,013.         | -£8,326.          | 75           | £6,061            | £11,711         | (£5,650)          | 75           | £7,994.32            | £8,731.46          | (£737)            |
| OPNFF        | OP Non Face to Face Attendance |                          |                  |                  |                   |              |                  |                  |                   |              |                   |                 |                   |              |                      |                    |                   |
| OPROC        | OP Procedures                  | 417                      | £60,011.         | £106,380.        | -£46,369.         | 1,266        | £233,951.        | £215,704.        | £18,247.          | 1,754        | £318,141          | £280,000        | £38,141           | 1,622        | £288,185.21          | £190,810.93        | £97,374           |
| <b>Total</b> | <b>Total</b>                   | <b>1,657</b>             | <b>£891,906.</b> | <b>£732,555.</b> | <b>£159,351.</b>  | <b>1,627</b> | <b>£774,697.</b> | <b>£621,030.</b> | <b>£153,667.</b>  | <b>2,146</b> | <b>£985,942.1</b> | <b>£895,003</b> | <b>£90,939</b>    | <b>2,016</b> | <b>£1,011,251.30</b> | <b>£686,953.50</b> | <b>£324,298</b>   |

- In Pre-covid years, the service was running with higher activity levels and at a significant Surplus - some 20% above costs, with Day Case activity generating the majority of this.
- DC/EL Foot Surgery cost, i.e. HRGs beginning with HN3, on average was £2,300 after the anaesthetic costs were removed. This cost inflated to 2023/24 prices becomes £2500
- In 2023/24 the average Orthopaedic DC/EL foot surgery HN£XX is £3968

# Business Case – Do not overcomplicate

**Business Case – Pediatric Surgery Program Value Case - CIM (FINAL DRAFT)**

**1. Executive Summary**

**1.1. Background**

The Business Case demonstrates that a pediatric surgery program is a viable option for the University of Colorado at Denver (UCD) and Denver Health (DH) to provide high-quality, cost-effective care to the community. The program is supported by a strong evidence base, including a comprehensive literature review, a detailed financial analysis, and a robust risk assessment. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**2. Objectives**

**2.1. Program Goal**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**3. Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**3.1. Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**4. Financial Analysis**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**4.1. Financial Analysis**

| Year   | Revenue     | Costs       | Net Benefit |
|--------|-------------|-------------|-------------|
| Year 1 | \$1,200,000 | \$1,000,000 | \$200,000   |
| Year 2 | \$1,200,000 | \$1,000,000 | \$200,000   |
| Year 3 | \$1,200,000 | \$1,000,000 | \$200,000   |
| Year 4 | \$1,200,000 | \$1,000,000 | \$200,000   |
| Year 5 | \$1,200,000 | \$1,000,000 | \$200,000   |

**5. Risk Assessment**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**5.1. Risk Assessment**

| Risk              | Impact | Probability | Control                     |
|-------------------|--------|-------------|-----------------------------|
| Financial Risk    | High   | Low         | Regular financial reviews   |
| Operational Risk  | Medium | Medium      | Regular operational reviews |
| Reputational Risk | Low    | Low         | Regular communication       |

**6. Implementation Plan**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**6.1. Implementation Plan**

| Phase                | Start Date | End Date | Key Milestones                         |
|----------------------|------------|----------|--|
| Phase 1: Planning    | Q1 2024    | Q2 2024  | Finalize business case, secure funding |
| Phase 2: Recruitment | Q3 2024    | Q4 2024  | Recruit staff, establish partnerships  |
| Phase 3: Launch      | Q1 2025    | Q2 2025  | Open program, monitor performance      |

**7. Conclusion**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**7.1. Conclusion**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**8. Appendix A - Financial Data**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**8.1. Appendix A - Financial Data**

| Category    | Year 1      | Year 2      | Year 3      | Year 4      | Year 5      |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 |
| Costs       | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Net Benefit | \$200,000   | \$200,000   | \$200,000   | \$200,000   | \$200,000   |

**9. Appendix B - Literature Review**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**9.1. Appendix B - Literature Review**

| Author          | Year | Findings  |
|-----------------|------|---|
| Smith et al.    | 2020 | High-quality care leads to better patient outcomes and lower costs. |
| Johnson et al.  | 2019 | Cost-effective care is achievable through targeted investments.     |
| Williams et al. | 2018 | Investment in pediatric surgery programs yields long-term benefits. |

**Appendix C - Results**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**C.1. Results**

| Metric      | Target      | Actual      | Variance |
|-------------|-------------|-------------|----------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$0      |
| Costs       | \$1,000,000 | \$1,000,000 | \$0      |
| Net Benefit | \$200,000   | \$200,000   | \$0      |

**Appendix D - Risk Assessment**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**D.1. Risk Assessment**

| Risk              | Impact | Probability | Control                     |
|-------------------|--------|-------------|-----------------------------|
| Financial Risk    | High   | Low         | Regular financial reviews   |
| Operational Risk  | Medium | Medium      | Regular operational reviews |
| Reputational Risk | Low    | Low         | Regular communication       |

**Appendix E - Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**E.1. Program Description**

| Service   | Volume | Revenue   | Costs     | Net Benefit |
|-----------|--------|-----------|-----------|-------------|
| Service A | 100    | \$100,000 | \$80,000  | \$20,000    |
| Service B | 200    | \$200,000 | \$150,000 | \$50,000    |
| Service C | 300    | \$300,000 | \$200,000 | \$100,000   |

**Appendix F - Financial Data**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**F.1. Financial Data**

| Category    | Year 1      | Year 2      | Year 3      | Year 4      | Year 5      |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 |
| Costs       | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Net Benefit | \$200,000   | \$200,000   | \$200,000   | \$200,000   | \$200,000   |

**Appendix G - Risk Assessment**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**G.1. Risk Assessment**

| Risk              | Impact | Probability | Control                     |
|-------------------|--------|-------------|-----------------------------|
| Financial Risk    | High   | Low         | Regular financial reviews   |
| Operational Risk  | Medium | Medium      | Regular operational reviews |
| Reputational Risk | Low    | Low         | Regular communication       |

**Appendix H - Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**H.1. Program Description**

| Service   | Volume | Revenue   | Costs     | Net Benefit |
|-----------|--------|-----------|-----------|-------------|
| Service A | 100    | \$100,000 | \$80,000  | \$20,000    |
| Service B | 200    | \$200,000 | \$150,000 | \$50,000    |
| Service C | 300    | \$300,000 | \$200,000 | \$100,000   |

**Appendix I - Financial Data**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**I.1. Financial Data**

| Category    | Year 1      | Year 2      | Year 3      | Year 4      | Year 5      |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 |
| Costs       | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Net Benefit | \$200,000   | \$200,000   | \$200,000   | \$200,000   | \$200,000   |

**Appendix J - Literature Review**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**J.1. Literature Review**

| Author          | Year | Findings  |
|-----------------|------|---|
| Smith et al.    | 2020 | High-quality care leads to better patient outcomes and lower costs. |
| Johnson et al.  | 2019 | Cost-effective care is achievable through targeted investments.     |
| Williams et al. | 2018 | Investment in pediatric surgery programs yields long-term benefits. |

**Appendix K - Results**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**K.1. Results**

| Metric      | Target      | Actual      | Variance |
|-------------|-------------|-------------|----------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$0      |
| Costs       | \$1,000,000 | \$1,000,000 | \$0      |
| Net Benefit | \$200,000   | \$200,000   | \$0      |

**Appendix L - Risk Assessment**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**L.1. Risk Assessment**

| Risk              | Impact | Probability | Control                     |
|-------------------|--------|-------------|-----------------------------|
| Financial Risk    | High   | Low         | Regular financial reviews   |
| Operational Risk  | Medium | Medium      | Regular operational reviews |
| Reputational Risk | Low    | Low         | Regular communication       |

**Appendix M - Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**M.1. Program Description**

| Service   | Volume | Revenue   | Costs     | Net Benefit |
|-----------|--------|-----------|-----------|-------------|
| Service A | 100    | \$100,000 | \$80,000  | \$20,000    |
| Service B | 200    | \$200,000 | \$150,000 | \$50,000    |
| Service C | 300    | \$300,000 | \$200,000 | \$100,000   |

**Appendix N - Financial Data**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**N.1. Financial Data**

| Category    | Year 1      | Year 2      | Year 3      | Year 4      | Year 5      |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 |
| Costs       | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Net Benefit | \$200,000   | \$200,000   | \$200,000   | \$200,000   | \$200,000   |

**Appendix O - Risk Assessment**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**O.1. Risk Assessment**

| Risk              | Impact | Probability | Control                     |
|-------------------|--------|-------------|-----------------------------|
| Financial Risk    | High   | Low         | Regular financial reviews   |
| Operational Risk  | Medium | Medium      | Regular operational reviews |
| Reputational Risk | Low    | Low         | Regular communication       |

**Appendix P - Program Description**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**P.1. Program Description**

| Service   | Volume | Revenue   | Costs     | Net Benefit |
|-----------|--------|-----------|-----------|-------------|
| Service A | 100    | \$100,000 | \$80,000  | \$20,000    |
| Service B | 200    | \$200,000 | \$150,000 | \$50,000    |
| Service C | 300    | \$300,000 | \$200,000 | \$100,000   |

**Appendix Q - Financial Data**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**Q.1. Financial Data**

| Category    | Year 1      | Year 2      | Year 3      | Year 4      | Year 5      |
|-------------|-------------|-------------|-------------|-------------|-------------|
| Revenue     | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 | \$1,200,000 |
| Costs       | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
| Net Benefit | \$200,000   | \$200,000   | \$200,000   | \$200,000   | \$200,000   |

**Appendix R - Literature Review**

The program is designed to provide high-quality, cost-effective care to the community, while also generating revenue and reducing costs. The program is expected to generate significant revenue and reduce costs, resulting in a net benefit of \$1.2 million per year.

**R.1. Literature Review**

| Author          | Year | Findings  |
|-----------------|------|---|
| Smith et al.    | 2020 | High-quality care leads to better patient outcomes and lower costs. |
| Johnson et al.  | 2019 | Cost-effective care is achievable through targeted investments.     |
| Williams et al. | 2018 | Investment in pediatric surgery programs yields long-term benefits. |

# Finance Director

- Accurate costings
- Initially supplied with incorrect HRG codes (for nail surgery!)
- £485k Budget
- £477k contribution based on approx. 330 cases. 155 cases is breakeven.

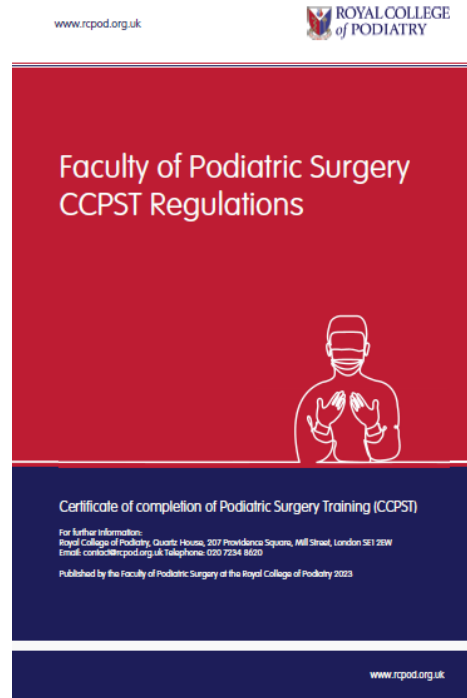
| Detailed Financial Analysis                  | WTE         | Year 1<br>£000 | Year 2<br>£000 | Year 3<br>£000 | Year 4<br>£000 | Year 5<br>£000 |
|--|-------------|----------------|----------------|----------------|----------------|----------------|
| <b>REVENUE EXPENDITURE</b>                   |             |                |                |                |                |                |
| Band 9 AHP                                   | 1.00        | (142)          | (142)          | (142)          | (142)          | (142)          |
| Band 7 Advanced Surgical Practitioner        | 0.50        | (30)           | (30)           | (30)           | (30)           | (30)           |
| Theatre Staffing                             | 1.95        | (85)           | (85)           | (85)           | (85)           | (85)           |
| Clinic Staff                                 | 0.72        | (24)           | (24)           | (24)           | (24)           | (24)           |
| Booking Staff                                | 0.17        | (5)            | (5)            | (5)            | (5)            | (5)            |
| HSDU   | 0.13        | (4)            | (4)            | (4)            | (4)            | (4)            |
| Secretarial Support                          | 0.50        | (17)           | (16)           | (16)           | (16)           | (16)           |
| Non Pay Consumables                          |             | (100)          | (100)          | (100)          | (100)          | (100)          |
| Overheads                                    |             | (118)          | (118)          | (118)          | (118)          | (118)          |
| <b>Recurrent Cash Releasing Benefits</b>     |             |                |                |                |                |                |
| Current 8b post disestablished               |             | 50             | 50             | 50             | 50             | 50             |
| <b>Total New Recurring Expenditure</b>       | <b>4.97</b> | <b>(475)</b>   | <b>(474)</b>   | <b>(474)</b>   | <b>(474)</b>   | <b>(474)</b>   |
| <b>Non-Recurrent Revenue Expenditure</b>     |             |                |                |                |                |                |
| Non Pay setup costs                          |             | (10)           |                |                |                |                |
| <b>Total Non Recurring Expenditure</b>       |             | <b>(10)</b>    | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       |
|  |             |                |                |                |                |                |
| <b>TOTAL RECURRENT &amp; N/R EXPENDITURE</b> | <b>4.97</b> | <b>(485)</b>   | <b>(474)</b>   | <b>(474)</b>   | <b>(474)</b>   | <b>(474)</b>   |
| <b>INCOME</b>                                |             |                |                |                |                |                |
| Outpatient Activity                          |             | 197            | 197            | 197            | 197            | 197            |
| Day Case Activity                            |             | 764            | 764            | 764            | 764            | 764            |
| <b>TOTAL INCOME</b>                          |             | <b>962</b>     | <b>962</b>     | <b>962</b>     | <b>962</b>     | <b>962</b>     |
|  |             |                |                |                |                |                |
| <b>NET CONTRIBUTION</b>                      |             | <b>477</b>     | <b>487</b>     | <b>487</b>     | <b>487</b>     | <b>487</b>     |
| <b>Completed by Head of Finance</b>          |             |                |                |                |                |                |

# Additional Resources

- Governance arrangements
- DoS
- Job Spec
- Job Plan

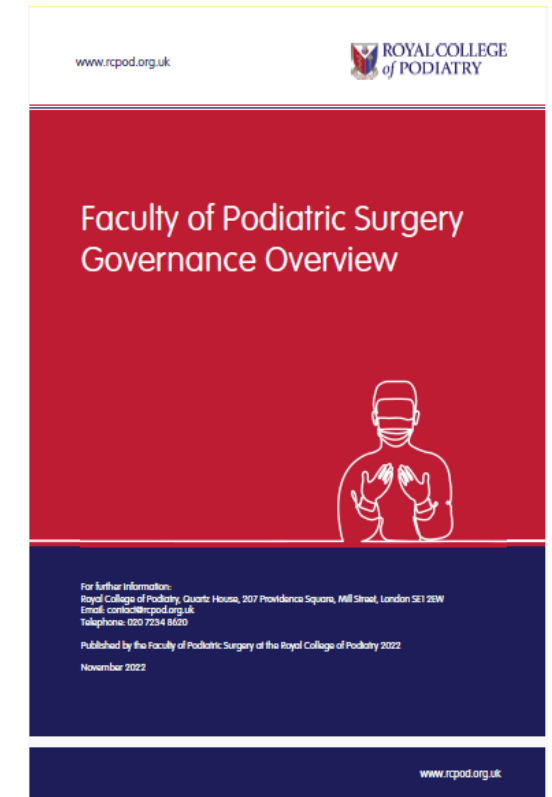
## MYHT Governance arrangements for podiatric surgery

- Annual appraisal
- Maintain PASCAM audit data and present an annual report at audit meeting
- Present PROMS and MOX-FQ data and benchmark to equivalent services at audit meeting
- Present any significant complications or litigation cases
- Attend regional deanery meetings



## Governance arrangements for Joint working between Podiatric Surgery and Vascular Surgery

The following Governance arrangements are agreed for the involvement of the podiatric surgeons within the vascular surgery team.



# 5<sup>th</sup> December 2024

“Hi Matt,

I am really pleased to let you know that the case was approved yesterday at BCAG. Due to the value of the case it still needs formal sign off at Execs but I don't envisage any issues...”

