

ID	Category	Benefit Title	Benefits Description	Description of Change, '3Ts will.....'	Unit of measurement	Specialities Impacted	Key Date of Benefit Start	Responsibility:
C1	Clinical (Improved outcomes and reduced mortality)	<b>Mortality / Improved Outcomes</b> - Major Trauma - Out of hours emergency admissions	<b>Reduced mortality and improved outcomes rates for repatriated major trauma patients</b> - Repatriated and current - Traumatic injury is a global burden and largely contributes to death and disability across the UK. For every trauma death at least 2 people are left with severe and permanent disability and the effects of traumatic injury have considerable long term implications upon the quality of life of its survivors. In 2010, it was estimated that there were 5,000 deaths in England with at least 11,000 patients suffering life-threatening injuries. A further 23,000 cases represent a serious single injury that will require specialist care. As a result of traumatic injury, there is also a significant impact upon the associated costs to the NHS. Evidence has shown that reduced travel times and helipad access reduce mortality for trauma patients. - Clinical adjacencies also contribute to this according to research (see outcomes for thrombolysis and interventional radiology too) - The additional patients attending RSCH rather than London hospitals for major trauma are expected to reduce mortality rates (see link for calculations). - Improvements are based on peer alignment analysis (also attached).  <b>Improved outcomes for patients admitted to A&amp;E wards outside core hours</b> - Due to more timely consultant triage & diagnostic requests. Consultant cover in A&E 24/7. - Radiated benefits due to the introduction of a major trauma centre at RSCH. - Clinical adjacencies also contribute to this according to research.	<b>Enable a fully functioning Major Trauma Centre at RSCH.</b> - Neuro surgery will be located at RSCH with other trauma services. - Theatres to be re-provided (HBN/space compliant) leading to improved clinical outcomes (see hyperlink) - A&E (M 5) to have additional facilities, CT scanner. - 3Ts will build a helipad. - There will be repatriation to RSCH where 'closer to home' - 24 hour consultant cover in A&E - Trauma ward in TK Tower lvl 7 . Space on TKT freed up by CC move. - Link bridge to new cc unit between new cc and trauma (co location).	TARN data for BSUH performance. Comparison against similar MTC.  Trust Major Trauma Audit  Time to CT for head injury. Site survival data.  BSUH A&E Performance data - Symphony  Time seen by clinician. 4 hour target A&E Key indicators Out of core hour comparison	Major Trauma Neurosurgery A&E	MTC opened 1/4/12 Trauma Repatriation: 1/4/14	Chief of Trauma
C2	Clinical (Improved outcomes and reduced mortality)	<b>Mortality / Improved Outcomes</b> - 3Ts Specialities - All BSUH	<b>Reduced mortality rates for 3Ts specialities.</b> - Clinical adjacencies and radiated benefits of new facility contribute to reduced mortality( Cornwell EE 3rd1, Chang DC, Phillips J, Campbell KA 2003)  <b>Improved outcomes for patients requiring multi-disciplinary interventions for stroke.</b> - Clinical adjacencies with stroke and neuro proven to contribute to this according to research. Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis (BMJ 2014;349:g4757 doi: 10.1136/bmj.g4757 (Published 5 August 2014)	<b>Replace RSCH Barry building wards with new state of the art facilities.</b> - Cramped wards to be replaced. - Elderly, General medical, Neuro sciences, Stroke, Critical Care, Cancer, HIV/CIS wards impacted. - Improved support facilities. - Improved layout and design. - improved rehab facilities. - Additional beds for Neuro and Critical Care. - Specialised centre for Neuro and Oncology at RSCH. - Provide CT scanner located on CC ward. - Increased single rooms that will improve sleep for some patients. A centralised model of acute stroke care, in which hyper acute care is provided to all patients with stroke across an entire metropolitan area, can reduce mortality and length of hospital stay.	Trust mortality rates from commissioning data - HED  KPI for 3Ts specialities.  LoS, Mortality, Day Case Rates  Performance against NHS Stroke performance indicators.	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Chief Medical officer

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QS1	Quality and safety	Privacy and Dignity	<p><b>Improved patient level of satisfaction with privacy and dignity.</b></p> <ul style="list-style-type: none"> <li>- Increase privacy and dignity</li> <li>- Increased opportunity for sex segregation</li> <li>- Improved infection control (measured elsewhere)</li> <li>- Increased choice of accommodation (i.e. single rooms or bays )</li> </ul> <p>Press Ganey's 2003 national satisfaction survey using data from 2.1m patients in 1,462 facilities found that satisfaction with noise levels was on average 11.2% higher for patients in single rooms</p> <p>- Increased choice for end of life care for patients and relatives (The CQC's guidance that people should be 'able to have those people who are important to them with them at the end of their life.)McKeown et al (2010) found that that single rooms were associated with substantial improvements in end of life care . In the Place audit of 2014 we were 5.11% below the national average for the appearance of RSCH and 3.74% below he national average for the assessment of privacy and dignity.</p> <ul style="list-style-type: none"> <li>- Decrease in outside journeys around the site (porter in bed)</li> <li>- Decrease in patient transfers due to co-location</li> <li>- Improved toilet and bathroom facilities</li> <li>- Dedicated waiting areas</li> <li>- Options for overnight stays for visitors</li> <li>- Improved facilities for Bariatric patients</li> </ul>	<p><b>3Ts replaces RSCH Barry building wards with new state of the art facilities.</b></p> <ul style="list-style-type: none"> <li>- Cramped wards to be replaced.</li> <li>- Elderly, General medical, Nuero sciences, Stroke, Critical Care, Cancer, HIV/CIS wards impacted.</li> <li>- Improved support facilities.</li> <li>- Improved layout and design.</li> <li>- improved rehab facilities.</li> <li>- Additional beds for Neuro and Critical Care.</li> <li>- More en-suite facilities.</li> <li>- Additional facilities for carers/family.</li> <li>- Increase in number of single rooms.</li> <li>- Specifically designed bariatric and dementia areas.</li> <li>- Pass-through changing facilities to scanning rooms available in OP areas.</li> <li>- Bed traffic separated from public circulation routes.</li> <li>- Increased single rooms that will improve sleep for some patients.</li> <li>-3Ts arts strategy to provide improved environment</li> </ul>	Trust sex segregation data.  No. of single rooms	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Director of 3Ts
QS2	Quality and safety	Patient Falls	<p><b>Reduction in the number of patient falls.</b></p> <ul style="list-style-type: none"> <li>- Number of patient falls expected to reduce due to improved room design, position of en-suites in single rooms and same handed design. Ulrich et al 2008 found that the main cases of falls in hospital were transfers from bed (38%) and transfers to the toilet (16.1%).</li> <li>- NHS National Patient Safety paper (linked) estimates £115 cost per bed due to falls in average acute hospital., p14 Reference Sign up to Safety Campaign and the saving of 6000 lives.</li> </ul> <p>Note: there is also evidence to suggest single room increases the number of falls. Therefore this has not been monetised at FBC.</p>	<p><b>3Ts replaces RSCH Barry building wards with new state of the art facilities.</b></p> <ul style="list-style-type: none"> <li>- Cramped wards to be replaced.</li> <li>- Elderly, General medical, Nuero sciences, Stroke, Critical Care, Cancer, HIV/CIS ward impacted.</li> <li>- Improved layout and design.</li> <li>- Improved rehab facilities.</li> <li>- More en-suite facilities. Continuous hand rail from bed to en-suite for safe transfer.</li> </ul>	Trust falls incident reporting figures. Mark Renshaw	Elderly General Neurology Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Chief Nurse
QS3	Quality and safety	Infection control	<p><b>Reduction in the number of HCAI incidents in 3Ts specialities.</b></p> <p>Drinka et al (2003) found that patients in multi-bed rooms where a roommate has 'flu had a 3.07 higher relative risk of acquiring the illness than individuals in single rooms.</p>	<p><b>3Ts provides pressure controlled rooms and more single rooms to help reduce HCAIs.</b></p> <ul style="list-style-type: none"> <li>- Pressure controlled rooms co-located for lockdown.</li> <li>- 3Ts provides more single rooms.</li> <li>- Co-location of HIV and ID inpatients and outpatients.</li> <li>- Material, surfaces and design focused on making new facility easier to clean and maintain.</li> </ul>	Trust infection rates amongst CIS patients pre and post.  Infection rates for 3Ts specialities.	CIS  Elderly, general, neurosciences, stroke, cancer	3Ts Stage 1 3Ts Stage 2	Director of 3Ts
QS4	Quality and safety	Externally Reported Performance/ KPI data / CQC	<p><b>Improve Trust Quality Performance and KPI Data</b></p> <ul style="list-style-type: none"> <li>- Clinical benefits of being a teaching hospital with a new development improves overall hospital performance in evidence.</li> <li>- Radiated benefits of scheme will impact all areas of the hospital, maintaining current standards and improving all areas is expected benefit.</li> </ul> <p><b>Continued CQC Compliance</b></p> <ul style="list-style-type: none"> <li>-Recent CQC audits acknowledge the new building will address some issues, currently conditionally compliant due to 3Ts.</li> <li>-Outcome 1 (respecting and involving service users) p44 (privacy/SSA)</li> <li>Outcome 4 (care and welfare of service users)</li> <li>General point that we will be caring for patients in safer environments etc.</li> <li>Outcome 8 (cleanliness and infection control)</li> <li>Outcome 10 (safety and suitability of premises)</li> <li>Outcome 11 (safety and suitability of equipment) e.g. storage, continuity of utilities, etc.</li> </ul> <p><b>Improvement on Cancer target performance</b></p> <ul style="list-style-type: none"> <li>- Improvement on meeting targets for Cancer Performance due to additional capacity in stage 2 development.</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Barry Building, Cancer centre, CIRU, Critical care, Imaging, Theatres.</li> <li>- Increase in cancer beds and chair capacity.</li> <li>- New building will directly address CQC concerns.</li> </ul>	Trust quality account / KPI data /CQC compliance.  Trust improvement on the key Cancer matrix.	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Chief Nurse
QS5	Quality and safety	Reduced critical care outliers	<p><b>Reduction in number of critical care outliers at RSCH (ward patients in cc beds)</b></p> <ul style="list-style-type: none"> <li>- Due to the increase in capacity the number of patients in ward beds that should be in critical care beds is expected to decrease.</li> <li>- The level of care for critical care patients is known to be more appropriate in a designated critical care bed.</li> </ul>	<p><b>Increase in critical care bed capacity at RSCH</b></p>	Patients in ward beds that should be in critical care bed.	Critical Care	3Ts Stage 1	Chief Nurse

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QS6	Quality and safety	Reduced Patient Moves	<p><b>Reduction in patient moves between sites and improvement within RSCH.</b></p> <ul style="list-style-type: none"> <li>-Due to the co location of services the number of patient moves/transfers is expected to decrease.</li> <li>- improved links within RSCH benefit porters and patients.</li> <li>- Between ward and site to be compared. Evidence that reducing transfers improves patient safety by reducing clinical errors. Research finds that reduced transfers reduce both medication errors and length of stay( Press Ganey 2003). (The King's Fund suggests that each patient move is associated with an additional day's length of stay).</li> </ul>	<p><b>3Ts will co locate services and provide improved transport links within the RSCH site.</b></p> <ul style="list-style-type: none"> <li>- No need to move Neurosurgery patients between sites.</li> <li>- No transporting patient 'outside' at RSCH.</li> <li>- No need to take patient via ambulance within RSCH site in bad weather.</li> <li>- 3Ts provides much needed internal links for patients between building at RSCH.</li> <li>- Single rooms mean less requirement to move patients to achieve same sex segregation.</li> <li>- CT scanner on cc ward, removing the requirement for some cc moves.</li> </ul>	<p>Average number of patient moves per 3T specialty.</p> <p>CIU ward stay data.</p>	<p>Elderly General Neuro Stroke Critical care CIS/HIV Cancer</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Chief Nurse</p>
QS7	Quality and safety	Patient Flow	<p><b>Improved Patient Flow/ Reduced LoS for 3Ts specialties (current modelling shows possible efficiencies in Oncology and HIV / ID)</b></p> <ul style="list-style-type: none"> <li>-Improve Day Case Rates for 3Ts specialties (specifically PIU in neuro)</li> <li>-Reduce Occupancy for 3Ts specialties</li> <li>-This is not currently monetised for CIPs</li> </ul>	<p><b>3Ts replaces RSCH Barry building wards with new state of the art facilities.</b></p> <ul style="list-style-type: none"> <li>- Cramped wards to be replaced.</li> <li>- Elderly, General medical, Neuro sciences, Stroke, Critical Care, Cancer, HIV/CIS wards impacted.</li> <li>- Improved support/rehab facilities.</li> <li>- Improved layout and design.</li> <li>- Additional beds for Neuro and Critical Care.</li> <li>- More en-suite facilities.</li> <li>- Additional facilities for carers/family.</li> <li>- Increase in number of single rooms.</li> <li>- Specifically designed bariatric and dementia areas.</li> <li>- Increase in capacity for Neuro, Cancer, HIV/CIS, Critical Care IP &amp; OP</li> <li>- PIU in Neuro</li> <li>- Increased single rooms that will improve sleep for some patients.</li> </ul> <p><b>Improve Patient Flow</b></p> <ul style="list-style-type: none"> <li>- Additional capacity and patient pathways</li> </ul>	<p>To be arranged, conflicts with CSS and CIPs prior to 3Ts</p> <p>NOTE: This is not an area we are currently able to provide estimate targets for due to CIP plans and Clinical Strategy schemes over the next 5 years.</p>	<p>Elderly General Neuro Stroke Critical care CIS/HIV Cancer</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Chief Operating Officer</p>

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S1	Societal	Local economy	<p><b>Local construction economy will benefit due to 3Ts.</b></p> <ul style="list-style-type: none"> <li>- Links between health and employment also referenced (2014 Rowntree Report) see web link</li> <li>-Construction workforce and workforce development benefit.</li> <li>-Local retailer benefit.</li> <li>-Benefits to local economy from construction are £2.84 for every £1 spent according to research, please see attached.</li> <li>-The additional student numbers caused by the expansion of BSMS have been estimated to bring an extra £14m into the city based on an increase of 100 per year (and the local economy already receives over £1b per year via the Universities).</li> </ul>	<p><b>3Ts will increase provide investment and employment in the local construction economy.</b></p> <ul style="list-style-type: none"> <li>- Contractors will evidence use of local suppliers.</li> </ul>	<p>Baseline of construction costs to be used to calculate theoretical local economy benefit.</p> <p>Employment Strategy to be submitted aimed at employing a minimum 20% of local construction workers from within Brighton &amp; Hove City boundary, (s106 agreement)</p>	NA	3Ts Stage 1 3Ts Stage 2	Director of 3Ts
S2	Societal	Patient Travel	<p><b>Reduced patient cost for travel and more positive local patient experience due to less distance to travel.</b></p> <ul style="list-style-type: none"> <li>- Repatriated patients from London to RSCH or RSCH to cancer satellite sites will travel less following the 3Ts project delivery.</li> <li>- See attachment for calculation details. Miles saved and cost to patient.</li> </ul>	<p><b>3Ts will enable patients to reduce travel times.</b></p> <p>Repatriation to reduce patient travel.</p>	<p>SUS data via postcode.</p> <p>See attachment.</p>	Neuro Cancer	3Ts Stage 1 3Ts Stage 2	Director of 3Ts
S3	Societal	Work environment	<p><b>Improved work environment for staff will lead to societal benefit.</b></p> <ul style="list-style-type: none"> <li>- Quality of working environment e.g. access to outside space and views of nature. (Ulrich R. and Zimring C. 2008).</li> <li>Improved satisfaction and engagement leads to better organisational performance , including reduced turnover and sickness absence (MacLeod, D. and Clarke, N., 2012)</li> <li>- DEFRA report (UK national Ecosystem Assessment 2011) suggests that view of outside space equates to value of £300 per year per person.</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Sea views from many areas / outdoor space in roof garden of stage 2.</li> <li>- Same handed ward design and more spacious.</li> <li>- Improved facilities for staff e.g. more lockers and meeting spaces.</li> <li>- 3Ts arts strategy to provide improved environment.</li> </ul>	Staff survey	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Director of 3Ts
S4	Societal	Patient Involvement in Design	<p><b>Improvements in patients, staff and local resident satisfaction due to patient involvement.</b></p> <ul style="list-style-type: none"> <li>- improved links with local community</li> <li>- Improved trust reputation within the local community.</li> </ul>	<p><b>The planning and implementation of the 3Ts has followed a detailed engagement plan.</b></p> <ul style="list-style-type: none"> <li>- Patient, staff and local residence engaged throughout development process. E.G. pre planning application exhibitions, presence at local events, 3 things questionnaire for staff.</li> <li>- Monitor and review design suggestions from across stakeholder. E.G. shelves in toilets will be incorporated in design.</li> <li>- Provide a communications and involvement plan for local residents during construction.</li> <li>- Provide communication and engagement tool/database for use during and after redevelopment. Also surveys carried out for 3Ts.</li> </ul>	<ul style="list-style-type: none"> <li>- patient surveys</li> <li>- staff surveys</li> </ul>	NA	3Ts Stage 1 3Ts Stage 2	Director of 3Ts

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TR1	Teaching and research	BSMS	<p><b>Increased research activity and research income for BSMS.</b></p> <ul style="list-style-type: none"> <li>- Radiated benefits of scheme, increased profile for the medical school and the Research/Simulation suite planned in Stage 1 are expected to increase income. In 2010/11 research income for BSMS exceeded the £3.042m target.</li> <li>- These benefits are expected to stimulate research activity (in OBC) 10% increase assumed = £300 000 additional funds p.a. Reference, BSMS Strategic Plan 2009 -2014. There will be increased opportunities for engagement and work with industry.</li> </ul> <p><b>Improvement in BSMS students academic achievements.</b></p> <ul style="list-style-type: none"> <li>- Due to radiated benefits and additional facilities the demand for places and number of students is expected to be increase subject to funding. Moreover post graduate student numbers will also increase, bringing increased income.</li> </ul> <p><b>Improvement in BSMS student satisfaction with environment.</b></p> <ul style="list-style-type: none"> <li>- Additional BSMS facilities within the 3Ts scheme should lead to an increase in student satisfaction.</li> <li>- Existing facilities expected to improve (erg. space in an OP C/E room, space around the patient bed).</li> </ul> <p><b>Improved access to more varied case-mix for BSMS students and improvements in the quality of care.</b></p> <ul style="list-style-type: none"> <li>- The addition of the major trauma centre will result in a more varied case mix for students. The improved case mix and increase in research activity will also contribute to improvements in the quality of care for patients within the catchment area. This because there will be a net increase in the skill level which will be of benefit to local patients. This result in repatriated activity, as the skills of our medical workforce continue to grow. There will be associated increases in the complexity and levels of case mix, and an increase in cross-disciplinary work. The simulation suite will contribute to this improvement by providing additional opportunities for work at a higher level.</li> </ul>	<p><b>3Ts to provide new BSMS facilities</b></p> <ul style="list-style-type: none"> <li>-providing BSMS research facility</li> <li>- BSMS location on BSUH site at RSCH will enable process of tissue samples opening up new potential research</li> <li>- co-located with CIRU</li> </ul>	<p>BSMS Income and Activity Data</p> <p>BSMS Student Survey</p> <p>BSMS Student Performance Data</p>	NA	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Dean of BSMS
TR2	Teaching and research	BSUH Research and Development	<p><b>Increase research activity and evidence based health care in BSUH.</b></p> <ul style="list-style-type: none"> <li>- Radiated benefits of scheme are assumed to impact the trust as a whole with the increased profile for the medical school. Research/Simulation suite planned in Stage 1. In 2010/11 clinical research income was £6.1m</li> <li>- This benefit arises from inclusion of CIRU, synergy between services (co-location) and expansion in Consultant workforce (so opportunities for sub-specialisation), and the BSMS CIT development in Stage 2. Teaching hospitals can generate 5% income from R&amp;D. Our income is currently 1%. Comparison with UH Birmingham is that 4.4% income is from research. Some research also suggests that research aware environments positively impact on care (See NIHR hyperlink).</li> </ul> <p><b>Increase number of patients participating in BSUH clinical trials.</b></p> <ul style="list-style-type: none"> <li>- The 3Ts scheme will expand research opportunities for CIS, radiology and dementia.</li> <li>- The co location with BSMS and CIRU is expected to increase study numbers and patient recruits.</li> </ul>	<p><b>3Ts to re-provide and give extra space to CIRU.</b></p> <ul style="list-style-type: none"> <li>- Currently have 8 chairs, in 3Ts there will be 2 flexible spaces which can house 2 beds/trolleys if needed for IP trials.</li> <li>- Replacing 5 clinic rooms</li> <li>- Replacing dexa scanner room</li> </ul>	Research income stats BSUH	NA	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of Medical Education
TR3	Teaching and research	BSUH Training	<p><b>Training opportunities for BSUH staff to increase across specialities.</b></p> <ul style="list-style-type: none"> <li>-Baselines not available, awaiting confirmation from trust educational strategy. Internal speciality level training data not currently collated.</li> <li>- Room availability is the only tangible benefit.</li> </ul> <p><b>Training opportunities for BSUH staff to increase.</b></p> <ul style="list-style-type: none"> <li>- Introduction of training programmes for stroke/neurology and other interdisciplinary initiatives. Increase in interdepartmental training for stroke and neurology specialities.</li> <li>- Joint learning events.</li> <li>- Baselines not available, awaiting confirmation from trust educational strategy. Internal speciality level training data not currently collated.</li> <li>-There will also be the opportunity to create an academic surgical department for the first time.</li> </ul>	<p><b>3Ts will bring new specialities and specialist centres to RSCH. Also to provide training facilities.</b></p> <ul style="list-style-type: none"> <li>- Major Trauma, Sussex Stroke, Sussex HIV, Co Locations of Stroke, Neuro at RSCH</li> <li>- New meeting rooms and training spaces for 3Ts areas.</li> <li>- Simulation suite (co-located with teaching and meeting suite).</li> <li>- Surgical lab for high fidelity laparoscopic training.</li> <li>- Improved access to IT for e-learning.</li> </ul>	Post project evaluation	Stroke, Neurology	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of Medical Education

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BD1	Building design	Patient satisfaction	<p><b>Improved patient satisfaction with RSCH environment.</b></p> <ul style="list-style-type: none"> <li>-Improved facilities café, retail, car parking.</li> <li>- Improved environment due to 3Ts Arts policy, therapeutic design. Some evidence that improved arts enhancements can lead to reduced LOS and better management of pain and distress</li> <li>- Benefits of access to green space (therapeutic landscape).</li> <li>- Access to patient information room.</li> <li>- Heritage area.</li> </ul> <p><b>Patient satisfaction with journeys at RSCH to improve.</b></p> <ul style="list-style-type: none"> <li>-Improved design and way finding within the new facility will reduce travel time and the number of outside journeys.</li> <li>- Ease of navigation will be improved.</li> <li>- Number of lift journeys to decrease for majority of patients.</li> <li>- Decrease in outside journeys.</li> <li>- Bad weather causes problems with moving patients to and from Barry, redevelopment resolves.</li> </ul>	<p><b>3Ts will update the environment at RSCH site.</b></p> <ul style="list-style-type: none"> <li>- Increased café, retail and parking.</li> <li>- Arts program</li> <li>- Interior and landscape design. Quality and coherence.</li> <li>- Heritage area</li> <li>- Way finding</li> <li>- Access to information</li> <li>- Multi faith facility</li> <li>- Infant feeding rooms in main public areas</li> <li>- Adult changing room</li> <li>- Patient relative overnight room</li> <li>- Increased single rooms that will improve sleep for some patients.</li> </ul> <p><b>3Ts buildings will bring newly designed patient travel at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Way finding and signage</li> <li>- Design of links</li> <li>- Lifts and links</li> <li>- Physical connections between 3Ts and an existing estate.</li> <li>- Car park, internal access to lift core/building.</li> </ul> <p><b>3Ts Elderly care wards will be more suitable for patients with Dementia.</b></p> <ul style="list-style-type: none"> <li>- Design features e.g. colour, flooring, materials, avoiding glare. Across all ward beds.</li> <li>- Dementia area e.g. dementia friendly clocks and signage.</li> <li>- All 3Ts ward will be dementia friendly through design, colours and layout.</li> </ul>	<p>BSUH IP Survey</p> <p>3Ts Patient Experience trackers</p> <p>Baseline common journey data (see attached).</p>	<p>Elderly General Neuro Stroke Critical care CIS/HIV Cancer</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Director of 3Ts</p>
BD2	Building design	Staff satisfaction	<p><b>Improvement in overall level of staff satisfaction with the premises.</b></p> <ul style="list-style-type: none"> <li>- Staff performance improvement also evidenced.</li> <li>- Principals of productive ward to lead to improved staff satisfaction. Standardisation leads to improved efficiency. Daylight leads to increased productivity</li> <li>- Reduced Recruitment costs, reduced bank/agency costs. Reduced sickness and turn over Currently under investigation.</li> <li>- Detailed analysis of RACH, Birmingham and Pembury has shown improvements are to be expected in areas of sickness and turn over.</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Sea views from many areas / outdoor space in roof garden of stage 2.</li> <li>- Same handed ward design and more spacious.</li> <li>- Improved facilities for staff e.g. more lockers and meeting spaces.</li> <li>- Multi faith facility</li> </ul>	<p>HR Data - attached.</p>	<p>Elderly General Neuro Stroke Critical care CIS/HIV Cancer</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Director of 3Ts</p>
BD3	Building design	Flexible rooms	<p><b>Access to multi -functional rooms, improved level of ease to adapt for accommodating new services.</b></p> <ul style="list-style-type: none"> <li>- Flexibility in design leading to possible increased range of services offered at RSCH.</li> </ul>	<p><b>3Ts will replace outdated Barry wards with new multifunctional spaces, flexible to future needs.</b></p> <ul style="list-style-type: none"> <li>-Design will ensure rooms are flexible for future change of use.</li> <li>- Office spaces are designed open plan for future flexibility.</li> </ul>	<p>Able to meet changing health care needs</p>	<p>Elderly General Neuro Stroke Critical care CIS/HIV Cancer</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Director of 3Ts</p>
BD4	Building design	IT Enabler	<p><b>The redevelopment will be a key 'enabler' to all future IT projects.</b></p> <ul style="list-style-type: none"> <li>- Design of building will ensure compatibility of future IT projects.</li> <li>- E.g. Future proof cabling, space allocated for self booking equipment.</li> <li>- Monetised benefits unique to IT business cases.</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Data structures at RSCH re-provided.</li> <li>- New facility that have built in flexibility for IT. Fully wireless enabled.</li> <li>- Self registration kiosks.</li> <li>- Patient call system.</li> </ul>	<p>Post project evaluation to assess.</p>	<p>NA</p>	<p>3Ts Stage 1 3Ts Stage 2</p>	<p>Director of 3Ts</p>

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EF1	Estates and facilities	Estates Compliance	<p><b>Improved BREEAM excellence rating at RSCH.</b></p> <ul style="list-style-type: none"> <li>- AEDET/ASPECT and NEAT rating.</li> </ul> <p><b>Improved estates compliance at RSCH.</b></p> <ul style="list-style-type: none"> <li>- New buildings will improve DDA compliance by replacing non-compliant Barry building.</li> <li>- % of compliance with HTM and HBN standards. Also increase in operational acceptability and space utilisation</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Replace estates with more BREEAM compliance.</li> <li>- Replace estates with more DDA, HTM and HBN compliance.</li> </ul>	<p>BREEAM assessment tool.</p> <p>Improved compliance for 3Ts buildings specifically for toilets and consult/exam rooms.</p>	NA	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of 3Ts
EF2	Estates and facilities	Carbon Footprint	<p><b>Reduction in carbon footprint at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Energy efficiency initiatives in design and building.</li> <li>- Occupancy analytics in 3Ts design contributed to this.</li> <li>- OBC numbers/estates strat said 3Ts would be the main driver in reaching the 25% improvement required.</li> <li>- Recent research from Health Research and Education suggests that energy efficient hospitals can make savings of between 10%-25% which equates to savings of £500,000 pa.</li> </ul>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Efficiency improvements for energy.</li> <li>- Design of estate to incorporate carbon saving features.</li> <li>- Occupancy analytics work will ensure energy and design are appropriate.</li> </ul>	63.00GJ/100m3 B rating	NA	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of 3Ts
EF3	Estates and facilities	Backlog Maintenance	<p><b>Reduced backlog maintenance at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Measured for estates strategy, risk adjusted saving due to 3Ts of 1.1m p.a.</li> </ul>	<p><b>3Ts will demolish out of date building at RSCH</b></p> <ul style="list-style-type: none"> <li>- Current high level of maintenance required for out dated facilities.</li> </ul>	Post project evaluation to assess.	NA	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of 3Ts
EF4	Estates and facilities	Porter Journeys	<p><b>Increase in porter efficiency at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Due to streamlined and linked buildings and services the efficiency of porter service is expected to increase.</li> <li>- The number of 2 porter journeys is expected to decrease due to improved design in the new building.</li> <li>- Bad weather causes problems with moving patients to and from Barry, redevelopment resolves.</li> </ul>	<p><b>3Ts buildings will bring newly designed porter travel at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Way finding</li> <li>- Design</li> <li>- Lifts</li> <li>- New building links</li> <li>- Separation between public and FM travel routes.</li> <li>- Dedicated FM lifts</li> </ul>	See attached.	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of 3Ts
EF5	Estates and facilities	Security	<p><b>Reduction in the number of security related reported incidents.</b></p> <ul style="list-style-type: none"> <li>- Reduction of violent incidents for staff and patients expected. (Design with Intent 2010)</li> </ul>	<p><b>3Ts buildings will replace outdated security with new state of the art systems and design.</b></p> <ul style="list-style-type: none"> <li>- Cameras incorporated in new build (ward entrances).</li> <li>- Design will have modern security features incorporated.</li> <li>- Proximity smart card access.</li> <li>- Panic buttons integrated into staff call system.</li> <li>- All furniture on all outdoor areas bolted.</li> <li>- Balustrade on all high outdoor areas.</li> </ul>	Trust records of security incidents.	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	<p>3Ts Stage 1</p> <p>3Ts Stage 2</p>	Director of 3Ts

ID	Category	Benefit Title	Benefits Description	Description of Change, '3Ts will.....'	Unit of measurement	Specialities Impacted	Key Date of Benefit Start	Responsibility:
11	Income	Repatriation - Commissioner/ Trust	<p><b>Financial saving for commissioners.</b></p> <ul style="list-style-type: none"> <li>- Due to the 3Ts development, activity currently going out of area will be repatriated to RSCH.</li> <li>- Repat activity change saves the difference in MFF Rates (London vs. Brighton).</li> <li>- See attached for calculations.</li> </ul> <p><b>Increased income for BSUH</b></p> <ul style="list-style-type: none"> <li>- Income generated by repatriation of residents previously treated out of area i.e. neurosurgery (Trust Benefit).</li> </ul>	<p><b>3Ts will enable repatriation of patients from London.</b></p> <ul style="list-style-type: none"> <li>- Neuro</li> <li>- Major Trauma</li> </ul>	Activity levels from current SUS data.	HIV Neuro Cancer Critical Care	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer
12	Income	Car Park	<p><b>Increased income from car parking and increase in capacity.</b></p> <ul style="list-style-type: none"> <li>- This leads to increased income for trust.</li> <li>- This improves patient satisfaction</li> </ul>	<p><b>Increased number of car parking spaces at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Dedicated patient/visitor car park.</li> <li>- Disabled spaces near lift core of new buildings.</li> </ul>	Current car park income.	NA	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer
13	Income	Retail	<p><b>Increase in retail space and income at RSCH.</b></p> <ul style="list-style-type: none"> <li>-This leads to increased income for trust.</li> </ul>	<p><b>Increased amount of retail spaces at RSCH.</b></p>	Current car park income.	NA	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer
14	Income	Enabled Growth	<p><b>Increase in capacity leading to enable growth and additional income at RSCH.</b></p> <ul style="list-style-type: none"> <li>- This is currently under investigation, awaiting outcome. Current data is placeholder.</li> <li>- Potential area in non 3Ts site to expand in CC, Nuero, CIS, Oncology.</li> <li>- Creating spare capacity for RSCH site on a whole, to be confirmed.</li> <li>- Medicine beds are not increasing capacity.</li> </ul>	<p><b>3Ts will increase bed capacity at RSCH.</b></p> <ul style="list-style-type: none"> <li>- HIV</li> <li>- Neuro</li> <li>- Critical care</li> <li>- Cancer</li> <li>- Oncology</li> <li>- Increase OP areas for ENT, rheumatology, HIV/CIS and Cancer</li> </ul>	Not currently quantified for LTFM at time of FBC. Post project evaluation.	HIV, Neuro, Cancer, Critical care	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer
15	Income	Private Patient Income	<p><b>Potential increase in private patient activity and income.</b></p> <ul style="list-style-type: none"> <li>-The 3Ts has shell area that could be private patients.</li> <li>- Enabled growth for 3Ts specialties increases current private patient income.</li> <li>- Increase in single rooms creates greater flexibility for private patients use.</li> </ul>	<p><b>3Ts will provide potential area for dedicated private patient areas and increase capacity.</b></p>	Current private patient income	TBA	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer
16	Income	Productive Ward	<p><b>Workforce savings at RSCH in 3Ts specialties.</b></p> <ul style="list-style-type: none"> <li>- Single rooms and change in ward template are expected to change workforce requirements for 3Ts beds. Although some evidence shows that while single rooms can increase staff requirements there are known grade mix changes that may decrease overall cost.</li> <li>- Radiated benefit of the new and improved facility.</li> <li>- Full productive ward enablement.</li> <li>- Improved staff satisfaction due to the new facility.</li> </ul> <p>NOTE: This is still under investigation as single rooms could increase workforce costs.</p>	<p><b>Replace out of date facilities at RSCH.</b></p> <ul style="list-style-type: none"> <li>- Provide sea views from many areas / outdoor space in roof garden of stage 2.</li> <li>- Same handed ward design and more spacious.</li> <li>- Improved facilities for staff e.g. more lockers and meeting spaces.</li> </ul>	Currently 3Ts staff establishment as baseline.	Elderly General Neuro Stroke Critical care CIS/HIV Cancer	3Ts Stage 1 3Ts Stage 2	Director of Nursing
17	Income	Outsourcing of New Facilities	<p><b>Additional income to BSUH by outsourcing the teaching suite.</b></p> <ul style="list-style-type: none"> <li>- Option to provide income for trust by outsourcing teaching suit and Chapel could be rented out commercially when not in use by the trust.</li> </ul>	<p><b>Provide a 90 metre square teaching suit</b></p> <ul style="list-style-type: none"> <li>- Room could be outsourced commercially.</li> </ul>	Post project evaluation to assess.	Training R&D	3Ts Stage 2	Chief Financial Officer
18	Income	Cost/Fine Avoidance	<p><b>Reduced fines for BSUH</b></p> <ul style="list-style-type: none"> <li>-Cliff and MRSA fines expected to reduce by 60% (conservative estimate ) as Grant ward being replaced.</li> <li>-Fines avoided due to increased capacity and improved patient flow re ambulance handovers can be counted as we are increasing beds.</li> </ul>	<p><b>3Ts Will provide new state of the art facilities</b></p> <ul style="list-style-type: none"> <li>-The new facilities will reduce infection control</li> <li>- 3Ts will improve patient flow and increase capacity, ambulance handover easier and improve A&amp;E 4 hour wait</li> </ul>	BSUH fines data.	CIS A&E	3Ts Stage 1 3Ts Stage 2	Chief Financial Officer