

CHAPTER THIRTEEN - BENEFITS REALISATION

13.1 Introduction

13.1.1 The identification and realisation of benefits is crucial to the success of the 3Ts Programme.

Who will reap the Benefits?

13.1.2 The table below sets out the key patient attendance numbers that will be directly affected by the development each year. All the patients in these categories will have access to modern, fit for purpose, state of the art facilities in which they will receive diagnosis and treatment services:

13.1.3 **Figure 13.1 Key Patient Attendance Numbers Per Annum**

Patient Area	Inpatients	Day Cases	Outpatients	Total
Barry/Jubilee Wards	8,749	7200		15,949
Neurosciences	2,609	1430	10,089	14,128
Trauma	374			374
Fracture Clinic			21,106	21,106
Cancer	1,068	11389	18,279	30,736
Rheumatology			7,468	
Imaging	138,000 scans			138,000
ENT/Oral			32,909	32,909

13.1.4 In summary, the following patients will be directly affected by the 3Ts development:

- Over 13,000 inpatients;
- Around 13,000 day case patients;
- Almost 90,000 outpatients;
- 138,000 patients having diagnostic scans.

13.1.5 Many of these patients, and their carers, currently have to travel out of Sussex for their treatment and will now be in a position to have their treatment closer to where they live and work.

13.1.6 This is a substantial patient population and the impact will also be felt by visitor and carers.

13.1.7 In addition, the benefits of the programme will also be felt by the 1,000 staff who work in the services affected.

13.2 Trust Approach to Benefits Realisation

13.2.1 The Trust has already identified a series of high-level investment objectives for the programme, which are:

- Re-provision of the outdated pre-Nightingale wards in the Barry and Jubilee Buildings into modern, fit for purpose accommodation that enhance patient privacy, dignity and safety;
- Transfer of the Regional Neurosciences Centre from Hurstwood Park onto the Royal Sussex County Hospital site and to provide additional capacity to accommodate Sussex patients who are currently treated outside the county;
- Expansion of the Sussex Cancer Centre to improve access for patients across Sussex, many of whom have to travel into London centres for radiotherapy and chemotherapy treatments;
- Development of a Major Trauma Centre to serve Sussex and the wider region;
- Enhancement of teaching and research facilities in partnership with Brighton & Sussex Medical School.

Process of Defining Benefits

13.2.2 The Trust has used a series of workshops with patients, representatives of patient groups, clinical and non-clinical staff to identify key benefits that the programme should provide. This has been done through the medium of a series of workshops as shown below:

- 8 September 2008: workshop with patients and representatives of patient groups;
- 23 September 2008: workshop with clinical and non-clinical staff;
- 8-9 December 2008: series of workshops with patients, representatives of patient groups, clinical and non-clinical staff.

13.2.3 These workshops have generated hundreds of elements that the groups would like to see as part of the overall development. Many are not strictly benefits but are more easily categorised as detailed design points. The Trust team is currently continuing to sift through this and identify:

- What are genuine benefits that should be carried forward to the detailed benefits realisation plan which will form part of the Full Business Case (FBC);
- What are design points and can be delivered within the scheme;

- What are design points and cannot be delivered within the scheme. Some of these may be immediate operational priorities which can be delivered irrespective of the project's delivery, and others may just not be deliverable.

- 13.2.4 The Trust team has made a firm commitment to ensure that these three categories be fed back to the participants of the workshops to ensure that everyone has a clear understanding of what can and cannot be delivered and why.
- 13.2.5 Since 2008 several subsequent events took places which have further developed the approach to benefits realisation: A steering group was established with representation from BSMS as well as BSUH and HaCIRIC. This steering group agreed a simplified approach to the measurement of the benefits, This was presented at a workshop with the full design team in July 2009.
- 13.2.6 Members of 3Ts Core Team undertook further work in this during December 2009, where it was then agreed to align the benefits with the 5 strategic objectives. The table below demonstrates this approach:

Benefits categorisation	2008 HaCIRIC workshop	2009 3Ts July workshop	2010 January alignment with OBC objectives (as agreed at Core Team on 8th January)
	1. Strategic fit 2. Use of resources	1. Strategic benefits	1. Introduction of integrated stroke and neurosciences centre 2. Introduction of Level 1 trauma service
	3. Operational management 4. Clinical outcomes 5. Access to services	2. Clinical benefits	3. Development of non surgical cancer services through the expansion of the Sussex Cancer Centre
	6. Appropriate facilities (and Facilities Management)	3. Estates benefits	4. Improved ward environment
		4. Consumer benefits (way finding, DDA access)	
		5. Environmental benefits (sustainability, energy efficient)	
		6. Staff benefits	
	7. Teaching, training and research	7. Educational	5. Teaching, training and research opportunities
	8. Development and implementation	Removed as not measurable as a benefit	

Academic Engagement and Best Practice

- 13.2.7 As stated the Trust team has also engaged with researchers at HaCIRIC (the Health and Care Infrastructure Research and Innovation Centre) in the area of benefits realisation. HaCIRIC is an innovative joint venture between the Imperial College, London and the Universities of Salford, Loughborough and Reading. One of the key research projects that HaCIRIC is undertaking is in the field of benefits realisation and how benefits are captured, planned and delivered.
- 13.2.8 There are benefits for the Trust and the HaCIRIC team in this collaboration. For the Trust, the tools and techniques which are being developed by HaCIRIC can be used in the benefits identification and realisation process. For HaCIRIC, there is the opportunity to engage with a live project at a relatively early stage of development.
- 13.2.9 The HaCIRIC team facilitated and recorded the workshops undertaken on 8-9 December 2008 and have captured these and earlier discussions into a spreadsheet which can now be used to monitor the development of the benefits and design issues which have been identified.
- 13.2.10 The Trust team's objective was to use the benefits generated by these workshops to inform directly the process of moving from a long list of options to deliver the investment objectives down to a shortlist and then down to the preferred option. Obviously, with so many potential benefits identified, it would have been an unmanageable task to use the list of benefits/design issues in their entirety.
- 13.2.11 The Trust team worked with HaCIRIC to distil the essence of the hundreds of benefits and design issues down to a manageable number to use in the shortlisting and preferred option workshops, whilst reflecting the essence of the totality.
- 13.2.12 In July 2011, DH economists participated in a joint workshop with 3Ts staff in order to work through the process of monetising benefits; using evidence from epidemiological studies (including the use of QALYS) and DH publications. This became the basis for the robust calculations which have underpinned the benefits realisation plan which is included at **Appendix 13A**. This is considered an example of best practice nationally.
- 13.2.13 As part of the engagement with HaCIRIC, the Trust is part of the Benefits Realisation Advisory Group, which is made up of HaCIRIC researchers, Department of Health representatives, the National Audit Office and other NHS bodies to ensure that there is oversight and scrutiny of the work being undertaken.

13.3 Benefits Realisation Planning

- 13.3.1 The benefits, how they can be realised, who will be responsible for delivering the benefit and what success might look like in delivery are set out below.

- 13.3.2 This is still an outline plan, but will be refined with a more precise series of Key Performance Indicators and identifiable baseline data for the Full Business Case.
- 13.3.3 The benefits associated with the implementation of the potential scope in relation to business needs are detailed in the benefits realisation plan at **Appendix 13A**.
- 13.3.4 Work has take place to form a verifiable baseline of information against which the success of benefits realisation will be measured. Patient surveys have been undertaken and analysed which will form part of this baseline. These have been presented to Programme Board.

Benefits Realisation – Conclusions

- The Trust has put in place a robust process for the identification, definition and future management of benefits;
- A Benefits Realisation Group has been established to provide further rigour to this process during the move from OBC to FBC and into implementation;
- The Trust has engaged with an academic body – HaCIRIC – to ensure additional rigour in the process.
- BSUH is at the forefront of developing approach to benefits realisation at a national level.