eHealth: Benefits Management
eHealth Benefits Team

• **Our aim:**
  ‘To enable eHealth throughout NHS Scotland to measure and demonstrate their contribution to better quality healthcare, now and in the future’

• **How:**
  – Provide support for NHS boards to adopt the benefits management toolkit and methodology through facilitated workshops for specific projects and programmes
  – Provide support for National projects and programmes to adopt the benefits management toolkit and methodology through facilitated workshops
  – Work with NHS boards to ensure skills transfer in benefits management methodology through combination of education and facilitated workshops.
Defining Benefits Management

Benefits Management:

• Ensures that the potential benefits of a business change programme are realised

• Links and co-ordinates the implementation of redesigned processes and technology with changes in the business to maximise the delivery of benefits to the business as a whole

• Some benefits will be delivered after the project/programme is perceived to be finished and will need continued monitoring
Defining Benefits Management

Benefits Management (cont’d):

• The business case is the starting point for benefits management, providing a ‘snapshot’ of expected benefits at a particular point in time. It should continue to be used to maintain focus and alignment towards achieving the defined benefits

• Planning for benefits realisation, benefits profiling and periodical benefits reviews facilitate the achievement of benefits
Benefits Management Process Overview

1. Identify and structure benefits

2. Plan benefits realisation

3. Execute benefits plan

4. Review and evaluate results

5. Establish potential for further benefits
Aligning Benefits Management with Project Management (PRINCE2)

Stage 1: Identifying & defining benefits
Stage 2: Benefits realisation planning
Stage 3: Execution of BRP & measuring benefits
Stage 4: Review & evaluation of benefits
Stage 5: Identification of further benefits
Transition to Business As Usual

The realisation of benefits will continue beyond the implementation of the system and closure of the project. It is therefore important that the governance structure during and after the project lifecycle is defined as part of the benefits strategy in the business case.

This should include:

- role definitions and responsibilities;
- a mechanism for the monitoring of benefits and the identification of corrective actions should they be required;
- clear arrangements for the transition to “business as usual” and the handover of responsibilities; and
- a review plan for the identification of further benefits.
<table>
<thead>
<tr>
<th>Roles</th>
<th>Responsibilities</th>
<th>Project As Usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Sponsor</td>
<td>A senior manager who will take overall responsibility for ensuring the project produces maximum value for the organisation.</td>
<td>Extend to BAU or handover</td>
</tr>
<tr>
<td>Project Manager</td>
<td>A manager who will ensure that the business change management and benefits realisation activities and responsibilities have been defined and who will co-ordinate and monitor their execution.</td>
<td></td>
</tr>
<tr>
<td>Benefits Sponsors</td>
<td>A senior manager who will take overall responsibility for ensuring that a specific benefit is achieved and provide an escalation point for the Project Manager for issues related to that benefit.</td>
<td>(in Review Team)</td>
</tr>
<tr>
<td>Change Manager</td>
<td>A manager who will ensure that the changes required to realise the benefits have been identified and that the necessary resources are available and actions are taken.</td>
<td>(in Review Team)</td>
</tr>
<tr>
<td>Benefits Manager</td>
<td>A manager who will ensure that benefits and measures are defined, data is available and reports are regularly issued and studied, and that remedial actions are taken when benefits are not being realised or below target.</td>
<td>(in Review Team)</td>
</tr>
<tr>
<td>Review Team</td>
<td>The team that will produce the end-of-project formal review and take over benefits monitoring and related change activities after the close of the project.</td>
<td></td>
</tr>
</tbody>
</table>
Programme Dependency Network

Project A – e.g. GG and C implementation

Project B – e.g. A and A implementation

Programme Benefits

F1 → Change C1 → A/B1
F2 → Change C2 → A/B2
F3 → Change C3 → A/B8

F1 → Change C1 → B/B1
F4 → Change C2 → B/B3
F3 → Change C3 → B/B8

B1
B2
B3
B4
B5
Workshop Structure

- Why do we want improvement?
- What improvement do we want?
- What are the benefits and where will each occur?
- Who is responsible for its delivery?
- What changes are needed?
- Who will be affected?
- How and when can these changes be made?
- Can it be measured?
- Can it be identified?
- Can a financial value be put to it?

**Benefits Realisation Plan**

Session 1
Session 2
Session 3
## Workshops and Outputs

<table>
<thead>
<tr>
<th>Session</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Benefits Identification</td>
<td>Benefits Dependency Network with:</td>
</tr>
<tr>
<td></td>
<td>- Objectives</td>
</tr>
<tr>
<td></td>
<td>- Benefits</td>
</tr>
<tr>
<td>2. Change and stakeholders</td>
<td>Benefits Dependency Network with:</td>
</tr>
<tr>
<td></td>
<td>- Changes (business and enabling)</td>
</tr>
<tr>
<td></td>
<td>- IS and IT changes required</td>
</tr>
<tr>
<td></td>
<td>- Stakeholder analysis analysis</td>
</tr>
<tr>
<td>3. Measurements and Benefits Realisation Plan</td>
<td>Benefits Plan including:</td>
</tr>
<tr>
<td></td>
<td>- Benefits templates and profiles</td>
</tr>
<tr>
<td></td>
<td>- Change templates</td>
</tr>
<tr>
<td></td>
<td>- Benefits register</td>
</tr>
</tbody>
</table>
Benefits Dependency Network (BDN)
Reduce paper record use

Reduce future Storage Requirements

Scan all paper documents received

Train staff in scanning

Scanning system

Reduce portering requirements

Clinical information input by clinicians

Train Clinicians to input data

Clinical Notes System

Increase Speed of record retrieval

Clinical information retrieved by clinicians

Data migration and cleansing

Order Comms
Points of Entry to Benefits Management Process – Strategic Drivers

1. What are the business drivers?
   - Drivers

2. What improvements do we want?
   - Objectives

3. What benefits will they deliver?
   - Benefits

4. What changes are needed to achieve the benefits?
   - Business changes

5. In what way can IT enable the changes?
   - Enabling changes

   - IM&T

Include project in business plan and strategy

If yes, refine and agree objectives and benefits.

Can the benefits be delivered?

Number of business changes and likelihood

Nature & scope of enabling changes

Overall feasibility of making the changes

How can IT be deployed to support the changes?
Points of Entry to Benefits Management Process—IM&T Capabilities

1. What does the IT do? What new capabilities does it provide?
2. What are the main benefits it can deliver? Are they benefits we want? If yes, refine and agree objectives and benefits.
3. What would the project’s objectives be?
4. What are the relevant business drivers?
5. Is it worth developing a business case? Is it a priority for investment?

START

- IM&T
- Enabling changes
- Business changes
- Benefits
- Objectives
- Drivers

- How easy is it to implement? Do we have the capability to use it?
- Nature & scope of enabling changes
- Number of business changes and likelihood
- Overall feasibility of making the changes
- If yes, refine and agree objectives and benefits
- Is it a priority for investment?
The Business Case & Benefits Management

What are the common pitfalls with benefits management and business case development?

- Poor definition of what the benefits actually are
- Lack of commitment by key stakeholders to realise the benefits
- Lack of clear ownership of benefits beyond the business case
- Lack of robust processes to manage, monitor and realise benefits
- Failure to update the business case in line with changes in circumstances regarding benefits
Defining Objectives

Drivers for change: why do we want the improvements?

- What is important to the service which means that changes must happen
- They can be clinical / corporate / external / internal drivers (e.g. introduction of a new clinical procedure, system provider contract coming to an end, new legislation, updated national targets…)

Objectives: what improvements do we want / could we get?

- High level clinical / corporate priorities agreed in relations to the drivers
- Outcomes desired on completion of the project (e.g. shorter admission time, less repeated requests for same information, better bed management, …)
- They should be aligned with the national strategy for Health
Strategic Direction

It is important to have high level objectives to give the project a strategic sense of purpose and guide the development and prioritisation of benefits, change activities and system specifications.

Where project objectives have not been identified, the 6 dimensions of quality can be used as objectives to ensure benefits contribute to the care agenda. They can also be used to test objectives where they do exist.

For national programmes, the six dimensions could reasonably be used for programme objectives as default.
### eHealth enabled aspects of process quality

<table>
<thead>
<tr>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe</strong></td>
<td></td>
</tr>
<tr>
<td>Avoiding injuries to patients from the care that is intended to help them.</td>
<td>Reduction in drug errors</td>
</tr>
<tr>
<td></td>
<td>Electronic dispensing</td>
</tr>
<tr>
<td><strong>Effective</strong></td>
<td></td>
</tr>
<tr>
<td>Improved clinical decision making. Supporting use of multidisciplinary care</td>
<td>Provision of protocol driven pathways, that can be accessed electronically by all members of the multidisciplinary team</td>
</tr>
<tr>
<td>guidelines. Enabling/supporting clinical audit.</td>
<td></td>
</tr>
<tr>
<td><strong>Timely</strong></td>
<td></td>
</tr>
<tr>
<td>Reducing waits and sometimes harmful delays for both those who receive and</td>
<td>System will enable/support electronic immediate discharge summaries to be transmitted from hospital to GP</td>
</tr>
<tr>
<td>those who give care.</td>
<td></td>
</tr>
<tr>
<td><strong>Efficient</strong></td>
<td></td>
</tr>
<tr>
<td>Avoiding waste, including waste of equipment, supplies, ideas, and energy.</td>
<td>Shared appointment and scheduling systems; Linkage between systems reducing duplication of demographic and clinical information</td>
</tr>
<tr>
<td>This includes duplication of information.</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Centred</strong></td>
<td></td>
</tr>
<tr>
<td>Providing care that is respectful of, and responsive to individual patient</td>
<td>Reduction in cancelled appointments/operations</td>
</tr>
<tr>
<td>preferences, needs, and values.</td>
<td></td>
</tr>
<tr>
<td><strong>Equitable</strong></td>
<td></td>
</tr>
<tr>
<td>Providing care that does not vary in quality because of personal characteristics e.g. gender, ethnicity, geographic location, socioeconomic status.</td>
<td>Will enable transfer of information from one healthcare professional to another (seamless interface between primary, secondary and tertiary care)</td>
</tr>
</tbody>
</table>
Defining Benefits and Disbenefits

**Benefit:**
- an outcome of a change that is perceived as positive by a stakeholder; and,
- valuable to the organisation and measureable.

**Disbenefit:**
- an outcome of change which is perceived as negative. In the context of Health a disbenefit can represent a clinical governance issue presenting an actual risk to the patient; and,
- need to be defined so that their impact can be assessed and minimised.
## Benefits Identification

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Dimension enabled</th>
<th>Benefit owner</th>
<th>Benefit sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g. objective: moving to a paper light system by adopting EHR</td>
<td>From quality framework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(+) Reduced need for and cost of storage space</td>
<td>Efficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(+) Time release through improved record accessibility and concurrency</td>
<td>Efficient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(+) Reduced repeat questions to patient through improved record accessibility</td>
<td>Patient centred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(-) Scan and store existing files electronically</td>
<td>Efficient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACTION:**

Write the benefits on post it notes:
- Are they measurable?
- Have any disbenefits been identified?
- How do these support the 6 dimensions of quality of care?
**Impact**: Some benefits are critical to patient care and the running of the department, while others will be useful, but not as crucial to improving key areas of care.

**Likelihood**: Some benefits will be achieved simply by turning on the system, but some will have numerous dependencies or require intensive training to be realised.
Stakeholders

**Benefit Owners:** an individual or group who will gain advantage from a business benefit.

**Change Owners/Enablers:** an individual or group who will ensure that a business or enabling change is successfully achieved, in order to realise the related benefit.

**Stakeholders:** an individual or group of people who will benefit from the project and/or who will be either affected by or directly involved in making the changes needed to realise the benefits.
Benefits Owners and Sponsors

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Dimension enabled</th>
<th>Benefit owner</th>
<th>Benefit Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E.g. objective: moving to a paper light system by adopting EHR</strong></td>
<td>From quality framework</td>
<td>Who will receive the benefit?</td>
<td>Who is responsible for its realisation?</td>
</tr>
<tr>
<td>Reduced need for and cost of storage space</td>
<td>Efficient</td>
<td>Management</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Time release through improved record accessibility &amp; concurrency</td>
<td>Efficient</td>
<td>Clinicians</td>
<td>Clinical Director</td>
</tr>
<tr>
<td>Reduced repeat questions through improved record accessibility</td>
<td>Patient centred</td>
<td>Patients</td>
<td>Clinical Director</td>
</tr>
</tbody>
</table>

**ACTION:**

For each benefit think about:

- Who are the benefits important to (patients, clinicians, management)?
- Who needs to ensure that each benefit is achieved?
Enablers and Change Owners

Enablers:
• Those whose working practices need to change for the benefits to be realised and whose effort is required to ensure that each benefit is achieved.

Change owners:
• Those who will need to mobilise change in their departments.
• They will be responsible for ensuring that each change is translated to the operational line.
• They will be expected to lead the change.
Business Changes

ACTION:
Define the changes to processes and roles required to ensure that the benefits are realised.

- what changes need to happen within the operational line and services?
- what changes will be required to the activities that people do?
- which roles are responsible for which functions?

(B1)
C1: consult patient’s history before ordering test (clinicians)

O1: Safe → B1: Fewer repeat procedures → (B1)
C1: consult patient’s history before ordering test (clinicians)
Enabling Changes

**ACTION:**
Define the changes to governance and behaviours, the training interventions, working relationships,… required to support the business changes.

- what actions are required and when to ensure that the business changes can be implemented?
- Who will be responsible for each of them?

![Diagram]

- O1: E1: Patient is identified using CHI (Clinicians)
- B1: E1: Patient is identified using CHI (Clinicians)
- C1: E2: Doctor has access to SCI Store (governance)
- E2: Doctor has access to SCI Store (governance)
ACTION:
Define the system capabilities that need to be enabled to support the changes that will deliver the benefits.

• are any system capabilities not enabling any of the changes? If it costs money but does not add value, then should it be removed?

• are any of the benefits or changes on the map not enabled by a system capability? does this signal a gap in the system’s functionality?

(E1)
I1: System Integration with CHI

O1 → B1 → C1 → E1

E2

(E1)
I1: System integration with CHI
System Capabilities

When considering IM&T solutions and capabilities, eHealth Leads should ensure the following questions are addressed:

• **Information management**: Is information being collected and stored consistently?

• **Infrastructure/Physical environment**: Is there adequate access to the system? Is it fit for purpose?

• **Technology integration**: Are the system interfaces running? Is the appropriate information being fed into and out of the system?
Benefits Dependency Network

Objectives → Benefits → Business changes → Enabling changes → IM&T

- Objectives: O1, O2
- Benefits: B1, B2, B3
- Business changes: C1, C2, C3
- Enabling changes: E1, E2, E3, E4
- IM&T: I1, I2, I3
Obtaining Commitment from Stakeholders

To realise the full benefits in your plan, you may have to sell the change project to key individuals to ensure proper buy-in. The benefits will only be realised if all parties are on board and pulling in the same direction.

Understanding and managing stakeholders expectations and concerns plays a critical role in achieving performance improvements from IT-enabled change projects.

The project should deliver for a broad range of stakeholders. Find out what benefits these groups seek from the project by engaging them at an early stage.
Stakeholder Analysis

The purpose of stakeholder analysis is to:

• identify all stakeholders whose knowledge, commitment or action is needed to realise each benefit and who should therefore be involved;
• determine perceptions of project (“what’s in it for me”, disbenefits);
• understand changes that affect the group and their motivation to achieve or resist them; and
• identify actions needed to gain the required commitment of all stakeholders and develop an action plan.
## Change/Benefits Balance Analysis

<table>
<thead>
<tr>
<th>Benefits received</th>
<th>Benefits BUT…</th>
<th>NET DISBENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>NET BENEFITS</td>
<td>FEW BENEFITS BUT…</td>
</tr>
<tr>
<td></td>
<td>Should champion the project – but must be aware of implications for others and use their influence</td>
<td>Must be kept supportive by removing any inertia/apathy that may influence others negatively</td>
</tr>
<tr>
<td></td>
<td>Will be positive about benefits but concerned over changes needed – ensure sufficient enabling changes are identified to offset any resistance</td>
<td>Likely to resist changes – must ensure that all aspects of resistance are dealt with by enabling projects</td>
</tr>
</tbody>
</table>

### Benefits received

- **Low**
- **High**

### Benefits BUT…

- **NET BENEFITS**
- **FEW BENEFITS BUT…**

### Changes required

- **Low**
- **High**
Specific Definitions of Benefits

Benefits should be:
• clearly and succinctly defined
• aligned with the projects objectives and the overall NHS strategy
• focused on improving service and patient care, not focused on IT

Effective measurement and monitoring will:
• indicate the extent to which benefits are being realised;
• give early warning of potential problems;
• create the opportunity to adapt the benefits or changes to enable the overall objectives; and
• ensure that achieved benefits are measured, reported and communicated.
### Benefits Categorisation

#### Degree of explicitness of measures

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>By applying a cost, price or other valid financial formula to a quantifiable benefit, a financial value can be calculated.</td>
</tr>
<tr>
<td>Quantifiable</td>
<td>Sufficient evidence exists to forecast how much improvement / benefit should result from the changes.</td>
</tr>
<tr>
<td>Measurable</td>
<td>This aspect of performance is currently being measured or an appropriate measure could be implemented. But it is not possible to estimate by how much performance will improve.</td>
</tr>
<tr>
<td>Observable</td>
<td>By use of agreed criteria, specific individuals or groups will decide to what extent the benefits has been realised, based on their experience and judgement.</td>
</tr>
</tbody>
</table>
Non Quantifiable Benefits

Observable benefits
• lowest category of benefits in term of robust measuring
• often the softer / people benefits
• can help get buy-in essential to the implementation of changes and the realisation of their resulting benefits
• agree realisation criteria and who will say whether they are met

Measurable benefits
• performance is easily measured; but
• potential improvement won’t be known until after the event
• take baseline measurements before any changes are made for comparison
Quantifiable Benefits

Quantifiable benefits

• aspect of performance easily and consistently measured
• improvement can be predicted and targets defined
• usually applicable to embedded processes where performance is well documented and predictable

Financial benefits

• highest category of benefits in term of robust measuring
• focus on benefits that can easily be translated in terms of financial gain or reduced cost: if it is too complicated or not robust don’t assign a monetary value to it
• don’t confuse value with savings
Progressing Non Quantifiable Measures to Quantifiable Measures

The following methods can be used to get from measurable to quantifiable measures:

- **Modelling or simulation**: extrapolate expected benefits from existing data. It may be necessary to establish trends/times series.

- **Benchmarking**: evaluate changes in relation to “best practices” in the comparable organisations.

- **References sites**: can also be used to establish a comparative base but assess relevance and feasibility in your own organisation.

- **Pilots**: test the new way of working and system on a small scale.
## SMARTT Benefits

Detailed benefit descriptions contain the following categories:

<table>
<thead>
<tr>
<th>Benefit Characteristic</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific</td>
<td>Description of the benefits</td>
<td>Number of re-xray forms completed.</td>
</tr>
<tr>
<td></td>
<td>Quality dimensions enabled</td>
<td>Safety, efficiency, timeliness</td>
</tr>
<tr>
<td>Measureable</td>
<td>Variable to be evaluated</td>
<td>Number of forms filled in per month</td>
</tr>
<tr>
<td>Achievable</td>
<td>How high a priority is the benefit?</td>
<td>Scored on a scale of 1-5 (where 5 is the highest priority)</td>
</tr>
<tr>
<td></td>
<td>How likely is the benefit to be realised?</td>
<td>Scored on a scale of 1-5 (where 5 is the highest likelihood)</td>
</tr>
<tr>
<td>Realistic</td>
<td>What is the benefit dependent on?</td>
<td>Strategic direction, process, information management, skills/behaviours, organisation/roles, infrastructure/physical environment, technology integration</td>
</tr>
<tr>
<td>Time-bound</td>
<td>Realisation timeframe</td>
<td>E.G. Measure benefit from 3 months pre-go-live until 1 year post go-live</td>
</tr>
<tr>
<td></td>
<td>Measurement interval recommendation</td>
<td>E.G. Per minute, per hour, per week, etc.</td>
</tr>
<tr>
<td></td>
<td>Frequency of measurements</td>
<td>E.G. One week out of each month, one month out of each year, etc.</td>
</tr>
<tr>
<td>Targeted</td>
<td>Benchmark</td>
<td>E.G. 20 forms/month</td>
</tr>
<tr>
<td></td>
<td>Target</td>
<td>E.G. 20% reduction</td>
</tr>
</tbody>
</table>
Filling in the Benefit Profiles

**ACTION:**
Expand on the benefits information from the previous workshops in the template for each priority benefit identified:

- Utilise measurements that are already being used by the Health Board where possible
- Take into account pre-existing government targets of efficiency estimates when setting benchmarks and targets for benefits
- Ensure that dependencies are taken into account when setting realisation timelines

<table>
<thead>
<tr>
<th>Benefit ID</th>
<th>Benefit description</th>
<th>Benefit owner</th>
<th>Benefit sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter benefit description</td>
<td>Enter name of the person or group who will receive the benefit</td>
<td>Enter name and role of the person who will ensure that the benefit is achieved and instigate remedial actions if required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Timely</th>
<th>Efficient</th>
<th>Patient-centred</th>
<th>Equitable</th>
</tr>
</thead>
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<td></td>
<td>Ticked if relevant</td>
<td>Ticked if relevant</td>
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<td>Ticked if relevant</td>
<td>Ticked if relevant</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure/Variable to be evaluated</th>
<th>Benefit explicitness</th>
<th>Value/Level of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter description of measure to be collected</td>
<td>Enter category: financial (high), quantifiable, measurable, observable (low)</td>
</tr>
<tr>
<td></td>
<td>Only applicable for quantifiable and financial benefits</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How important is the benefit? Scale of 1 (low) to 5 (high)</td>
</tr>
<tr>
<td></td>
<td>How likely is the benefit to be realised? 1 (low) to 5 (high)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic direction</th>
<th>Changes required</th>
<th>IM&amp;T required</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enter ID and description of objective(s) the benefit contributes to</td>
<td>Enter ID and description of required IM&amp;T capabilities</td>
</tr>
<tr>
<td></td>
<td>Enter ID and owner of required changes (see change profile for details)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit realisation date</th>
<th>Measurement timeframe</th>
<th>Measure interval</th>
</tr>
</thead>
<tbody>
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<td>Enter date the benefit will be realised (or dates and degree of realisation for staged roll-out)</td>
<td>Enter description of the period of time the measurement covers</td>
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<td>Enter start and end dates of monitoring and reporting</td>
<td>Enter value, source and date if applicable</td>
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<th>Baseline</th>
<th>Benchmark or target</th>
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Benefits Realisation Plan Content

The Benefit Realisation Plan should include:

- the completed Benefits Dependency Network (BDN)
- the completed benefit profiles, including dates for capture of baseline figures at an early stage
- the completed change templates
- the completed stakeholders analysis

Prioritise the benefits so that the most important always has the most focus. This ensures that the project makes the greatest impact.

Identify dates for expected delivery of the benefits.
Linking Business Case & Benefits Management

Providing all this, the business case will demonstrate that:

• benefits outweigh disbenefits;
• a shared vision is held which is strategically aligned;
• the BDN clearly shows how the shared vision will be achieved;
• the change required, when considered in relation to the overall schedule of change planned, is not overwhelming for any stakeholders; and,
• the benefits realised will be worth the effort required to achieve them.

It will also show that:

• there is a clear process for identifying, monitoring and realising the benefits; and
• the baseline benefits position has been recorded to enable comparison with projected targets for monitoring the achievement of benefits.
Benefits Strategy

A benefits strategy should also be prepared for the business case, including:

- defined roles and responsibilities
- a mechanism for regular measurements and reporting
- a mechanism for regular reviews and corrective action
- arrangements for the transfer of responsibilities at close of project
Transition to Business As Usual

• Review the project’s achievements: To what degree were the benefits realised? What were the main issues and how were they resolved? What are the lessons to be learned? Any further potential for benefit?
• Leave no loose ends: each outstanding activity needs to be allocated to a named individual
• Have end dates for decommissioning of legacy systems to ensure the new IM&T are used – this will ensure new processes are used too and related benefits are delivered
• Monitor the implementation of change over a period:
  – people may revert to the “old ways” once the initial enthusiasm has worn off
  – people may find work-arounds where the IM&T or new processes are not working instead of reporting the problems
  – address teething problems
References and Further Reading

• The Clinical Indicators Team has produced a presentation on statistical process control (SPC):
  http://www.indicators.scot.nhs.uk/Workshops/SPC.html

• HM Treasury’s “Green Book” provides examples of methods used to estimate the financial value of activities or resources:

• No Delays Scotland have devised a methodology for measuring benefits:
  http://www.nodelaysscotland.scot.nhs.uk/ServiceImprovement/Tools/Pages/IT211_Methodology_for_measuring_benefits.aspx

• Improvement Leaders’ Guide series, “Managing the Human Dimension of Change”, NHS Institute for Innovation and Improvement, 2005;
  http://member.goodpractice.net/ContinuousImprovementToolkit/resources/creating-an-improvement-culture/managing-the-human-dimensions-of-change.gp

(cont’d)
References and Further Reading (cont’d)

- Benchmark statistics are available from ISD:
  http://www.isdscotland.org/isd/782.html

- Quarterly and annual figures on patient safety are published by NPSA:

- The Department of Health publishes annual and quarterly healthcare performance statistics:

- Population numbers by NHS Boards – births, deaths, totals, by age, by gender – are available from GRO:
Further Reading and References

• The Benefits toolkit (including this presentation) can be found on: http://www.ehealth.scot.nhs.uk/?page_id=153

• Definitions, tables and diagrams marked (JW) are borrowed from: John Ward and Elizabeth Daniel, “Benefits Management: Delivering Value from IS & IT Investment”, John Wiley & Sons Ltd, 2006

• More information on benefits management can be viewed on the Office of Government Commerce’s website: http://www.ogc.gov.uk/introduction_to_the_resource_toolkit_documentation_and_templates.asp