



- Peter Munday
  - Transformation Consultant at the TU
  - Accountant by background
  - 30+ years Healthcare experience
  - DHSC Gateway Reviewer
  - Ex-CCG Governing Body Member



# About the NHS Transformation Unit

The [NHS Transformation Unit](#) (TU) specialises in the transformation of health and care.

We work in partnership with health and care clients to improve outcomes for people and communities. We empower change from within.

Our tailored services fit around partners' needs to simplify complex change projects.

Our [skilled professionals](#) are passionate about achieving better health outcomes through innovation. We want health and care services to be safer, more equitable and sustainable for the populations they serve. We are proud to be part of the NHS and are part of NHS Midlands and Lancashire Commissioning Support Unit.



[@TU\\_NHS](#)



[www.linkedin.com/company/transformationunit](https://www.linkedin.com/company/transformationunit)



# Our enabling ethos

## Our Commitments

Addressing health inequalities by considering population health needs through all our approaches

Adopting a collaborative co-design approach to change, working with stakeholders including patients and service users

Striving to improve the social and environmental impact and value of our work

Sharing our knowledge and skills with colleagues who work across the health and care sectors

Helping our clients to make, transparent, well-informed decisions in an open, accountable and responsible way

Creating innovative solutions including considering the potential for digital and technological innovation

Managing change well by balancing robust methodologies with political awareness, social impact and realism/pragmatism

Embedding continuous improvement and learning, underpinned by appropriate methodologies in quality and patient safety

Working across organisational boundaries to deliver the best possible solution for the populations we/our clients serve

Evaluating value for money to help decide how to make the most effective, fair and sustainable use of finite resources

## Our Foundations

As a values driven, public sector team working within the NHS, we adhere to the Principles of Public Life, the NHS Constitution for England, and NHS Values. Our team values of People Focus, Empower, Drive and Integrity align to these.

# Session Scope and Objectives



- A growing area....
  - What's it all about
  - Why and When we do it
  - Types of Benefit
  - Some Tips for Best Practice
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# Definitions

- "the process of organising and managing, such that the potential benefits arising from the use of IT are **actually** realised".  
*(Information Systems Journal 1999)*
- "the identification, definition, planning, **tracking** and realisation of business benefits" *(Association for Project Management. 2016)*
- A set of processes structured to **close the gap** between **strategy planning** and **execution** by ensuring the implementation of the **most valuable** initiatives. *(International Journal of Project Management, 2014)*
- "the initiating, planning, organising, executing, controlling, transitioning and **supporting of change** in the organisation and its consequences as incurred by project management mechanisms to realise **predefined** project benefits" *(International Journal of Project Management, 2016)*

# Historical Background

- Basic ideas probably date back to “Taylorism” in the early 20<sup>th</sup> Century – “Scientific Management”
  - The “management” structure can be traced back to the Logical Framework Approach (LFA) developed in 1969 for the US Agency for International Development
  - Methods started to become popular in IT industry about 30 years ago.
  - The term “Benefits Realisation” was [probably] coined in 1995 in the UK, when Scottish Widows created a Benefits Realisation method as part of its “Project Management Handbook”
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# UK Public Sector

- NHS Regions had Time and Motion/Work Study functions until the 1990s
- The Welsh Office introduced “Benefits” Methodology in the mid-1990s mainly for IT Schemes
- Adopted the by UK Government in their standardised approach to programmes, “Managing Successful Programmes” (MSP) in the late 1990s.
- Infrastructure and Projects Authority “Guide for Effective Benefits Management in Major Projects” (October 2017)
- Central to most of the projects which the NHS Transformation Unit are involved with





# Why Do We Do It Now?

- Value for Money/Best Value proposition
- NHS “Change” projects are encouraged to deliver a Benefit:Cost ratio of 4:1
- Required under the Treasury “Green Book” for public sector economic evaluation
- Required under “Blue Book” Business Case Guidance
- Referenced in NHSE&I Business Case Checklists
- Required as part of MSP guidance for large Programmes
- Forms part of PRINCE2 guidance

**Even at feasibility stage, approving bodies want to be reassured that a process is underway even if it isn't complete!**

# When Do We Do It?



- Right From the commencement of the Project?
- During the Business Case process?
- After the Project/Programme is finished?

The earlier we start the more time we will have....

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# SMART Objectives

Original George Doran definition (1981) was:

- **Specific** - target a specific area for improvement
  - **Measurable** – quantify or at least suggest an indicator of progress
  - **Assignable** – specify who will do it
  - **Realistic** – state what results can realistically be achieved within resources available)
  - **Time-related** – specify when results can be achieved
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- The acronym has now been expanded to incorporate additional areas of focus for goal-setters. **SMARTER**, for example, includes two additional criteria:
  - **Evaluated**: appraisal of a goal to assess the extent to which it has been achieved.
  - **Reviewed**: reflection and adjustment of your approach or behaviour to reach a goal.
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# Prescribed “Types” of Benefits

- Cash releasing benefits £
- Non Cash releasing benefits £
- Societal benefits £
- Non (£) Quantifiable/Quality benefits
- Carbon Benefits (CO<sub>2</sub>)

# Benefit Example - Social Prescribing

- Social Prescribing is a key part of the NHS's Long Term Plan (January 2019)
- 20% of Patients visit GPs for largely “social” reasons in a Bio-Psycho-Social Model of Illness
- Patients can be directed towards non-NHS interventions such as:
  - Exercise groups
  - Self-Help groups
  - Other activities

(See University of Westminster Study –will post in chat)

# Cash Releasing Benefits

- Save in “inputs”
- Will reduce actual costs
- Could result in ICB Prescribing budget adjustments

Social Prescribing can bring a real reduction in the number of Prescriptions for Medications and in Drugs Costs – a real “cash” saving

# Non-Cash Releasing Benefits

- Often seen as an “investment in quality”
- Actual cash savings difficult to realise as the inputs will be used to increase productivity and for more process or better quality outcomes
- Will not reduce “actual” costs

Social Prescribing allows potential savings in GP time using less-expensive staff resources (i.e. GP refers to a trained Social Prescriber)

Also proven reductions in A&E Attendances, Out-Patients, Hospital Admissions, Ambulance usage.

Could also include other “Care sector” benefits

# Societal/Social Benefits

- Basically the benefits accruing to wider society and the general population
- Can still be expressed in £ Terms

Social Prescribing helps people towards richer, better, more productive lives on which we can place a financial value using “Social Value” techniques.

E.g Time/resources spent travelling to hospital for patient and carer



# Social Impact/Value/Societal Value

- Treasury Green Book “approved”
- Increasingly important in the evaluation of public sector investment
- Helps evaluate Projects/Programmes
- Measuring social impact makes the implicit, explicit
- Attaches value to people’s outcomes
- Validated by economists
- Builds in “Deadweight” – assuming that a proportion of the change would have happened without the investment

Valid measurement of wellbeing improvements  
requires significant investment



# Social Impact/Value/Societal Value



- A number of proprietary models (some of them free!) available often sponsored/marketed by Local Authorities
- UK Government has recently issued its own framework for assessing Social Value in Procurement

[Guide-to-using-the-Social-Value-Model-Edn-1.1-3-Dec-20.pdf \(publishing.service.gov.uk\)](#)

# Non Quantifiable/Quality Benefits

- Can't be expressed in £ Terms
- Improved Morale?
- Improvements to the Patient environment?
- Public satisfaction?

Social Prescribing helps delivers the  
NHS Long Term Plan

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# Where Do We Go(ogle) For Evidence?

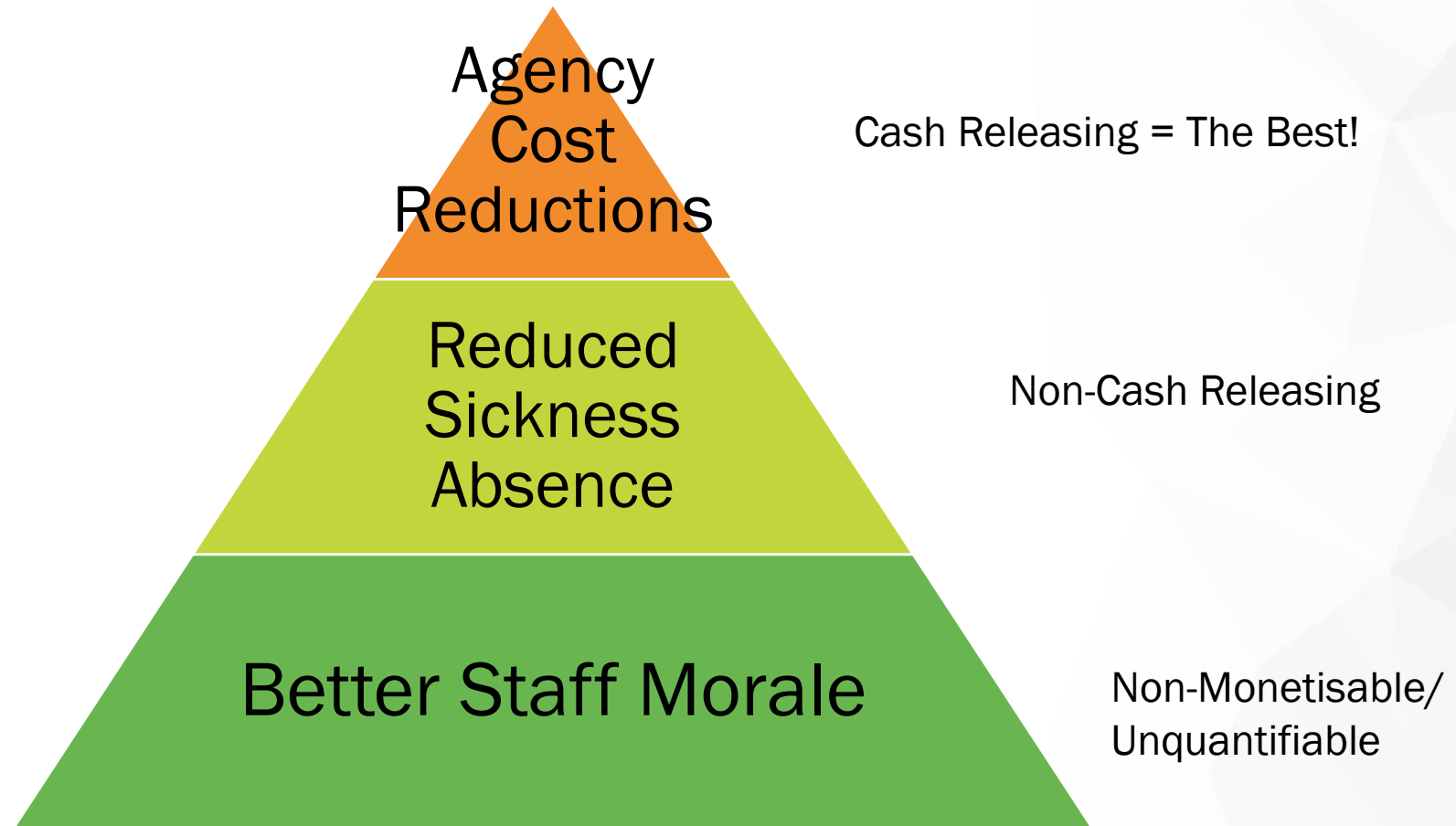
- Prior experience/reasonable targets
- Locally-commissioned “work studies”
- Information from other NHS organisations (previous similar projects)
- Systematic Literature Reviews
- Internet Searches
- RightCare/GIRFT/Model Hospital
- NICE studies

Sadly, there’s no comprehensive “digest” of benefits!

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# Hierarchy of Benefits – A Better Place to Work



# Benefits Realisation Management Plan – Key Components

- Investment/Spending Objectives (IOs)
  - Individual Benefits (Numbered and X-Referenced to IOs)
  - Metric
  - Action to Measure
  - Baseline
  - Target Amount/Date/Phasing
  - Beneficiary
  - Classification
  - Dependencies
  - Planned Action
  - Status [Could be Phased]
  - Responsible Individual
  - Workstream [if applicable]
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# Calculation

Confidence grid	Dependencies, risks and issues			
	Possibility of external factors affect benefits realisation			
Assumptions	High	Medium	Low	None
Empirical evidence supporting the chain of causality	30-50%	50-70%	70-90%	90-100%
Logical argument for the chain of causality; some evidence, could be tested over time	10-30%	30-50%	50-70%	70-90%
Logical argument for chain of causality; no evidence, hard to test	0-10%	10-30%	30-50%	50-70%

# A Universal Problem?

The US-based Project Management Institute (2014) identified that only **one in five** organizations report high maturity in benefits realisation.

"If value is to be created and sustained, benefits need to be **actively managed** through the **whole** investment lifecycle. From **describing and selecting** the investment, through programme **scoping** and **design, delivery** of the programme to create the **capability** and **execution** of the **business changes** required to utilise that capability, and the **operation** and **eventual retirement** of the resulting assets. **Unfortunately, this is rarely the case."**



## More of a “Dark Art” Than an Exact Science

- Solid information can be hard to come by and is in constant flux!
- Don’t let the perfect be the enemy of the good
- Initial assumptions can be refined as the project/programme moves towards execution
- Try and move up the “triangle” to quantify the “unquantifiable”
- Aim for some early wins to put energy in the process



# So.....

1

Start very early

2

Make sure you  
resource it  
properly

3

Get the evidence!

4

Involve the  
Clinicians

5

Show Leadership

**“Change will not come if we wait for some other person or some other time. We are the ones we’ve been waiting for. We are the change that we seek.” – Barack Obama**

# Contact Details



Peter Munday

[jandpassociates@outlook.com](mailto:jandpassociates@outlook.com)

[Peter.Munday@nhs.net](mailto:Peter.Munday@nhs.net)

Mobile 07900 904110

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# How to commission us

**We are on a number of frameworks which enable you to commission our services. One of the easiest routes for public sector organisations is via Transforming Organisations, Performance and Systems hosted by East of England Collaborative Procurement Collaborative Hub.**

**Via MLCSU we can be awarded via the following lots:**

- Lot 1: Sustainable Services Modelling, Design & Improvement
- Lot 2: Strategy, System Leadership, Governance, & Integrated Assurance
- Lot 3: Training, Quality Assurance and Consultation Services
- Lot 4: Commercial, Financial and Analytical Related Advisory Services
- Lot 5: Procurement and Supply Chain Services
- Lot 6: Workforce Transformation
- Lot 7: Communications and Engagement Delivery
- Lot 8: Multi-Disciplinary Consultancy Services

**East of England  
NHS Collaborative  
Procurement Hub**

Delivering value for and by the NHS

**Awarded  
Supplier**



Transforming Organisations,  
Partnerships and Systems

**Our commercial team are happy to speak with you about contracting options available**