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# **The need for Benefits Realisation in healthcare – Creating a benefits driven culture**

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## **Abstract**

Transformation and change for a better health and care delivery system have been the driving forces behind UK's government initiatives and investments during the past decade. Questions have been raised in terms of how successful these investments have been and to what extent they have delivered their strategic step changes and benefits to the community and to the healthcare system in itself as a whole. The need to identify a process that will manage and deliver those benefits as well as managing any unanticipated impacts is now greater than ever.

This paper investigates the need for a new thinking behind transformation and change and argues that the answer is a benefits driven mindset. A Benefits Realisation Management Process (BRMP) should be the leverage behind any decision making mechanism. It should provide the justification and give purpose to any project or programme no matter how big or small.

This paper presents results from a literature review and a case study methodology approach focusing on why healthcare infrastructure and service delivery programmes or projects need to be benefit driven in order to have a better chance on achieving the required results for all stakeholders involved throughout the process.

## **Keywords**

Benefits Realisation, Stakeholders requirements, Healthcare Infrastructure, Change management

## **1 Introduction**

In many large organisations and complex public interest sector programmes and projects, failure to identify and achieve planned benefits through change initiatives appears to be common (Payne 2007, Bartlett 2006). In general the question is one of the difficulty of managing highly complex programmes, portfolios or projects rather than lack of performance of infrastructures. Lack of benefits management is often a root cause of programme failure, but equally damaging is poor benefits management, which attempts to manage benefits, without recognition of the contributors to success. The task is, therefore, complex, and demands a wide span of control (Bartlett 2006).

The costs of undertaking programmes are real and immediate, while the benefits frequently only occur after the programme is completed and implemented. Furthermore the people responsible for delivering the benefits are often different from those responsible for directing and managing the programme itself. This is even more evident in the case of Healthcare Capital investment programmes where there is a huge diversity of stakeholders involved and different levels of activity and decision making. Investors and policy makers can be confident that the investment is likely to be fully successful if benefits are fully defined, understood and agreed at the start of the program. This understanding must be supported with mechanisms to measure the benefits and with procedures for monitoring, reporting and most importantly responding to their achievement or non-achievement.

This paper presents the Benefits Realisation research project undertaken by HaCIRIC, identifies the issues in why major programme and projects are failing to fulfil expectations and identifies the need for a framework of proactive management of benefits realisation and change where the spotlight is continually focused on the benefit outcomes from the early conceptual stages and goes beyond project delivery.

## **2 Research Methodology**

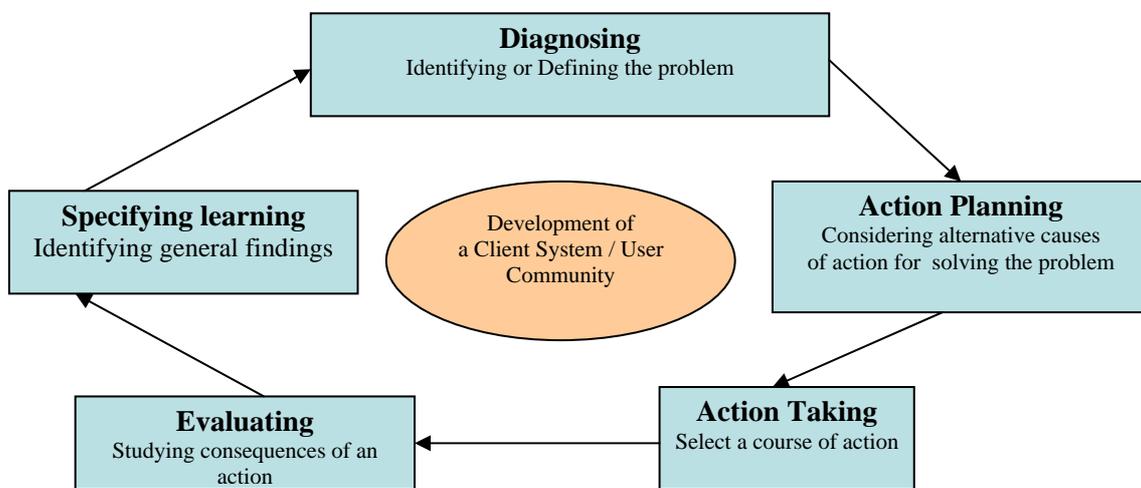
The overarching research philosophy adopted for this research project is an actor based research philosophy used in the development of the Generic Design and Construction Process Protocol (Kagioglou et al 2000) and it consists of the preunderstanding – understanding hermeneutic spiral (Odman 1985), grounded in actor research philosophy (Berger & Luckmann 1966).

The first phase of the research project is focusing on the healthcare sector in England and in particular at primary care infrastructure facilities and services delivered through the Local Improvement Financial Trusts (LIFT). LIFT is a vehicle used by the National Health Service (NHS) in England for improving and developing new investments through a Public-Private Partnership (PPP).

The main channel of communication flows used currently for the refinement and development of a benefits realisation management process are workshops between

HaCIRIC researchers and the industrial partners. Although crucial preunderstanding/understanding is transferred and developed through an ongoing dialogue both prior and between the workshops.

An action learning dimension as shown in Fig 1 (Susman and Evered 1978) is taken to enhance the research vision. Action research is an interactive approach and provides the platform where HaCIRIC’s research team and the industrial partners can agree on the issues, monitor the present situation, analyse data, identify improvements on the BRMP and subsequently reflect and evaluate upon impact that these improvements may have.



**Fig 1:** Action research cycle (Susman and Evered 1978)

One of the deciding factors on taking that approach was the emergence through the research workshops of a BRMP user community consisting mainly of the project’s industrial partners. Workshop participation encourages industrial partner members to generatively learn as they discover how to make sense of the BRMP in terms of their own language and organisational settings (Kagioglou et al 2000). Research techniques used in this research include, pilot case study, case studies, questionnaire surveys, workshops and interviews, more descriptive details on these are included in a forthcoming accepted paper (Harris et al 2008).

### **3 Literature Review**

The concept of benefits realisation was conceived in the late 1980s and early 1990s, a literature review is undertaken to investigate the latest developments in benefits realisation and management. Early signs indicated that the main body of literature on benefits realisation consists of practical guides and frameworks around IS/IT investments mainly in the private sector (Ward and Bond 1995, Leyton 1995, Thorp 1998, Bradley 2006, Bartlett 2006, Payne 2007). The literature shows that benefits realisation and management has for many years been the Cinderella of the project management profession (Payne 2007), it is only in the recent times that is emerging as an important factor for successful programme and project delivery both in the private and public sector (OGC 2007, Reiss et al 2006, Ward and Daniel 2006, NHS 2004). It seemed appropriate that in order to identify key principles and to further develop the BRMP a literature review needs to be undertaken in areas that not immediately fall under the benefits realisation umbrella. Such areas include decision making and optioneering, performance management, impact assessment, value flow and generation, stakeholder requirements capture, change management and continuous improvement (Sapountzis et al 2007). These and other relevant to BR areas are briefly explored in the following sections and they are a result of the initial literature review and several workshops with the industry partners that form the advisory group of this research project.

### **4 Programme Management, Change and Organisational Culture**

Benefits management in programme management terms is defined as the process for the optimisation or maximisation of benefits from organisation change programmes while programme management is simply defined as the orchestration of organisational change (Reiss et al 2006). The practical management of benefits seems to be difficult for many programmes, and may be due to the lack of understanding of the contributors to benefits achievement and the techniques available to manage benefits (Bartlett 2006). The impact of change should be monitored throughout programmes and projects development and mechanisms should be in place ready to adverse any negative impact implications (Sapountzis et al 2007). Benefits are achieved during the life of a programme, as completing projects are decommissioned and new ones commissioned.

In a project, benefits only usually accrue once the project has completed, and after the project team has been disbanded, few organisations seriously put into practice a benefits management regime. A programme however is an ideal vehicle for monitoring the achievement of benefits (Reiss 2006)

Many of the things which can go wrong in a programme in terms of benefits are to do with expectations management (Reiss 2006, Bartlett 2006); this is a common source of programme risk. A key hindrance to the achievement of benefits is organizational culture. The culture of a company and its existing business base are powerful influences for or against the successful achievement of benefits. Culture is a particular challenge, especially since it is unusual for company culture to be taken into consideration when deciding the potential benefits at programme inception. Benefits are, therefore, often assumed to be achievable in spite of a particular company culture. More commonly benefits are victims of programme longevity, and their perception changes within the business. This is very much the result of inadequate expectations management. (Bartlett 2006).

## **5 Complexity and management blind spots**

It is important to pay attention to management blind spots which in turn they form the four critical dimensions of complexity (Thorp 1998). These blind spots are: linkage, reach, people and time. Linkage is the necessary link that needs to be made between the expected results from a project or programme and the overall strategy of the organisation. Reach refers to the breadth and depth of change required within the organisation for the benefits to be realised as well as understanding the areas of impact and to what extent stakeholders will be affected. People; a large number of people must be motivated and prepared to change. A clear understanding is needed as to which people are involved at what stage, what interventions will be required to effect the change how these interventions will be managed for people with different starting points, attitudes and motivations. Time; in any transformation process time is always of the essence. We need to ask –and ask again and again- what the realistic length of time is for all the necessary changes to occur and for the full benefits to be realised. Estimations of time must be based on understanding the three previous dimensions.

There must also be recognition that the other three dimensions will change themselves over time.

## **6 Stakeholder Requirements**

Harris et al (2007, 2008) argue that one of the main difficulties of having a number of stakeholders involved is the different objectives and demands each of the groups/individuals holds that are at times conflicting (Ayuso, 2006), this frequently occurs in the case of construction projects and Healthcare organisations (Olander and Landin, 2005 and Carruthers et al. 2006). An example of this within the healthcare organisation would be the procurement of a primary health care building, the builders will be working to a particular design, location, cost and time, however the community may be unhappy with the location of this building. This kind of conflict between the two stakeholders can cause disruption to the whole project and could potentially lead to the end of it. However a situation like this can be resolved with the help of other stakeholders becoming more involved appeasing the situation tightening their relationships, and the project manager communicating fluently and effectively to the stakeholders recognising their concerns with an attempt to reconcile them (Olander and Landin, 2005).

Other tensions that can exist between stakeholders, especially those within construction projects are due to (Newcombe, 2003):

- Long term versus short term objectives
- Quantity versus quality
- Cost efficiency versus jobs
- Control versus independence

These tensions and predicaments show that the relationship between the stakeholders and organisation is two way, both can have an impact on the other, they can be affected by the behaviour, decisions, policies, objectives and practices of the other. Due to this and the recognition of the stakeholders' role in successful change businesses are undertaking different methods to manage their relationship with stakeholder and any change that may occur (Bradley, 2006) these include:

- Developing at the early phase of a project an effective communications strategy.
- Development of a stakeholder management strategy for the whole life cycle of the project.

Harrison and St John (1996) believe that the traditional methods of stakeholder management such as buffering only satisfy the needs of the stakeholder whilst newer partnering methods aids the business to ‘build bridges with their stakeholders in pursuit of common goals. Ayuso et al (2006) believe that the requirements, needs and aims of customer and employee stakeholder groups can be identified and achieved through the simultaneous use of the following capabilities:

- Stakeholder dialogue – allows continuous two way communication between stakeholder groups and company, concentrating on listening with understanding allowing hidden beliefs and ideas to be expressed leading to transparency and building trust. This ultimately allows the group to identify and focus on common interests.
- Stakeholder knowledge integration – from the stakeholder dialogue stakeholders are able to gain both practical and creative knowledge from one another. From this knowledge ideas/products/services/innovations aimed at meeting the requirements and expectations of the stakeholders are realised.

## **7 Stakeholder Management in the Built Environment for Healthcare**

The issue of stakeholders and the correct way to manage them within healthcare has been an issue that the Department of health have been focusing on over recent years. In 1997 the Department for Health published the white paper ‘Designed to Care’ which identified the need for healthcare to focus on the patient stakeholder group, whilst in 1998 ‘The New NHS: Modern and Dependable’ white paper identified the importance of the provider and purchase stakeholder groups delivering the service of an integrated healthcare through partnership and a shared vision.

The 1997 policy stated that healthcare organisations needed to engage and listen to its most important stakeholder, the consumer, the patient; from the setting of standards to the planning of healthcare buildings to the delivery of them and the services that should be provided within them (Curry et al 1999). This would help healthcare to provide the

service and quality of services the patients require. However this approach could prove to be difficult as often patients may not know what they want or have particular expectations or requirements. For this reason Bastian (1999) believes that the standard of consumer and patient involvement must be improved with thorough consultation with the patients and a strategic planning process incorporating the views, ideas and requirements of the patients. Curry et al (1999), point out that the methods of consultation used between the patients and the healthcare organisation must be rigorous, able to uncover knowledge of the patient that can often be difficult to ascertain through simple data collection surveys. They tested out the Servqual tool and nominal group technique to see if these methods would be able to help the healthcare organisation understand what was wanted by the patient stakeholders and whether they could deliver this. The Servqual tool measure gaps between expectations and perceptions, whilst the Nominal Group tool defines quality parameters and priorities of the patient stakeholder group. They found that the Servqual was more useful in longitudinal studies in discovering the priorities of the patient and their perceptions; it also helped the healthcare organisation to discover best practice in systems which lead to attempting to improve that service. The Nominal Group Technique allowed patients to make informed choices and obtained the perspectives of the patients. The information from both of these techniques help the health care organisation ensure that it is providing the healthcare service and facilities in accordance to the requirements of its major stakeholder group the patient.

When looking at the stakeholder management within the procurement of a healthcare organisation, it must be remembered that the healthcare system is turbulent, complex and adaptive with multiple complex systems nested within it (Carruthers, 2005, Sweeney & Griffiths 2002). Kenrick, D. (2004) believes that decision making between stakeholders within the complex organisation of Health care could be improved through emergent decision making which builds on complexity insight. Below are the features of this (Kenrick 2004):

- Promoting a conversational framework
- Reducing professional hegemony and power differentials amongst stakeholders
- Developing an environment of high trust
- The definition of a small number of guiding principles or simple rules

- Recognising the importance of reiterative judgements – the source of standards in the previous history of the system
- Allowing solutions to emerge that are not necessarily optimum but satisfy the constraints placed on the system

If the above methodologies were used within the procurement of healthcare buildings the relationship between the healthcare organisation and stakeholders could be harmonious, helping the process run efficiently and effectively.

## **8 Benefits Measurement and Evaluation**

It is often very difficult to convert a policy vision or a business strategy into detailed and measurable statements of expected benefits. It can be hard to realise and measure all benefits from an investment or change. Firstly, because some of the benefits may be secondary, ones that were not expected and have resulted indirectly from the changes that have been made (Bradley, 2006, Farbey et al 1999). Secondly, some benefits which are called ‘intangible’ are very difficult to measure. This is when the expected benefits cannot be expressed in terms of their likely impact on the balance sheet or the profit and loss account. Those that can be so expressed, that is, those which have a tangible financial outcome are usually referred to as hard or tangible. Intangible or soft benefits are those that are less easy to express and to measure in terms of cash or objective numbers.

Reiss et al (2006) state that whether relying on hard or soft benefits to justify the success of a programme the analysis must be rigorous, comprehensive and agreed by all key stakeholders. Furthermore it should be possible to express all benefits in such way that their ultimate achievement can be unequivocally established. In practice successful programmes combine a range of hard and soft benefits. The difference between the two types of benefit becomes less important as hard benefits are tempered with provisos about risk and vagaries of human nature and soft benefits are defined in terms of meaningful targets, milestones and measures.

When planning for Benefits realisation management it must be understood that benefits are often unplanned benefits. These are often a consequence of a change implemented or another benefit gained, and must be included during any kind of assessment of performance on an organisation. ‘Incidental impacts should also be identified and proactively managed’ (Ashurst and Doherty, 2003)

## **8.1 Benefits Realisation and Healthcare**

Benefits Realisation is especially important within a healthcare setting as the process along with the formal appraisal, evaluation and management schemes ‘helps to ensure a clear sign posting of who is responsible for the delivery of those benefits’ (NHS No delays website, 2007). Within such large and complex environment this is very important in ensuring it runs efficiently and effectively. The process also helps to find out if the intended benefits have been achieved and continued after the project finished.

Changes that have occurred and will continue to occur in the NHS structure, governance, roles etc have had and will continue to have a huge impact on the ability to evaluate the service. Farbey et al (1999) explain that the shift in responsibility and power between workers due to organisational structure changes, has led to confusion over priorities. With groups now competing with one another for the authority and control over the organisation, its strategy and value system. With this competition within trusts and between them evaluation has become more focused on the cost effectiveness and efficiency.

Summarising on the key issues above and taking into account findings of a previous paper (Sapountzis et al 2007) the key principles of BRMP should be; its appropriateness for those who operate it and those that use the information produced; The way its assessment of all relevant aspects is balanced, including those that are hard to quantify; How robust it is to withstand change; the careful integration into business planning; Cost effective by producing performance information that realises benefits in proportion to the investment required to collect it; Simple to Implement.

Therefore benefits realisation could be defined as one becoming fully aware of the positive impact as a result of a change. HaCIRIC consider the Benefits Realisation Management Process (BRMP) to “To increase the predictability of realising maximum

benefits for all stakeholders of healthcare infrastructure programmes and projects through the utilisation of a robust benefits realisation process.

## **9 Benefits Realisation Management Process introduction and final thoughts**

It is important to understand that over the course of a benefits management lifecycle, organisations and government policy drivers especially within a healthcare setting are highly likely to change and this will impact upon agreed benefits. It is essential to have a robust process in place that will accommodate and react to change. The key for successful implementation of Benefits realisation is its integration within the organisation's strategy and culture and taking into account external factors.

Programmes and projects should be benefit driven if they are to be considered as successful. The essence of benefits realisation is “not to make good forecasts but to make them come true ...” (Ward et al. 1995)

Projects and programmes are generally driven by a need to realise specific benefits through structured change. Benefits management and realisation has recently risen as the “new” practice that seeks to move forward from the traditional investment appraisal approach and focus on the active planning of how benefits will be realised and measured (Glynne, 2006).

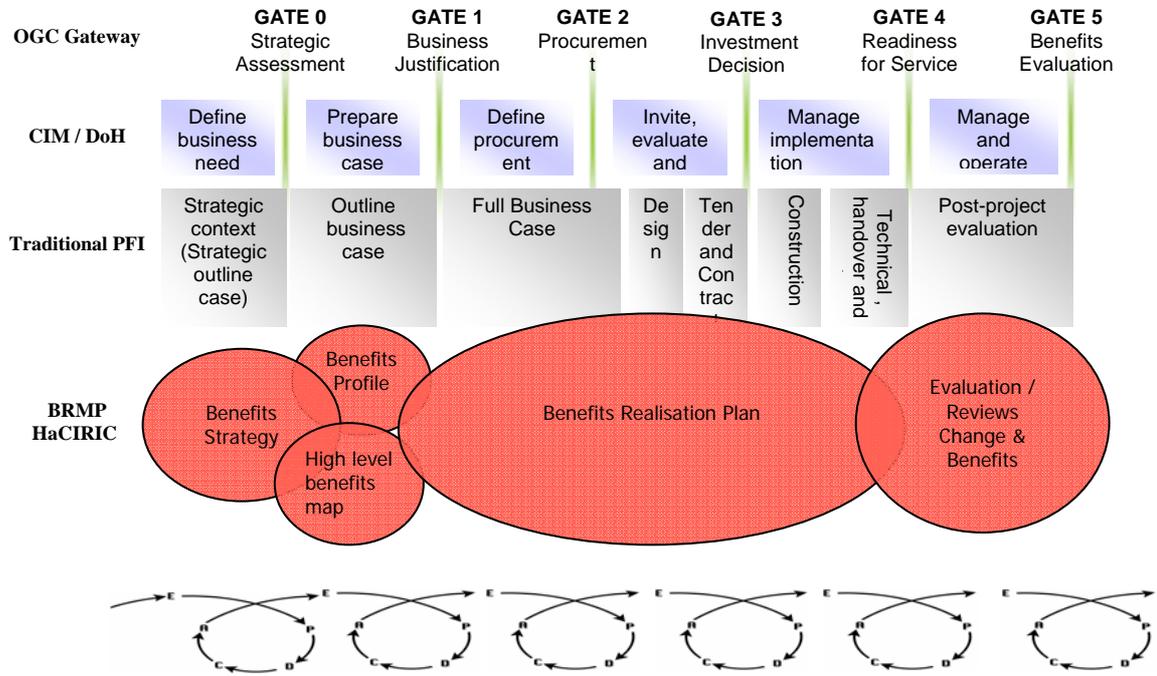
The BRMP, briefly introduced in this paper aims to accommodate the issues and concerns raised above and at its current development phase consists of five main stages.

These stages are:

- Benefits Strategy
- Benefits Profile
- High Level Benefits Map
- Benefits Realisation Plan
- Evaluation and Review of Change and Benefits

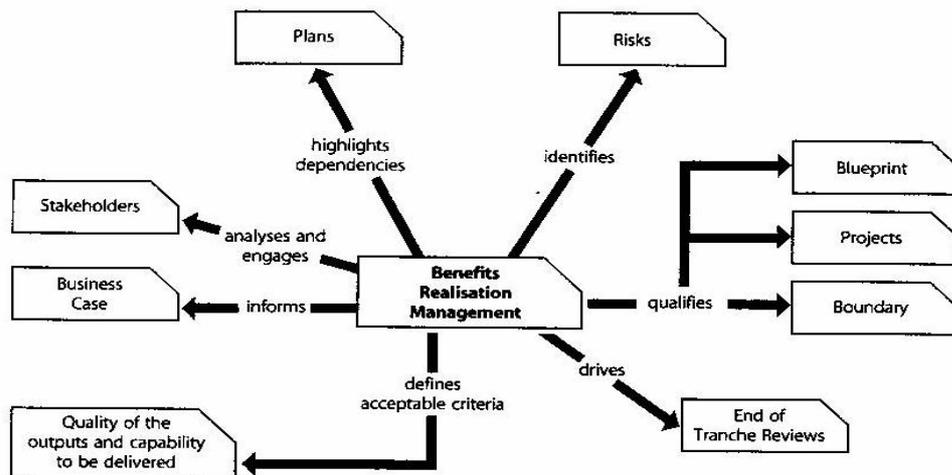
The whole process is overarched by the continuous improvement principle resulting into a continuum of benefits realisation and organisational learning.

An illustration on how the BRMP is aligned within HaCIRIC with traditional development approaches is given in fig 2.



**Fig 2:** Benefits Realisation Management Process alignment with investment processes (Sapountzis et al 2007)

OGC (MSP 2007) agrees that best practice programme management aligns everything towards satisfying strategic objectives by realising the end benefits. The ultimate success of a programme should be judged by its ability to realise these benefits and the continuing relevance of these benefits to the strategic context. As illustrated in fig. 3 benefits realisation lies in the heart of a programme's control. Benefits realisation is a continuous process of envisioning results, implementing, checking intermediate results and dynamically adjusting the path leading from investment to results (Thorp 1998). Benefits Realisation is not just a process that can and must be managed just like any other business process but should be the driving force behind any business justification decision.



**Fig 3:** Benefits realisation management as the key driver (OGC / MSP 2007)

Typically expected benefits are summarised within a business case, which is one of the key project initiating documents of any programme. Within the business case the general objectives of the programme will need to be expressed, as far as possible, in terms of specific benefit expectation or targets (Reiss et al 2006). The authors view is that a business case should not be static document but in contrast a live document throughout the life of a programme; it should evolve overtime as new understanding and insight is gained into the issues affecting the programme. Therefore the business case needs to be reviewed and adjusted in the light of changing circumstances. It is often that programmes and projects are initiated before an attempt is made to define their benefits, which is usually left until business case is first needed for a project stage approval (Payne 2007).

Achieving successful change is much easier if all stakeholders are committed and the earlier this commitment is accomplished, the smother the path to a successful outcome (Bradley 2006). In order to engage and involve stakeholders you first need to identify them. At the early stages of a programme, project or a change process the stakeholder population maybe a little fluid. The process therefore of identifying them needs to be iterative. To ensure that all stakeholders become committed it is important to engage them effectively, throughout the complete change lifecycle.

The concept of managing benefits in order to ensure their delivery is usually new within a sector or organisation. The various stakeholders will need educating in how benefits are to be identified, modelled and subsequently delivered (Reiss 2006). It would be risky to assume that all stakeholders will understand the implications of benefits identification and planning. Kagioglou et al (2000) highlights that project success relies on the right people having the right information at the right time stating that the active involvement of all participants, especially in the early phase of a project, may subsequently help to foster a team environment and encourage appropriate communication and decision making.

The growing belief following the literature review and interactive workshops between the researchers and industrialist groups is that a programme's or project's justification should be initiated and controlled throughout its lifecycle by a 'benefits realisation case'. The traditional business case should be part of the overall benefits strategy and delivery plan of a programme. A benefits realisation case can be more realistic, reflecting the ability of the organisation to realise as well as identify the benefits. It should be based on evidence that shows how the 'value' of each benefit was derived. As not all investments will be able to be justified financially (Ward 2006) the need for a 'benefits realisation case' that will emphasise the focus of the importance into real outcomes, becomes more apparent. However, the ability to explicitly weight and measure the benefits is essential to their delivery. Further work (already initiated within this research project) will focus on the identification of a 'benefits common currency' that will enable to weigh, prioritise and measure benefits so decision making throughout the BRMP will be appropriately facilitated and better justified.

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