

Benefits Management Resource Pack





















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section 1

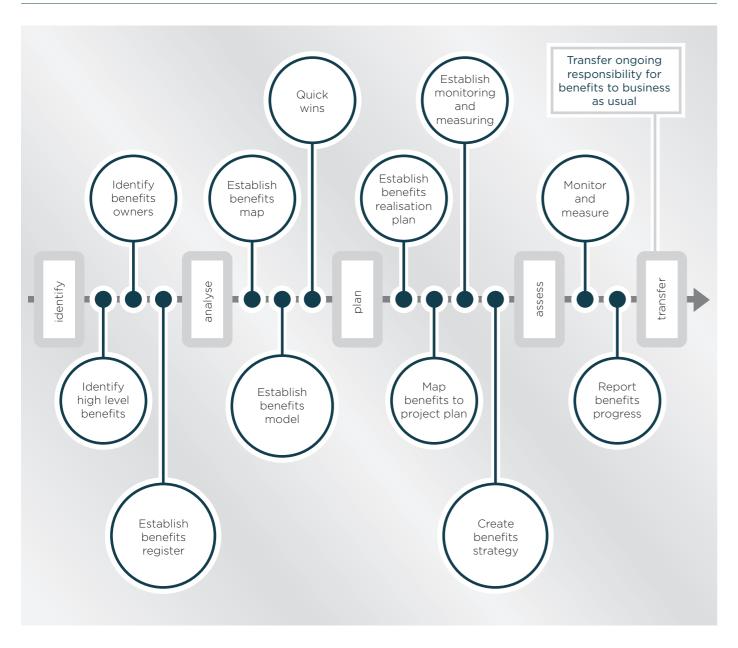
preparing for benefits management

1.1 Skills and time requirements

Skill requirement	Why?	Inte	Internal		Owner and	Available capacity	RAG Status
		Public Sector	Third Sector		Delegate		
Stakeholder management	An ability to communicate and relate to stakeholders and manage expectations. Ensuring that all aspects of the PSP and those of interested parties are represented in the articulation of benefits requires good stakeholder management.	Do the public sector PSP partners have this skill inhouse?	Do the third sector PSP partners have this skill in-house?	What capacity is available?	If not available internally, does this skill need to be sought externally?		
Project management	Setting up and running a benefits management process requires an individual who can plan, manage and deliver tasks within timescales.						
Financial and analytical	There may be a strong focus on financial benefits as a result of new service delivery and as such an ability to analyse numerical data will be necessary.						
Written and verbal communication	There will be an ongoing requirement to report on benefits realisation progress. Clear communication skills will be required to convey that progress in the appropriate form to a variety of stakeholders.						

getting started

2.1 Benefits management roadmap



2.2 Identify

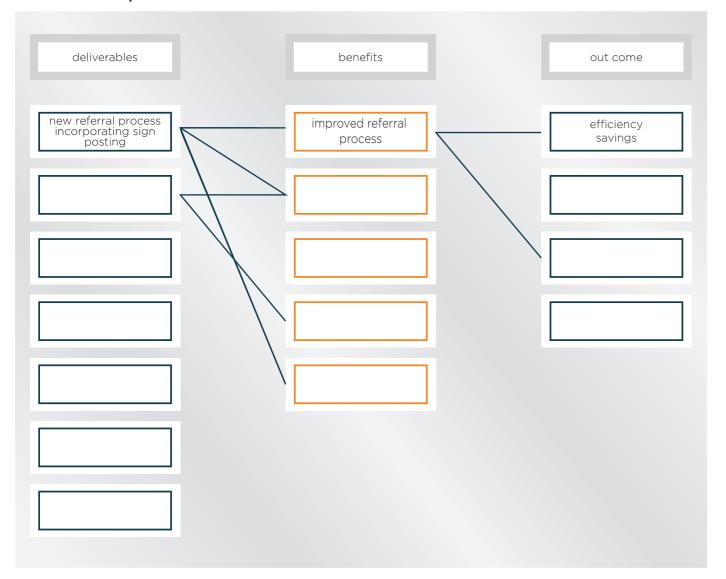
2.2.3 Benefits register

Α	В	C		E
No.	Benefit	Realisation timing	Benefit owner	Who is impacted
Assign number	Description of the benefit	When the benefit is expected to materialise/ realise	Person responsible for ongoing management of the benefit realisation in business as usual service delivery	Any stakeholder affected by the benefit
1	Example: Reduced A&E alcohol admissions	Example: 2 months post new service implementation	Example: Clinical lead	Example: Medical and nursing staff
2	Example: Increased independence for individuals through removal of sleep-oversindividuals through removal of sleepovers	Example: 6 months post removal	Example: Commissioning Lead	Example: Staff

getting started cont..

2.3 Analyse

2.3.1 Benefits map





getting started cont..

3.3.2 Benefits model - example of ranking

No.	Benefits	Importance of benefit to the success of the project 3 = critical to demonstrate 2 = important to demonstrate 1 = good to demonstrate	Ease of benefit measurement 3 = relatively easy to measure 2 = requires work to measure 1 = cannot be measured/very difficult	Combined score	Ranking
	Description of the benefit	Allocate score of 1 to 3 based on how important the benefit is to the success of the project	Allocate score of 1 to 3 based on how difficult or easy it is to measure the benefit	Add both scores to get a combined score	Rank benefit based on score and any other relevant criteria

Please note that this is one example of how to allocate a score to benefits to assist with benefit ranking. Other criteria can be used and indeed, should be considered to support the specific requirements of each project. Scoring is simply a mechanism to help decision making and other factors must be taken into account - if a benefit is considered an absolute must in terms of project achievement then regardless of how difficult it is to measure, it should remain a priority.

getting started cont..

3.3.3 Benefits model

A	В	С	D	E	F	G	н	1	J
No.	Benefit	Realisation timing	Benefit owner	Who is impacted	Benefit type	Measure	Ranking	Status	Dependencies
Populate columns A to E	E with information from ben	efits register			The type of benefit - see guide section 1.4 or other relevant type description		The priority assigned to the benefit	What stage the benefit is at - see section 1.4 of the guide	Is the benefit dependent on another benefit occurring?
1	Example: Reduced A&E alcohol admissions	Example: 2 months post new service implementation	Example: Clinical lead	Example: Medical and nursing staff	Example: Measurable/cashable	Example: No of alcohol related admissions	Example: 2nd (of 11)	Example: Secured	Example: Improved sign posting process for alcohol problem management
2	Example: Increased independence for individuals through removal of sleepovers	Example: 6 months post removal	Example: Commissioning Lead	Example: Staff Individuals Families/Carers	Example: Measurable/ non-cashable	Example: Distance travelled (through survey)	Example: 3rd (of 11)	Example: Defined	Example: Improved monitoring through telecare implementation

getting started cont...

2.4 Plan

2.4.1 Benefits realisation plan

А	В	С	D	E	F	G	н
No.	Benefit	Baseline value	Activities	Dates	Assigned to	Associated deliverables	Associated milestones
Populate columns A and B with benefits register	information from	Established baseline value prior to service pilot commencing in order to measure future progress	Activities that need to be completed to monitor and manage benefits progress	When activities are undertaken	Who completes the activity	Taken from the benefits map and PSP project plan	Taken from the PSP project plan
1	Example: Reduced A&E alcohol admissions	Example: Current average 120 per month	Example: 1. Capture baseline measurement 2. Capture actual measurement no. 1 3. Monitor and assess 4. Feed into report for Gov Group				

3.5 Assess

3.5.2 Benefit progress report example

Benefits Realisation Summary							
Current RAG	Benefit description	Benefit type	Planned realisation date	Actual realisation date	Prior RAG	Benefit owner	Comments
Provides an indication as to whether the benefit realisation is on track as per the benefit plan	From benefit register Benefit 1	Type as per guide section 1.4 or other relevant type	When the benefit is expected to be realised	When the benefit is actually realised	Provides an indication as to whether the benefit realisation is on track as per the benefit plan	Person responsible for ongoing management of the benefit realisation	
	Benefit 2						
	Benefit 3						
	Benefit 4						
	Benefit 5						
	Benefit 6						
	Benefit n						

¹ This table is an extension of the benefits table completed in Section 4 2 NHS Scotland: Costs Book, Information Services Division Scotland, 27th November 2012. http://www.isdscotland.org/Health-Topics/Finance/Costs/