

Appendix AC – Example benefits realisation plans

| Programme | | UHL Reconfiguration Programme | | Project | | Long Term ICU | | | | |
|--|------------|---|---|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| To deliver services in line with National Standards and frameworks | ICU1 | Ensure critical care services are equipped to respond to existing commissioning requirements, as well as responding flexibly to future changes in service delivery, demand and national/regional guidance and policy. | <p>Delivery of the revised core standards published by the National Society of Intensive Care Medicine (NSICM) in 2013.</p> <p>Delivery of commissioned service standards in line with D16 and NHS service specifications 2014 Adult Critical Care (D16) – NHSE</p> <p>To enable UHL to become a branded identity with an international reputation; reflecting excellent quality and responsive services for the patients of LLR and beyond</p> | Development control plan Release of space at LRI | Compliance with critical care standards (yearly review) | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|--|------------|--|--|--|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| Strategic fit | ICU2 | Facilitates the move of services off the LGH site Fit with: <ul style="list-style-type: none"> UHL's Clinical Strategy UHL Estates Strategy LLR Estates Strategy UHL Workforce Strategy LLR Workforce Strategy | <ul style="list-style-type: none"> Improvement in the per capita provision of ICU beds against national and international benchmarks. To develop a capacity which will support increasing future service demand. Additional capacity to accept level 2 and level 3 activity, enabling an increase in tertiary services and reduction in cancellations | Commissioner intentions | <ul style="list-style-type: none"> Comparison against Bazian report Per capita provision of ICU beds in LLR Demand versus capacity gap analysis % Theatre cancellations attributable to lack of ITU capacity | Yes | | | | |
| To provide a critical environment which facilitates the modernisation of services | ICU3 | To provide a critical care environment which improves the clinical adjacencies between services, streamlining patient pathways Enables a safe, sustainable and | Consistent model for shared patient management in critical care (Intensivist and specialist consultants) across all specialities. Provision of the right number of | Transfer of level 2 HDU from speciality bed base Consolidation of workforce | <ul style="list-style-type: none"> % Level 2 Care provision in general wards/assessment units | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|---|------------|---|---|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | clinically effective delivery of the agreed service models | Augmented and Critical Care Beds in the right locations including the consolidation of satellite HDUs | | | | | | | |
| To improve clinical quality and patient safety | ICU4 | To provide a critical care environment which optimises clinical safety and high quality care To provide a critical care environment which reduces clinical risk | Delivery of modern and sustainable configuration of services that maximise clinical affinities and critical adjacencies, enhance patient safety and minimise clinical risk, in a purpose-built critical care environment. | Detailed clinical operational policy and design brief | <ul style="list-style-type: none"> Number of Serious Untoward Incidents (SUIs) | No | | | | |
| To deliver improved health outcomes | ICU5 | To provide a critical care environment which improves outcomes Provision of sufficient level of ITU beds which help to minimise clinical risk, reduces preventable deaths/harm and | Provision of high quality of clinical care achieving all the clinical outcomes Access to critical care beds at an earlier stage in a patient's treatment to | Contingent upon delivery of capacity in super ICUs | <ul style="list-style-type: none"> Reduction in patient length of stay Morbidity and mortality rates Number of Serious Untoward Incidents (SUIs) | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|---|------------|---|--|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | improves health outcomes. Improves access to services – right service, right place, right time. | optimise clinical outcomes. | | | | | | | |
| To improve the quality of patient experience | ICU6 | To provide a critical care environment which improves the quality of care and experience of users (patients, visitors and staff through an improved environment that supports clinical effectiveness. | Enhanced patient and visitor experience and quality of care Delivery of a sustainable and consistent ICU provision at the Glenfield and Leicester Royal Infirmary sites Addresses the imbalance between demand and capacity and insufficient access to High Dependency Unit (HDU) beds . Increased ability to reduce and sustain improved Referral To Treatment (RTT) targets. Patients requiring level two and level three care will receive care | Commissioned activity levels Demand and capacity planning Timetabling/job planning Service and process transformation – implementation of new ways of working and Models of Care | <ul style="list-style-type: none"> • Friends and Family Test • Staff survey/UHL Pulse Check • Improved operational performance in delivering the cancer 2 Week Wait (2WW) and 62 day targets • RTT Targets • Size of waiting list and waiting times for treatment • Delayed transfers of care | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|---|------------|--|---|---|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | appropriate to their individual needs within the ICU until they are well enough to step down to a level one or level zero facility. Improved service reliability and reduced disruption to patient care | | | | | | | |
| To provide accommodation that is sized to be fully functional and meets safety and quality standards | ICU7 | Ensures compliance with national regulatory standards including CQC compliance, accreditation standards, privacy and dignity and infection prevention standards. | Provision of sufficient side rooms to isolate patients either for infection prevention reasons (both transmission of and/or exposure to infections) Creation of enhanced privacy and dignity for patients, particularly in the case of the dying patient | Agreement with Infection prevention team on numbers of side rooms | <ul style="list-style-type: none"> • Patient satisfaction/F&F Test • Infection prevention rates • CQC Inspection feedback | No | | | | |
| To Improve service delivery, efficiency and effectiveness | ICU8 | The extent to which the development of services has the capability to respond flexibly to changes in | ICU Capacity enables improved utilisation of speciality beds & theatres | Commissioned activity levels Demand and capacity planning Timetabling/job | <ul style="list-style-type: none"> • Bed occupancy rates • Theatre efficiency • Theatre cancellations | Yes | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|--|------------|---|---|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | clinical practice, activity and service delivery changes. Facilitates a generic approach where possible to the use of space and shared facilities whilst ensuring functionality. Allows for expansion/contraction potential to meet new guidance, business opportunities and service demands. Accommodates changes in technology and its application to deliver increasingly more efficient services. | Provision of 'super ICUs' will support the growth in demand across all services over time Creation of an environment that allows the service to flex the space according to demand and capacity for each level of critical care service. | planning Service and process transformation – implementation of new ways of working and Models of Care Theatre efficiencies | | | | | | |
| To provide a critical care environment which has an innovative and flexible workforce | ICU9 | Enhances staff wellbeing through an improved , high quality working environment that supports efficient working practices. Delivery of service models and new ways of working that contribute to efficient achievable and sustainable workforce | Effective and flexible workforce models, with improved staff recruitment and retention opportunities. Sustainable consultant on call rotas Provision of a high quality care delivered by a | Effective recruitment and retention strategies | <ul style="list-style-type: none"> Number of retained staff Improvements in workforce productivity measured by changes in activity versus changes in workforce Reduction in Turnover (target reduction from Trust average of xx% to xx%) | Yes | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|--|------------|---|--|--------------------------|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | solutions Improved staff engagement scores due to better rota management, more opportunities for career development and better working conditions. Includes improved scores in relation to health and wellbeing and team working. | well-trained and educated workforce resourced to meet the projected case mix and workload Provision of the opportunity to use the skills and expertise of professional staff flexibly, with joint training in order to transfer skills | | Reducing turnover by xx people <ul style="list-style-type: none"> • Reduction in sickness absence rates from xx to xx moving towards a Trust stretch target of 3% • Increased applications per advert and improved length of time to hire (60 day target). • Reductions in vacancies from xx to xx • Improvements in turnover and stability indices • Reduction in premium spend | | | | | |
| To provide a critical care environment which facilitates innovative and efficient working practices | ICU10 | Re-modelled workforce and staffing levels delivered as a consequence of optimum design. Enhanced skill mix and competencies to support delivery of the modernised services that is responsive to changes in demand. | Improved rota management, more opportunities for career development and better working conditions. Improved health and wellbeing and team working. Delivery of a sustainable flexible | | <ul style="list-style-type: none"> • Sickness rates to Trust stretch target of 3%. • %Increase in applications per advert • length of time to hire (60 day target). • Staff turnover and stability indices. • Reduction in premium spend | Yes | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|---------------------------|------------|---|--|--------------------------|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | workforce that is responsive to changing workloads and increasingly complex case mix Delivery of effective and flexible workforce models, with improved staff recruitment and retention. | | | | | | | |
| Value for money | ICU11 | To deliver transformed and best practice service models which support delivery of CIP targets and affordability of the business case Enhances the efficiency of the workforce through changes in working practices. Reduces the need for duplication of major capital equipment. Reduces the need for duplication of specialised facilities. | Increased flexibility in use of resources/beds within two larger units which ensures delivery of an efficient and affordable service model. Delivery of economies of scale in terms of management of level 2 patients | | <ul style="list-style-type: none"> Number of cancelled operations Number of surge periods £ CIP Financial Benefits realisation | Yes | | | | |
| Maintains and | ICU12 | To provide a critical | Improved | | <ul style="list-style-type: none"> Deanery/post | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | Long Term ICU | | | | | |
|--|------------|---|---|--|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| enhances education, training and research. | | care environment which improves teaching and research opportunities Enhances opportunities for research through collaboration with academic partners. | experience of postgraduate & trainees. Retention of Intensive Care training accreditation | | graduate education reports <ul style="list-style-type: none"> Junior doctor fill rates | | | | | |
| Flexibility for the future | ICU13 | Ensure critical care capacity is right for 20 years, reflecting the changing demands and expectations of a growing and ageing population, changing service models and improved efficiency targets | Additional capacity to accept level 2 and level 3 activity, enabling an increase in tertiary services and reduction in cancellations, and ability to meet projected demand to 2040. | Future activity modelling including growth assumptions | <ul style="list-style-type: none"> Cancelled operations Demand and capacity gap Occupancy rates | Yes | | | | |
| Operational fit | ICU14 | Addresses travel and transport requirements Improves location and co-location of services Improves and makes effective use of support staff | To deliver the project to the agreed timescale and budget with minimal disruption to current service delivery To provide a critical care environment which provides adequate infrastructure for, | Programme planning and sequencing Interdependency with other projects | <ul style="list-style-type: none"> Capital expenditure versus budget Number of contract notices Workforce utilisation | Yes | | | | |



| Programme | UHL Reconfiguration Programme | | | Project | Long Term ICU | | | | | |
|----------------------------------|-------------------------------|---------------------|--------------------------------------|--------------------------|---------------|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | and capacity of, supporting services | | | | | | | |

| Programme | UHL Reconfiguration Programme | | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---|-------------------------------|---|---|---|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| To deliver services in line with National Standards and frameworks | GH01 | <p>Implementation of requirements of national and local policy</p> <p>Delivers recommendations following service reviews, accreditation visits and CQC inspections.</p> | <p>Full compliance with Joint Advisory Group (JAG) accreditation standards.</p> <p>Realise the full future potential for the practice of day surgery & extended recovery care.</p> <p>Adoption of British Association of Day Surgery (BADs) guidelines.</p> <p>Retention of reputation for being an exemplar site for full bowel screening service</p> <p>To enhance UHL's reputation for</p> | <ul style="list-style-type: none"> Service Transformation Commissioner support across LLR and Specialist Commissioning UDL DCP Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and transport plan Car parking infrastructure | <ul style="list-style-type: none"> Compliance with accreditation standards. Reduction in Turnover (target reduction from Trust average of xx% to xx% Reducing turnover by xx people Reduction in sickness absence rates from xx to xx moving towards a Trust stretch target of 3% Increased applications per | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---------------------------|------------|---|--|--|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | outstanding care with an international profile; reflecting excellent quality and responsive services for the patients of LLR and beyond. | | advert and improved length of time to hire (60 day target). <ul style="list-style-type: none"> • Reductions in vacancies from xx to xx • Improvements in turnover and stability indices | | | | | |
| Strategic fit | GH02 | Ensures future commissioner expectations/ activity requirements can be met. Facilitates and acts as an enabler of the wider strategic vision of the LLR BCT Programme. Fit with: <ul style="list-style-type: none"> • UHL Clinical Strategy • UHL Estates Strategy • LLR Estates Strategy • LLR Digital Roadmap • UHL “e hospital” Strategy • UHL Workforce Strategy • LLR Workforce Strategy | Services in the right place: Facilitates the consolidation of services over two sites, reducing duplication, providing Models of Care that sees patient in the most appropriate setting. Protects planned elective activity and facilitate the disposal of the vast majority of the Leicester General Hospital (LGH) site. The development and delivery of new Models of Care and clinical pathways will | <ul style="list-style-type: none"> • Service Transformation • Commissioner support across LLR and Specialist Commissioning • UDL DCP • Theatre expansion at LRI. • Public consultation • Stakeholder engagement • Enabled by supporting transport infrastructure • Travel and transport plan | <ul style="list-style-type: none"> • Reduction in number of elective operations cancelled. • Elimination / significant reduction in size of waiting lists for services affected. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|--|------------|--|--|--|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | To deliver appropriate theatre capacity in line with BCT Strategy, UHL Clinical Strategy, UHL Estate Strategy and UHL DCP. To enable the move of services off the LGH site To ensure theatres are equipped to respond to existing commissioning requirements, as well as responding flexibly to future changes in service delivery, demand and national/regional guidance and policy | ensure only those patients who require access to secondary care expertise to manage their condition attend UHL. Enhanced Theatre Capacity at GH thereby enabling the move of surgical specialties off the LGH (alongside the separately enhanced Theatre capacity at the LRI) | <ul style="list-style-type: none"> Car parking infrastructure | | | | | | |
| To provide an environment which facilitates the modernisation of services | GH03 | Improve the quality of care through the modernisation of services, streamlining patient pathways Sustainable long term reconfiguration of outpatient and day case, and extended recovery services Creates a critical sustainable mass of activity, staff and | Provision of care environments which Improve clinical adjacencies between services, streamlining patient pathways optimises clinical safety ,improves outcomes reduces clinical risk and enhances clinical effectiveness | <ul style="list-style-type: none"> Service Transformation Commissioner support across LLR and Specialist Commissioning Public consultation Stakeholder engagement Enabled by supporting | <ul style="list-style-type: none"> Reduction in patient length of stay Reduction in Morbidity and mortality rates Reduction in Number of Serious Untoward Incidents (SUIs) Reduction in avoidable harm. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|--|------------|--|---|--|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | equipment to consistently provide safe expert care. | | transport infrastructure <ul style="list-style-type: none"> • Travel and transport plan • Car parking infrastructure | | | | | | |
| To improve clinical quality, patient safety and clinical outcomes | GH04 | Provide safe high quality outpatient and day surgery, with extended recovery (up to 23 hour care), to adults in Leicester, Leicestershire and Rutland and beyond, reflecting best practice and improving outcomes and experience | <ul style="list-style-type: none"> • Achieves many of the required clinical adjacencies such as the co-location of renal and transplant services on the Glenfield site alongside Cardiac services which in turn improves access to tertiary care. • Consolidation of the workforce provides increased consultant presence and earlier regular senior clinical decision-making | <ul style="list-style-type: none"> • Service Transformation • Public consultation • Stakeholder engagement • Enabled by supporting transport infrastructure • Travel and transport plan • Car parking infrastructure | <ul style="list-style-type: none"> • Achievement of 62 day Referral to Treatment (RTT) cancer rates. • Reduction in patient length of stay • Reduction in Morbidity and mortality rates • Reduction in Number of Serious Untoward Incidents (SUIs) • Reduction in avoidable harm. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---|------------|---|---|---|--|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | contributing to improved outcomes <ul style="list-style-type: none"> Consolidation of surgical services and co-location of particular Specialities will reduce complication rates. Improve the early detection of cancers to improve survival rates | | | | | | | |
| To improve the quality of patient experience | GH05 | Development of facilities that are fit for purpose and make a positive impact on the patient experience – delivering a quality environment, alongside quality clinical services Optimises the patient journey, valuing patient and carer time and minimising the time patients spend within our hospitals. | <ul style="list-style-type: none"> Delivers adult planned outpatient and day case care in an environment that is not affected by demand or provision of emergency care Reduced cancellations resulting in patient increased patient and | <ul style="list-style-type: none"> Service Transformation UDL DCP Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and transport plan Car parking infrastructure | <ul style="list-style-type: none"> Reduction in number of elective operations cancelled. Elimination / significant reduction in size of waiting lists for services affected. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---|------------|---|--|--|--|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | staff satisfaction and improved productivity. | | | | | | | |
| To offer choice and improved access to services for patients and users | GH06 | Delivers a configuration of services that is understandable for patients and staff, and offers choice. Offers equality of access and reflects diversity in our communities Located to provide ease accessibility for patients, visitor and staff. | <ul style="list-style-type: none"> Sustainable long term configuration of planned care services co-located to support the patient journey Reduced cancellations will make the GH new build the healthcare facility of choice for more specialist care Patients will not need to understand how our services work – we will make care seamless, efficient through one integrated access Provision of an environment that can be | <ul style="list-style-type: none"> Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and transport plan Car parking infrastructure | <ul style="list-style-type: none"> Friends and Family Test Patient surveys | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---|------------|---|--|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | used by everyone regardless of age, gender, ethnicity or disability. | | | | | | | |
| To provide accommodation that is sized to be fully functional and meets safety and quality standards | GH07 | Minimises clinical risk. Reduces preventable deaths/harm. Improves health outcomes. Facilitates effective infection prevention and control practices. Enables accommodation to be sized which is fully functional and meets safety and quality standards. | Design to meet legislative and other statutory requirements New build: Provision of sufficient side rooms to isolate patients either for infection prevention reasons (both transmission of and/or exposure to infections) or for privacy and dignity reasons, particularly in the case of the dying patient. Treatment Centre To ensure recommendations made within the Carter report continue to be adhered to through optimising the use of space | <ul style="list-style-type: none"> Service Transformation UDL DCP Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and transport plan Car parking infrastructure | <ul style="list-style-type: none"> Reduction in patient length of stay Reduction in Morbidity and mortality rates Reduction in Number of Serious Untoward Incidents (SUIs) Reduction in avoidable harm. | | | | | |
| To Improve | GH08 | The extent to which | Reconfiguration of | <ul style="list-style-type: none"> Service | <ul style="list-style-type: none"> Staff survey. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|--|------------|--|---|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| service delivery, efficiency and effectiveness | | <p>the development of services has the capability to respond flexibly to changes in clinical practice, activity and service delivery changes. Facilitates a generic approach where possible to the use of space and shared facilities whilst ensuring functionality. Allows for expansion/contraction potential to meet new guidance, business opportunities and service demands. Accommodates changes in technology and its application to deliver increasingly more efficient services. Implementation of new Models of Care in which services are centralised where necessary and localised where possible. Services are flexible to respond and adapt to</p> | <p>existing adult outpatient, day surgery and extended recovery services across UHL to improve patient flow and enhance clinical adjacencies Delivery of efficient and affordable service models that transforms services, offers innovative and effective workforce models and enables delivery of the long term CIP Enables co-location of purpose built outpatient, pre-operative assessment, therapy and diagnostic facilities promoting one stop clinics thereby valuing patient and carer time</p> <p>New build:</p> <ul style="list-style-type: none"> Predominantly elective activity will be separated from non-elective | <p>Transformation</p> <ul style="list-style-type: none"> UDL DCP Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and transport plan Car parking infrastructure | <ul style="list-style-type: none"> Incident reports. Use of Model Hospital data for defining critical opportunities for improved productivity and efficiency. Improved Friends and Family Test scores. Numbers of patients referred to ambulatory pathways. Improved length of stay. Improvements in the average theatre case per list Reduction in number of elective operations cancelled. Elimination / significant reduction in size of waiting lists for services affected. Improvements in RTT times across key access | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---------------------------|------------|---|--|--------------------------|---|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | future policy and demand. Integrates embedded evidence based care pathways across the health economy. | activity in order to reduce disruption to planned care activity <ul style="list-style-type: none"> • Reduced patient inconvenience, increased patient and staff satisfaction and maximised productivity for UHL • Consolidation and strengthen specialist teams to improve care quality and outcomes; while at the same time ensuring that pathways of care are effective, efficient and locally based for LLR communities. Treatment Centre <ul style="list-style-type: none"> • Improved and appropriate | | standards. <ul style="list-style-type: none"> • Improved outpatient productivity | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---------------------------|------------|-------------------------------|--|--------------------------|---------|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | clinical adjacencies <ul style="list-style-type: none"> • Optimisation of outpatient elective activity through Single visit clinics and virtual consultations. • Reduced Variation in clinical practice • Improvements to secondary care pathways • Reduced average length of stay through provision of enhanced recovery and increased use of day case pathways. • Improvements in the delivery of more streamlined emergency pathways through the provision of urgent one-stop clinics to | | | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|--|------------|---|--|--|---|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | <p>see and assess patients in order to complete multiple procedures and diagnostics in a single hospital visit</p> <ul style="list-style-type: none"> Integration of rapid diagnostic and assessment processes to ensure one-stop clinics wherever possible (assessment and diagnostic tests; multidisciplinary clinics). | | | | | | | |
| To provide a hospital environment which fosters and innovative and flexible workforce | GH09 | To provide a working environment which facilitates innovative and efficient working practices | <ul style="list-style-type: none"> Delivery of integrated clinical, workforce and estate solutions in partnership with CMGs delivering changes to the way in which adult outpatient, day | <ul style="list-style-type: none"> Service Transformation UDL DCP Public consultation Stakeholder engagement Enabled by supporting transport infrastructure Travel and | <ul style="list-style-type: none"> Staff survey Reduction in Turnover (target reduction from Trust average of xx% to xx% Reducing turnover by xx people Reduction in sickness absence rates from xx to | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---------------------------|------------|-------------------------------|---|--|---|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | <p>surgery and extended recovery services are provided</p> <ul style="list-style-type: none"> Improved quality of care through introducing efficient working practices, and providing an infrastructure with capacity conducive to the needs of a modern workforce Facilitate delivery of an efficient and affordable service that is supported by innovative and effective workforce models New ways of working in dedicated and separated facilities are | <p>transport plan</p> <ul style="list-style-type: none"> Car parking infrastructure | <p>xx moving towards a Trust stretch target of 3%</p> <ul style="list-style-type: none"> Increased applications per advert and improved length of time to hire (60 day target). Reductions in vacancies from xx to xx Improvements in turnover and stability indices | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|--|------------|---|--|---|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | described in the Models of Care that release medical personnel to provide greater access to early medical opinion at emergency points of entry | | | | | | | |
| Provide a working environment that facilitates innovative and efficient working | GH10 | To re-model the workforce developing skill mix and competencies to support delivery of the modernised services and respond to changes in demand and commissioning requirements To ensure that UHL address the current challenges in the supply of the workforce by changing patterns of demand through new, more flexible roles which cross professional, specialist and organisational boundaries | Design of facilities supported by technology will remove much of the current non value adding tasks for staff. Delivers required service change, transformation and improved efficiencies to make sure patients are seen in the right setting by the right healthcare professional first time. Support and nurture a committed | <ul style="list-style-type: none"> • Service Transformation • UDL DCP • Public consultation • Stakeholder engagement • Enabled by supporting transport infrastructure • Travel and transport plan • Car parking infrastructure | <ul style="list-style-type: none"> • Staff survey • Reduction in Turnover (target reduction from Trust average of xx% to xx% Reducing turnover by xx people • Reduction in sickness absence rates from xx to xx moving towards a Trust stretch target of 3% • Increased applications per advert and improved length of time to hire (60 day target). • Reductions in | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---------------------------|------------|---|---|--|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | workforce by helping staff to develop new skills and understanding, encouraging them to be the best, promoting high morale and managing talent and resources to enable teams to work in different ways. Consolidation of our workforce that builds resilience at the GH site | | vacancies from xx to xx <ul style="list-style-type: none"> Improvements in turnover and stability indices | | | | | |
| Value for money | GH011 | To deliver transformed and best practice service models which support delivery of CIP targets and affordability of the business case Enhances the efficiency of the workforce through changes in working practices. Reduces the need for duplication | Future proofed capacity based on robust activity modelling - Demand and capacity aligned. Delivers the opportunity to standardise pathways, minimise | <ul style="list-style-type: none"> Service Transformation Commissioner support across LLR and Specialist Commissioning UDL DCP Public consultation Stakeholder engagement Enabled by | <ul style="list-style-type: none"> Reduction in length of stay. Reduction in number of elective operations cancelled. Elimination / significant reduction in size of waiting lists for services affected. | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | | |
|---------------------------|------------|---|--|--|-----------------------------------|----------------------------------|----------|--------------------|-------|-------------------------|--|
| Benefits Realisation Plan | | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date | |
| | | of major capital equipment. Reduces the need for duplication of specialised facilities. | <p>variation and offer consistent quality of care.</p> <p>To make effective use of generic rooms and spaces develop a Treatment Centre that is flexible, adapts to change and provides opportunities for future developments on site.</p> <p>Repatriation of activity delivered in normal working hours with the corresponding elimination of waiting list initiatives</p> <p>Reduction in premium spend /average monthly non-contracted pay bill</p> <p>Reducing the number of main operating</p> | <p>supporting transport infrastructure</p> <ul style="list-style-type: none"> • Travel and transport plan • Car parking infrastructure • Implementation of agile working and delivery of effective configuration of back office functions | | | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---------------------------|------------|-------------------------------|---|--------------------------|---------|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | <p>departments from three to two will enable economies of scale</p> <p>Reduced variation and increased standardisation in clinical practice redesigned workforce rotas and efficiencies in out-of-hours cover, and the ability to better share theatre equipment (sets, stacks and trays etcirca)</p> <p>Treatment Centre</p> <p>To provide individuals with better care in the most appropriate setting in a financially sustainable way</p> <p>Revised working practices and configurations within</p> | | | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---|------------|--|---|--|---|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | | <p>operating theatres will deliver improved patient flows for day case/23 hour stay.</p> <p>To deliver efficiency savings investing in new care models, through wider system improvements.</p> <p>To alleviate the need for premium spend and reduce the non-contracted pay</p> | | | | | | | |
| Maintains and enhances education, training and research. | GH012 | To develop a centre of excellence, enhancing the Trust's reputation for training, service delivery and treatment, through the provision of a centralised service in modern accommodation Enhances opportunities for research through | <p>Improved teaching and research opportunities</p> <p>Provides opportunity for education , training and research to be optimised</p> | <ul style="list-style-type: none"> • Service Transformation • Commissioner support across LLR and Specialist Commissioning • UDL DCP • Public consultation • Stakeholder engagement | <ul style="list-style-type: none"> • Staff survey • Reduction in Turnover (target reduction from Trust average of xx% to xx% Reducing turnover by xx people • Reduction in sickness absence rates from xx to xx moving | No | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|-----------------------------------|------------|--|--|--|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | collaboration with academic partners. | | | towards a Trust stretch target of 3% <ul style="list-style-type: none"> Increased applications per advert and improved length of time to hire (60 day target). Reductions in vacancies from xx to xx Improvements in turnover and stability indices Deanery/HEEM Reports Junior doctor surveys and retention rates Number of active research trials Number of patient participating in research | | | | | |
| Flexibility for the future | GH013 | Can adapt to support future changes in healthcare provision and demonstrates responsiveness to the constantly changing healthcare environment. | The ability to enable all services to meet the projected growth requirements over the forthcoming years. | <ul style="list-style-type: none"> Service Transformation UDL DCP Public consultation Stakeholder engagement | <ul style="list-style-type: none"> Reduction in number of elective operations cancelled. Elimination / significant reduction in size | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | GH New Build /Treatment Centre v4 | | | | | |
|---------------------------|------------|--|----------------------|---|--|----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | Accommodates changes in technology and its application to improving service efficiency and effectiveness To ensure theatres, diagnostic and Treatment Centre facilities are fit for the future, reflecting the changing demands and expectations of a growing population, changing service models and improved efficiency targets Creates a critical sustainable mass of activity, staff and equipment to consistently safe expert care. Provides a configuration of services that maximises the required service adjacencies and optimises the patient journey, which minimises clinical risk. | | | <ul style="list-style-type: none"> of waiting lists for services affected. Achievement of 62 day Referral to Treatment (RTT) cancer rates. | | | | | |
| Operational fit | GH014 | To deliver the project | Delivery of the Full | <ul style="list-style-type: none"> Identification, | <ul style="list-style-type: none"> Progress | | | | | |



| Programme | | UHL Reconfiguration Programme | | Project | | GH New Build /Treatment Centre v4 | | | | |
|---------------------------|------------|--|---|---|---|-----------------------------------|----------|--------------------|-------|-------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| | | to the agreed timescale and budget with minimal disruption to current service delivery | Business Case. Specification of the detailed design solution alongside a workforce plan, full project costs and procurement strategy. Designed and maintained to deliver a high quality clinical environment in spaces that are generic, flexible and future proofed. | evaluation and planning for the potential phasing and enabling moves associated with the agreed estates solution <ul style="list-style-type: none"> • Service Transformation • UDL DCP • Public consultation • Stakeholder engagement | <ul style="list-style-type: none"> • against Programme plans. • Progress against in year Operational Plans. | | | | | |

| Programme | | UHL Reconfiguration Programme | | Project | | Infrastructure Project | | | | |
|--|------------|--|--|---|--|----------------------------------|--|--|------------------------------------|---------------------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| To improve the overall 'condition' of the building and engineering infrastructure to support the changing service | INF 01 | Creates an infrastructure network that is suitable and in the appropriate condition to support the | To improve the current condition of the building and engineering infrastructure and to ensure that critical elements required to support the Reconfiguration Programme are in place. | Improvement in condition will be project by project focused but also site wide to ensure there is a holistic and strategic planning | Overall reduction in the backlog maintenance programme. Development of a risk based | YES | Develop a refreshed condition appraisal of the current infrastructure to establish a | To show a significant reduction in backlog maintenance reported through the annual DoH - ERIC returns. | Director of Estates and Facilities | Based on annual investment programme. |



| Programme | | UHL Reconfiguration Programme | | | Project | | Infrastructure Project | | | |
|--|------------|--|---|---|--|----------------------------------|--|--|------------------------------------|---------------------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| <p>reconfiguration. – Enables the provision of safe, sustainable, high quality estate fit for purpose and functionally suitable.</p> | | individual projects within the Reconfiguration Programme and the remaining estate. | Improved patient experience with an enhanced quality of the environment. | <p>approach of each hospital site.</p> <p>Development of a 5 year funded capital investment programme.</p> | <p>priority programme including a priority programme for investment.</p> <p>Implementation of a 5 year capital investment programme to include a lifecycle and asset replacement programme.</p> <p>Reduction in reactive breakdowns and service interruptions.</p> | | baseline position in which to plan a priority investment programme. | | | |
| <p>To improve the overall ‘capacity’ of the building and engineering infrastructure to support the changing service reconfiguration. – Enables the provision of safe, sustainable, high</p> | INF 02 | Creates a critical and sustainable infrastructure network that provided sufficient capacity which responds to the increasing | <p>To ensure that the following areas of the infrastructure have the capacity to respond to changing demand and have the ability to provide future proofing for service expansion as part of the Reconfiguration Programme and beyond:</p> <ul style="list-style-type: none"> • Electrical | Improvement in condition will be project by project focused but also site wide to ensure there is a holistic and strategic planning approach of each hospital site. | To provide an infrastructure capacity to meet future service demands through individual projects and to meet the site wide | YES | Develop a review of the existing infrastructure and develop a programme aligned with the DCP to identify the | To move from an infrastructure system near to full capacity to meet the demands of the future services and ensures spare capacity for further expansion. | Director of Estates and Facilities | Based on annual investment programme. |



| Programme | | UHL Reconfiguration Programme | | | Project | | Infrastructure Project | | | |
|--|------------|---|---|--|---|----------------------------------|--|---|-------------------------|---------------------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| <i>quality estate fit for purpose and functionally suitable.</i> | | demand for services and developments including medical equipment. | <ul style="list-style-type: none"> Services Natural Gas Supply Medical Gases Supply Steam Supply Boiler / CHP heating / power FUEL Supplies and storage Hot and Cold water supply Building Management systems Air handling and ventilation systems Refrigeration systems Mains and Tank water supply Security systems Fire alarm systems Building critical infrastructure Civil engineering infrastructure Drainage infrastructure | <p>Development of a 5 year funded capital investment programme.</p> <p>Ensures that future the infrastructure strategy takes into account partnership working with other NHS Trusts co-locating on hospital sites.</p> | infrastructure strategy. | | required demand for infrastructure improvements, required to support the service reconfiguration demand. | | | |
| To improve the overall 'resilience and sustainability' | INF 03 | Creates an infrastructure network that is resilient | Reduced 'down time' and the potential consequences of reduction in performance targets and financial | Reduced impact and demand for support from other partner | Improved efficiency of Estates and Facilities | YES | Measure the type and number of | Reduced the number and severity of critical and major service failures through a programme of | Director of Estates and | Based on annual investment programme. |



| Programme | | UHL Reconfiguration Programme | | | Project | | Infrastructure Project | | | |
|--|------------|--|--|--|---|----------------------------------|---|--|------------------------------------|---|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| <p>of the building and engineering infrastructure to support the changing service reconfiguration. <i>– Enables the provision of safe, sustainable, high quality estate fit for purpose and functionally suitable.</i></p> | | and sustainable, reducing the risk of critical infrastructure failures, minimising the impact of interruption on clinical and operational services and the associated risks. | <p>penalties associated with loss of service.</p> <p>Improved emergency planning scenarios.</p> | emergency services and utility companies. | <p>services to ensure proactive and planned maintenance system rather than a reactive service.</p> <p>Improved patient experience to reduce service interruption with an improved ability and reliability to plan outpatient appointments and deliver inpatient services.</p> | | and impact of critical and major service interruptions on an annual basis across all three acute sites. | infrastructure renewal and asset replacement programme | Facilities | |
| <p>To improve the overall 'compliance' of the building and engineering infrastructure to support the changing service reconfiguration. <i>– Enables the provision of safe, sustainable, high quality estate fit</i></p> | INF 04 | There is a range of statutory requirements that healthcare organisations are required to comply with, which are defined as statutory and /or | <p>To ensure that the following areas of the infrastructure are compliant and address the changing legislative requirements.</p> <ul style="list-style-type: none"> Asbestos Lifts Medical Gas systems Electrical Systems Ventilation systems | Appropriate and regular financial investment to support the reduction in compliance related backlog maintenance. | To continue to provide and accurate measure of current compliance areas through an active approach of new project design philosophy, auditing of | YES | Using the Trust Compliance Assessment and Analysis System (CAAS) which covers statutory and non-statutory | Annual improvement on agreed target areas covering the following areas: <ul style="list-style-type: none"> Accountability Process Monitoring and review Capability Outcomes | Director of Estates and Facilities | <p>Annual collection and submission of a CAAS assessment and report.</p> <p>Thereafter, based on annual investment programme.</p> |



| Programme | | UHL Reconfiguration Programme | | | Project | | Infrastructure Project | | | |
|--|------------|--|---|--------------------------|--|----------------------------------|------------------------|--|-------------|------------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| for purpose and functionally suitable. | | regulatory bodies with inspection criteria/standards and have enforcement powers that may impact upon our ability to operate. It is important that systems and processes are in place to provide assurance that any areas of non-compliance against statutory regulations are recorded and action plans developed in order to achieve compliance in the shortest practicable time. | <ul style="list-style-type: none"> Water systems Contractor management Asset management and maintenance Sustainability Fire Safety Mechanical systems Health and safety and COSHH Waste management systems Medical Devices Safe and accessible Buildings Decontamination Infection Control (Facilities) Contingency planning Security systems | | existing management systems and maintenance methodology. | | compliance. | | | |
| To provide a planned and | INF 05 | To enable a co-ordinated | To provide a safe and cost effective reconfiguration of | To provide a revised and | In line with the LGH | YES | Develop a review of | To develop a planned redesign of a decentralised | Director of | Based on the Reconfiguration |



| Programme | | UHL Reconfiguration Programme | | | Project | | Infrastructure Project | | | |
|--|------------|--|--|---|---|----------------------------------|---|--|------------------------|---------------------------------------|
| Benefits Realisation Plan | | | | | | | | | | |
| Objective | Benefit ID | Benefit description | Outcome | Enabler/ Interdependency | Measure | Cash releasing for Trust? Yes/No | Baseline | Improvement Target | Owner | Target achievement date |
| measured withdrawal and rationalisation of services from Leicester General Hospital. | | and systematic downscaling of infrastructure , aligned with a gradual reduction in service demand. | critical and essential building and engineering infrastructure to meet service changes and site rationalisation. | decentralised engineering infrastructure system to support the remaining services and buildings. To support the commercial marketing of any surplus land parcels | decommissioning programme and site master planning provide a costed investment plan. Develop a estate and facilities financial revenue reduction profile to reflect the DCP and site service changes and building use. | | the existing infrastructure and develop a programme aligned with the DCP to identify the reduced demand for infrastructure to support the service reconfiguration demand. | engineering infrastructure aligned with the timescales of service transfers. To develop a staged approach to infrastructure isolations and mothballing of services and buildings. | Estates and Facilities | programme of service changes and DCP. |



Better care together

Leicester, Leicestershire & Rutland health and social care
