

## FBC Benefits realisation table

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
<b>More streamlined workflow</b>					
<b>B01</b>	Reduced time to imaging referral contributing to earlier diagnosis (and ultimately patient outcomes)	Average time from request to receipt of referral	Reduce from average of 4.6 days to within 1 day	Unmonetised	The introduction of RISP will improve the end-to end process
<b>B03</b>	Reduced time to imaging referral contributing to earlier diagnosis (and ultimately patient outcomes)	Average time from receipt of referral to report availability	Reduce from average of 9.2 days to within 1 day	Unmonetised	The introduction of RISP would improve the end-to end process
<b>B15</b>	Improved strategic planning / better demand management	Not easily measurable	Qualitative	Unmonetised	Electronic vetting should streamline the workflow and automate rules but will still require some level of manual intervention to review and schedule. Multiple factors that may impact on this average time taken such as the number of occasions when appointments need to be vetted before being booked and the number of walk-in cases make it difficult to set an achievable target improvement that is directly impacted by the investment in RISP.
<b>Increased accuracy</b>					
<b>B06</b>	Reduced risk of missing urgent diagnosis	Not easily measurable	Qualitative	N/A	Information from claims managers was found not to be a suitable measure due to the variability.
<b>B13</b>	Reduced risk of errors	Number of obsoleted reports	Reduce by 80%	Unmonetised	A major benefit of RISP will be that it will prevent errors in the digital dictation system reporting against an incorrect patient. However, this would not be eradicated completely as there may be other reasons for a report being obsoleted.
<b>Greater System Reliability</b>					
<b>B08</b>	Reduced lost time waiting for system to respond	Number of Severity 1 and 2 incidents	Qualitative	N/A	Not easily measurable

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<b>Improved productivity</b>					
<b>B02</b>	Reduced manual intervention to manage referrals	Time spent on request handling	80% reduction in time spent manually transcribing requests	£852k p.a.	<p>It is reasonable to expect RISP will result in a minimal amount of time spent manually transcribing requests into RIS since there will be very few paper requests received, although it should be recognised that the rest of the 'request handling' process, such as appointment scheduling, would only see marginal improvement.</p> <p>On average takes around 2 minutes per request, applying to around 1.9m requests p.a. which are currently managed manually</p>
<b>B04</b>	Reduced manual intervention for reporting and acknowledgement	Time spent on process for the acknowledgement of urgent referrals	50% improvement	£65k p.a.	<p>Currently increased time spent on the process for the acknowledgement of urgent referrals due to the need for printing. ABUHB already has an electronic process in place which has reduced the amount of manual printing requirements significantly. It is anticipated that 2/3 of referrals are printed (the remaining 1/3 being GP referrals which are typically not printed).</p> <p>There are other factors other than just RISP contributing to this improvement, therefore a target reduction of 50% was reasonable.</p>
<b>B05</b>	Reduced reporting costs	Average time between subsequent reports	Between 1% - 5% improvement	£1,127k	<p>Current average 26.7 minutes between subsequent reports.</p> <p>Exact level of improvement difficult to measure and would be relatively small.</p> <p>Therefore, range of scenarios have been modelled to estimate the impact of between 1% to 5% improvement. Prudent estimate has been made at 1%.</p>
<b>Workforce Benefits</b>					
<b>B21</b>	Improved workforce experience	Not easily measurable	Qualitative	N/A	Multiple factors impacting staff satisfaction so not easily measurable

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<b>Cost Reduction Benefits</b>					
<b>B11</b>	Reduced reliance on paper-based systems leading to paper, printing and manual storage cost savings	Expenditure on paper, printing and manual storage	80% improvement	£11k p.a.	
<b>Patient Safety Benefits</b>					
<b>B09</b>	Reduced risk of repeat examinations and inappropriate radiation dosage	Number of significant accidental and unintended exposures as a result of repeat imaging in a 2-3 year period	10% improvement	Unmonetised	10% improvement target to reflect direct impact on proportion of events (i.e. alert so not imaging people who have already had imaging)
<b>B23</b>	Improved ability to accurately and frequently access radiation dosage to evidence statutory compliance	Time saved manual vs automated audits	80% improvement	£19k p.a.	Based on BCU baseline of 2 weeks spent on audits p.a.
<b>B24</b>	Increased compliance for recording dosage in PDMS vs manual entry	Number of times dosage not recorded	80% improvement	Unmonetised	Currently not recorded in 7% of cases. Will be mandated in functional requirements so would largely be eradicated but there may be some circumstances where booked a procedure with radiated dose but scan abandoned.
<b>B25</b>	Increased accuracy of patient dose record	Not easily measurable	Qualitative	N/A	
<b>B26</b>	Improved personalisation of dose assessments	Time spent dealing with patients flagged for skin injury review	75% improvement	£5k p.a.	Average of 30 p.a. as reasonable baseline for number of patients flagged for skin injury review based on BCU and C&V actuals. It is estimated that currently 2 hours per patient are spent on this which it is estimated could be reduced to 0.5 hours per patient.
<b>B27</b>	Reduced amount of unreliable/unusable data leading to increased sample size of dose audits / B18 - Reduced amount of unreliable/unusable data leading to increased sample size of dose audits	Amount of data 'thrown out'	Target to reduce to 5%		Currently 19% of data 'thrown out'. Target improvement to reduce down to 5% (some manual input errors will remain)

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<b>B17</b>	Increased ability for optimisation between patients or devices	Not easily measurable	Qualitative	N/A	
<b>Patient Outcome Benefits</b>					
<b>B10</b>	Effective and efficient MDT meetings supporting cross Health Board boundary workings and streamlining patient care	Time spent managing images for MDTs	Save 2 minutes per number of transfers	£113k p.a.	Baseline data includes both PACS and IEP data. RISP will significantly reduce the time spent on this since images will be automatically visible to all sites across NHS Wales with no need for transfers. This will improve cross-site functionality and ensure images are easy to access for MDTs, reducing the risk that MDTs may be delayed as a result of images not being available.  Indicative calculation for the scale of this benefit is to assume each transfer currently takes Radiology circa. 2 minutes (in addition to the time spent in clinics having to chase missing images) multiplied by the number of transfers within NHS Wales each year.
<b>B19</b>	Earlier diagnosis and improved clinical decision-making leads to better patient outcomes	Not easily measurable	Qualitative	N/A	It has not been possible to identify the number of patients not discussed at MDTs as a result of not having images available (links to B10)
<b>B20</b>	Improved patient experience	Not easily measurable	Qualitative	N/A	
<b>B22</b>	Reduced inequalities	Not easily measurable	Qualitative	N/A	Combination of B01 and B03 but reported in relation to the benefit to the patient rather than NHS Wales. Availability of reports from all locations would reduce the burden across health boards due to reporting on backlogs from elsewhere in Wales. This would reduce the variance.
<b>Environmental Benefits</b>					
<b>B28</b>	Greener energy and greater efficiency as a result of cloud-based system	Not easily measurable	Qualitative	N/A	Not easily measurable
<b>B31</b>	Reduced reliance on paper based systems leading to paper savings	Paper usage	80% reduction	N/A	In line with B11

