



Benefits Realisation Plan

1. IMPROVED CLINICAL EFFECTIVENESS (OUTCOMES)

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
1.1	Securing additional years of life for those with treatable conditions	All age, all cause mortality					
		Increased life expectancy					
		Reduction in years of life lost <age 75					
1.2	Increase in disability free life expectancy						
1.3	Reduction in emergency admissions						
1.4	Reduction in emergency occupied bed days						
1.5	Reduction in medical outliers						
1.6	Improved quality of life for patients with long term conditions, including mental health conditions						
1.7	Improved QALY for specific high morbidity conditions (e.g. COPD)						

2. IMPROVED EXPERIENCE OF CARE (INCLUDING ENVIRONMENT)

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
2.1	Improvement in National Inpatient survey	[need to identify relevant questions]					
2.2	Improvement in Friends and Family score						
2.3	Improvements in National Cancer Patient Survey	[need to identify relevant questions]					
2.4	Improvements in GP satisfaction survey						
2.5	Increased number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community						
2.6	Increased number of people with mental and physical health conditions having a positive experience of hospital care						
2.7	Improved patient experience of genuinely integrated care						
2.8	Reduction in complaints						

3. REDUCED HARM

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
3.1	Improved infection control	MRSA					
		C.Difficile					
3.2	Reduction in Serious Incidents						
3.3	No never events						
3.4	Reduction in medicines related admissions						
3.5	Eliminating avoidable deaths in our hospitals caused by problems in care						
3.6							

4. BETTER SUPPORT FOR PEOPLE WITH LONG-TERM CONDITIONS

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
4.1	Reduction in admissions for ambulatory care sensitive conditions						
4.2	Increase in take up for self-care management						
4.3	Increase in patients reporting satisfaction with being supported to manage own condition						
4.4	Reduced time spent avoidably in hospital through better and more integrated care						
4.5	Improved quality of life for people with long-term condition, including mental health conditions						
4.6	Reduction in emergency attendances/admissions for patients with long term conditions/nursing home residents	A&E attendances for LTC/from nursing homes Emergency admissions for LTC/from nursing homes					

5. BETTER SUPPORT FOR PEOPLE TO LIVE INDEPENDENTLY

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
5.1	Increase in early supported discharge for stroke patients						
5.2	Increase in number of patients with intensive care packages supported to live at home						
5.3	Increased take up of respite care						
5.6	Increase in number of patients in reablement/ rehabilitation/intermediate care						
5.7	Increased the proportion of older people living independently at home following discharge from hospital						
5.8	Reduction in delayed transfers of care						
5.9	Increase in percentage of deaths occurring at home/ outside of hospital settings						
5.10	Increase in the number of patients receiving reablement packages / % of patients requiring no service after reablement						
5.11	Reduction in influenza admissions						

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REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
5.12	Reduction in non-qualified acute bed days for over 65s						
5.13	Increase in support available in the community						
5.14	Increase in care provided in less acute settings						

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6. MOST EFFECTIVE USE OF RESOURCES

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
6.1	Reduction in admissions for patients with mental health and/or drug/alcohol related problems						
6.2	Reduction in spend on procedures of limited clinical value						
6.3	Reduction on acute spend on ambulatory care sensitive conditions						
6.4	Increased commissioner spend on care closer to home	% spend on: <ul style="list-style-type: none"> • Acute hospital episodes • Community hospital episodes • Integrated community teams • Mental Health 					
6.5	Significant reduction in excess bed days	Zero and 27+ days LOS					
6.6	Reduction in emergency attendances/ admissions that could be avoided by improved community mental health or psychiatric liaison services						

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REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
6.7	More responsible patient behaviour (e.g. healthy living) reduces demand						
6.8	Better coordination/greater streamlining of health and social care produces economies						
6.9	Acute hospital capacity is reduced and clinically/financially sustainable						

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7. EQUITABLE ACCESS TO SERVICES

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
7.1	Increased satisfaction with access to a GP	From GP satisfaction survey					
7.2	Reduction in waiting times for A&E	<4 hours					
7.3	Travel time to an Accident and Emergency hospital	(minutes)					
7.4	Compliance with all national waiting time targets	2WW RTT					
7.5	Reduction in rate of ambulance activity leading to an A&E attendance	See and treat rates Hear and treat rates					
7.6	Reduction in median waiting time for elective admissions						
7.7	Increase in non face-to-face outpatient attendances as a proportion of all attendances						

8. IMPROVED STAFF RECRUITMENT, RETENTION, SATISFACTION

REF	DESCRIPTION	INDICATOR	PERFORMANCE		MONITORING METHOD	REVIEW DATE	LEAD RESPONSIBILITY
			Baseline	Target			
8.1	Reduction in staff sickness absence						
8.2	Reduction in staff turnover	Target rate					
8.3	Reduction in vacancy rates	<ul style="list-style-type: none"> • Medical staff • Nursing staff • AHP staff • GPs 					
8.4	Improved staff satisfaction (including wellbeing)	National staff survey (specific questions)					
8.5	Reduction in agency, bank and locum utilisation						
8.6	Number of clinical vacancies filled						