



**North West London  
Elective Orthopaedic Centre  
Full Business Case:  
Appendix 7 – Benefits Realisation Plan**

## Key

Out of Scope	Non-LNWH day cases, and ASA 3 and 4 activity, spinal, paediatric and out of area activity. Out-of-scope activity to be monitored by the NWL Acute Provider Collaborative. * Note LNWH day case waiting list will also be monitored by the EOC as part its performance monitoring.
Year 1	12 month period beginning November 2023.
Year 2	12 month period beginning November 2024.
New and developmental KPIs.	Note – some of the additional KPIs relating to transport and patient satisfaction are of necessity work in progress and will need to be baselined prior to opening.

Benefit Description	KPI theme	Expected benefits	Baseline	Target improvement	By when	Owner
<b>Productivity</b>	Average length of stay – hips	Improved productivity	3.1 – 4.1 days (Model Health - 12 months to end Q2, 2022/23)	Top decile 2.3 days	Year 2	EOC Medical Director
	Average length of stay – knees	Improved productivity	3.2 – 5.7 days (Model Health - 12 months to end Q2, 2022/23)	Top decile 2.3 days	Year 2	EOC Medical Director
	Cases per list – Inpatient	Improved productivity	1.3 – 2.5 cases per list for mixed lists across NWL hospitals (Combined T&O - Model Hospital 2022/23)	GIRFT Target 2 cases per 4 hour list	Year 1	EOC Medical Director
	Cases per list – Day Case	Improved productivity		5 cases per 4 hour list	Year 2	EOC Medical Director
<b>Cost-Effectiveness</b>	Cost per Weighted Activity Unit – All planned Orthopaedic activity	Better use of resources	£368	£351 (2 <sup>nd</sup> Quartile)	Year 2	EOC Managing Director
	Cost per Weighted Activity Unit – Orthopaedic inpatients and day case activity	Better use of resources	£3,569	£3,1633 (2 <sup>nd</sup> Quartile)	Year 2	EOC Managing Director
<b>Clinical Outcomes and Experience</b>	Patient reported outcomes PROMS – Oxford hip score	Improved patient satisfaction	3 <sup>rd</sup> Quartile Health gain 21.807 – 23.278	2nd quartile	Year 2	EOC Medical Director
	Patient reported outcomes PROMS – Oxford knee score	Reduced burden on primary care	4 <sup>th</sup> quartile Health gain 14.179 – 17.685	2nd quartile	Year 2	EOC Medical Director
	Patient reported outcomes PROMS – Oxford hip Eq5d	Improved patient satisfaction Reduced burden on primary care	3 <sup>rd</sup> quartile Health gain 0.416 - 0.480	2nd quartile	Year 2	EOC Medical Director
	Patient reported outcomes PROMS – Oxford knee Eq5d	Improved patient satisfaction Reduced burden on primary care	3 <sup>rd</sup> quartile Health gain 0.288 - 0.347	2nd quartile	Year 2	EOC Medical Director
	30 day readmission rate – hips	Improved productivity Better outcomes	1.6% – 12.5% (MH – 12 months to end Q2, 2022/23)	Top quartile 4.5%	Year 1	EOC Medical Director
	30 day readmission rate – knees	Improved productivity	2.5% – 12.1% (MH – 12 months to end Q2, 2022/23)	Top quartile 4.5%	Year 1	EOC Medical Director

Benefit Description	KPI theme	Expected benefits	Baseline	Target improvement	By when	Owner
		Better outcomes				
	Cancellation for (a) clinical reasons	Improved patient satisfaction Better use of resources	1.8% – 3.5% (MH - 12 months to end Q2, 2022/23)	1%	Year 1	EOC Medical Director
	Cancellation for (b) non-clinical reasons	Improved patient satisfaction Better use of resources	3.1% – 8.2% (MH – 12 months to end Q2, 2022/23)	2%	Year 1	EOC Medical Director
	Cemented hip implants > 70 years old	Better outcomes	68.1% - 76% (MH – 12 months to end–Q2, 2022/23)	2nd quartile	Year 2	EOC Medical Director
	5 year revision rate– hips	Improved patient satisfaction Reduced burden on primary care Better use of resources	3 <sup>rd</sup> quartile 1.0%	Top quartile 0.5%	Year 6	EOC Medical Director
	5 year revision rate – knees	Improved patient satisfaction Reduced burden on primary care Better use of resources	4 <sup>th</sup> quartile 2.0%	Top quartile 1.0%	Year 6	EOC Medical Director
<b>Patient access</b>	Reduction in EOC waiting list size for High Volume Low Complexity inpatients	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~38% by October 2025 Year 2		EOC Managing Director
	Reduction in waiting list size for Low Volume High Complexity inpatients	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~36% by October 2025		Acute Provider Collaborative
	Reduction in waiting list size for NWL sector day cases*	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~57% by October 2025		Acute Provider Collaborative
	Reduction in EOC waiting time for High Volume Low Complexity inpatients	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~9 weeks by October 2025		EOC Managing Director
	Reduction in waiting time for Low Volume High Complexity inpatients	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~9 weeks by October 2025		Acute Provider Collaborative
	Reduction in waiting time for NWL sector day cases	Improved patient satisfaction	Waiting list size as at December 2022.	Reduction of ~9 weeks by October 2025		Acute Provider Collaborative
	<b>Transport</b>	Analysis of patients who DNA	Reduced DNAs		% DNA rate reduction As a subset: % DNA rate reduction of patients who live at long distance/ ++age	Year 2

Benefit Description	KPI theme	Expected benefits	Baseline	Target improvement	By when	Owner
				Target improvement to be agreed by the EOC Management Board and the Shadow Partnership Board.		
	Continuous review of PTS	Improved access to PTS amongst eligible patients	Baseline to be determined prior to opening.	12% of overall EOC patients who were able to access PTS took up the service. Review assumptions at end of Year 1.	Year 1	EOC Estates and Facilities Lead
	Patient friends and family test	Improved patient satisfaction	Baseline to be determined prior to opening.	Top quartile	Year 2	EOC Estates and Facilities Lead
<b>Patient Satisfaction</b>	Volume and nature of patient complaints	Reduction in number and scope of complaints	Baseline to be determined prior to opening.	Tbc	Year 1	EOC Director of Nursing
	Qualitative patient survey	Improved qualitative assessment	Baseline to be determined prior to opening.	Tbc	Year 1	EOC Director of Nursing
	Qualitative patient feedback	Improved patient satisfaction		Target improvement to be agreed by the EOC Management Board and the Shadow Partnership Board, based on EOC Operational Management Group recommendations  Baseline position to be determined based on data for period six months prior to opening the EOC, with initial post-opening survey six months after opening and then continuing six monthly thereafter.	Year 2	
<b>Workforce Impact</b>	Staff satisfaction	Staff engagement	6.9	7.0 (Top quartile, NHS Staff Survey)	Year 2	EOC Director of Nursing
		Staff morale	5.7	5.9 (Top quartile, NHS Staff Survey)	Year 2	EOC Director of Nursing
	Staff recruitment and retention	Low vacancy rates and low turnover	15%*	10% (Agreed by Workforce Workstream)**	Year 2	EOC HR Lead

\* The baseline vacancy rate, at 15%, is the recurrent position within LNWH orthopaedics, and is consistent with the rate used in the financial modelling. This vacancy rate reflects challenges at staff group level for difficult to recruit to areas, such as theatres.

\*\*The target vacancy rate is 10%, which mirrors the agreed vacancy target rate across the acute provider collaborative in general. Whilst it is anticipated that this target could be exceeded by the EOC over time, as the reputation and performance of the EOC grows, the target is tempered to reflect the likely recruitment challenges across the NHS in the coming months and years.