Jersey Future Hospital Project

Outline Business Case

Appendix 32 – Benefits and Interventions Realisation Plan

CLIENT:
THE STATES OF JERSEY

PROJECT NUMBER:
FUTURE HOSPITAL PROJECT

ISSUING COMPANY:
GLEEDS ADVISORY

Document Control

Version	Date Issued	Summary of Changes	Author
V1	27.9.17	Document compilation	T Nicholls
V2	29.9.17	Model Benefits Realisation Table added	T Nicholls
V3	24.10.17	Template updated	T Nicholls

Strategic Objective	Intervention grouping	Intervention Title	Descriptor	Modelling Assumption	Examples of interventions	Bed Productivity Potential Option 4 at 2065	Follow Up appointment Productivity	Theatre Productivity - 3.5 hr sessions	Phasing of Interventions 2018	2019	2020	2021	2022	2023	2024	2025	2026	Responsibility for implementation
Inpatient flow	Standardised discharge pathway	Daily Ward Rounds	Consultant Physician ward rounds currently take place twice weekly. This contributes to 'batching' of discharges and outflow blocks for admissions from ED or transfer from EAU. Daily ward rounds (not necessarily with consultant presence at each) smooths variation in patient flow (augmented by other interventions such as discharge before 12.00, discharge to assess etc.)	Median LoS benchmarks applied to general medicine patients	Daily Ward Rounds, Reduction in LOS 'red day' model, Home for lunch, Home 'sitting' service	-25.4 Beds			10%	20%	30%	40%	50%	75%	100%			Divisional Lead Emergency Services
Hospital Attendance Avoidance	Community Teams/Community Working																	
Hospital Admittance Avoidance	Ambulatory Emergency Care	Step down facilities	To ensure that every patient requiring bed based nursing care is located in the right facility for their level of dependency	Reduce length of stay to 14 days	Step down beds; Readmissions; Samares ward and Silver Leas review	-33.1 Beds			25%	50%	75%	100%						Dep Director System Redesign
Inpatient flow	Rehabilitation and reablement																	
Hospital Admittance Avoidance	Ambulatory Emergency Care	Discharge to Assess	Safe and timely discharge of patients Return to home or care home in the best possible physical, mental and emotional state	Assume all emergency patients with LoS <2 to be seen in EAU; Assume all Emergency patients without AEC codes have a 1 day LOS reduction; AEC and patients who are not AEC but have a LoS of 0-1 to be treated in PAU.	ED/EAU consultant model of care; Rapid Response team; Rapid diagnostics; PAU/ED colocation	-14.6 Beds			10%	20%	30%	40%	50%	75%	100%			Divisional Lead Acute and Emergency Medicine and Deputy Director Service Redesign
Productivity & efficiency	Surgical pathway productivity and efficiency	Reduction in surgical LOS	The implementation of a Day *of* Surgery Unit (with 23 Hour surgery processes where possible) forms part of a new surgical model for JGH. Proven in other jurisdictions it leads to reductions in ALOS for elective patients. Patients in surgical in-patient beds only when clinically indicated. ALOS 'currency' moves from bed days (midnight census) to bed hours (real time)	Median LoS benchmark applied to surgical patients	23 hour care unit	-12.7 Beds				17%	33%	50%	67%	83%	100%			Divisional Lead Theatres and Anaesthesia
Inpatient flow	Rehabilitation and reablement	Reablement unit	To ensure that every patient requiring bed based nursing care is located in the right facility for their level of dependency. To ensure that all patients are cared for by staff with the right competency and experience to meet their specific needs. To provide the possibility of primary care admissions to avoid need for acute hospital admission	LoS of 10 days in JGH and then transfer to OOH for both Neuro and T&O patients	Samares Ward and Silver Leas review	-13.7 Beds			25%	50%	75%	100%						Divisional Lead Acute and Emergency Medicine and Deputy Director Service Redesign

Strategic Objective	Intervention grouping	Intervention Title	Descriptor	Modelling Assumption	Examples of interventions	Bed Productivity Potential Option 4 at 2065	Follow Up appointment Productivity	Theatre Productivity - 3.5 hr sessions	2018	2019	2020	2021	2022	2023	2024	2025	2026	Responsibility for implementation
Hospital Attendance Avoidance	**Community Teams/Community Working**	**Birthing Centre/ home births**	JGH operates a relatively medical model for 'normal' births. There is potential for more midwifery led care both through increasing home birth rates to c 10% and redesigning the patient pathway so women in labour are delivered solely by midwives in the hospital *where clinically appropriate to do so* .	Maternity acuity data	Specialist outreach nurse/midwife expansion	-4.4 Beds				50%	100%							Divisional Lead Women and Children's Services ad Lead Midwife
Hospital Attendance Avoidance **Inpatient flow**	**Community Teams/Community Working** **Standardised discharge pathway**	**Implementation of AEC pathways that reduce inpatient LOS**	Avoidance of admission to hospital (for non-clinical reasons). Prevention of admissions to hospital where clinical care can be better provided out of hospital. Safe and timely discharge of patients. Return to home or care home in the best possible physical, mental and emotional state.	AEC rates	Care Hub; Single Point of Referal (SPOR); Community Pharmacy Pilots; Specialist outreach nurse/midwife expansion; Discharge to assess	-3.3 Beds			10%	20%	30%	40%	50%	60%	70%	80%	100%	Divisional Lead Acute and Emergency Medicine and Deputy Director Service Redesign
Hospital Attendance Avoidance	**Community Teams/Community Working**	**Palliative Care provided OOH**	30% of patients in the General Hospital are in the final year of their life. In 2016 more people died in Jersey General Hospital than would have chosen to do if appropriate end of life facilities were available in out of hospital settings. The potential group of patients include those who died 10 days or more after their date of admission. In addition there is a cohort of patients who were admitted less than 1 month prior to the date of their death in a location other than the General Hospital.	Use the discharge destintation field - deceased. Exclude those that passed away in ICU or HDU. For those patients who deceased on medical wards and had a LoS greater than 14 days, reduce LoS to 14 days	Palliative care expansion	-3.0 Beds			25%	50%	75%	100%						Div. Lead Emergency Care (working in partnership with Lead Nurse Jersey Hospice and Out of Hospital Lead and FNHC Senior Nurse
Productivity & efficiency	**Surgical pathway productivity and efficiency**	**BADS**	Where day surgery rates by clinical specialty exceed peer benchmarks to maintain this. Where they fall short of peer benchmarks to increase this to at least benchmark level	BADS and POLCE guidance	Theatre scheduling	-3.6 Beds			25%	50%	75%	100%						Divisional Lead (Theatres and Anaesthesia)
Productivity & efficiency	**Surgical pathway productivity and efficiency**	**POLCE**	There is an NHS and HSSD list of POLCE. Unnecessary provision of these procedures adds cost and patient safe risks. There will always be clinical indications for the use of these procedures for a small proportion of patient.		Theatre scheduling	-0.3 Beds												Divisional Lead Theatres and Anaesthesia
Hospital Admittance Avoidance **Hospital Attendance Avoidance**	**Ambulatory Emergency Care** **Community Teams/Community Working**	**Primary/Secondary/ Community & Voluntary Care Joint Working**	Secondary care needs to work in ways that better support primary care and nursing in out of hospital services to be able to provide services that woul otherwise need to be provided within the General Hospital.	Use referral source of nursing home to identify these patients - care homes postcodes may also be used as a sense check - see care homes tab and more than 14 days	JDOC/hospital at night; 24/7 community nursing; Step up service; Rapid Response team	-0.8 Beds			10%	20%	30%	40%	50%	60%	70%	80%	100%	

Strategic Objective	Intervention grouping	Intervention Title	Descriptor	Modelling Assumption	Examples of interventions	Bed Productivity Potential Option 4 at 2065	Follow Up appointment Productivity	Theatre Productivity - 3.5 hr sessions	2018	2019	2020	2021	2022	2023	2024	2025	2026	Responsibility for implementation
Productivity & efficiency	**Surgical pathway productivity and efficiency**	**Telemetry**	With lower acuity patients cared for out of hospital the average acuity of those remaining will rise. Level 2 patients usually require monitoring available in critical care units. Caring for these patients in a distributed way using telemetry and other interventions such as Critical Care Outreach, Hospital at Night) avoids the need for additional high cost critical care beds.	Patients discharged from ICU and HDU or LoS <24hr in either unit.	Day of surgery	-0.9 Beds			10%	20%	30%	40%	50%	75%	100%			Divisional Lead for Surgery and Critical Care
Productivity & efficiency	**Surgical pathway productivity and efficiency**	**Enhanced recovery for upper limb surgery**	Upper Limb Specialist Physiotherapist ensures 'upstream' demand for in patient surgery, manages, prepares and coordinates the pre admission and post discharge enhanced recovery elements of an agreed pathway for those for whom in-patient surgery is indicated. Liaises with other key stakeholders (Orthopaedic Surgeons, GP, ward staff, family, out of hospital services)	Median LoS will be used and applied to patients with upper limb procedure codes - the following OPCS codes will be used for this O06, O07, O08, O10, W96, W97, W98, X19, Z54, Z68, Z81 EY to assess the impact of using upper quartile rather than median	23 hour care unit	0.0 Beds			10%	20%	30%	40%	50%	75%	100%			Divisional Lead Ambulatory Care and Support Services (Deputy Director Operations)
Inpatient flow	**Rehabilitation and reablement**	**Admission criteria onto rehab**	To ensure that every patient requiring bed based nursing care is located in the right facility for their level of dependency. To ensure that all patients are cared for by staff with the right competency and experience to meet their specific needs.	Reduce length of stay to 14 days for Nurology patients with length of stay above these values	Samares Ward and Silver Leas review	-0.4 Beds			25%	50%	75%	100%						Divisional Lead Acute and Emergency Medicine and Deputy Director Service Redesign
Hospital Admittance Avoidance **Hospital Attendance Avoidance**	**Ambulatory Emergency Care** **Community Teams/Community Working**	**Reduction in LOS for revision**	Lower Limb Specialist Physiotherapist ensures 'upstream' demand for in patient surgery, manages, prepares and coordinates the pre admission and post discharge enhanced recovery elements of an agreed pathway for those for whom in-patient surgery is indicated. Liaises with other key stakeholders (Orthopaedic Surgeons, GP, ward staff, family, out of hospital services)	Median length of stay benchmarks for patients with joint revisions (see Revision Codes tab for procedure codes)	Rapid Response team; 24/7 community nursing	0.0 Beds			10%	20%	30%	40%	50%	60%	70%	80%	100%	Divisional Lead Ambulatory Care and Support Services (Deputy Director Operations)
Productivity & efficiency	**Surgical pathway productivity and efficiency**	**Theatre sessions**	Theatres will be designed as flexible in use and will utilise lean/productive theatre techniques with effective timetabling	Target theatre utilisation rate of 80% with sensitivities	Theatre/minor ops utilisation			-333.5 Sessions	25%	50%	75%	100%						Divisional Lead Theatres and Anaesthesia
Productivity & efficiency	**Productivity & efficiency**	**Outpatient New to Follow ups**	Reduction in follow up appointments, through one stop shops and consultant led services	New:follow up benchmarking for Cardiology, Respiratory, Pain, Diabetes, Neurology, Rheumatology and Urology	Deliver new to follow up ratio average benchmark		-5,018.3 Outpatient Clinics		10%	20%	30%	40%	50%	60%	70%	80%	100%	Divisional Leads

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Jersey Future Hospital Benefits Realisation Plan

This Benefits realisation Plan reflects the extent of benefit anticipated to be delivered by the Preferred Option against the projects key Benefit criteria

Benefit Category 1: Safe Clinical Services								
Benefit Description	**Indicator**	**Performance**		**Measurement**	**Assumptions**	**Responsibility**	**Review Frequency**	**Date for Realisation**
		Baseline	**Target**					
Reduction in hospital acquired infections	MRSA C Difficile rates Norovirus	2017/18 figure	Trajectory continue to be above national target	No per 1000 bed days No per 1000 admissions Beds days lost during norovirus outbreak	Facilities will be easier to keep clean and best practice will be maintained Single rooms remove need to cohort patients (although staff cohorting will continue)	Chief Nurse	Yearly	1 year after hospital opening
Reduced number of avoidable deaths in hospital	Serious Incident Reports where avoidable death considered	2017/18 figure	Target to be set following base lining activities	Serious Incident Reports where avoidable death considered)	Improved access to diagnostics, rapid access to first line treatment, effective model of care and improved patient pathways will improve patient safety and impact on appropriateness of hospital for location of palliative care.	Medical Director	Yearly	Trajectory to 2 years after hospital opening
Improved integration means that patients will receive seamless care and support tailored to their needs.	Patient complaints	2017/18 baseline	% of complaints where coordination of care is cited	Number of complaints per 1000 patients	Metrics for patient complaints remain consistent	Medical Director	Yearly	1 year after hospital opening

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Consistent standards of care are maintained with few errors and untoward incidents	Reduced serious untoward clinical incidents	2017/18 figure	Target to be set following base lining activities	Risk management systems	That new models of care, new care pathways, staff training and new facility will facilitate better care	Chief Nurse	Yearly	Trajectory to 2 years after hospital opening

Benefit Category 1: Safe Clinical Services

Benefit Description	Indicator	Performance		Measurement	Assumptions	Responsibility	Review Frequency	Date for Realisation
		Baseline	Target					
Reduction in avoidable harm	Patient reported outcome measures (PROMs): ♦ Patient Generated Index sampling ♦ Disease specific questionnaires	Samples taken during 2017/18	Targets to be set following base lining activities	♦ Interviews ♦ Questionnaires	Working to evidence based protocol, greater critical mass of medical staff and reduced professional isolation	Medical Director	Rolling programme of yearly samples	Trajectory to 2 years after hospital opening
Reduced requirement for clinically unnecessary overnight hospital stay	Zero length of stay patients Day surgery rate	2017/18 figure	Targets to be set following base lining activities	Hospital Information Systems	That new model of care will reduce the ALOS to a maximum 23 hours for appropriate patients	Operations Director	Yearly	Trajectory to 2 years after hospital opening
Faster admission to hospital when required	Time from decision to admit	2017/18 figure	Targets to be set following base lining activities	ED system reports	That the new care model will improve assessment and patient flows	Medical Director	Yearly	Trajectory to 2 years after hospital opening

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Ability to deliver excellent acute services	Aggregated results of peer review (across two years), Royal College and Health Education England Education Standards (Wessex Deanery'	TBA	100% good / excellent	Clinical Governance Reports	That the facility will meet peer review standards and that working to evidence based protocol will improve standards	Medical Director	Bi yearly	3 years after hospital opening

Benefit Category 2: Sustainable Clinical Services								
Benefit Description	**Indicator**	**Performance**		**Measurement**	**Assumptions**	**Responsibility**	**Review Frequency**	**Date for Realisation**
		Baseline	**Target**					
Enhanced assessment in intermediate care will reduce discharge from hospital into long term Community care	Improved productivity created by more patient care in own home	TBA	20% reduction	Source of data TBA	20% reduction assumed. (detailed assumptions in economics update)	Operations Director	Yearly	1 year after hospital opening
Reduction in DNA rates due to improved service model	Reduction in cost of DNAs (national average for new / follow up)	2016	TBA	No DNA x cost	Improvement to upper quartile	Divisional Lead Ambulatory Services	6 Monthly	1 year after hospital opening
Increased day case rate resulting in fewer patients requiring elective inpatient surgery	Waiting times for elective surgery by specialty	2016	TBA	Waiting times (weeks)	Return to work 20 days earlier than if patient admitted (detailed assumptions in economics update)	Divisional Lead Theatres and Anaesthesia	6 monthly	1 year after hospital opening
The facility will be flexible to change in use	Facility utilisation rates	2017/18 outcomes	Targets to be set following base lining activities	Estate code performance management tools	The generic space design will facilitate change in utilisation as healthcare develops	Divisional Lead Estates and Facilities	Yearly	2 years after hospital opening

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<table>
<tr><td>The new hospital will be a high-quality building</td><td>Hospital condition survey</td><td>2017/18 outcomes</td><td>100% at highest rating</td><td>Estate code performance management tools</td><td>That quality is retained during the procurement process</td><td>Project Director (Delivery) FH Project</td><td>Yearly</td><td>On opening</td></tr>
<tr><td>The new hospital will meet all statutory requirements</td><td>Statutory compliance standards survey</td><td>2017/18 outcomes</td><td>100% at highest rating</td><td>Estate code performance management tools</td><td>That lifecycle investment needs building needs in future</td><td>Project Director (Delivery) FH Project</td><td>Yearly</td><td>On opening</td></tr>
<tr><td>Ability to contribute to reduced carbon emissions</td><td>Reduction in Kg CO^2 Measures</td><td>Expected annual production: 105 KgCO^2</td><td>Reduce by 30% = 2665 tonnes CO^2</td><td>Carbon emission measures</td><td>That new building will meet targets set for energy consumption</td><td>Project Director (Delivery) FH Project and Divisional Lead Estates and Facilities</td><td>Yearly</td><td>1 year after hospital opening</td></tr>
<tr><td colspan="9">Benefit Category *: Affordable Clinical Services</td></tr>
<tr><th rowspan="2">Benefit Description</th><th rowspan="2">Indicator</th><th colspan="2">Performance</th><th rowspan="2">Measurement</th><th rowspan="2">Assumptions</th><th rowspan="2">Responsibility</th><th rowspan="2">Review Frequency</th><th rowspan="2">Date for Realisation</th></tr>
<tr><th>Baseline</th><th>Target</th></tr>
<tr><td>Standardised Ward Template</td><td>Nursing revenue costs per bed</td><td>2017 nursing revenue</td><td>Reduce pro rata of growth</td><td>Quarterly nursing budget</td><td>Standardisation of ward size reduces ‘fixed cost’ proportion of budget</td><td>Director of Operations</td><td>6 monthly</td><td>2 years after opening</td></tr>
<tr><td>Modernised workforce (new roles, standard RN:Non Registered staffing ration)</td><td>Registered Nurse:HCA ratio</td><td>2017 nursing establishment</td><td>Agreed standardised ratio at ward level</td><td>Quarterly workforce report</td><td>That new opportunities will be created for island based non registered workforce</td><td>Chief Nurse</td><td>6 monthly</td><td>2 years after opening</td></tr>
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Emergency Floor will support modernised unscheduled care workforce	New roles in unscheduled care workforce	Division of Emergency Care workforce profile	Advanced non- medical practitioner roles established	Quarterly workforce report	Some middle grade medical roles will be substituted by non-medical advanced practitioner roles	Director of Operations	6 monthly	On opening
Patients not requiring in patient acute care	Patients in acute beds who could have been cared for elsewhere if such facilities existed	MCAP outcome reported 2018	< 10 beds occupied in appropriately (MCAP definition)	Delayed Discharge Report	Out of Hospital services in place as set out in P82/2012	Director System Redesign and Delivery	6 Monthly	On opening

Benefit Category 3: Integrated

Benefit Description	Indicator	Performance		Measurement	Assumptions	Responsibility	Review Frequency	Date for Realisation
		Baseline	Target					
Staff will be satisfied with their experience at work	Staff satisfaction measures Sickness rates	2017/18 outcomes	Targets to be set following base lining activities	Staff Questionnaire Routine workforce reporting systems	That the workforce transition model has been effective and that staff enjoy working in a fit for purpose building	HSSD HR Director	Yearly	1 year after hospital opening
Improved extended scope nursing and AHP skills	Number of accredited nurse / AHP consultants and extended scope practitioners	2017/18 outcomes	Targets to be set following base lining activities	Workforce reporting systems	Strategic workforce plan completed that identifies the new roles. That a programme has been implemented to deliver the enhanced skills	HSSD HR Director	Yearly	1 year after hospital opening

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Staff will have improved knowledge and skills	Number of staff with NVQ grade 3 / 4 Personal development review rates	2017/18 outcomes	Targets to be set following base lining activities 100% PDR	Training and Education system reporting	That education requirements have been identified and training completed effectively	HSSD HR Director	Yearly	1 year after hospital opening
Improved teamwork	Staff satisfaction measures	2017/18 outcomes	Targets to be set following base lining activities	Staff Questionnaire	That the workforce transition model has been effective and that training has taken team working approaches into account	HSSD HR Director	Yearly	2 years after hospital opening
Improved workforce Productivity	Consultant productivity indicator	2017/18 outcomes	Targets to be set following base lining activities	Hospital information systems and workforce systems	That the workforce review concludes and is implemented	HSSD HR Director	Yearly	Trajectory to 2 years after hospital opening

Benefit Category 3: Integrated

Benefit Description	Indicator	Performance		Measurement	Assumptions	Responsibility	Review Frequency	Date for Realisation
		Baseline	Target					
Patients will experience effective integrated care avoiding unnecessary admissions.	Better Care Indicators	TBA	TBA	TBA	RCRH model of care embedded and sustainable in LHE.	Director of Operations	TBA	1 year after hospital opening
Patients will experience well planned, timely care with few delays and smooth discharge	Patient satisfaction measures	2017/18 outcomes	Targets to be set following base lining activities	Patient questionnaire	That new model of care will be effective and that functional separation of emergency and planned care will improve consistency	Director of Operations	Yearly	1 year after hospital opening

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Patients will not need to stay in hospital any longer than required by their medical condition	Average length of stay	2017/18 figure	Targets to be set following base lining activities	Hospital Information Systems	That new model of care delivers functional separation of emergency & planned care	Director of Operations	Yearly	1 year after hospital opening
Expensive facilities will be fully utilised to support smooth patient flows	Theatre utilisation MRI and CT utilisation	2017/18 outcomes	Targets to be set following base lining activities	Departmental and hospital systems	That sessions will be planned effectively	Director of Operations Director of Strategy	Yearly	Trajectory to 2 years after hospital opening
That improved patient flows will result in financial efficiencies	Cost / income differential per spell	2017/18 outcomes	Targets to be set following base lining	Hospital Information Systems	Assumptions as above leading to reduced length of	Director of Operations Director of Strategy	Yearly	Trajectory to 2 years after hospital

Benefit Category 4: Improved Person-Centred Care								
Benefit Description	**Indicator**	**Performance**		**Measurement**	**Assumptions**	**Responsibility**	**Review Frequency**	**Date for Realisation**
		Baseline	**Target**					
Patients and visitors will be treated with respect	Patient satisfaction measures	2017/18 outcomes	Targets to be set following base lining activities	Patient Questionnaire	That a patient centred, customer focussed culture is in place with a well educated workforce delivering care.	Chief Nurse	Yearly	1 year after hospital opening

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<table>
<tr><td>Patients will feel that their privacy and dignity has been maintained</td><td>Patient satisfaction measures</td><td>2017/18 outcomes</td><td>Targets to be set following base lining activities</td><td>Patient Questionnaire</td><td>That single room accommodation is available for patients who want it. That facilities are ‘single’ sex. That staff meet the spiritual and personal needs of patients.</td><td>Chief Nurse</td><td>Yearly</td><td>1 year after hospital opening</td></tr>
<tr><td>Patients will feel that they have received the best possible treatment</td><td>Patient satisfaction measures</td><td>2017/18 outcomes</td><td>Targets to be set following base lining activities</td><td>Patient Questionnaire</td><td>The modern design of the facility will inspire confidence in patients that they are receiving the most up to date care available. The models of care will ensure they have been involved in decisions about their treatment</td><td>Chief Nurse</td><td>Yearly</td><td>1 year after hospital opening</td></tr>
<tr><th colspan="9">Benefit Category 4: Improved Person-Centred Care</th></tr>
<tr><th rowspan="2">Benefit Description</th><th rowspan="2">Indicator</th><th colspan="2">Performance</th><th rowspan="2">Measurement</th><th rowspan="2">Assumptions</th><th rowspan="2">Responsibility</th><th rowspan="2">Review Frequency</th><th rowspan="2">Date for Realisation</th></tr>
<tr><th>Baseline</th><th>Target</th></tr>
<tr><td>Patients can be confident that treatment will be completed as planned</td><td>Hospital cancelled procedure rate</td><td>2017/18 figure</td><td>Targets to be set following base lining activities</td><td>Sit Rep reports</td><td>That separation of emergency & planned care will enable consistent delivery & improve patient experience.</td><td>Director of Operations</td><td>Yearly</td><td>1 year after hospital opening</td></tr>
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Improved information for patients	Patient satisfaction measures	2017/18 figure	Targets to be set following base lining activities	Patient Questionnaire	Information will be readily accessible to patients in all formats. Clinicians will use information to allow informed treatment choice for patients.	Head of Communications	Yearly	1 year after hospital opening
Patients and visitors can find their way around the hospital with ease	Patient satisfaction measures	2017/18 figure	Targets to be set following base lining activities	Patient Questionnaire	That the design is logical and that organisation of space helps navigation.	Divisional Lead Estates and Facilities	Yearly	1 year after hospital opening
Communication with patients from different ethnic groups improved	Increased take up of interpretation services	2017/18 figure	Targets to be set following base lining	Interpretation service activity	That staff will be trained effectively	Chief Nurse	Yearly	1 year after hospital opening
Patients will be able to die in place of choice	Reduction in number of patients who die in hospital having chosen to die in a different setting	2017/18 figure	Target to be set following base lining activities	Gold Standards Framework audit	That model of care will ensure that patient choice can be supported	Chief Nurse	Yearly	Trajectory to 2 years after hospital opening

Benefit Category 5: Positive Socio-economic impact

Benefit Description	Indicator	Performance		Measurement	Assumptions	Responsibility	Review Frequency	Date for Realisation
		Baseline	Target					
The local area environment will regenerate around the new hospital	Hectares under development	TBA	Targets to be set following base lining activities	Council Planning Department measures	That the hospital development will support development and implementation of regeneration plans	DFI Estates Director	Yearly	1 year after hospital opening

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The diversity of the hospital workforce will be enriched	Workforce ethnicity compared to local community mix	TBA	Targets to be set following base lining activities	Workforce information systems	That the workforce transition model will consider local employment and support employment best practice	HSSD HR Director	Yearly	2 years after hospital opening
Construction related jobs & opportunities for local people	Number of local jobs created in construction	2017/18 figure	Targets to be set following base lining activities	KPI based on Targeted Recruitment & Training within the City Strategy Model.	Targeted recruitment &training opportunities identified from the out-set	FH Project Director (Construction Advisor)	Yearly	2012 - 15
Supply chain opportunities for local contractors and SME's in consequence to the construction and facility management	No of supply chain companies registering contract opportunities	TBA	Targets to be set after base lining activities	KPI based on supply chain companies registering contract opportunities on the Councils web portal.	Smaller businesses will benefit from new procurement both in construction and in operations	FH Project Director (Construction Advisor)	Monthly	2010/13