

Appendix D

South East Wales Acute Oncology Service: Benefits Realisation Plan

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Equity of access	Equal access to AOS for those in equal need. Equal utilisation of AOS for those in equal need. Improved consistency of care for all patients	Patients, staff, Health Boards	Service delivered is available, consistent and predictable how and where ever the patient presents. Level of resource available is consistent. Patient outcomes are consistent.	Retrospective data Gather data 20/21	TBD	Patients accessing service per head population. Attendances linked to cancer incidence trends as reflection of need	Direct – patients have more equitable access to AOS across the region. Patients have a better experience and outcomes Indirect – AOS investment	TBD	Annual	2023/24
	Enhanced links with other hospital based specialists / services	Patients, staff, Health Boards	Improved / consistent links to other hospital based support (e.g. acute physicians, AHPs etc) improves the management of the patient's wider needs and ensures they receive access to inputs necessary to manage their conditions.	Retrospective data Gather data 20/21	TBD	Number of referrals to other hospital specialisms	Direct – patients have more equitable access to wider range of services irrespective of where they present. Patients have a better experience and outcomes Indirect – AOS investment	TBD	Quarterly	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Patient experience and outcomes	Improved patient experience and better patient outcomes as part of acute presentation	Patients, families, carers, staff	Positive patient experience which respects the needs of the individual. Patients presenting with specific requirements (e.g. IO Toxicity / MSCC) have care better tailored to their needs The patient and their carers feel that there has been a measurable benefit from the care received.	Retrospective data Gather data 20/21	TBD	Patient reported outcome measures (PROMS) Staff surveys, PDAR	Direct - improve patients' quality of life Indirect - staff satisfaction	TBD	Annual	2023/24
	Efficient collection of AOS data allows for inter-operability and more clinical time spent with patients	Patients, staff	Patients experience fewer delays in accessing relevant clinical history and condition specific information. Staff spend less time manually recording data which can be translated into more patient facing input.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of referrals Staff surveys, PDAR	Direct - improve patient experience & outcomes Indirect - AOS team have a referral process	TBD	Annual	2022/23
	Digital interaction between staff / patients and staff / staff	Patients, staff	Patients receive better and more timely access to specialist resources whilst avoiding the need for staff to be physically on site. Where required staff managing patients on the ground can effectively access specialist advice and support.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of digital consultations / interactions	Direct - improve patient experience & outcomes Indirect - Local AOS team have improved access to specialist support	TBD	Annual	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Effective and efficient use of resources	More patients receive same day emergency care avoiding the need for hospital admission	Patients, Health Boards	Avoidance of inpatient admission with greater use of ambulatory pathways combined with timely access to 'Hot clinics' as required. Patient throughput is optimised and there are no undue delays across the patient pathway.	2018/19 data	TBD	Emergency admission rates. 30-day readmission rates. Nos of AOS patients admitted as inpatients. Nos of patients managed through ambulatory pathways. Cost per case	Direct - improve patient experience (discharged with plan). Better use of specialist resources. Indirect -increased capacity to manage other patients	TBD	Annual	2023/24
	When admitted patients spend less time in hospital as an inpatient	Patients, staff, Health Boards	By providing improved access to Oncologists, specialist Nurses and AHPs it is possible to reduce in inpatient length of stay. Patient throughput is optimised and there are no undue delays across the patient pathway.	2018/19 data	TBD	Inpatient bed days Average length of stay	Direct – improve patient experience (discharged with plan). Reduction in inpatient length of stay. Better use of specialist resources. Indirect - capacity to manage other patients	TBD	Annual	2023/24
	Patients are not subject to any unnecessary investigations or treatment	Patients, Health Boards	Patient management reflects their cancer journey and are supported with appropriate care and treatment according to their clinical needs	Retrospective data Gather data 20/21	TBD	Number of investigations Patient outcomes and survival	Direct – improve patient experience Reduction in unnecessary investigations and treatment Indirect – capacity to manage other patients	TBD	Annual	2023/24

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				Baseline	Target					
Effective and efficient use of resources	Better AOS data to improve decision making and facilitate more accurate demand and capacity forecasting	Patients, staff, Health Boards	Greater availability of concise, timely and accurate data to support AOS	Retrospective data Gather data 20/21	TBD	Staff survey Reports	Direct – improve patient decision making. Allows for measurement of service performance. Indirect – better links between service investment and patient outcomes	TBD	Annual	2023/24
MUO/CUP pathways	MUO / CUP patients have one point of contact, better experience and quality of life	Patients, families, carers, staff	MUO / CUP patients are supported and managed in a timely and appropriate way.	Retrospective data Gather data 20/21	TBD	PROMS Numbers of referrals Staff surveys	Direct – improve patient experience & outcomes Indirect – AOS team have a referral process	TBD	Annual	2023/24
Optimising the end of life journey	Patients spend more time at home in their last year(s) of life. Where needed they have access to support including Palliative Care.	Patients, families, carers	Patients' last year of life is appropriately supported through timely access to care and expertise.	Retrospective data Gather data 20/21	TBD	PROMS Number of days spent in acute hospital in last year of life Patient preferred place of death Mortality rates within 30 days of treatment	Direct – improve patients' quality of life in their last year Indirect – avoid further acute presentations/ admissions	TBD	Annual	2023/24

Benefit Criteria	Benefit Description	Beneficiary	Indicator	Performance		Measurement	Assumptions/ Impact	Responsibility	Review Frequency	Date for Realisation
				Baseline	Target					
Education and training	Improved effectiveness of AOS team working	Staff, patients	Staff are able to develop a more effective and joined up AOS team combining enhanced on the ground resource augmented by specialist support provided on a physical and virtual basis. Learning is shared as part of improved cross discipline team working.	Retrospective data Gather data 20/21	TBD	Increase in critical mass of AOS team Staff surveys Retention Qualifications across the team	Direct – enhanced AOS team (skilled, effective, efficient) Indirect – patients receive specialised care from a range of professionals	TBD	Annual	2023/24
	Better professional AOS education and training	Staff, patients	Staff are supported to provide / participate in formal and informal education and training and as result can provide more cohesive care reflective of latest best practice.	Retrospective data Gather data 20/21	TBD	Increase in critical mass of AOS team Staff surveys Retention Qualifications across the team	Direct – enhanced AOS team (skilled, effective, efficient) Indirect – patients receive improved joined up care from a range of professionals working as an integrated team	TBD	Annual	2023/24