

# WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

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## **NHS Wales: Annual Operating Framework 2008/2009**

### **1. Summary**

- 1.1 The NHS Wales: Annual Operating Framework 2008/2009 (AOF) sets out the Welsh Assembly Government's requirements for the NHS to deliver in 2008/2009.
- 1.2 All organisations are required to achieve the delivery of the Annual Operating Framework in its entirety, within the resources available.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Dean', is written over a light blue rectangular background.

Simon Dean  
Director of Service Delivery and Performance Management

WHC (2007) 086



Llywodraeth Cynulliad Cymru  
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# NHS Wales: Annual Operating Framework 2008/2009

| <b>Contents</b>  | <b>Page</b> |
|--|-------------|
| 1. <b>Foreword by Ann Lloyd, Chief Executive NHS Wales</b> | 4           |
| 2. <b>Introduction and Context</b>                         | 5           |
| 3. <b>Requirements for 2008/2009</b>                       | 8           |
| ➤ <b>Achieving Financial Health</b>                        | <b>8</b>    |
| ➤ <b>Implementing Reform</b>                               | <b>9</b>    |
| ➤ <b>Improving Services</b>                                | <b>10</b>   |
| ➤ Mental Health services including CAMHS                   | 10          |
| ➤ Screening  | 11          |
| ➤ Child protection   | 11          |
| ➤ Cancer services  | 11          |
| ➤ Chronic conditions management                            | 12          |
| ➤ Including cardiac, renal and stroke services             |             |
| ➤ Critical Care  | 13          |
| ➤ Access to services                                       | 13          |
| ➤ Unscheduled Care   | 13          |
| ➤ Primary Care   | 14          |
| ➤ Vaccinations   | 14          |
| ➤ Quality/ healthcare standards                            | 15          |
| ➤ Equality and language                                    | 15          |
| ➤ <b>Improving Organisations</b>                           | <b>16</b>   |
| ➤ Commissioning  | 16          |
| ➤ Reconfiguration  | 17          |
| ➤ Information  | 17          |
| ➤ Demand management  | 18          |

|           |  |           |
|-----------|--|-----------|
| ➤         | Modernisation assessments                    | 18        |
| ➤         | Workforce modernisation                      | 19        |
| ➤         | Reducing violence against staff              | 20        |
| ➤         | Planning                                     | 21        |
| ➤         | <b>Achieving Ministerial Priorities</b>      | <b>21</b> |
| ➤         | National Targets                             | 21        |
| ➤         | Efficiency and productivity measures         | 22        |
| <b>4.</b> | <b>Supporting Delivery</b>                   | <b>23</b> |
| ➤         | Supporting organisations                     | 23        |
| ➤         | Supporting processes                         | 25        |
| <b>5.</b> | <b>Managing the System</b>                   | <b>26</b> |
| ➤         | Production of Annual Operating Framework     | 26        |
| ➤         | Timetable 2008/2009                          | 27        |
| ➤         | Financial Framework                          | 28        |
| ➤         | Roles and responsibilities                   | 28        |
| <b>6.</b> | <b>Queries and Correspondence</b>            | <b>30</b> |
| ➤         | Policy                                       | 30        |
| ➤         | Data and Information                         | 30        |
| ➤         | Regional Offices                             | 30        |
| <b>7.</b> | <b>Annexes</b>                               | <b>33</b> |
| Annex A   | National Targets                             | 33        |
| Annex B   | Delivery and Support Unit: Focus of Activity | 40        |
| Annex C   | Annual Operating Framework National Template | 56        |

# 1. Foreword by Mrs Ann Lloyd

## **The NHS in Wales: Annual Operating Framework for 2008/2009**

This document sets out the agenda for the NHS for 2008/2009. It is designed to help organisations lead health services and health improvement locally by setting out clearly what the Welsh Assembly Government requires to be delivered in 2008/2009, and the framework within which they must be delivered. The document is primarily addressed to leaders of NHS organisations; however, as partnership with other partners is crucial to the delivery of improvements, this framework will also be distributed for information to leaders of local authorities and made available to wider stakeholders through the Welsh Assembly Government website.

The requirements for 2008/2009 have been set in accordance with the strategic objectives identified in *One Wales* and *Designed for Life* and in light of the progress achieved over the past three years since the launch of *Designed for Life*. The improvements achieved to date are significant and offer real and tangible benefits for the citizens of Wales, with perhaps the most notable being the reduction in waiting times. Despite these successes, there remain areas where the rate of progress and level of achievement overall is not as great as I would have liked at this stage. It is therefore vital that the next year is one in which we make significant progress, both in delivering the outstanding requirements for the current period, 2005 - 2008, whilst driving up the standards and quality of services; the priority for the *Higher Standards* phase, 2008 - 2011.

This Framework sets out the policy requirements, national targets, and efficiency and productivity gains that must be achieved if these challenges are to be met. It also clearly sets out the format in which all organisations are required to respond, and the timetable for responses. More importantly, it provides the NHS with the framework within which it must be successful. 2008/2009 will require organisations to continue to identify new, more effective and efficient ways of meeting individuals' needs.

This will only be possible if the NHS achieves levels of performance, efficiency, productivity and financial management that have not been seen in Wales previously. While challenging, I believe that the Annual Operating Framework for 2008/2009 strikes a fair balance between increasing the pace of improvement in Wales and the environment in which the NHS will operate. I am confident that the commitment to improvement shown to date, and the opportunities available to us within Wales, will enable the NHS to build on the solid progress which has already been achieved and create real and sustainable improvements for the patients and public of Wales.

**Ann Lloyd**  
**Chief Executive, NHS Wales**

## 2. Introduction and Context

- 2.1 The Welsh Assembly Government has a clear vision for health care in Wales, the delivery of world-class healthcare by 2015.
- 2.2 *Designed for Life* sets out the direction of travel and specific requirements for the NHS, through a series of 3-year strategic frameworks:
- *Redesigning Care: 2005 – 2008*
  - *Delivering Higher Standards: 2008 – 2011*
  - *Ensuring Full Engagement: 2011 – 2014*
- 2.3 The new administration for Wales set out its vision for health services in Wales over the next four years in *One Wales: A Progressive agenda for the Government of Wales*. The *One Wales* document commits to the delivery of ‘*a world-class health service that is available to everyone, irrespective of whom they are or where they live in Wales, and at the time they need it*’.
- 2.4 Over the next four years, it sets out to deliver a programme that includes the following key aims:
- A review of NHS reconfiguration
  - Strengthening NHS finance and management
  - Developing and improving health services
  - Ensuring access to healthcare
  - Improving patients experience
  - Supporting social care
- 2.5 These aims are conducive to the spirit and vision established within *Designed for Life* and will assist in providing further impetus to the direction of travel established in Wales since 2005.
- 2.6 Prior to the commencement of strategic framework 2 of *Designed for Life: Higher Standards* it is important to briefly reflect upon and evaluate the progress to date. As the first strategic framework of *Designed for Life: Redesigning Care* draws to a close, a significant amount of progress has been achieved in Wales:
- waiting times have been significantly reduced;
  - access to cancer services has achieved the national standards;
  - the first complete patient pathway has been established in Wales for coronary heart disease;
  - health organisations have undertaken modernisation assessments and have been actively implementing improvement in key areas;
  - the healthcare standards have been introduced and the Healthcare Standards Improvement Plans have been implemented throughout Wales;
  - There is evidence of improved levels of efficiency and productivity;
  - Improved financial, performance management and commissioning systems have been established; and
  - structural reconfiguration is underway.

- 2.7 While this success is welcomed, it must be balanced against a number of key objectives still to be delivered which are intrinsically important in achieving future requirements. These include, but are not limited to:
- improved management of demand and choice of the appropriate pathways of care;
  - reconfiguration of services based around the patient and the need to improve safety and clinical outcomes;
  - establishment of a wide number of integrated care pathways which maximise the use of available resources, improve the experience for patients and deliver the best possible clinical outcomes;
  - better financial management and the achievement of financial balance by all organisations in Wales;
  - the delivery of modern information systems which provide accurate, robust and timely information for both clinical and management purposes; and
  - achievement of consistent and sustainable levels of performance.
- 2.8 The commencement of the second strategic framework of *Designed for Life: Delivering Higher Standards* 2008 – 2011, therefore presents a real challenge for the NHS in Wales, as it must deliver the remaining objectives from the *Redesigning Care* phase whilst focusing on the improvement of service quality and standards of care.

### **Strategic Framework 2: Delivering Higher Standards 2008 - 2011**

- 2.9 The *Delivering Higher Standards* framework commences in April 2008 and will focus on improving the quality of services that are delivered, centred around the quality measures:- safety, effectiveness, patient focus, timeliness, and efficiency. Significant emphasis will be placed upon the implementation of quality standards, the development of clinically focused objectives and supporting performance improvement systems.
- 2.10 The emphasis will gradually shift from an inputs and process based approach to service development and performance assessment in Wales, to one which focuses on service outputs, patient outcomes and patient experience. This will be facilitated through a number of key mechanisms, including:
- The further integration of the performance and quality frameworks;
  - Continued focus on the implementation of the Healthcare Standards for Wales;
  - The use of the Regional Commissioning Units as agents of change;
  - The continued development of the NHS workforce through the *Designed to Work* strategy;
  - The development of targets which are more clinically focused and outcome based;
  - The evolution of the performance improvement framework to provide a more holistic approach to performance improvement and assessment; and
  - The further development of the rewards and sanctions framework to provide further incentives, freedoms and flexibilities to high performing organisations and the identification of a pathway to earned organisational autonomy.
- 2.11 The approach to performance improvement in Wales will be more rigorous in support of this agenda. The delivery of services of high standard and quality will increase the benefits to patients, reduce the costs to organisations as services are delivered on a ‘right first time basis’ and ensure that the best use of resources is achieved.

- 2.12 The approach to service delivery must also be one truly based on partnership. All NHS organisations must actively seek to engage and work in partnership with other organisations, including Local Authorities and other statutory partners, to achieve improved service integration and associated benefits for the public. This is currently an area that requires significant improvement in Wales and is integral to achieving the Government's vision of seamless service delivery, as set out in the *Making the Connections* agenda.
- 2.13 The Annual Operating Framework for 2008/2009 seeks to transform the vision and spirit of the above narrative into tangible actions for delivery.

### 3. Requirements for 2008/2009

3.1 The NHS is, and will remain committed to delivering the aspirations and objectives set out in *One Wales* and *Designed for Life*. Nationally, the focus will be on:

- **achieving financial health**
- **implementing reform**, in terms of service improvement and increasing organisational capacity and capability
- **achieving Ministerial priorities**, in terms of national targets, efficiency and productivity measures; and improving the overall patient experience.

#### **Achieving Financial Health**

3.2 NHS organisations must plan to operate within their available resources. Annual Operating Frameworks (AOFs) produced by organisations must take a balanced view of the risks and the opportunities facing them. This is vital to ensure that each organisation prepares a balanced financial plan for their Board.

3.3 The Local Health Board (LHB) and Health Commission Wales (HCW) revenue allocations and National Finance Agreement, to be issued in January 2008, set out the funding available in 2008/2009 and how the risks of unavoidable increases in cost should be attributed between commissioners and trusts.

3.4 All organisations will be required to achieve the stated level of efficiency savings to meet their commitments under the National Finance Agreement. This level of efficiency is consistent with the Welsh Assembly Government's commitments to improving efficiency and productivity of public services in line with "*Making the Connections*".

3.5 NHS Trusts are expected to achieve efficiency savings through continued reductions in the cost of service delivery. Commissioners will need to achieve savings through more effective provision of services, which may, in some situations, require disinvestments. While NHS Trusts have a key role to play in the delivery of commissioner-led savings, ultimately the risk of delivering these must lie with the commissioners.

3.6 The costs of delivering Local Delivery Plans (LDPs) and other service priorities represent a risk to be managed by organisations and within the basis of the health community. The attribution of these risks must be agreed in a professional and mature way between statutory organisations, with clear responsibilities for delivery set out in Long Term Agreements (LTAs).

3.7 All organisations must live within their available resources for the year, and financial balance must be maintained throughout the year. The Welsh Assembly Government will not provide additional funding for organisations unable to manage their resources. Any deficit or breach of resource limit will, therefore, represent the failure of an organisation to meet its statutory financial duty. Revised guidance in respect of financial duties, is set out in WHC (2007) 049. The importance of achieving financial balance is evidenced by its inclusion as one of the core requirements of the Rewards and Sanctions Framework in 2007/2008 and the forthcoming framework for 2008/2009.

3.8 Financial balance must not be achieved at the expense of quality, as this is detrimental to patient care and a false economy. There is increasing evidence, which demonstrates that by improving the quality of service that an organisation delivers, the organisation can reap financial returns within a reasonable timeframe. The national Quality Improvement Board has been engaging the financial leads of organisations in discussions on this issue and will continue to do so.

3.9 Further information can be found at:

<http://howis.wales.nhs.uk/whcirculars.cfm>

## **Implementing Reform**

3.10 *Designed for Life* identified the need to transform health and social care services, and the structures and processes that facilitate their delivery. This can only be done through a sustained and integrated programme of action, that delivers significant service and performance improvement in Wales.

3.11 Service improvement will be required across the breadth of all NHS services in 2008/2009 in accordance with the extant policy requirements. Of particular priority in 2008/2009 are the following areas:

- **Mental health services including CAMHS**
- **Screening**
- **Child protection**
- **Cancer services**
- **Chronic conditions management**
- **Critical care**
- **Access to services**
- **Unscheduled care**
- **Primary care**
- **Vaccinations**
- **Quality improvement/healthcare standards**
- **Equality and language**

3.12 Organisations will need to continue to develop their capacity and capability to ensure that they have the right skills, at the right time, in the right place to achieve both local and national requirements. The following areas have been identified as a priority in 2008/2009:

- **Commissioning**
- **Reconfiguration**
- **Information**
- **Demand management**
- **Modernisation assessments**
- **Workforce modernisation**
- **Reducing violence against staff**
- **Planning**

3.13 The following section details the requirements in each of these areas.

## **Improving services**

### **Mental health services including CAMHS**

3.14 The *Mental Health Act 2007* comes into effect on 1 October 2008 and this now provides new rights and extra protection to people who are unable to decide about their care and who may be unfairly deprived of their liberty. The Welsh Assembly Government issued the *Mental Health Act 2007 Implementation Guidance* in September 2007 to enable organisations to plan how they would meet the requirements of the Act.

**3.15 By March 2009, all organisations are required to demonstrate delivery of the key actions set out in the *Adult Mental Health National Service Framework (NSF) Raising the Standard*.**

**3.16 By March 2009, organisations are required to implement the actions outlined in the *Mental Health Act 2007 Implementation Guidance* and Objective 25 and 26 of *National Service Framework for Older People*.**

3.17 Further information is available at:

<http://www.wales.nhs.uk/sites3/home.cfm?OrgID=334>

3.18 The *National Service Framework for Children, Young People and Maternity Services* published in 2005 has CAMHS embedded within it, and sets out the standards and improvements to patient care that should be achieved by 2015.

**3.19 By March 2009, LHBs, Health Commission Wales and other commissioners of CAMHS (via the CAMHS Commissioning Networks), together with NHS Trusts, must work together to achieve the national AOF targets set for 2008/2009.** Additionally, organisations are required to meet the standards set in the *National Service Framework for Children, Young People and Maternity Services* and the vision contained within *Everybody's Business*.

3.20 Further information is available at:

<http://new.wales.gov.uk/docrepos/40382/40382313/childrenyoungpeople/403821/men-health-e.pdf?lang=en>

<http://www.wales.nhs.uk/sites3/home.cfm?OrgID=441>

3.21 The *National Service Framework for Children, Young People and Maternity Services* supports the ongoing commitment to deliver service standards. The key actions contained within this 10 year strategy, which requires Trusts, LHBs and Health Commission Wales to take specific action in conjunction with the Children's Framework Partnerships in Wales, are still extant.

3.22 By April 2008 it is intended that the standards for Children and Young People Specialist Services will have been launched. **In 2008/2009, LHBs and Health Commission Wales, together with NHS Trusts, must commence implementation of the standards and key actions in accordance with the timeframes contained within each document, together with the Universal Standards.** Much of the delivery of the standards will be achieved via the establishment of Managed Clinical Networks.

3.23 Further information is available at:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=355>

### Screening

3.24 **In 2008/2009, Trusts must be able to evidence that clear clinical governance measures are in place to ensure that the safety of the patient is paramount.** New Screening tests, recommended by the National Screening Committee, UK will be considered by the Welsh Screening Committee. Should new tests/changes be required, commissioners will be required to work together with the Welsh Assembly Government and NLIAH in identifying a timeframe for the safe introduction of the required changes, including any necessary training and resourcing.

### Child Protection

3.25 LHBs and Trusts have statutory obligations under section 28 of the Children Act 2004 to make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children. Under section 31 of the Act, they must co-operate with the children's service authority or authorities for their area in the establishment and operation of Local Safeguarding Children Boards. **In 2008/2009, LHBs, HCW and Trusts will ensure that they meet all the statutory requirements in relation to the safeguarding of children and young people and vulnerable adults.**

### Cancer services

3.26 By March 2009, all cancer services must comply with the National Cancer Standards. This is an annual National Target. In terms of achieving the Assembly Government's long term policy aims for 2015, it is intended that a strategic framework, entitled '*Designed to Tackle Cancer 2008-2011*' will be developed and published by April 2008. This will set out the medium term objectives for the next three years and will provide the foundation upon which the service will work for the period 2011-2015.

3.27 **By March 2009, all organisations in Wales will need to have implemented the requirements set out in year 1 of the *Designed to Tackle Cancer 2008-2011* strategic framework and to have delivered the National Cancer Standards.**

3.28 Health Commission Wales (HCW) is in the process of commissioning a bowel cancer-screening programme from Velindre NHS Trust. It is intended that this will be rolled out in a phases beginning during 2008/2009. NHS Trusts participating in the programme are required to provide high quality care both for diagnosis and treatment.

3.29 Further information is available at:

<http://new.wales.gov.uk/topics/health/nhswales/majorhealth/nationalcancerstandards/?lang=en>

### **Chronic Conditions Management including cardiac, renal, stroke and diabetes services**

3.30 *Management of Chronic Conditions in Wales; An Integrated Model and Framework* was published in March 2007. It sets out a new model for the delivery of services for people living with chronic conditions, in particular the strengthening of community services. It is intended that a CCM Service Improvement Plan (SIP), to be published shortly, will underpin this. This plan sets out a number of short, medium and long-term actions for local organisations and includes a number of requirements. By March 2008, LHBs will be required to produce a three-year CCM Local Action Plan.

3.31 The CCM Service Improvement Plan (SIP) includes a **maturity matrix** which will be used to provide a baseline position for all areas and track progress over time. In addition, a performance management framework (for the CCM Local Action Plans and key actions within SIP) is currently being developed with the Regional Offices, based upon an exception reporting system, for inclusion in the routine performance reviews with organisations. **In 2008/2009, all organisations will be expected to complete maturity matrices and submit regular performance reports to Regional Offices.**

3.32 *Designed for People with Chronic Conditions* are a series of four Service Development and Commissioning Directives. The first, for *Arthritis and Chronic Musculoskeletal Conditions* was published in January 2007. It is intended that the next, for *Chronic Respiratory Conditions*, together with two further publications, *Chronic Pain* and for *Epilepsy*, will be published in early 2008. These Directives will set out a number of key actions for delivery by local organisations over the next three years. **By March 2009, all organisations are expected to deliver the specific actions required in each Directive in 2008/2009.**

3.33 Strategic frameworks with programmes of work for 2008 – 2011 will be developed with an intended publication date of April 2008 for Cardiac, Stroke and Renal services. These frameworks will set out the medium term objectives for the next three years and will provide the foundation upon which the service will work for the period 2011-2015.

**3.34 By March 2009, all organisations in Wales must have implemented the requirements set out for 2008/2009.**

3.35 Further information is available at:

Cardiac Services:

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=442>

<http://howis.wales.nhs.uk/sites3/home.cfm?orgid=338&redirect=yes>

Renal Services:

<http://www.wales.nhs.uk/nsf>

- 3.36 By March 2009, all organisations will have achieved improvements in line with those set out in the Diabetes National Service Framework Delivery Strategy.**

### **Critical Care**

- 3.37 A Critical Care strategic framework, entitled '*Designed for Life: Quality Requirements for Adult Critical Care in Wales for 2008-2011*' will be developed with an intended publication date of April 2008. This will set out the medium term objectives for the next three years and will provide the foundation on which the service can achieve the 2015 goals.

- 3.38 By March 2009, the NHS will need to demonstrate that they have implemented and delivered the requirements set out for year 1.**

- 3.39 Further information is available at:

<http://new.wales.gov.uk/topics/health/nhswales/majorhealth/adultercriticalcarewales/?lang=en>

### **Access 2009**

- 3.40 The recently published *Integrated Delivery and Implementation Plan*, set out in WHC (2007) 051, identifies the key challenges that health communities will need to overcome in order to achieve the 26 week target by December 2009.

- 3.41 The “refresh” of Local Delivery Plans, underpinned by robust capacity planning will identify the extent of the capacity requirements for 2008/2009.

- 3.42 The NHS will continue to adhere to WHC (2006) 014 *Access 2009: Referral to Treatment Time Measurement* and to implement subsequent guidance due for release during the spring of 2008.

- 3.43 The transition to Referral to Treatment Time (RTT) measurement is ongoing. Organisations will be required to achieve both the RTT and component targets and collect and provide information against each until the quality of the RTT data reaches the required levels of accuracy. This approach also applies to the Cardiac RTT target.

- 3.44 By March 2009, all organisations are required to deliver the elective access targets set out within Annex A through the mechanisms established within WHC (2006) 055 - *Local Delivery Plan planning framework and template 2007/08*.**

- 3.45 Further information is available at:

<http://howis.wales.nhs.uk/whcirculars.cfm>

<http://howis.wales.nhs.uk/sites3/home.cfm?ORGID=608>

### **Unscheduled care**

- 3.46 The *Delivering Emergency Care Service (DECS)* Strategy, intended for imminent publication, represents a key development in the national approach to improving

unscheduled care services in Wales. The DECS strategy sets out a number of key principles on which a new and improved approach to unscheduled care will be based upon.

- 3.47 The DECS strategy will form one element of a focused approach to the management of unscheduled care, which will be fully developed early in 2008.
- 3.48 All NHS organisations will be engaged in this process to determine the most effective approach, with regards to planning and delivery.

### **Primary care**

- 3.49 The Wales Audit Office (WAO) issued its report “*A Review of the new General Medical Services Contract in Wales*” in August 2007. The report acknowledged the hard work that been done in Wales to implement the contract but also highlighted several areas of concern. The report made specific mention of the Quality and Outcomes Framework (QOF) as an area of concern because of the high value of payments and a lack of consistent good financial governance across LHBs, whilst also making a number of recommendations with regard to the Out of Hours contracts.
- 3.50 The WAO report can be found at:  
<http://www.wao.gov.uk/reportsandpublications/1347.asp>
- 3.51 The Welsh Assembly Government will be developing further guidance in response to the WAO report in due course and organisations need to be mindful of the WAO report recommendation.
- 3.52 **In 2008/2009, all LHBs must review their QOF visit processes to ensure they comply with Welsh Assembly Government issued guidance. The guidance can be found at the following web address:**  
<http://www.wales.nhs.uk/sites3/Documents/480/ACF9118.pdf>.
- 3.53 **By March 2009, further guidance will have been issued and all organisations are expected to deliver the specific actions required.**
- 3.54 **In 2008/2009, all LHBs must take account of these recommendations when negotiating Out of Hours contracts.**

### **Vaccinations**

- 3.55 Welsh Assembly Government policy issued in WHC (2005) 062 in respect of TB remains current. **In 2008/2009, LHBs must work collaboratively with stakeholders/ agencies and partners to ensure that improved systems are in place so that those who are at higher risk of contracting TB are identified and offered the BCG vaccine.**
- 3.56 Welsh Assembly Government policy issued in WHC (2005) 081 in respect of MMR remains current. **In 2008/2009, LHBs must work collaboratively with stakeholders/agencies and partners to ensure that those children who enter school without being vaccinated with MMR are identified and offered the vaccine.**

## **Quality improvement/ healthcare standards**

3.57 To continue the drive for improved quality of healthcare in Wales, a series of objectives and targets focused on delivering higher standards of healthcare must be delivered. **In 2008/2009, all organisations are required to implement the following actions contained within the Healthcare Quality Improvement Plan (QuIP):**

- Continued implementation of healthcare standards, to ensure that they are embedded at all levels within organisations; and with particular attention to cleanliness and patient experience,
- Evidence of continuous quality improvement through the production and ongoing monitoring of the organisation's Healthcare Standards Improvement Plan;
- An assurance that quality and safety issues are given sufficient consideration on the Board's agenda; and,
- Continued implementation of 'Being Open' policies in the management of complaints and incidents, ensuring that lessons are learnt, implemented and shared.

During 2008, the System Level Improvement Measures (SLIM) project will conclude with the recommendation of a small data set of high level indicators that will help us assess healthcare improvement at system level within NHS Wales. Wherever possible these indicators will already be collected in the system and should be used at individual organisation level (e.g. at Board meetings) to assess progress and improvement.

3.58 In addition, a Patient Safety Campaign will be launched in April 2008 and will run for a two-year period. Involvement is not mandatory and will not be part of performance management arrangements. However, it is hoped that organisations will be keen to volunteer to participate in their overall endeavours to improve the safety of healthcare.

3.59 **In 2008/09, all organisations are required to demonstrate improvements in the overall patient experience.** Particular focus should be placed on the cleanliness of healthcare environments. The Minister has also signalled her intention to eliminate mixed-sex wards/accommodation and further advice and guidance will be provided during 2008. In the meantime NHS Trusts should assess the current position and move towards the provision of single sex accommodation and ensure that plans for any new facilities are designed on this basis.

## **Equality and Language**

3.60 To support compliance with the legislation, the NHS Centre for Equality and Human Rights (CEHR), in consultation with NHS Wales, has produced an Equality Impact Assessment Toolkit, which considers how equality issues affect people. The toolkit provides a mechanism for considering these issues on the basis of: gender, race, disability, sexual orientation, religion or belief, age, Welsh language and human rights.

3.61 Two policy objectives are helping to drive forward the equality agenda. These are:

- the Patient Equality Monitoring Project, which is well developed in respect of secondary care patients but needs further development for primary care; and

- the implementation of the Disability Rights Commission Formal Investigation ‘Equal Treatment: Closing the Gap’ report which highlighted the inequalities in physical health experienced by people with mental health problems and learning difficulties. Recommendations for action need to be achieved.

**3.62 In 2008/2009, all NHS organisations are required to ensure that they continue to action their equality schemes.**

3.63 Further information is available at:

<http://www.wales.nhs.uk/sites3/home.cfm?OrgID=256>

3.64 The provision of information and services bi-lingually is an important element of equality in Wales and the NHS must improve its rate of progress in adhering to the Welsh Language Act. The foundation has been laid with the appointment of a full-time Welsh Language Officer in all NHS Trusts by April 2008 and the adoption by all Local Health Boards of the model operated by North Wales LHBs.

**3.65 By March 2009, all Trusts must provide evidence to the NHS Welsh Language Unit that the establishment of language choice and appropriate provision to respond to such choice is an integral part of the patient's care pathway.**

**3.66 In 2008/2009, all Trusts and LHBs must provide evidence of the achievement of the actions set out in the Welsh Language Scheme Implementation Plan, focusing on the four priority groups (older people, children, mental health and learning disabilities) and action taken to develop a bilingual culture within the organisation.**

## **Improving organisations**

### **Commissioning**

3.67 NHS Commissioning Guidance was issued in March 2007 under WHC(2007)023 and sets out a series of actions which need to be completed by various agencies including LHBs, Trusts, Local Authorities and NLIAH. **By March 2009 all organisations must have delivered those requirements identified for achievement in 2008/2009.**

3.68 The implementation of the Commissioning Guidance is being taken forward through the establishment of five working groups looking at: Elective Care; Emergency/Unscheduled Care; Long-term /Chronic Conditions, Social Services; and, the establishment of Regional Commissioning Units. Further areas for delivery will be identified through this route.

3.69 The establishment of three Regional Commissioning Units should act as the enabler for LHBs to strengthen commissioning through the securing of appropriate clinical involvement and improved partnership working. This should lead to the commissioning of services that are evidence based, high in quality and meet the need of the local population.

## **Reconfiguration**

- 3.70 The moratorium on changes to NHS services was lifted on the 6 June 2007 with agreed schemes being taken forward. A number of reviews are currently being undertaken by organisations to determine the best configuration of services to meet the needs of the people of Wales.
- 3.71 The outcome of these reviews will provide the information for further discussions between the Welsh Assembly Government, NHS and other key stakeholders with regard to future proposals and structural arrangements.

## **Information**

- 3.72 The importance of accurate, consistent, valid, complete, relevant and timely data in supporting clinical care, operational management, commissioning, policy development and monitoring and overall performance improvement is well recognised. Also recognised is the challenge that we face in systematically improving each of these aspects of data quality to ensure that the information that they feed adequately supports. The Information Governance process, set out in WHC (2006) 083 will assist in driving up the quality of national information standards.
- 3.73 All national information requirements, ranging from those needed for direct patient care to those needed for central reporting should be taken through the Information Governance Process and appraised by the Welsh Information Governance & Standards Board (WIGSB). This gateway function will ensure that the necessary connections are made across national information developments to the benefit of both NHS organisations and the Department of Health and Social Services (DHSS) alike. NHS organisations and the DHSS are represented on this Board. Trust Chief Executives should be mindful of the need to utilise national information standards where available to support all the business functions and processes.
- 3.74 Chief Executives Officers (CEOs) are reminded of their ongoing obligation to ensure timely submission of all mandated patient care datasets which conform to the definitions referenced in relevant Welsh Health Circulars and set out in Data Set Change Notices (DSCNs). This is a fundamental requirement of information/corporate governance of an organisation.
- 3.75 The Data Accreditation Programme for Acute Providers, introduced in 1999, set out completeness standards for admitted patient care and outpatient datasets. This work is being further developed by the Corporate Health Information Programme Data Quality Programme which will consider all aspects of corporate information data quality over time. Data Validity standards for admitted patient care and outpatient datasets will be introduced during 2007/08.
- 3.76 **In 2008/2009, organisations are required to:**
- **ensure comprehensive and accurate completion of impact assessment for new or information revised requirements;**
  - **confirm that all new or revised national information standards have gone through the Information Governance Process and gained WIGSB approval;**
  - **comply with all mandated Data Completeness and Validity Standards.**

## **Demand management**

- 3.77 Health Communities and in particular LHBs must continue to improve their ability to effectively manage the demand for healthcare during 2008/2009, to ensure that care is provided in the appropriate setting and utilises the right resource. **As a minimum in 2008/2009, LHBs are required to achieve the levels of demand agreed with providers within their Local Delivery Plans (LDPs) and Long Term Agreements (LTAs).**
- 3.78 LHBs, Regional Commissioning Units (RCUs), and Health Commission Wales (HCW) must provide explicit strategies, aligned to WHC (2007) 023 – *NHS Commissioning Guidance*, that identify the services and procedures that should be commissioned in secondary care. By achieving this, the identified need to ‘develop patient pathways for the major care streams together with the associated currencies and information requirements’ should be delivered.
- 3.79 The recently published evaluation report by NLIAH/CRG Research Ltd on Referral Management Pilots in Wales identifies five guiding principles which should be considered in relation to referral management. This can be found on the NLIAH website:  
[http://www.wales.nhs.uk/sites3/searchresults.cfm?q=referral+management+pilots+in+wales&site=orgid\\*484&requiredfields=DC%252Elanguage%3Aeng&orgid=484](http://www.wales.nhs.uk/sites3/searchresults.cfm?q=referral+management+pilots+in+wales&site=orgid*484&requiredfields=DC%252Elanguage%3Aeng&orgid=484)
- 3.80 Commissioning organisations should monitor and understand demand at the primary/secondary care interface and take proactive corrective action where demand is not balanced to contracted levels and currencies.
- 3.81 Trusts should monitor and understand the demand at key care pathway stages to determine the effect on patient flow through service delivery. This is especially important in ensuring the requirements of the 2009 Access targets are achieved.
- 3.82 Health communities and clinical networks should ensure that the appropriate clinical management information is available across the entire care pathway and is consistently applied. An assurance framework incorporating the monitoring of outcomes at agreed pathway stages will be required to develop a service culture of continuous improvement.

## **Modernisation assessments**

- 3.82 Each health community must update its *Design for Improvement* in accordance with the results of the second modernisation assessment carried out in 2007/2008 and be signed off by the Trust/LHB Chief Executives within that community.
- 3.83 The plans must connect modernisation actions with targeted outputs, outcomes and planned resource utilisation. Each organisation must ensure that they implement governance arrangements consistent with the achievement of plans and achieve agreed actions through the financial year.
- 3.84 Each health community should prepare a summary report by 31 July 2008 of the service improvements achieved from the implementation of their *Design for Improvement* to date and be signed off by the Trust/LHB Chief Executives.**

## **Workforce modernisation**

- 3.85 In 2008/2009 the NHS will be expected to continue to develop their response to the workforce initiatives set out in *Designed to Work (2006)*. The contribution and commitment of staff is fundamental to improving healthcare and it is critical that organisations train, recruit, develop and engage staff in all aspects of healthcare delivery.
- 3.86 Staff well-being is of critical importance to both employers and employees. Organisations must support staff to optimise levels of attendance within a healthy and safe working environment. Occupational Health Services must be strengthened and robust strategies developed to ensure that staff are fully supported and receive a proactive well-being service throughout their working lives. Particular focus should be given to the issues relating to stress management, both in terms of prevention, and supporting staff through the provision of effective counselling services.
- 3.87 It is vital that all staff are treated with dignity and respect and organisations are required to take forward the requirements outlined in 'Bringing Dignity to Work' to create a culture of mutual respect within NHS Wales. In support of this, organisations must take forward the workforce requirements of all Equality Schemes. Similarly, organisations must ensure that a zero tolerance approach is engendered in relation to bullying and harassment. This must include support mechanisms for staff along with managers to enable them to manage the performance of staff.
- 3.88 Staff must be trained and developed to maximise their contribution, to fully utilise skills and provide career progression. Organisations must ensure mechanisms are established to provide a culture of improvement underpinned by opportunities for life long learning and continuous professional development for all staff to support the modernisation of services.
- 3.89 Implementation of the Knowledge and Skills Framework will provide a basis to ensure that staff have the opportunity to develop in their role to provide a workforce able to meet future service needs. This will include the delivery of the 2009 48-hour EWTD target.
- 3.90 To support this, organisations will be required to take forward the implementation of the new integrated workforce planning process, which will bring improvements in local and regional workforce planning processes. Organisations must ensure that they have the required expertise, capacity and capability to effectively plan future workforce requirements. For example, organisations having a recognised and qualified workforce planner.
- 3.91 It is vital that the workforce are involved in effective and meaningful two way communication and are involved in the decision making processes that affect their working lives and the healthcare they deliver. Organisations will be expected to demonstrate strong partnership working, achievement of the *Designed for Working Lives Standards* and the development of corrective action plans in response to *2007 Staff Survey* outcomes. Organisations must ensure that staff engagement is not simply driven 'top down', and should develop communication channels which enable frontline staff to provide input into the process.
- 3.92 The development of support information systems will play an important role in assisting with the development of organisations' workforce. Therefore, robust plans to fully realise

the benefits of ESR should be further developed to ensure it supports the ambitions of staff in developing themselves.

- 3.93 Organisations must also continue to ensure that the right skills are available at the right time to provide high quality care. Organisations are therefore required to continue to develop their job planning processes locally, including the development of Consultant Outcome Indicators. This will assist in delivering the service benefits outlined in the amended Consultant Contract introduced in Wales in December 2003; an integral component of the overall service modernisation agenda.
- 3.94 In 2008/2009, organisations will be required to demonstrate their progress in developing their workforce through their achievement against the objectives set out in the *Designed to Work* action plan.**
- 3.95 Further information is available at:

<http://howis.wales.nhs.uk/whcirculards.cfm>

#### **Reducing violence against staff**

- 3.96 A Memorandum of Understanding (MoU) between the Crown Prosecution Service and the Welsh Assembly Government has been established (as it applies to NHS Wales) to ensure the effective prosecution of cases involving violence and abuse (whether physical, verbal or sexual, and including assaults which are religiously or racially motivated) against any member of NHS staff.
- 3.97 In 2008/2009 Trusts and LHBs will be required to address the actions specific to them within the MoU and provide feedback on the progress made.**
- 3.98 The Welsh Partnership Forum has recently agreed the format and funding for an All-Wales Violence and Aggression Poster. These posters will be distributed to all Trusts and LHBs and confirmation will be required that the posters are prominently displayed in all public areas.
- 3.99 Following the development and launch of the all-Wales Violence and Aggression Training Passport and Information Scheme to all NHS Trusts in Wales in September 2004, all Trusts must demonstrate full compliance with the violence passport by 31 December 2008.** A statement will be required at that time from all Trusts to demonstrate their levels of compliance. An audit tool will be provided to Trusts by the Welsh Assembly Government, which must be completed by organisations in order that they demonstrate their compliance levels against the requirements.
- 3.100 All LHBs must adopt the principles set out in the violence passport and liaise closely with their Trust colleagues to ensure LHB staff are provided with the same level of protection as Trusts.
- 3.101 All Trusts and LHBs must be engaged with their local Community Safety Partnerships and ensure that the prevention of violence and aggression against NHS staff is addressed within this forum. Regular reports on the work of these Community Safety Partnerships must be provided to the appropriate LHB/Trust Committees responsible for risk/governance.

## **Planning**

- 3.102 It is intended that in the course of 2008/2009 planning arrangements will be further developed. New guidance on this will be issued in early 2008.

## **Achieving Ministerial Priorities**

### **National Targets.**

- 3.103 The national targets represent the areas where the NHS must achieve fundamental step-change and service improvement. They focus on areas that are either of strategic importance or where performance must be improved significantly and expeditiously. The targets set are challenging but their achievement is fundamental in driving improvements in services over time and providing patients and the public with confidence that the quality of NHS services is improving. The national targets will only be achieved if organisations actively embrace the opportunities that lie within effective service reconfiguration, modernisation and redesign.
- 3.104 National targets fall into three categories:
- Targets that remain extant from previous years e.g. Accident and Emergency waiting times;
  - Targets that represent a continuation of an established national programme where the target represents the next key milestone e.g. the planned reduction of waiting times towards the 26 week target by December 2009; and
  - New targets.
- 3.105 Where targets remain extant all organisations are expected to achieve and sustain the target from April 2008 throughout the year. Measurement and monitoring of these will reflect this requirement.
- 3.106 Where targets represent a continuation of the direction of travel, organisations should demonstrate that they continue to sustain the previous year's target as a minimum, and work towards achieving the 2008/2009 targets by year-end, e.g. Access 2009 targets.
- 3.107 Where targets are new, organisations should work towards their achievement by year-end.
- 3.108 The national targets are set out in Annex A. The supporting rationales can be found at:  
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=17873>
- 3.109 In 2008/2009 the national targets will be publicised directly to the public of Wales in non-technical language, explaining how each of the targets will improve the quality of care.
- 3.110 In 2008/2009 NHS organisations will need to ensure that their staff are aware of the improvements patients can expect to see in the services.** Front line staff should be made

aware of the targets and feel confident that they can address any questions that patients and service users may have.

### **Efficiency and Productivity**

- 3.111 Making best use of resources, reducing costs and improving productivity are essential in delivering good financial health and world class services. This will ensure that the extra resources invested in NHS Wales produce a good return for the public through more efficient and effective care for patients.
- 3.112 The national programme for improving efficiency and productivity set out in WHC (2006) 079, which commenced in 2007/2008, has seen improvement in Wales in a number of areas. The programme for 2008/2009 builds upon this and organisations will be expected to further improve levels of efficiency and productivity, as well as accelerating the pace at which the benefits are realised.
- 3.113 LHBs must be at the forefront of improving the efficiency of service delivery and this must be achieved through more effective commissioning processes and robust performance management arrangements. LHBs must achieve a balance between robust provider challenge and sustainability of the health care system in the local community.
- 3.114 All organisations should seek to combine resources and share assets and knowledge to further improve the quality and efficiency of services, in accordance with the requirements of *Making the Connections*.
- 3.115 By March 2009 all organisations are required to deliver the efficiency and productivity targets set out in WHC (2007) 085.**
- 3.116 Further information is available at:

<http://howis.wales.nhs.uk/whcirculars.cfm>

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=18346>

## 4. Supporting Delivery

### Supporting Organisations

4.1 Support for NHS organisations in the delivery of the AOF requirements is available through the following organisations:

- Regional Offices which performance manage the AOF requirements;
- National Leadership and Innovation Agency for Healthcare (NLIAH);
- Delivery and Support Unit (DSU);
- All Wales Groups including the Cancer Services Co-ordinating group, the Cardiac Networks Co-ordinating Group, the Renal Advisory Group, the Critical Care Advisory group;
- Regional Networks e.g. Cancer, Cardiac, Renal and Critical Care Networks; and
- The Stroke Partnership Project, consisting of the National Public Health Service (NPHS), Wales Centre for Health and NLIAH.

### Regional Offices

4.2 The three Regional Offices are responsible for the rigorous management of performance of NHS Organisations in Wales. Health Commission Wales is performance managed by the Welsh Assembly Government through the Directorate of Service Delivery and Performance Management (DoSDPM). The Regional Offices and DoSDPM will undertake the performance management function in accordance with the processes set out in the NHS Performance Improvement Framework.

### National Leadership and Innovation Agency for Healthcare (NLIAH)

4.3 NLIAH will support the delivery of *Designed for Life* through its work with NHS organisations in workforce planning, modernisation and service improvement, and leadership and organisational development.

### Delivery and Support Unit (DSU)

4.4 The DSU will continue to provide support to, and intervention in, organisations that experience difficulty in delivering the national targets. The process for intervention established within WHC(2006) 008 will continue to be used in 2008/2009 in relation to:

- the identification of a set of targets that the DSU will focus on;
- the requirement for organisations to provide profiles for each of these targets; and
- the setting of tolerance levels for each target which will be used by the Regional Offices to manage performance and determine what course of action is required to return the organisation to the profiled performance level as soon as possible, where required.

4.5 The Minister for Health and Social Services and the Head of the Health and Social Services Department retain the ability to direct the DSU to provide immediate support to

organisations where performance, in their considered view, is deemed unacceptable in any given area.

- 4.6 The targets that fall within the focus of activity for 2008/2009 are set out within Annex B.
- 4.7 Organisations must submit profiles to their respective Regional Offices by **29 February 2008**.
- 4.8 Organisations are required to submit profiles firstly within their AOF and once again by 31 May 2008. The submission of inaccurate profiles has been a weakness over the past two years and this must be eradicated in 2008/2009. Significant emphasis must be placed on ensuring that the profiles are accurate and timely.
- 4.9 The Welsh Assembly Government recognises that profiles may occasionally require amendment in-year in exceptional circumstances. Organisations that wish to amend profiles in-year beyond May 2008 will only be permitted to do so where they are able to demonstrate to the Regional Office that the circumstances are exceptional e.g. service reconfiguration or significant change in clinical practice. All changes will be at the discretion of the Regional Office and Directorate of Service Delivery and Performance Management.
- 4.10 The Regional Office will manage the organisation's performance against the profile and its financial performance on a monthly basis.

**All-Wales Groups including the Cancer Services Co-ordinating group, the Cardiac Networks Co-ordinating Group, the Renal Advisory Group, the Critical Care Advisory Group**

- 4.12 These all-Wales groups are made up of clinicians, NHS managers and network core teams. The role of the groups is to provide advice and support to the NHS on the implementation of national standards and guidance. They lead on specific pieces of work or initiatives that are best placed to be undertaken at a national level. The groups are each set an annual programme of work by the Welsh Assembly Government which are designed to support the delivery of targets and priorities.

**Regional Networks e.g. Cancer, Cardiac, Renal and Critical Care Networks**

- 4.13 The core teams of these Networks act as a source of specialist knowledge and expertise to inform the commissioning process and support delivery. These core teams are also there to support specific service developments and initiatives across the network area. The Networks themselves provide a means of working collaboratively across a wider geographical area to make the best use of scarce resources and expertise.

**The Stroke Partnership Project (consisting of the NPHS, Wales Centre for Health and NLIAH)**

- 4.14 This is a recently established formal partnership (WHC (2007) 058) whose role is to deliver the Stroke Services Improvement Project in support of the Assembly Government's formal programme of work for stroke services.

## **Supporting Processes**

4.15 The primary management processes required in support of the AOF delivery are:

- Long Term Agreements;
- Local Delivery Plans for key targets;
- Likelihood of Delivery Assessment – LODA; and
- Regional Commissioning Units.

### **Long Term Agreements**

4.16 All commissioners and providers must have in place robust long-term agreements (LTAs) which clearly set out the relationship between the two bodies. From 2008/2009, all contracts must be based on a cost and volume basis for acute services and, as a minimum, meet the requirements set out in the national LTA model template. The 2008/2009 model will be issued in January 2008 and will be available at:

<http://howis.wales.nhs.uk/whcirculares.cfm?filter=2007>

### **Local Delivery Plans**

4.17 Local Delivery Plans (LDPs) must be produced by all health communities, including Health Commission Wales (HCW), in accordance with the requirements of the Access 2009 Delivery Plan.

4.18 The Local Delivery Plans demonstrate how the Access 2009 targets will be achieved and cover the period 2008/2009 and the months leading up to December 2009.

### **Likelihood of Delivery Assessment (LODA)**

4.19 The LODA is a tool developed by the Delivery and Support Unit which builds on the Access Readiness Assessment (ARA) to assess an organisation's likelihood that they can deliver the Access 2009 targets.

4.20 The LODA draws on a number of information sources to determine:

- Performance towards March 2009 milestones;
- Performance towards implementation of RTT measurement; and
- Performance in managing waiting lists.

### **Regional Commissioning Units**

4.21 The establishment of three Regional Commissioning Units (RCUs) should act as the enabler for Local Health Boards to strengthen commissioning through the securing of appropriate clinical involvement and improved partnership working. This should lead to the commissioning of services that are evidence based, high in quality and meet the need of the local population.

## 5. Managing the System

- 5.1 The Welsh Assembly Government, NHS organisations and their partners will manage the system. There is a change this year to the process and management responsibilities through which the Annual Operating Frameworks (AOFs) will be developed. For 2008/2009 each organisation is required to produce an AOF. The individual AOFs are intended to provide building blocks from which a picture of health service delivery within a health community can be developed. The intention is to improve the clarity, accountability and governance arrangements of the health care system. The provision of individual AOFs must not stop organisations working at a health community level. Moreover, it should improve the foundations for this to occur through better information exchange and knowledge of demand, capacity and activity requirements for individual organisations and the community as a whole.
- 5.2 The timescales set out must be adhered to by all organisations in achieving the timely sign-off of all final agreements by the Welsh Assembly Government for 2008/2009. **This is critical in 2008/2009 and will be included as one of the targets within the rewards and sanctions framework for 2008/2009.**

### **Production of the Annual Operating Frameworks (AOF)**

- 5.3 Each LHB, Trust and Health Commission Wales (HCW) are required to produce an AOF.
- 5.4 For 2008/2009, the AOF must detail how the requirements of the **whole Annual Operating Framework** will be delivered as opposed to the delivery of the annual targets. Therefore, the AOF must incorporate robust information and supporting delivery plans which detail how each of the AOF requirements will be delivered.

**Note: It is not intended to be an exhaustive process and it is appropriate to refer to existing plans/processes that will deliver each of the specified requirements. For example, ‘improving services’ local mental health action plans may be referred to and organisations are expected to simply make reference to existing plans they have in place to deliver this requirement. Similarly, organisations are expected to reference their Modernisation Plans as the mechanism through which they will secure the requirements set out under ‘improving organisations’.**

- 5.5 AOFs should be produced by individual organisations rather than formally as a health community as in previous years. However, in producing an individual response organisations must ensure that they take account of the aggregated health needs of their health community to ensure that there are no gaps in provision.
- 5.6 It is the responsibility of the Chief Executive Officer of each organisation to ensure that a balanced AOF is produced which involves all key stakeholders in discussions.
- 5.7 Health Commission Wales (HCW) will commission specialised and national services in accordance with its approved Commissioning Plan from a wide range of providers, including Welsh NHS Trusts. HCW will need to produce a balanced AOF in accordance with requirements set out in this document. The AOF will be forwarded to the Directorate of

Service Delivery and Performance Management. All organisations in completing their AOFs will need to take into account HCW's proposals.

- 5.8 A national template has been developed and introduced this year to ensure a consistent approach is taken by all organisations in the production of AOF responses. This is provided at Annex C and is also available electronically at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=17873>

### **Timetable for 2008/2009**

- 5.9 Draft AOF submissions, which have been agreed by all stakeholders, must be submitted **by 31 January 2008**. These will be submitted to Regional Directors or the Directorate of Service Delivery and Performance Management as appropriate, who will ensure that all the requirements contained within the AOF will be met and ensure that any conflicts of interest or adverse impacts between organisations are managed and resolved. Feedback will be provided and final AOFs are required **by 29 February 2008**.
- 5.10 AOFs that fail to demonstrate how the requirements of the operating framework will be met will not be accepted. It is a requirement that the timetable is adhered to and all AOFs are signed off **by 31 March 2008**.
- 5.11 Long Term Agreements will need to be in the form of the updated LTA model agreement 2008/2009, which will be issued early in January 2008. The contractual element to deliver the AOF should be signed off by LHBs, Health Commission Wales and Trusts as part of the commissioning process **by 30 April 2008**.
- 5.12 Chief Executives have overall accountability for the production of their organisational AOF and the quality of its content.
- 5.13 The respective Regional Offices and Directorate of Service Delivery and Performance Management will ensure that Performance Agreements based on the AOF are compiled for each individual organisation. These will represent one of the key elements within the performance improvement process. It is of vital importance that AOFs are finalised and signed off by all relevant parties **by 31 March 2008**. The following dates are key milestones to the delivery of the AOF and must be met.

The timetable is as follows:

|   |                         |
|---|-------------------------|
| First draft of AOF submitted:                 | <b>31 January 2008</b>  |
| Final AOF submitted:                          | <b>29 February 2008</b> |
| Approved AOF signed-off<br>by Regional Office | <b>31 March 2008</b>    |
| LTAs in place                                 | <b>30 April 2008</b>    |

## **Financial Framework**

- 5.14 Organisations are required to contract on a cost and volume basis for acute services in 2008/2009, in line with the model LTA. Guidance will be issued early in 2008 on the application of standard prices within the LTA for a limited amount of elective activity in 2008/2009, and the adoption of a standard contracting currency, in line with the initial recommendations of the Financial Flows Review.

## **Roles and Responsibilities**

- 5.15 The roles and responsibilities are as follows:

### **LHBs should:**

- Take responsibility for the AOF process and ensure the involvement of all key stakeholders;
- Forward a contact name or names to the relevant Regional Office (to assist communication);
- Ensure that the Regional Director is made aware at an early stage of any likely problems or conflicts;
- Work with HCW to reflect specialised service objectives, spending plans and commissioning arrangements;
- Ensure that all stakeholders are aware of the actions that each will take to meet the requirements and the contribution each will make towards achieving them are agreed;
- Ensure that the AOF is agreed with their stakeholders and signed off by their respective Chief Executive Officers;
- Ensure that the timetable is adhered to and that all returns are completed appropriately and on time;
- Ensure that all further work on the AOF required by the Welsh Assembly Government is completed expeditiously;
- Establish mechanisms to manage their own performance in delivering the AOF; and
- Establish mechanisms to monitor the performance of Trusts with whom they have a commissioning relationship in delivering the AOF.

### **Trusts should:**

- Take responsibility for the AOF process and ensure the involvement of all key stakeholders;
- Forward a contact name or names to the relevant Regional Office (to assist communication);
- Ensure that the Regional Director is made aware at an early stage of any likely problems or conflicts;
- Work with HCW to reflect specialised service objectives, spending plans and commissioning arrangements;
- Ensure that all stakeholders are aware of the actions that each will take to meet the requirements and the contribution each will make towards achieving them are agreed;
- Ensure that the AOF is agreed with their stakeholders and signed off by their respective Chief Executive Officers; and
- Ensure that the timetable is adhered to and that all returns are completed appropriately and on time;

- Ensure that all further work on the AOF required by the Welsh Assembly Government is completed expeditiously;
- Establish mechanisms to manage their own performance in delivering the AOF.

**HCW should:**

- Take responsibility for the AOF process and ensure the involvement of all key stakeholders;
- Forward a contact name or names to the relevant Regional Office (to assist communication);
- Ensure that the Director of Service Delivery and Performance Management is made aware at an early stage of any likely problems or conflicts;
- Work with Trusts and LHBs to ensure specialised service objectives, spending plans and commissioning arrangements are reflected in the LHB/Trust AOFs ;
- Ensure that all stakeholders are aware of the actions that each will take to meet the requirements and the contribution each will make towards achieving them are agreed;
- Ensure that the AOF is agreed with their stakeholders and signed off by them;
- Ensure that the timetable is adhered to and that all returns are completed appropriately and on time;
- Ensure that all further work on the AOF required by the Welsh Assembly Government is completed expeditiously;
- Establish mechanisms to manage their own performance in delivering the AOF;
- Establish mechanisms to monitor the performance of Trusts with whom they have a commissioning relationship in delivering the AOF.

**The Welsh Assembly Government**, through the Regional Offices and Directorate of Service Delivery and Performance Management, will:

- Provide support for the process;
- Keep the network of contacts informed promptly of any developments or new information;
- Feed back comments on submissions in a timely fashion;
- Ensure Chief Executive Officers sign off the AOFs;
- Incorporate the agreed AOF into Performance Agreements;
- Give support in delivering the AOF; and
- Arrange the deployment of the DSU/NLIAH where specific support and intervention is required to secure the delivery of the Annual Operating Framework.

## 6. Queries and Correspondence

- 6.1 An electronic copy of this circular and a Frequently Asked Questions section relating to it can be found on the NHS Performance Management website:

<http://howis.wales.nhs.uk/sites3/home.cfm?OrgID=407>

- 6.2 Queries about the contents of the Annual Operating Framework should be sent directly to:

### **Policy**

#### **Carl James**

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Policy, Waiting Times and Emergency Care  
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Cathays Park  
Cardiff CF10 3NQ  
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029 20 825630

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## **South East Region**

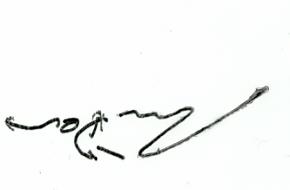
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Yours sincerely

A handwritten signature in black ink, appearing to read 'Simon Dean', is centered on the page. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

### **Simon Dean**

Director of Service Delivery and Performance Management  
Health and Social Services Department

## Annex A - Annual Operating Framework National Targets 2008/2009

| No.                       | NATIONAL TARGETS   |
|---------------------------|--|
| <b>Domain: Timeliness</b> |  |
| <b>1</b>                  | <b>Waiting Times</b>   |
| <b>(i)</b>                | To reduce Referral to Treatment times to 32 weeks for 95% of admitted patients and 98% of non-admitted patients.<br>To reduce Referral to Treatment time to 26 weeks for 80% of admitted patients and 85% of non-admitted patients.  |
| <b>(ii)</b>               | To reduce the maximum waiting time for inpatient or daycase treatment to 14 weeks.   |
| <b>(iii)</b>              | To reduce the maximum waiting time for a first outpatient appointment to 10 weeks.   |
| <b>(iv)</b>               | To reduce the maximum waiting time for access to specified diagnostic services to 8 weeks.   |
| <b>(v)</b>                | To reduce the maximum waiting time for access to specified therapy services to 14 weeks.   |
| <b>2</b>                  | <p><b>A&amp;E</b></p> <p>To achieve 95% of new patients (including paediatrics) spending no longer than 4 hours in a major A&amp;E department from arrival* until admission, transfer or discharge.<br/>Patients to spend no longer than 8 hours for admission, transfer or discharge.</p> <p>(*the four hour period starts from when the A&amp;E staff are notified in person that a patient has arrived and needs to be seen within the A&amp;E Department. Notification will be by the Ambulance Crew, for arrival by ambulance or otherwise by the patient themselves, or a person accompanying the patient (e.g. relative / friend)).</p> |

|                 |   |
|-----------------|---|
| <p><b>3</b></p> | <p><b>Cancer Services</b></p> <ul style="list-style-type: none"> <li>• Patients referred by their GP with urgent suspected cancer and subsequently diagnosed as such by a cancer specialist will start definitive treatment within 62 days of receipt of referral.</li> <li>• Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer will start definitive treatment within 31 days of diagnoses, regardless of the referral route.</li> </ul>   |
| <p><b>4</b></p> | <p><b>Ambulance response times</b></p> <p>To achieve:</p> <ul style="list-style-type: none"> <li>• a monthly all-Wales average performance of 65% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes;</li> <li>• a monthly minimum performance of 60% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes in each Local Health Board area;</li> <li>• a monthly all-Wales average performance 70% of first responses to Category A calls (immediately life threatening calls) arriving within 9 minutes;</li> <li>• a monthly all-Wales average performance 75% of first responses to Category A calls (immediately life threatening calls) arriving within 10 minutes.</li> </ul> |
| <p><b>5</b></p> | <p><b>Cardiac Services</b></p> <ul style="list-style-type: none"> <li>• All patients referred by a GP or other medical practitioner to adult secondary or tertiary cardiology will receive definitive treatment within 32 weeks of receipt of the original referral by the receiving Trust.</li> </ul>  |

6

**Sexual Health Services**

- All patients to have access to core sexual health services (HIV and sexually transmitted infection testing and routine\* contraception advice) provided by appropriate specialists within 2 working days.
- Commissioners of sexual health services and service providers to implement information systems, which provide performance information against the target set out above. Commissioners will be responsible for:
  - developing an Action Plan by 30 April 2008, setting out how robust systems will be implemented;
  - providing performance information against the target in October 2008 and on a monthly basis thereafter.

NB \*As distinct from emergency contraception, which should be available within 24 hours.

## Domain: Effectiveness

7

### Child and Adolescent Mental Health Services (CAMHS)

(i) The Local Health Boards (LHBs), acting on the advice of the Regional CAMHS Commissioning Networks, will commission a Specialist CAMHS Primary Mental Health Work Service to provide consultation, training and advice to professionals who deliver the functions of Tier 1 in the area that:

- Has a dedicated Primary Mental Health Worker (PMHW) on a formula of 2 per total 100,000 population with a minimum of 2 per LHB where the population is below 100,000;
- Offers consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request;
- Offers at least one training course in each LHB area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm.

(ii). The LHBs will commission Specialist CAMHS, on the advice of Regional CAMHS Commissioning Networks and put systems in place, to ensure that:

- All patients referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks;
- All patients referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;
- Mental Health Advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, are available to each Youth Offending Team.

(iii). Commissioners of Tier 4 services will ensure that children and young people referred for admission are assessed and admitted according to the following criteria:

- Those who are assessed, by Specialist CAMHS, as requiring admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 2 weeks from the date on which a written or electronic referral is dispatched and, if admission is considered necessary, it occurs within a further 2 weeks.
- Those who are assessed by staff from a Specialist CAMHS, as requiring immediate admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 12 hours of the time at which a written or electronic referral is dispatched or a telephonic referral is made and, if immediate admission is considered necessary, it occurs within a further 24 hours. If non-immediate admission is agreed, it occurs within a further 2 weeks.

(iv). Commissioners of CAMHS will work with Regional CAMHS Commissioning Networks and service providers to implement information systems which provide performance information against the targets set out in (i, ii and iii above). Commissioners will be responsible for:

- developing an action plan by 30 April 2008, setting out how robust systems will be implemented; and
- providing performance information against the target in October 2008 and on a monthly basis thereafter.

|                  |  |
|------------------|--|
| <p><b>8</b></p>  | <p><b>Chronic Conditions</b></p> <p>To improve the management of chronic conditions for patients, the health community will achieve:</p> <ul style="list-style-type: none"> <li>• an emergency medical admission rate per head of the population, for all qualifying conditions, of no higher than 1754 per 100,000 of the population.</li> <li>• an average length of stay resulting from emergency medical admissions for all qualifying conditions of no more than 6.1 days.</li> </ul> |
| <p><b>9</b></p>  | <p><b>Stroke Services</b></p> <ul style="list-style-type: none"> <li>• Each patient suspected of, or confirmed as having had a stroke must be admitted to dedicated and co-located acute stroke beds staffed by a specialist multi-disciplinary medical and acute rehabilitation stroke team.</li> </ul> <p>NB: As a milestone towards delivering this target, the co-location of beds must be delivered from May 2008.</p>  |
| <p><b>10</b></p> | <p><b>Cancer</b></p> <p>HCW, LHBs and Trusts will achieve the National Cancer Standards.</p>   |
| <p><b>11</b></p> | <p><b>Vaccinations</b></p> <p>Each LHB area to achieve and maintain uptake rates of 95% for all routine childhood vaccinations.</p>  |
| <p><b>12</b></p> | <p><b>Call to Needle</b></p> <p>70% of patients with myocardial infarction suitable for thrombolysis will have a call to needle time of less than 60 minutes.</p>  |

|                  |  |
|------------------|--|
| <p><b>13</b></p> | <p><b>Access to Services (homeless, asylum seekers and refugees, Gypsy and Travellers and migrant workers)</b></p> <p>All LHBs to provide homeless and specifically vulnerable groups with access to general medical services and secondary care services. LHBs will commission:</p> <ul style="list-style-type: none"> <li>• nurse/ health visitor led targeted outreach services; and</li> <li>• accessible information and signposting services;</li> </ul> <p>and have responsibility for demonstrating an understanding of the target population through:</p> <ul style="list-style-type: none"> <li>• local profiling of health needs and access to healthcare services.</li> </ul>              |
| <p><b>14</b></p> | <p><b>Mental Health – Assertive outreach</b></p> <p>In accordance with the Mental Health National Service Framework (NSF), an assertive outreach service will be established which provides intensive support and has the capacity to:</p> <ul style="list-style-type: none"> <li>• Meet the needs of clients who have or are at risk of disengaging with services in accordance with the level of need identified in the baseline assessment (established under SaFF Target 21 - 2007/2008); and</li> <li>• Offer early intervention of clients with a first episode of psychosis allowing for the commencement of treatment within 3 weeks of referral to the early intervention service.</li> </ul> |
| <p><b>15</b></p> | <p><b>Mental Health – Older people mental health services</b></p> <ul style="list-style-type: none"> <li>• In accordance with the Older People’s National Service Framework (NSF) a service which provides mental health liaison for older people with mental health problems in general hospital settings will be established.</li> </ul>   |
| <p><b>16</b></p> | <p><b>Mental Health – Local Action Plans</b></p> <ul style="list-style-type: none"> <li>• Health communities will implement all milestones for 2008/2009 contained within the approved Local Mental Health Action Plans.</li> </ul>  |

**Domain: Efficiency**

|           |  |
|-----------|--|
| <b>17</b> | <p><b>Delayed Transfers of Care (excluding mental health services)</b></p> <p>To reduce the number of delayed transfers of care and number of days delayed (excluding mental health facilities) per 10,000 population. All health communities will either:</p> <ul style="list-style-type: none"> <li>• Achieve continuous improvement within the upper quartile (based on all-Wales performance); or</li> <li>• Achieve sufficient improvement to move into the quartile above (based on all-Wales performance).</li> </ul> |
| <b>18</b> | <p><b>Delayed Transfers of Care in mental health facilities</b></p> <p>To reduce the number of delayed transfers of care and number of days delayed in mental health facilities per 10,000 population. All health communities will either:</p> <ul style="list-style-type: none"> <li>• Achieve continuous improvement within the upper quartile (based on all-Wales performance); or</li> <li>• Achieve sufficient improvement to move into the quartile above (based on all-Wales performance).</li> </ul>                 |

**Domain: Safety**

|           |   |
|-----------|---|
| <b>19</b> | <p><b>Handover of patients</b></p> <p>NHS organisations will achieve a handover* of patients from an emergency ambulance to accident and emergency (in a major A&amp;E department) within 15 minutes.</p> <p>(*the handover period starts from when the A&amp;E staff are notified by the ambulance crew that a patient has arrived and needs to be seen within the A&amp;E Department, and ends when the patient has been transferred into the clinical care of A&amp;E staff and the ambulance crew are free to return to the ambulance).</p> |
| <b>20</b> | <p><b>Healthcare Associated Infections</b></p> <ul style="list-style-type: none"> <li>• All Trusts will achieve local infection reduction targets agreed in collaboration with the Welsh Healthcare Associated Infection Programme (WHAIP) Team;</li> <li>• Clinical Directorates will manage locally agreed HCAI (Healthcare Associated Infection) reduction targets within the appropriate infection control/clinical governance managed processes.</li> </ul>  |

## **Annex B – Delivery and Support Unit: Focus of Activity 2008/2009**

### **National Target 1(i)**

**To reduce Referral to Treatment times to 32 weeks for 95% of admitted patients and 98% of non-admitted patients.**

#### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

#### **Commencement of potential DSU:**

The performance thresholds will be applied from the commencement of Quarter 1.

Weekly monitoring of profiles will be implemented for all communities that show a red status indicator and where it is felt appropriate by the DSU.

#### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>  | <b>DSU Support</b>   |
|-------------------------|--|--|
| Green                   | On target against profile with variance no greater than 5%                   | No   |
| Amber                   | Non-achievement of profiled performance with variance between 5.01% - 14.99% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 15% or above        | Yes  |

## National Target 1 (ii)

**To reduce the maximum waiting time for inpatient or daycase treatment to 14 weeks.**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 1.

Weekly monitoring of profiles will be implemented for all communities that show a red status indicator and where it is felt appropriate by the DSU.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>   | <b>DSU Support</b>   |
|-------------------------|---|--|
| Green                   | On target against profile with variance no greater than 3%                  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 3.01% - 9.99% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 10% or above       | Yes  |

## National Target 1(iii)

**To reduce the maximum waiting time for a first outpatient appointment to 10 weeks.**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 1.

Weekly monitoring of profiles will be implemented for all communities that show a red status indicator and where it is felt appropriate by the DSU.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>   | <b>DSU Support</b>   |
|-------------------------|---|--|
| Green                   | On target against profile with variance no greater than 3%                  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 3.01% - 9.99% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 10% or above       | Yes  |

## National Target 1 (iv)

**To reduce the maximum waiting time for access to specified diagnostic services to 8 weeks.**

### Rationale:

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### Commencement of potential DSU support:

The performance thresholds will be applied from the commencement of Quarter 1.

Weekly monitoring of profiles will be implemented for all communities that show a red status indicator and where it is felt appropriate by the DSU.

### Performance Threshold:

| Status Indicator | Performance Levels  | DSU Support  |
|------------------|---|--|
| Green            | On target against profile with variance no greater than 3%                            | No   |
| Amber            | Non-achievement of profiled performance with variance between 3.01% - 9.99% of target | Potentially, if requested by organisation or Regional Office |
| Red              | Non-achievement of profiled performance with variance of 10% or above                 | Yes  |

## National Target 1 (v)

**To reduce the maximum waiting time for access to specified therapy services to 14 weeks.**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 2, unless invoked by the organisation.

At the commencement of Quarter 3, weekly monitoring of profiles will be implemented for all communities that show a red status indicator.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>   | <b>DSU Support</b>   |
|-------------------------|---|--|
| Green                   | On target against profile with variance no greater than 3%                  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 3.01% - 9.99% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 10% or above       | Yes  |

## National Target 2

To achieve 95% of new patients (including paediatrics) spending no more than 4 hours in a major A&E department from arrival\* until admission, transfer or discharge. Patients spend no longer than 8 hours for admission, transfer or discharge.

*(\*The four hour period starts from when the Accident and Emergency staff are notified in person that a patient has arrived and needs to be seen within the Accident and Emergency Department. Notification will be by the Ambulance Crew, for arrival by ambulance or otherwise by the patient themselves, or a person accompanying the patient (e.g. relative / friend)).*

### Rationale:

The target of 95% of patients of all new patients spending less than 4 hours in A&E from arrival until admission, transfer or discharge should have been met by March 31 2005. Therefore, the monitoring of performance against profiles does not apply to this target, as performance is absolute against the standard.

### Commencement of potential DSU support:

The following performance thresholds will be applied from 1 April 2008:

- Quarter 1:** organisations in the red threshold will receive automatic support from DSU  
**Quarter 2:** organisations not achieving green performance levels will receive automatic support from DSU

### Performance Threshold:

| Status Indicator | Performance Levels | DSU Support  |
|------------------|--------------------|--|
| Green            | 95% or greater     | No   |
| Amber            | 94.99% - 90.01%    | Potentially, if requested by organisation or Regional Office |
| Red              | 90% or less        | Yes  |

### National Target 3

- **Patients referred by their GP with urgent suspected cancer and subsequently diagnosed as such by a Cancer Specialist will start definitive treatment within 62 days of receipt of referral.**
- **Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer will start definitive treatment within 31 days of diagnosis, regardless of the referral route.**

#### **Rationale:**

The target of 100% of patients starting definitive treatment within 31 and 62 days of receipt of referral should have been met by 31 December 2006. For 2008/2009 a tolerance level of 98% for urgent suspected cancers and 95% for non-urgent suspected cancers has been introduced for clinical and operational exceptions. Therefore, the monitoring of performance against profiles does not apply to this target, as performance is absolute against these standards. The performance thresholds set out below will be applied as an aggregate performance across all cancer sites.

#### **Commencement of potential DSU support:**

The performance thresholds will be applied from 1 April 2008.

#### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>                        | <b>DSU Support</b> |
|-------------------------|--|--------------------|
| Green                   | 98 – 95% * as appropriate                        | No                 |
| Red                     | 97.99% or less<br>94.99 % or less as appropriate | Yes                |

\* 98% for urgent suspected cancers and 95% for non-urgent suspected cancers

## National Target 5

**All patients referred by a GP or other medical practitioner to adult secondary or tertiary cardiology will receive definitive treatment within 32 weeks of receipt of the original referral by the receiving Trust.**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profile to assess whether the organisation is on target to achieve the expected outcome. Performance will be assessed by monitoring the variance, if any, between the profiled performance and actual performance on a monthly basis. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 1.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>   | <b>DSU Support</b>   |
|-------------------------|---|--|
| Green                   | On target against profile with variance no greater than 3%                  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 3.01% - 9.99% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 10% or above       | Yes  |

## National Target 6

- All patients to have access to core sexual health services (HIV and sexually transmitted infection testing and routine\* contraception advice) provided by appropriate specialists within 2 working days.
- Commissioners of sexual health services and service providers to implement information systems, which provide performance information against the target set out above. Commissioners will be responsible for:
  - developing an Action Plan by 30 April 2008, setting out how robust systems will be implemented;
  - providing performance information against the target in October 2008 and on a monthly basis thereafter.

\* As distinct from emergency contraception, which should be available within 24 hours.

### Rationale:

Commissioners of Sexual Health Services will provide Regional Offices with an action plan setting out how they will deliver the target and collect the data to measure and monitor that achievement. Regional Offices will make a judgement on the extent of progress made against the key milestones and assign the indicator status as appropriate. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### Commencement of potential DSU support:

The following performance thresholds will be applied from 1 April 2008:

- Quarter 1:** organisations in the red threshold will receive automatic support from DSU  
**Quarter 2 onward:** organisations not achieving green performance levels will receive support from DSU.

### Performance Threshold:

| Status Indicator | Performance Levels   | DSU Support |
|------------------|--|-------------|
| Green            | Regional Office assessment to progress against action plan deemed satisfactory   | No          |
| Amber            | Regional Office has reservations over the extent of progress against action plan | Optional    |
| Red              | Regional Office assessment to progress against action plan deemed unsatisfactory | Yes         |

## **National Target 7**

**(i) The Local Health Boards (LHBs), acting on the advice of the Regional CAMHS Commissioning Networks, will commission a Specialist CAMHS Primary Mental Health Work Service to provide consultation, training and advice to professionals who deliver the functions of Tier 1 in the area that:**

- **Has a dedicated Primary Mental Health Worker (PMHW) on formula of 2 per total 100,000 population with a minimum of 2 per LHB where the population is below 100,000;**
- **Offers consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request;**
- **Offers at least one training course in each LHB area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm.**

**(ii). The LHBs will commission Specialist CAMHS, on the advice of Regional CAMHS Commissioning Networks, and put systems in place, to ensure that:**

- **All patients referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks;**
- **All patients referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;**
- **Mental Health Advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, are available to each Youth Offending Team.**

**(iii). Commissioners of Tier 4 services will ensure that children and young people referred for admission are assessed and admitted according to the following criteria:**

- **Those who are assessed, by Specialist CAMHS, as requiring admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 2 weeks from the date on which a written or electronic referral is dispatched and, if admission is considered necessary, it occurs within a further 2 weeks.**
- **Those who are assessed by staff from a Specialist CAMHS, as requiring immediate admission to a psychiatric unit for adolescents on account of their clinical needs are assessed for admission within 12 hours of the time at which a written or electronic referral is dispatched or a telephonic referral is made and, if immediate admission is considered necessary, it occurs within a further 24 hours. If non-immediate admission is agreed, it occurs within a further 2 weeks.**

**(iv). Commissioners of CAMHS will work with Regional CAMHS Commissioning Networks and service providers to implement information systems which provide performance information against the targets set out in (i, ii and iii above). Commissioners will be responsible for:**

- **developing an action plan by 30 April 2008, setting out how robust systems will be implemented; and**
- **providing performance information against the target in October 2008 and on a monthly basis thereafter.**

### **Rationale:**

The health community will provide Regional Offices with an action plan setting out how the target will be achieved with key milestones identified. Regional Offices will make a judgement on the extent of progress made against the key milestones and assign the indicator status as appropriate. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

**Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 1.

**Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>  | <b>DSU Support</b> |
|-------------------------|--|--------------------|
| Green                   | Regional Office assessment to progress against action plan deemed satisfactory   | No                 |
| Amber                   | Regional Office has reservations over the extent of progress against action plan | Optional           |
| Red                     | Regional Office assessment to progress against action plan deemed unsatisfactory | Yes                |

## National Target 12

**70% of patients with myocardial infarction suitable for thrombolysis will have a call to needle time of less than 60 minutes.**

### Rationale:

The target of 70% of patients myocardial infarction suitable for thrombolysis will have a call to needle time of less than 60 minutes should have been met by 31 March 2005. Therefore, the monitoring of performance against profiles does not apply to this target, as performance is absolute against the standard.

### Commencement of potential DSU support:

The performance thresholds will be applied from 1 April 2008.

**Quarter 1:** organisations in the red threshold will receive automatic support from DSU

**Quarter 2:** organisations not achieving green performance levels will receive automatic support from DSU

### Performance Threshold:

| Status Indicator | Performance Levels | DSU Support  |
|------------------|--------------------|--|
| Green            | 70% or greater     | No   |
| Amber            | 69.99% - 55.01%    | Potentially, if requested by organisation or Regional Office |
| Red              | 55% or less        | Yes  |

## **Finance**

### **The achievement of financial balance in line with the financial statutory duty.**

#### **Rationale:**

The achievement of financial balance within individual organisations and the wider health community is a statutory duty of NHS organisations in Wales.

#### **Commencement of potential DSU support:**

The Resources Directorate and Regional Offices, Department of Health and Social Care will lead on any support or intervention with support provided by the DSU if requested. The Regional Director and the Director of Resources Health and Social Care will determine the nature of any support. Performance thresholds will be applied from the commencement of Quarter 1.

#### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>   | <b>DSU Support</b>  |
|-------------------------|---|---|
| Green                   | On target against forecast  | No  |
| Amber                   | Non-achievement of forecast with variance between 0.01% - 0.99% of target | Director of Resources and Regional Director to review.                      |
| Red                     | Non-achievement of forecast with variance of 1% or above                  | Yes, subject to discussion with Director of Resources and Regional Director |

## Efficiency and Productivity Measures 2008/2009

### Core Measure 1: Average Length of Stay - Elective Care

#### Rationale:

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Profiles will be required for the following 3 specialities:

- General Surgery
- Trauma and Orthopaedics
- Ears, Nose and Throat

Regional Offices will monitor organisational performance against the profiles to assess whether the organisation is on target to achieve the expected outcome. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

#### Commencement of potential DSU support:

The performance thresholds will be applied from the commencement of Quarter 2.

#### Performance Threshold:

| Status Indicator | Performance Levels   | DSU Support  |
|------------------|--|--|
| Green            | On target against profile  | No   |
| Amber            | Non-achievement of profiled performance with variance between 0.01% - 5% | Potentially, if requested by organisation or Regional Office |
| Red              | Non-achievement of profiled performance with variance of 5.01% or above  | Yes  |

## **Core Measure 9: Outpatient Did Not Attend (DNA) Rates**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profiles to assess whether the organisation is on target to achieve the expected outcome. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 2.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>  | <b>DSU Support</b>   |
|-------------------------|--|--|
| Green                   | On target against  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 0.01% - 5% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 5.01% or above  | Yes  |

## **Core Measure 12: Theatres: Operations Cancelled at Short Notice**

### **Rationale:**

The health community will provide Regional Offices with a profile plan setting out how the target will be achieved. Regional Offices will monitor organisational performance against the profiles to assess whether the organisation is on target to achieve the expected outcome. Any organisation that shows a red status indicator will be subject to DSU diagnostic support through the protocols set out within WHC (2005) 097.

### **Commencement of potential DSU support:**

The performance thresholds will be applied from the commencement of Quarter 3.

### **Performance Threshold:**

| <b>Status Indicator</b> | <b>Performance Levels</b>  | <b>DSU Support</b>   |
|-------------------------|--|--|
| Green                   | On target against  | No   |
| Amber                   | Non-achievement of profiled performance with variance between 0.01% - 5% | Potentially, if requested by organisation or Regional Office |
| Red                     | Non-achievement of profiled performance with variance of 5.01% or above  | Yes  |

## **Annex C: Annual Operating Framework National Template**

For 2008/2009, all organisations LHBs, HCW and NHS Trusts are required to complete the Annual Operating Framework template. The national template should be used by organisations to demonstrate that they have robust arrangements in place to achieve all of the requirements set out in the Annual Operating Framework and through LTA agreements. Organisations should ensure that their individual arrangements are integrated with that of their partners within the health community, providing for effective delivery of services at a regional / community level.

The national template will be one of the primary documents used by the Regional Offices to assess the quality and likelihood of delivery of the national requirements for 2008/2009.

The national template will be available by January 15 2008 from Regional Offices and at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=17873>