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Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Our ref: (SF/EH/703/08 reference)
(EH/ML/29/08)

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To: Chairs of NHS Trusts, Local Health Boards
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18 December 2008

Dear Chair

ANNUAL OPERATING FRAMEWORK 2009/2010

This letter alerts you to the publication of the Annual Operating Framework (AOF) for 2009/2010. The AOF sets out the direction of travel for the NHS in 2009/2010, the priorities for service improvement, and the performance assessment process which will be used to assess the progress made. The AOF requires organisations to achieve four key objectives in 2009/2010:

- the delivery of the Access 2009 programme;
- the delivery of the national programmes and targets;
- improvement in the levels of efficiency and productivity;
- actively implement the NHS Reform programme; and
- achieve financial balance

The AOF takes account of the challenges faces the NHS in 2009/2010 and is intended to balance the time and effort that this will require with the need to make continuous improvement in the services that are delivered to the people of Wales.

The achievement of the AOF is important to me, the Welsh Assembly Government and the people of Wales in our efforts to improve the NHS and the services that it delivers. I expect your organisation to successfully deliver the requirements by March 31 2010.

I will be kept apprised of progress and compliance by my officials.

A handwritten signature in black ink, appearing to be 'Edwina Hart'.



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

**To: Chief Executives
NHS Trusts, LHBs and
Health Commission Wales,
Director, Delivery and Support Unit
Regional Directors**

Mr Paul Williams
Head, Department for Health & Social Services
Chief Executive, NHS Wales
Pennaeth, Adran Iechyd a Gofal Cymdeithasol
Prif Weithredwraig, GIG Cymru

Eich cyf / Your ref:
Ein cyf / Our ref: PMW/ SF/EH/ 703/08 and EH/ML/29/08

18 December 2008

Dear Colleague,

ANNUAL OPERATING FRAMEWORK 2009/2010

Please find attached the Minister's letter ML/EH/29/08 to NHS Chairs formally issuing the Annual Operating Framework 2009/2010.

The requirements set out in this framework are the Minister's priorities for the year ahead, and as such I expect your organisation to deliver these without exception.

To support the Annual Operating Framework a number of technical documents have been prepared. These can be found together with an electronic version of the document on the Performance Management website:

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

Yours sincerely

Mr Paul Williams
Head, Department for Health & Social Services
Chief Executive, NHS Wales
Pennaeth, Adran Iechyd a Gofal Cymdeithasol
Prif Weithredwraig, GIG Cymru



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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

NHS Wales: Annual Operating Framework 2009/2010

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Annexes

The following annexes referred to in the Annual Operating Framework 2009/2010 are available electronically on:

- Annex A – National targets
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27443>
- Annex B and Annex B1 – Efficiency and productivity measures
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27471>
- Annex C – Focus of Delivery and Support Unit
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27472>
- Annex D – Focus of National Leadership and Innovation Agency for Healthcare
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27473>
- Annex E – Information Requirements
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>
- Annex F– Local Delivery Plan (LDPs) Templates
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>
- Annex F1 – AOF Response Template
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27508>
- Annex G – Financial Delivery Plans
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27476>
- Annex H – Rewards and Interventions
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27477>

1. Foreword

The Annual Operating Framework for 2009/2010 is aimed at securing continuous improvement in the services that are delivered by the NHS to the people of Wales. The progress made to date must be built upon, with an increased focus on improving the quality of services and the outcomes for people using them. One of the key programmes for the NHS over the past three years, Access 2009, reaches conclusion in December, and it is imperative that this is achieved given its significance in improving the care that patients receive.

During 2009/2010, organisations will need to work more effectively to integrate the various programmes of improvement to support success. It is clear that successful delivery of Access 2009 will require organisations to have made strides in implementing the Delivering Unscheduled Care (DECS) strategy and improving chronic conditions management, amongst others. High-quality health services will not be achieved in isolation, but through understanding the relationships between people's needs and how services are best provided to meet them. There are also a number of services which require further and accelerated improvement. These include primary and community care, mental health, CAHMS, cancer, stroke, renal and cardiac services, which are of high priority to the Minister for Health and Social Services. Bold and effective leadership will be required to make the progress required across all of these services.

All of the improvements required of the NHS in 2009/2010 must be secured within the resources available, in what is a very challenging financial environment. The NHS must therefore realise the opportunities that are available to it, most notably through the delivery of increased levels of efficiency and productivity. It is clear there are further and significant gains to be made that will benefit the people who use services and the NHS itself. Improved efficiency will create the resources required to secure the levels of service improvement expected by the Welsh Assembly Government.

The delivery of the Annual Operating Framework must be achieved within the context of the substantial changes that are facing the NHS in Wales. The decision to eliminate the last elements of the market and the associated restructuring that is taking place means that this will be a transitional year. Many people across the NHS will be very focused on ensuring that the significant reforms that are necessary are managed confidently and successfully, and that the services that the people of Wales rely on are maintained. This must not slip.

This document aims to ensure that the tasks are set out as clearly and cogently as possible. Those who are managing complex organisations through a period of change want clarity about their agenda and about how their performance will be assessed. It sets out what needs to be done, why and how it will be managed.

It will not be an easy year. It will be a year in which the NHS can show not only that it can complete the task of delivering on the waiting times targets and other requirements, but that it can do so against a background of major, complex change.

Mr Paul Williams

**Chief Executive
NHS Wales**

2. Introduction and Context

A New NHS

- 2.1 The changes in the NHS during 2009/2010 will not be simply structural. The decision to end commissioning – the last vestige of the market system – has opened the way to a complete system redesign. The new NHS will be simpler and better integrated than before. It will be better not just at generating change from within, but at taking up good practice from elsewhere. Vertical integration will enable it critically to review how care is provided throughout people's lives, and remove the barriers between primary, secondary, and tertiary care. This language may increasingly fall away. The larger geographical areas will enable the new bodies to compare care across their territory and rethink patient pathways.
- 2.2 Greater coherence will help focus attention, in close association with social services, the voluntary sector and other partners, on protecting and maintaining health and independence and avoiding through early, effective intervention a later need for complex and long-term care. This means that at the local level, previous gains in terms of closer engagement with primary care contractors, local government and other local partners must be preserved and built upon. This must be evidenced in tangible improvements for people who use services. For example, a better integrated system of health and social care will be expected to reduce the number of people experiencing a delay in their transfer of care, and the negative social, physical and mental aspects that such delays result in.
- 2.3 From April 2009, the National Advisory Board and Delivery Group will be functioning. The new Local Health Bodies will operate in shadow form from June 2009 and will be fully operational from October 2009. During this period, Health Social Care and Well Being Strategies (HSCWBSs) and Children and Young People Plans (CYPPs) will retain their relevance, and they, and the national requirements contained within the AOF set out what needs to be done.
- 2.4 The medium term will see the continued development of the Healthcare Standards for Wales (HCS) which will underpin the future delivery and improvement of services that are safe, of high quality, responsive to the needs of patients and users, and which secure the best possible outcome. The focus on quality improvement will be significantly increased, and sustained, during 2009/2010 and beyond. The 1000 Lives Campaign and the development of a series of intelligent and clinically focused targets will be at the vanguard of this, supported by the numerous quality improvement programmes in place. The NHS will need to make a concerted effort to mainstream quality improvement into its daily activity. This must be supported and symbolised by greater clinical and professional engagement and ownership of service design, delivery and improvement, together with a greater involvement from the people who use services. This represents one of the central challenges for new organisations.
- 2.5 By the end of 2009/2010 the NHS in Wales will be very different from the picture a year earlier. The new Local Health Boards will be in place across Wales, and taking up their responsibilities. During the year staff will have changed post, relationships will have changed, familiar ways of working will have disappeared, and existing channels of communication will have been re-routed.
- 2.6 The changes are not just about shifting boundaries, but are aimed at putting quality at the heart of the NHS. The new reforms allow us to test every part of the new NHS against the dimensions of quality, effectiveness, safety, patient experience, timeliness and efficiency,

with clear accountability right up to the Minister. It is a chance for genuine, deep-seated and lasting improvement.

Stability and Change

- 2.7 The detailed expectations for the coming year are set out in the following pages. Despite the considerable change that the NHS must manage during 2009/2010, there must be no loss of focus. Above all there is an absolute requirement for the NHS to:
- deliver the final elements of the Access 2009 programme;
 - meet and sustain the national programmes and targets for 2009/2010;
 - improve the levels of efficiency and productivity;
 - maintain safe and effective services to patients; and
 - achieve financial balance.
- 2.8 The AOF sets out a number of national requirements in relation to specific services. Much of what is included in the framework will be neither new nor unexpected. It represents the next phase in programmes of improvement for specific services that have been in place for several years.
- 2.9 Meeting these requirements in 2009/2010 will not only be important for those who rely on health services. It will also be a crucial early opportunity and test for NHS bodies to work together within the seven new LHB areas. As explained later, Local Delivery Plans (LDPs) will be required for each new LHB area which set out how the requirements will be met. In preparing these plans NHS bodies must agree how together they can:
- move towards a more outcome-focused approach;
 - build on the clinical engagement already being strengthened through the *1000 Lives* Campaign;
 - reinforce primary and community services; and
 - work with partners in a way that can be carried through to the future.
- 2.10 Of particular significance is the development high-quality primary and community care services, which are more effectively integrated within the wider health and social care system. The importance of this cannot be overstated as it will form the foundation for world class health services in Wales. Newly formed Local Health Boards must take early and decisive action to develop and improve this area and ensure that services are developed which meet identified need; provide high-quality care close to home; and operate in partnership to ensure that people are at the centre of service design and delivery. Strong leadership will be expected from Chief Executives' and Boards' to ensure that improvements are bold, quick, effective and sustainable.
- 2.11 Funding will be tight for the foreseeable future, but demand and innovation will not stand still. However, the NHS has been subject to substantial levels of investment over the past years and it must work hard to unlock the potential within the system. This does not require further resources but a clear focus on what the barriers are, how they can be removed, and how optimum value can be secured from previous investment.
- 2.12 The NHS will also have to learn to do more with less, to be more systematic in how it identifies and delivers improved levels of efficiency and productivity, and how it shares lessons of best practice. This document identifies the opportunities available to organisations

with regard to improved levels of efficiency and productivity. Each NHS body must clearly identify how they will grasp these opportunities and increase the value-for-money they can gain from the resources at its disposal. This will be challenging, but the inability to achieve significant improvements in this area will severely undermine an organisation's ability to deliver the AOF requirements for 2009/2010 and secure the levels of quality improvement required in the medium-to-long term.

- 2.13 The importance of effective planning cannot be overstated in supporting the achievement of the AOF requirements and the smooth transition to new organisations. Organisations must produce robust plans which detail the challenges they face and how they intend to meet them. The recently appointed Transition Directors will lead this, working with existing organisations to produce plans which offer the greatest potential for securing improvement. It is clear that the most significant opportunities for improvement lie at the level of new organisations. Therefore, all AOF responses and supporting Local Delivery Plans must be developed at this level, whilst being sufficiently flexible to enable delivery through existing organisations during the early part of 2009.
- 2.14 Organisations must fully engage with Transition Directors and support them in developing delivery plans. They must demonstrate that managers and clinicians have a common purpose in improving services, and that the plans are fit for purpose for new Boards. New Boards will also need to quickly demonstrate that they are capable of delivering high quality services and that managers are maintaining their focus during this challenging period.
- 2.15 During the year the seven new Local Health Boards must find their feet and quickly develop sound working relationships with partners, other NHS bodies and the Welsh Assembly Government. They must secure sufficient staff to ensure continuity of business; quickly bring together the different processes and responsibilities they have inherited from their predecessor bodies - and put in place a new integrated planning system to include service, workforce, financial and capital planning. Through doing so, and through working in a focused way to meet the objectives set out in the AOF, they must create a sound basis for accelerated future performance improvement.
- 2.16 Organisations are advised to consider the principles and detail contained within the technical papers supporting the NHS Reform consultation: *Consultation Paper II: Delivering the new NHS for Wales*, during the development process, as they describe the post-NHS Reform system within which organizations will operate.
- 2.17 Besides improvements in the specific services set out in the AOF, there must also be no faltering on improving services more generally. The work led by the National Leadership and Innovation Agency for Health (NLIAH), aimed at developing modern and flexible organisations able to sustain delivery of efficient and effective services will continue. Each NHS organisation must continue to implement the actions identified in their *Designed for Improvement plans*, and be prepared to update these plans following the third modernisation assessment to be carried out in January/February 2010. In addition, NHS bodies must continue working to implement *Designed to Work (2006)*, in relation to training, recruitment, and the development and engagement of staff in all aspects of healthcare delivery.
- 2.18 Across services, there will be a continuing need to ensure that the Welsh language is adequately reflected in the delivery of services. Welsh language provision is about providing a citizen sensitive service but it is also relevant for the clinical assessment of particular groups of patients. This provision needs to be strengthened in 2009/2010. The equality agenda also

needs to be reflected in the culture of the new Local Health Boards as they take shape and in the way they operate.

- 2.19 Finally, each organisation must recognise the importance of providing accurate, complete and timely data. Achieving the national data standards supports the delivery of good clinical care, enables operational management to be responsive, demonstrates robust governance arrangements are in place and provides an accurate picture of performance. These are the cornerstones of service improvement.

3. Requirements for 2009/2010

- 3.1 While good progress has been made to date in delivering *One Wales* and *Designed for Life*, the next years must be ones of high ambition, accelerated change, and significant improvement in service delivery. The next three years, 2008-2011, must see a greater focus on the quality of services that are delivered and the outcomes of those services for the people who use them. The Welsh Assembly Government acknowledges the size of the challenge faced in Wales in 2009/2010, but is clear that this must not be seen as a reason to slow the pace of improvement.
- 3.2 The Annual Operating Framework (AOF) for 2009/2010 sets out the requirements for delivery across a range of services. It is intended to balance the need to seek further service improvement with the challenges and demands of the NHS Reform programme. A number of the national targets will be familiar to the NHS and there must be a renewed emphasis on achieving and sustaining them.
- 3.3 The AOF is structured around a number of national programmes, which is intended to provide the reformed NHS with a clear direction of travel and demonstrate how the requirements for this year support the journey. This will ensure greater coherence between the overall policy direction and the annual requirements, and allow the NHS to adopt a more medium-term approach to service planning and delivery.
- 3.4 Of particular note is the need to accelerate and sustain improvements in a number of specific areas. These include primary and community care, mental health, CAHMS, cancer, stroke, renal, cardiac, mental health and CAMHS services. These are areas of national priority and organisations must ensure that progress is accelerated and that the required levels of improvement are achieved and sustained. NHS Boards, Chief Executives and clinicians must demonstrate clear leadership to remove the barriers to progress, and be explicit about the improvements they expect to achieve during 2009/2010, and how they will achieve them.
- 3.5 For 2009/2010 the new Local Health Boards will be required to plan and deliver the national programmes and targets without exception. Local Health Boards must also develop sufficient capacity, capability and flexibility to meet any future requirements that will be asked of them.
- 3.6 The areas of focus for 2009/2010 are:
- **achieving national targets;**
 - **achieving efficiency;**
 - **achieving financial health; and**
 - **achieving compliance with the Healthcare Standards for Wales.**
- 3.7 The first three areas are set out in the remainder of this section
- a) achieving national targets**
- Access 2009;
 - Primary and Community Care;
 - Unscheduled Care;
 - Chronic Conditions Management;
 - Mental Health Services;
 - CAMHS;
 - Healthcare Associated Infections;

- Cancer Services;
- Cardiac Services;
- Stroke Services;
- Renal Services;
- Sexual Health Services; and
- Civil Contingencies.

Access 2009

1. High level aim

The Welsh Assembly Government is committed to reducing the length of time patients have to wait for appointments, diagnostic tests and treatment in order to improve patient care and treatment outcomes.

The key aims are to:

- improve treatment times for people in Wales by reducing the maximum waiting time from primary care referral to definitive treatment to 26 weeks; and
- maintain existing maximum waiting times for specified diagnostic and therapy services for those patients not on an RTT pathway.

2. The current position

Progress has been made since the launch of the programme, with component waiting times reducing from in excess of 18 months for a first outpatient appointment and a further 18 months wait for inpatient/daycase treatment.

Progress has also been made with the transition to a referral-to-treatment system, with measurement systems becoming more robust, a better understanding of the number of patients on open pathways and the management of a referral-to-treatment system.

By March 2009 the component waiting times must have further reduced to:

- 10 weeks for a first outpatient appointment;
- 14 weeks for inpatient/daycase treatment;
- 8 weeks for specified diagnostic tests;
- 14 weeks for specified therapy services; and
- 95% of admitted patients and 98% of non-admitted patients will have a referral to treatment time (RTT) of less than 32 weeks.

Organisations must also have significantly advanced:

- the removal of backlog work from the system;
- the redesign / process transformation of pathways; and
- their ability to balance demand and supply in a sustainable way.

3. Requirements for 2009/2010

National Target:		HCS
AOF 1	To reduce referral to treatment times to a maximum of 26 weeks by 31 December 2009.	2
AOF 2	To maintain a maximum waiting time of 8 weeks for specified diagnostic tests and 14 weeks for specified therapy services for all patients who are not on an RTT pathway.	2

- 3.1 Due to the high level of complexity involved with the Access 2009 programme, the Welsh Assembly Government recognises that the final year will be of a more dynamic nature than previous ones. The organisational stock takes undertaken by all NHS organisations in December 2008 will provide important information, for NHS organisations and the Welsh Assembly Government alike, in determining the final plan for delivery.
- 3.2 The targets for 2009/2010 are written in advance of this information being available. Therefore, the Welsh Assembly Government will continue to work with the NHS to review and evolve policy and delivery mechanisms. This may result in further guidance and / or policy requirements in 2009/2010.

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *2009 Access Project – Supplementary Guidance for Implementing 26-week patient pathway - WHC(2007) 075*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2007>
- *Access 2009 Waiting Times Rules - Currently out to NHS Consultation and will be issued in early 2009.*

6. Performance management

i) Delivery plan

A series of organisational stock takes have been undertaken during December to determine the progress made. The planning requirements and timescales for 2009/2010 will be communicated through guidance outside of this AOF document.

ii) **Assessment criteria**

Target No	In-Year Assessment	Data Used
	Progress against deliverables in the Access 2009 LDP (monthly)	Progress report against the LDP (monthly)
AOF 1	<p>At least 95% of admitted patients to have an RTT of 32 weeks or less.</p> <p>At least 98% of non-admitted patients to have an RTT of 32 weeks or less.</p> <p>At least 80% of admitted patients to have an RTT of 26 weeks or less</p> <p>At least 85% of non-admitted patients to have an RTT of 26 weeks or less</p>	<p>Monthly RTT data reported by Health Statistics & Analysis Unit</p> <p>(Closed pathway).</p>
AOF 2	Achievement against standard each and every month	Monthly Diagnostic and Therapy Waiting Times Publication from Health Statistics & Analysis Unit

Target No	Year-end Assessment	Data Used
AOF 1	<p>By the end of December 2009 no patient should have an adjusted pathway length of over 26 weeks.</p> <p>All patients who are treated after 31 December 2009 should have an RTT pathway length of less than 26 weeks. This will be measured using the monthly 'Closed by Admission' and 'Closed by Other' RTT reporting.</p>	<p>Monthly RTT data reported by Health Statistics & Analysis Unit</p> <p>- Open pathway - snapshot taken at 31 December 2009, December 2009 data as reported in February 2010</p> <p>- Closed pathway - RTT extract for January 2010, January 2010 data as reported in March 2010</p>
AOF 2	Achievement against standard for all 12 months (April 2009 - March 2010)	<p>Diagnostic and Therapy Waiting Times data for period April 2009 - March 2010 from Health Statistics & Analysis Unit in May 2010.</p>

Primary and Community Care

1. High level aim

The Welsh Assembly Government is committed to improving primary and community care. The provision of high-quality services within the community is critical in providing people with the care they require, close to home, to ensure that secondary care is used efficiently and effectively. There are a number of areas for further development to improve citizens' quality of care and quality of life; to increase their independence and capability to live at home; and to reduce reliance on institutional care. These include:

- cost effective and efficient medicines management and prescribing;
- effective and efficient referral management;
- better chronic conditions management;
- implementation of care pathways across the whole health and social care system; and
- sharing information to improve patient care and safety.

In September 2008, Dr Chris Jones Chair of Rhondda Cynon Taff LHB was asked to lead the development of an all-Wales primary and community strategy. As this work develops, it will support and strengthen out-of-hospital services, ensuring cohesive services to support people in the community. This work will also build on the existing partnerships with local government and the third sector at both the local authority and community levels. During 2009/2010 the NHS will be required to implement agreed actions arising from his work.

The drive for improved efficiency across the NHS must also encompass primary and community services. Cost effective prescribing must be the aim so that drugs or appliances are not prescribed which are in excess of that which is reasonably necessary for the proper treatment of the patient. This is reflected in the need for all organisations to achieve the All Wales Medicines Strategy Group national prescribing targets for 2009/2010, which are set out in the efficiency and productivity programme (Annex B).

It is also vital that Local Health Boards effectively manage the demand for services within primary, intermediate and secondary care. The effective management of a patient's pathway is critical in improving the service they receive and the efficiency and effectiveness of the overall health care system. This is an area which requires significant improvement and Local Health Boards must seek to do more to ensure that demand is appropriate and that it is serviced by the right person, with the right skills, at the right place, and at the right time.

The essence of good demand management lies in fully understanding the current / potential needs of people and patients and using this information to provide advice, guidance and treatment. This can only be achieved through the effective sharing of information between organisations that are responsible for patients and people within the community. Local Health Boards need to develop more robust information regarding health needs, individual patient records, and ensure that these are available to those who need them. This will enable modern service models to be developed which better meet the needs of people in a more effective and efficient manner.

The immediate focus for 2009/2010 is the improvement of access to primary and community care services, and increasing the vaccination coverage amongst the local population.

Dental Services

The focus on access to dental services will increase in 2009/2010 as the income guarantee in respect to the dental contract comes to an end in April 2009. This will provide organisations with greater opportunities to review the scope of the contracts and review the services required by the population. Local Health Boards will need to effectively plan oral health needs and access requirements, within the wider context of local strategic framework which describes how primary and community care is integrated and delivered in an efficient and effective way. This work will need to take account of the Wales Audit Office report on dental contracts which will be published in April 2009.

3. Requirements for 2009/2010

National Target:		HCS
AOF 3	To ensure that at least 95% of contracted dental activity is delivered for each LHB area*. <i>*based on the existing 22 LHBs</i>	3

4. Data definition

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *NHS BSA Dental Services Division guidance on contract level reports*
<http://www.nhsbsa.nhs.uk/1143.aspx>
- *Dental regulations in Wales*
<http://new.wales.gov.uk/topics/health/professionals/dental/dental-services/regulations/?lang=en>

6. Performance management

ii) Assessment criteria

Target	In-Year Assessment	Data Used
	Progress against deliverables in the Primary and Community Care LDP (quarterly)	Progress report against the LDP(quarterly)
AOF 3	Percentage rates compliance of dental activity per LHB	Quarterly Vital Signs Report

Target	Year-end Assessment	Data Used
AOF 3	95% compliance rate against dental activity contractual requirements	Quarter 4 (cumulative for 2009/2010) Vital Signs Report

GP surgery opening hours

The Welsh Assembly Government set out the requirements of daytime access within its enhanced services guidance in August 2008. This requires all GP practices across Wales to ensure that opening hours and appointment systems adhere to the contractual requirement to meet reasonable patient need. Local Health Boards must work to ensure that access to GP surgeries reflect the needs of patient's and that all contractual agreements are managed and delivered.

3. Requirements for 2009/2010

National Target:		HCS
AOF 4	To ensure that: (i) 100% of GP practices' opening times are reviewed; and (ii) 100% of practices are meeting the opening times contractual requirements.	3

4. Data definition

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *GMS Contract Guidance*
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6064> (see pages 2&3)
- *Directed Enhanced Services Guidance 2008/2009*
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6064>

6. Performance management

ii) Assessment criteria

Target	In-Year Assessment	Data Used
	Progress against deliverables in the Primary and Community Care LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 4	Progress to date	Quarterly GP Opening Hours proforma (see Annex E)

Target	Year-end Assessment	Data Used
AOF 4	100% of GP practices reviewed 100% of GP practices meeting the opening times contractual requirements	Quarter 4 (cumulative for 2009/2010) GP Opening Hours proforma

Vaccinations

The Welsh Assembly Government is committed to reducing the incidence of communicable diseases in Wales through the provision of an effective and efficient vaccination and immunisation programme.

The target rates for vaccination and immunisation against childhood illness across Wales are variable, with some areas meeting the target requirements and others needing to achieve more to ensure maximum compliance.

3. Requirements for 2009/2010

National targets:		HCS
AOF 5	To achieve and maintain uptake rates of 95% for all routine childhood vaccinations in each Unitary Local Authority area.	12
AOF 6	To achieve a coverage rate of 90% for routine vaccination of girls aged 12 to 13 years old in each Unitary Local Authority area.	12

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Human Papillomavirus Vaccination Programme 2008/2009 - WHC(2008) 037*
<http://www.wales.nhs.uk/page.cfm?orgid=1&pid=8635>
- *MMR Immunisation Catch-up Programme - WHC (2005) 081*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2005>
- *Changes to the BCG Immunisation Programme - WHC (2005) 062*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2005>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the Primary and Community Care programme/targets will be delivered. This includes targets AOF 3, 4, 5 and 6.

A Primary and Community Care LDP template is available in Annex F at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) **Assessment criteria**

Target No	In -year Assessment	Data Used
	Progress against deliverables in the Primary and Community Care LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 5	Validated published NPHS COVER report - quarterly compliance from April 2009	Quarterly Published COVER Report
AOF 6	Validated published NPHS COVER report - quarterly compliance from April 2009	Quarterly Published COVER Report

Target No	Year-end Assessment	Data Used
AOF 5	Validated published NPHS COVER report - compliance between April 2009-March 2010	Annual COVER Report – May 2010
AOF 6	Validated published NPHS COVER report - compliance between April 2009-March 2010	Annual COVER Report – May 2010

Unscheduled Care

1. High level aim

The Welsh Assembly Government is committed to providing people with unscheduled care services of a consistently high quality, regardless of where, when or how they contact the service.

The key aims are to:

- reduce the number of people seeking unscheduled care with an emphasis on prevention and health promotion;
- ensure that those people requiring unscheduled care receive a high quality service; regardless of where, when and how they use it; and,
- ensure effective care pathways are in place so that the right treatment is provided in the right place by the right person, with the right skills at the right time.

2. The current position

While the Delivering Emergency Care (DECS) strategy sets out a clear vision for the service, it is clear to see that the expected levels of improvements have yet to be achieved. The unscheduled care system is still too secondary care focused, with too many people still being treated in care settings which are not appropriate to their need. There is insufficient evidence of services which are co-ordinated, integrated and people centred, which manifests itself in the continuing pressure on A & E departments and the Welsh ambulance service. This does not provide a high-quality service for the people who require unscheduled care, is not sustainable and must be improved at an accelerated pace.

By March 2009 organisations must have achieved the following:

- A & E 4 and 8 hour access;
- Ambulance response times;
- Ambulance handover of patients within 15 minutes;
- Delayed transfers of care targets (excluding mental health);
- Undertake the NLIH facilitated baseline assessment; and
- an unscheduled care action plan in response to the baseline assessment.

3. Requirements for 2009/2010

National Targets:		HCS
AOF 7	<p>To ensure that:</p> <p>(i) 95% of new patients (including paediatrics) spend no longer than 4 hours in a major A&E department from arrival* until admission, transfer or discharge; and</p> <p>(ii) 99%** of patients spend no longer than 8 hours for admission, transfer or discharge.</p> <p><i>* the four hour period starts from when the A&E staff are notified in person that a patient has arrived and needs to be seen within the A&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).</i></p> <p><i>** 1% tolerance level permitted for clinical exceptions only</i></p>	3

National Targets:		HCS
AOF 8	<p>To achieve:</p> <ul style="list-style-type: none"> • a monthly all-Wales average performance of 65% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes; • a monthly minimum performance of 60% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes in each new Local Health Board area; * • a monthly all-Wales average performance of 70% of first responses to Category A calls (immediately life threatening calls) arriving within 9 minutes; and • a monthly all-Wales average performance of 75% of first responses to Category A calls (immediately life threatening calls) arriving within 10 minutes. <p><i>* raw data to be reported by existing LHBs and will be aggregated up by Welsh Assembly Government</i></p>	3
AOF 9	To achieve a handover of patients from an emergency ambulance to major accident and emergency departments within 15 minutes.	3
AOF 10	To achieve the Year 2 reduction of the DToC programme. (See Ministerial letter EH/ML/019/08).	12

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Delayed Transfers of Care: Ministerial Letter EH/ML/019/08*
<http://howis.wales.nhs.uk/page.cfm?pid=136>
- *Delivering Emergency Care Services (DECS) Framework*
<http://new.wales.gov.uk/topics/health/publications/health/strategies/1973686/?lang=en>
- *Guide to Good Practice – Unscheduled and Emergency Care Services*, NLIAH
- *Key Elements of Delivering Emergency Care Services Strategy*, NLIAH
<http://www.nliah.com/Portal/microsites/CMSPageDisplay.aspx?CMSPageID=279>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should use the information provided by the NLIAH facilitated baseline assessment and resulting actions plans as the starting point.

An Unscheduled Care LDP template is available in Annex F at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii). Assessment criteria

Target No	In-Year Assessment	Data Used
	Progress against deliverables in the Unscheduled Care LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 7	Achievement against target each and every month	A&E data from Health Statistics & Analysis Unit (monthly)
AOF 8	Achievement against target each and every month	Ambulance data from Health Statistics & Analysis Unit (monthly)
AOF 9	Achievement against target each and every month	Data from WAST (monthly)
AOF 10	Progress against target	DTOC data from Health Statistics & Analysis Unit (monthly)

Target No	Year-end Assessment	Data Used
AOF 7	Achievement against target for all 12 months (April 2009 – March 2010)	A&E Data from Health Statistics & Analysis Unit
AOF 8	Achievement against target for all 12 months (April 2009 – March 2010)	Ambulance Data from Health Statistics & Analysis Unit (monthly)
AOF 9	Achievement against target for all 12 months (April 2009 – March 2010)	Data from WAST (monthly)
AOF 10	Achievement against target using 12 months rolling average April 2009- March 2010	Calculated rates in accordance with Ministerial letter EH/ML/019/08

Chronic Conditions Management (CCM) Services

1. High level aim

The Welsh Assembly Government is committed to improving the management of chronic conditions as set out in *Designed to Improve Health and the Management of Chronic Conditions in Wales: An Integrated Model and Framework* (2007) and the *Chronic Conditions Management (CCM) Service Improvement Plan* (2008).

The key aims are to:

- improve the management of the health and well-being of people living with chronic conditions;
- reduce the incidence and impact of chronic conditions;
- reduce the inherent inequalities that exist across Wales;
- reduce levels of morbidity and avoidable emergency admissions to hospital;
- redress the balance of service provision and support across primary, community, social and secondary care to meet people's needs; and
- strengthen community health services.

2. The current position

The current provision of services for people with chronic conditions management is characterised by insufficient information and planning mechanisms, fragmentation within organisations, and a lack of integration between organisations. This results in significant variation across Wales in the quality of services delivered which often has a negative impact on secondary care, consuming resources through unnecessary admissions and readmissions. This is exemplified by the fact that chronic conditions accounts for one in every six of all emergency medical admissions, with 68% of chronic conditions admissions being unplanned.

The *CCM Service Improvement Plan* (2008) requires Local Health Boards to work with partners to develop, agree and submit CCM Local Action Plans to take forward service change and improvement locally. Transitional funding was ring fenced to support better planning and integration of services.

By March 2009 organisations and partnerships must have:

- established baseline data and analysed local needs and services;
- developed community infrastructures for the introduction of CCM care service co-ordinators and risk stratification of the population;
- implemented the 2008/2009 actions contained within their CCM Local Actions Plans;
- prepared collaborative proposals for developments within health communities from 2009/2010 and beyond; and
- demonstrated a positive shift across all five domains in the CCM Service Improvement Maturity Matrix.

3. Requirements 2009/2010

National Target:		HCS
AOF 11	To implement the actions in the CCM Local Action Plans for 2009/2010.	3

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Designed to Improve the Health and the Management of Chronic Conditions in Wales: an integrated Model and Framework* (2007)
<http://new.wales.gov.uk/topics/health/nhswales/healthstrategy/publicationindex/?lang=en>
- *The Service Improvement Plan* (2008)
<http://new.wales.gov.uk/topics/health/nhswales/healthstrategy/publicationindex/?lang=en>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should consider the existing CCM Local Action plans and how they need to be expressed at new LHB level.

A CCM LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target	In-Year Assessment	Data Used
AOF 11	Progress against deliverables in the CCM Local Action Plan for 2009/2010 (quarterly)	Progress report against the CCM Local Action Plan (quarterly)

Target	Year-end Assessment	Data Used
AOF 11	Positive shift in all 5 domains from March 2009 position as demonstrated by the Maturity Matrix.	NLIAH will extract data from the maturity matrix in April 2010, and produce outturn report by June 2010

Adult Mental Health Services

1. High level aim

The Welsh Assembly Government is committed to improving the mental health and well being of the people of Wales and delivering improved mental health services as set out in *Raising the Standard* (2005).

The key aims are to:

- drive up the quality of services;
- reduce unacceptable variations in health and social care provision;
- ensure a well staffed, skilled and supported workforce is in place; and
- promote opportunities for a normal patterns of daily life.

In addition, the *National Service Framework for Older People in Wales* (2006) set additional standards relating to older people's mental health and for younger people with dementia.

2. The current position

By March 2009 organisations must have:

- fully implemented the Care Programme Approach (CPA) and have fully embedded it in services for people with severe and enduring mental illness;
- developed Crisis Resolution and Home Treatment services that provide a single point of contact to high quality services and meaningful advice directly from clinical staff;
- developed assertive outreach services that are responsive to those groups of severely mentally ill adults who have not traditionally engaged with mental health services;
- established gateway workers that act on behalf of service users to navigate the healthcare structures operating within their locality to ensure the service user receives the right care, in the right place, at the right time; and
- established dementia services that ensure people with dementia are diagnosed earlier, receive treatment quicker and have referral pathways in place so people can move effectively between levels of care.

3. Requirements for 2009/2010

National Targets		HCS
AOF 12	<p>To achieve an effective and co-ordinated programme of care and treatment through the Care Programme Approach (CPA) for service users referred to specialist mental health services that ensures:</p> <ul style="list-style-type: none"> • 100% of service users on enhanced CPA must have an agreed care plan developed in accordance with the CPA and that specifically includes; all identified interventions and anticipated outcomes, a record of all actions necessary to achieve agreed goals, a record of unmet need, an assessment of risk and a record of how that risk is being managed, a crisis and contingency plan and the name and 	7

National Targets		HCS
	<p>contact details of an allocated care-co-ordinator;</p> <ul style="list-style-type: none"> • 90% of all service users on standard CPA must have an agreed care plan that includes an up-to-date assessment of their needs, all identified interventions and anticipated outcomes and the name and contact details of an allocated care co-ordinator; and • 100% of all service users on enhanced CPA who have been identified as having complex needs and /or have difficulty in engaging with services and often require repeat admissions to hospital will receive an assessment to determine whether Assertive Outreach services are required. <p><i>Note: it is recognised that some organisations may not achieve full compliance within 2009/2010. Organisations must provide a definitive date for achievement of full compliance. This will be discussed and agreed with the Welsh Assembly Government through the submission of the initial LDP.</i></p>	
AOF 13	<p>To achieve a Crisis Resolution Home Treatment service and other community services that ensures:</p> <ul style="list-style-type: none"> • 95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the CRHT service prior to admission; and • 100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the CRHTS, will receive a follow up assessment by the CRHTS within 24 hours of admission. 	7
AOF 14	<p>To achieve the Year 2 reduction of the DToC programme for mental health services. (See Ministerial letter EH/ML/019/08).</p>	12

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Delayed Transfers of Care: Ministerial Letter EH/ML/019/08*

<http://howis.wales.nhs.uk/page.cfm?pid=136>

- *The Mental Health Act 1983 and the Mental Health Act 2007:*

<http://new.wales.gov.uk/topics/health/nhswales/healthservice/mentalhealthservices/mentalhealthact/?lang=en>

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=816>

- *The Mental Health Act 1983 Code of Practice*
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=816>
- *Stronger in Partnership 2*
<http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=438&id=105364&9B62045C-1143-E756-5C130B08D8B974A7>
- *Care Planning Approach (2003)*
<http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=438&id=23952&99C5B875-1143-E756-5C55A0C365D66DAE>
- *Raising the Standard*
www.wales.nhs.uk/documents/WebsiteEnglishNSFandActionPlan.pdf

The following are helpful links: website:

<http://new.wales.gov.uk/topics/health/publications/health/guidance/?lang=en>
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=438&pid=3672>

6. Performance Management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered.

A Mental Health LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-year Assessment	Data Used
	Progress against deliverables in the Mental Health LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 12	First quarter audit of all CPA records. Thereafter, quarterly audits of new patients and those that failed in previous quarter with aim of achieving 100% by year end.	Quarterly CPA audit tool (See Annex E)
AOF 13	Reported % of service users that have CRHT assessment	Monthly CRHT audit tool (See Annex E)
AOF 14	Progress against standard	DTOC data from Health Statistic & Analysis Unit (monthly)

Target No	Year-end Assessment	Data Used
AOF 12	% of service users with care plans developed in accordance with the Care Programme Approach (CPA). <i>(% reported may be subject to an independent audit authorised by Welsh Assembly Government)</i>	CPA audit tool data as at April 2010
AOF 13	% of service users that have had CRHT assessments	CRHT audit tool data as at April 2010
AOF 14	Achievement against standard using 12 months rolling average April 2009-March 2010	Calculated rates in accordance with Ministerial letter EH/ML/019/08

CAMHS

1. High level aim

The Welsh Assembly Government is committed to improving the support and treatment of children and young people with mental health problems across Wales as set out in *Everybody's Business - Child and Adolescent Mental Health Services* (2001).

The key aims are to:

- provide relief from current suffering and problems with the intention of improving, as soon as possible, the mental health of children, adolescents and their families;
- deliver longer-term interventions to improve the mental health of young people as they grow up and when they become adults, to positively influence the mental health of future generations; and
- build partnerships with families, substitute families and all those who care for young people.

2. The current position

By March 2009 organisations must have:

- improved the responsiveness and capability of staff in non-specialist services, as well as improving the responsiveness of the specialist services that target children and young people who run particular risks.

3. Requirements for 2009/2010

National Target:		HCS
AOF 15	<p>To achieve a service which:</p> <ul style="list-style-type: none"> • has 2 WTE Primary Mental Health Workers per 100,000 population; • 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 Unitary Local Authority 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; • ensures that all patients referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks; • ensures that all patients referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and 	12

National Target:		HCS
	<p>suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;</p> <ul style="list-style-type: none"> • has mental health advisers, who are drawn from the experienced specialist professional staff of Specialist CAMHS, who are available to each Youth Offending Team; • ensures patients 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; and • ensures patients 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. 	

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *CAMHS: Specialist Child and Adolescent Mental Health Services -WHC(2005) 075*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2005>
- *National Service Framework for Children, Young People and Maternity Services Core key actions for delivery by the end of March 2006 – WHC(2005) 070*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2005>
- *Everybody's Business, Child and Adolescent Mental Health Services - 2001*
<http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=452&id=50117>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered.

A CAMHS LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
	Progress against deliverables in the CAMHS LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 15	Achievement against the target each and every quarter from April 2009.	CAMHS proforma (quarterly) (See Annex E)

Target No	Year-end Assessment	Data Used
AOF 15	Achievement against the target each and every quarter April 2009-March 2010.	CAMHS proformas April 2009-March 2010

Healthcare Associated Infections (HCAIs)

1. High level aim

The Welsh Assembly Government is committed to reducing Healthcare Associated Infections across all areas of care.

The key aims are to:

- act effectively to improve patient care and deliver reductions in HCAIs;
- employ multidisciplinary approaches to combating HCAIs; and
- embed quality improvement into day-to-day activities.

2. The current position

By March 2009 organisations must have:

- infection reduction targets in place at Trust/Directorate level;
- complied with the mandatory National HCAI surveillance;
- action plans that demonstrate how they will deliver the infection reduction target; and
- demonstrated improvement through their SPC charts, run charts or time between event monitoring.

3. Requirements 2009/2010

National Target		HCS
AOF 16	To achieve the locally agreed HCAI reduction targets for 2009/2010.	5

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Implementation of the recommendations in minimising healthcare associated infection in NHS Trust in Wales* – Ministerial Letter EH/ML/018/09
<http://howis.wales.nhs.uk/page.cfm?pid=136>
- The *Healthcare Associated Infections – A Strategy for Hospitals*, April 2004 is still extant. Copies of the strategy are available at:
<http://new.wales.gov.uk/publications/accessinfo/drnewhomepage/healthdrs/healthdrs2007/1931997/?lang=en>
- The *Healthcare Associated Infections – A Community Strategy for Wales*, November 2007 reinforces a complementary approach for community services. Copies of the strategy are available at:
<http://new.wales.gov.uk/publications/accessinfo/drnewhomepage/healthdrs/healthdrs2007/1931997/?lang=en>

- *1000 Lives Campaign* in Wales was launched in April 2008 and during 2009/2010 organisations will be required to deliver the healthcare associated infections elements contained within the campaign. Details of the campaign are available at: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=781&pid=31366>
- Wales Audit Office report: http://www.wao.gov.uk/assets/englishdocuments/HAI_report_eng.pdf
- *Minimising Healthcare Associated Infections in NHS Trusts in Wales* (3) 04-08. The Audit Committee Report and Welsh Ministers response: <http://www.assemblywales.org/bus-home/bus-committees/bus-committees-third1/bus-committees-third-ac-home/bus-committees-third-ac-report.htm>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered.

A HCAIs LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
	Progress against deliverables in HCAIs LDP (quarterly)	Progress Report against the LDP (quarterly)
AOF 16	WHAIP Surveillance Data Report	WHAIP Surveillance Data Report (quarterly)

Target No	Year-end Assessment	Data Used
AOF 16	WHAIP Surveillance Data Report	WHAIP Surveillance Data Report for Quarters 1-4

Cancer Services

1. High level aim

The Welsh Assembly Government is committed to tackling cancer and improving cancer services, with the approach set out in the *National Cancer Standards (2005)* and *Designed to Tackle Cancer in Wales (2006)*.

The key aims are to:

- reduce the incidence of cancer in the future through promotion of healthy lifestyles;
- detect cancer earlier through effective screening and diagnosis;
- improve access to cancer care; and
- provide better quality cancer services.

2. The current position

By March 2009 organisations must have achieved:

- cancer waiting times that have significantly improved, with both 31 and 62 day targets routinely achieved;
- commencement of the implementation of the National Screening Programme for bowel cancer;
- smoking banned in public places;
- a planned approach to the updating and installation of diagnostic and radiotherapy treatment equipment;
- use of CaNISC by all cancer teams where the system has been developed;
- an *all-Wales Care Pathway for the Last Days of Life* being delivered routinely by all providers; and
- 2008/2009 requirements contained within the 2008-2011 Cancer Strategic Framework.

3. Requirement for 2009/2010

National Targets		HCS
AOF 17	To implement the organisational delivery plans for 2009/2010 in support of the delivery of the Cancer Strategic Framework.	2
AOF 18	To ensure: <ul style="list-style-type: none"> • Patients referred by their GP with urgent suspected cancer and subsequently diagnosed as such by a cancer specialist start definitive treatment within 62 days of receipt of referral; and • Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer start definitive treatment within 31 days of diagnosis, regardless of the referral route. 	3

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting Guidance

- *Designed to Tackle Cancer in Wales Strategic Framework 2008-2011* - Ministerial Letter EH/ML/001/08
<http://howis.wales.nhs.uk/page.cfm?pid=136>
- Cancer Services Co-ordinating Group (CSCG) and Cancer Networks provide support in terms of definitions and implementation
<http://howis.wales.nhs.uk/whtn/unit.cfm?orgid=322>
- Finlay Report *Implementation of Palliative Care Report - Palliative care services funding 2008 to 2009* (October 2008)
<http://new.wales.gov.uk/topics/health/publications/health/reports/implementationcare/?lang=en>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should consider the existing Cancer network plans and how they can be expressed at new LHB level.

When developing their plans, organisations must also take account of the Finlay Report *Implementation of Palliative Care Report - Palliative care services funding 2008 to 2009* (October 2008).

A Cancer Services LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target	In-year Assessment	Data Used
AOF 17	Progress against deliverables in the LDP (quarterly)	Progress Report against the LDP (quarterly)
AOF 18	Achievement against target each and every quarter	Cancer Waiting Times Data from Health Statistics & Analysis Unit

Target	Year-end Assessment	Data Used
AOF 17	Achievement against target	Final report against LDP
AOF 18	Achievement against target every quarter April 2009 – March 2010	Cancer Waiting Times Data from Health Statistics & Analysis Unit

Cardiac Services

1. High level aim

The Welsh Assembly Government is committed to improving cardiac services in Wales as set out in the *Coronary Heart Disease National Service Framework* (2001).

The key aims are to:

- reduce the incidence of cardiac disease in the future, through promotion of healthy lifestyles;
- improve access to cardiac care; and
- provide better quality cardiac services.

Due to changes in technologies, clinical practice and the evidence base, the National Service Framework has been updated and superseded by the *Cardiac Disease National Service Framework*. The framework includes a separate standard on arrhythmias, sudden cardiac death and care of adults with congenital heart disease. Formal publication will occur in 2009.

2. The current position

By March 2009 the NHS must have achieved:

- NHS waiting times for angiography, cardiac revascularisation, and cardiac surgery;
- 2008/2009 requirements of the Cardiac Disease Strategic Framework; and
- 32 week maximum wait for all patients requiring cardiac revascularisation.

3. Requirements for 2009/2010

National Targets:		
AOF 19	To implement the organisational delivery plans for 2009/2010 in support of the delivery of the Cardiac Disease Strategic Framework.	3
AOF 20	To ensure that all patients referred by a GP or other medical practitioner to adult secondary or tertiary cardiology will receive definitive treatment within 26 weeks of receipt of the original referral by the referring Trust by 31 December 2009.	3

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting Guidance

- *Cardiac Disease Strategic Framework, 2008-2011 - Ministerial letter EH/ML/011/08*
<http://howis.wales.nhs.uk/page.cfm?pid=136>

- *Total Cardiac Waiting Times (2006/2007) – consolidation guidance WHC (2006)078 -*

Amendment to WHC (2006) 078 - WHC (2006)089
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2006>

- Cardiac Networks Co-ordinating Group and the Cardiac Networks provide support in terms of definitions and implementation
<http://howis.wales.nhs.uk/whtn/unit.cfm?orgid=338>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should consider the existing Cardiac network plans and how they need to be expressed at new LHB level.

A Cardiac Services LDP template is available in Annex F at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
AOF 19	Progress against deliverables in the LDP (quarterly)	Progress report against the LDP (quarterly)
AOF 20	<ul style="list-style-type: none"> • No patient should have an open pathway length of over 32 weeks from April 2009. • No patient should have a closed pathway greater than 32 weeks from April 2009. 	<p>Open pathway = snapshot monthly.</p> <p>Closed pathway = monthly RTT.</p> <p>Monthly Cardiac RTT data from Health Statistics & Analysis Unit</p>

Target No	Year-end Assessment	Data Used
AOF 19	Achievement against target	Final report against LDP
AOF 20	<ul style="list-style-type: none"> • No patient should have an open pathway length of over 26 weeks on 31 December 2009. • No patient should have a closed pathway greater than 26 weeks from January 2010. 	<p>Open pathway - snapshot on 31 December 2009, December 2009 data as reported in February 2010</p> <p>Closed pathway - RTT Data January 2010, January 2010 data reported in March 2010</p> <p>Cardiac RTT data from Health Statistics & Analysis Unit</p>

Stroke Services

1. High level aim

The Welsh Assembly Government is committed to reducing the incidence of stroke and improving stroke services in Wales, in accordance with the Royal College of Physicians guidelines. *Improving Stroke Services – A Programme of Work (2007)* sets out the Assembly Government's requirements to improve services for patients who are at risk of, or who have had a stroke.

The *National Service Framework for Older People in Wales (2006)* contains a standard for stroke care, and the *Programme of Work* mirrors the aims of the national service framework.

The key aims are to:

- prevent strokes;
- improve stroke survival rates; and
- maximise post-stroke independent living and quality of life.

2. The current position

By March 2009 organisations must have achieved:

- the co-location of stroke beds;
- services that ensure that each patient suspected of, or confirmed as, having had a stroke are admitted to dedicated and co-located acute stroke beds staffed by a specialist multi-disciplinary medical and acute rehabilitation stroke team; and
- the 2008/2009 requirements contained within the *Improving Stroke Services – A Programme of Work*.

3. Requirements or 2009/2010

National target:		HCS
AOF 21	To implement the organisational delivery plans for 2009/2010 in support of the delivery of the Stroke Programme.	2

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting Guidance

- *Improving Stroke Services – A Programme of Work - WHC (2007) 082*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2008>
- *Implementation of national Standards for Stroke Services in Wales – action for Commissioners and Providers by March 2008 - WHC (2007) 058*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2007>

- *National Service Framework for Older People in Wales* (2006)
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=439>
- The Stroke Partnership can provide support in terms of definitions and implementation.

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should consider the existing stroke plans and how they need to be expressed at new LHB level.

A Stroke Services LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
AOF 21	Progress against deliverables in the LDP (quarterly)	Progress report against the LDP (quarterly)

Target No	Year-end Assessment	Data Used
AOF 21	Achievement against target	Final report against LDP NPHS stroke report by August 2010.

Renal Services

1. High level aim

The Welsh Assembly Government is committed to improving renal services in Wales as set out in *Designed to Tackle Renal Disease (2007)*. The framework sets the approach for service improvement and is supported by the *Designed to Tackle Renal Disease in Wales Strategic Framework 2008 – 2011* (October 2008).

The key aims are to:

- ensure an integrated system of patient care across all levels of the service which involves patients at every stage;
- reduce the rate of renal disease through primary prevention;
- ensure that where renal disease does occur that it is identified at an early stage;
- take proactive action taken to delay its progression; and
- achieve and sustain the best quality of life and survival rates for all people receiving renal replacement therapy in Wales.

2. The current position

By March 2009 organisations must have:

- commenced the implementation of *Designed to Tackle Renal Disease (2007)*;
- begun to receive input from the Regional Renal Networks;
- developed and piloted an early detection and management pathway for chronic kidney disease;
- facilitated an agreed and common method of measuring renal impairment in Wales;
- developed a strategic investment plan for the expansion of dialysis capacity in Wales; and
- supported an increase in organ donors and monitoring potential organ donation and renal transplantation rates in Wales.

3. Requirements 2009/2010

National target:		HCS
AOF 22	To implement the organisational delivery plans for 2009/2010 in support of the delivery of the Renal Strategic Framework.	3

4. Data definition

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *Renal Strategic Framework 2008-2011 - Ministerial Letter (EH/ML/009/08)*
<http://howis.wales.nhs.uk/page.cfm?pid=136>

- Designed to Tackle Renal Disease in Wales (2007)
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=434&redirect=yes>
- The Welsh Renal Networks can provide support in terms of definitions and implementation
<http://www.wales.nhs.uk/sites3/home.cfm?orgid=773>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered. The LDP should consider the existing Renal network plans and how they need to be expressed at new LHB level.

A Renal Services LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In -Year Assessment	Data Used
AOF 22	Progress against deliverables in the LDP (quarterly)	Progress report against the LDP (quarterly)

Target No	Year-end Assessment	Data Used
AOF 22	Achievement against target	Final report against LDP All Wales Advisory Group outturn report by July 2010.

Sexual Health Services

1. High level aim

The Welsh Assembly Government is committed to improving sexual health services in Wales to ensure that patients are able to access sexual health services, to reduce the burden of disease, the risk of complications, and to limit the spread of infections through early diagnosis and treatment.

The key aims are to:

- reduce the incidence of sexually transmitted infections; and
- create an environment supportive to improving sexual health.

2. The current position

There is variation across Wales regarding the length of time patients have to wait to for access to HIV and sexually transmitted infection testing and routine contraception advice. Access to sexual health services, and the quality of those services must improve and be delivered to a consistent standard.

3. Requirements for 2009/2010

National Target		HCS
AOF 23	To ensure that all patients 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. (*As distinct from emergency contraception which should be available within 24 hours).	12

4. Data definition

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *DSCN, Sexual Health Services (2008)* – Ministerial Letter EH/EM/109/08
<http://howis.wales.nhs.uk/page.cfm?pid=136>
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=299&pid=21935>
- *Draft quality requirements for Sexual Health Services, August 2007*
http://www.wales.nhs.uk/documents/Quality_Requirements_for_Se1.pdf
- *Best Practice Advice on the Provision of Effective Contraception and Sexual Health Advice - WHC (2001)041*
<http://howis.wales.nhs.uk/whcirculars.cfm?filter=2001>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered.

A Sexual Health Services LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
	Progress against deliverables in LDP (quarterly),	Progress report against LDP (quarterly)
AOF 23	Achievement against target each and every month from April 2009	Sexual health services data (monthly) (See Annex E)

Target No	Year-end Assessment	Data Used
AOF 23	Achievement against target	NPHS Sexual Health report by June 2010

Civil Contingencies

1. High level aim

The Welsh Assembly Government is committed to ensuring that NHS Wales is prepared to respond to the full range of emergencies defined by the Civil Contingencies Act 2008 and identified in national and local risk assessments.

The key aims are to:

- Ensure that the NHS can respond to emergencies such as:
 - transport and industrial accidents;
 - weather related emergencies;
 - pandemic influenza and other major infectious disease emergencies;
 - accidental or deliberate releases of hazardous materials;
 - damage to NHS infrastructure; and
 - disruption to delivery of essential health services.

2. The current position

By March 2009 organisations must be prepared to deal effectively with localised incidents through to catastrophic emergencies.

They should have:

- structures in place for engagement in civil contingency planning across the organisation, with other NHS organisations and with partner organisations;
- in place contingency plans for major incidents, pandemic influenza and business continuity arrangements that have been revised within the past year;
- a training programme in place that meets the needs of staff for implementation of contingency plans;
- undertaken a table top and emergency control centre exercise to test plans within the past year and a staff communications cascade exercise within the last 6 months; and
- regard in their emergency preparedness arrangements for the requirements of the Civil Contingencies Act (CCA) 2004.

3. Requirements for 2009/2010

National Target		HCS
AOF 24	Organisations must have a civil contingency strategy and supporting plans in place for the new NHS organisations by 1 October 2009.	18

4. Data definitions

See Annex E at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27474>

5. Supporting guidance

- *NHS Wales Emergency Planning Guidance 2008*
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=331&pid=793>
- *NHS Wales Resilience and Business Continuity Management Guidance 2008*
<http://nww.nphs.wales.nhs.uk/flu/page.cfm?pid=1766>
- *Wales Framework for Dealing with Major Infectious Disease Emergencies/ Wales/UK Pandemic Influenza Guidance including :*
 - *Pandemic Flu Planning: Agreement on GP Remuneration: Guidance Note for Local Health Boards (WHC (2008) 042)*
<http://howis.wales.nhs.uk/whcirculars.cfm>
 - *Pandemic Influenza: Guidance for Preparing Hospitals in Wales (WHC(2008) 021)*
<http://howis.wales.nhs.uk/whcirculars.cfm>

6. Performance management

i) Delivery plan

Local Health Boards are required to produce a Local Delivery Plan which demonstrates how the programme/targets will be delivered.

A Civil Contingencies LDP template is available in Annex F at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

ii) Assessment criteria

Target No	In-Year Assessment	Data Used
AOF 24	Progress against deliverables in Civil Contingencies LDP (quarterly)	Progress report against the LDP (quarterly)

Target No	Year-end Assessment	Data Used
AOF 24	LDP delivered in full by March 2010	Final report against LDP

b) achieving efficiency

- 3.8 Making best use of resources, reducing costs and improving productivity is 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. This is of particular importance for the NHS given the challenging financial environment facing it over the coming years.
- 3.9 The progress made by the NHS in delivering the requirements of the national efficiency programme must be accelerated during 2009/2010. Organisations must make the reduction of waste and improvement in efficiency and productivity one of their top strategic priorities. While this is challenging, it also represents one of the most significant opportunities for NHS organisations to improve the quality of services for the people it serves and to maximise the resources it has at its disposal.
- 3.10 The AOF highlights the need to focus on the 9 core measures set out in Annex B (Appendix 2). These 9 core efficiency measures offer the greatest potential efficiency and productivity gains for the NHS, both in terms of cash and non-cash releasing savings. They are also the areas which will directly contribute to the achievement of the Access 2009 programme and other vital areas of service delivery. Organisations must see the efficiency targets within the national programmes as the start of improvement and not an end in itself, as the levels set out are still not considered to be ‘best in class’ when compared with other healthcare systems.
- 3.11 It is vital that organisations consider the improvement of efficiency and productivity as a core element of every service they provide. The national efficiency programme must run through each and every service, and not be treated as a separate element of the AOF.
- 3.12 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*.

National Targets:		HCS
AOF 25	<p>To deliver the 9 core efficiency and productivity measures:</p> <ul style="list-style-type: none"> • Average Length of Stay – Elective Care; • Average Length of Stay – Emergency Care; • Same day surgery ‘Basket’ Procedure Rates; • Outpatient Follow Up Ratios; • Outpatient Did Not Attend (DNA) Rates; • Theatres - Operations Cancelled at Short Notice; • Theatre Utilisation - Late starts / early finishes; • Workforce - Sickness Absence Rates; and • Workforce - Agency/Locum Expenditure. 	2

The efficiency and productivity measures are set out in Annex B with supporting definitions in Annex B1 at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27471>

c) achieving financial health

- 3.13 NHS organisations must operate within their available resources. AOFs produced by NHS organisations must take a balanced view of the risks and the opportunities facing them. Within the AOF, there must be an explicit attribution of risk so that the NHS organisation can prepare a balanced financial plan for its Board.
- 3.14 The revenue allocations and the National Finance Agreement contained in EH/ML/030/08 sets out the funding available in 2009/2010 and how that funding will be allocated between the NHS organisations from April 2009 onwards.
- 3.15 All organisations will be required to achieve efficiency savings of at least 3% 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*".
- 3.16 NHS organisations are expected to achieve efficiency savings through continued reductions in the cost of service delivery. The delivery of the efficiency and productivity measures in Annex B are of particular relevance and need to feature in all of the plans provided.
- 3.17 The costs of delivering Local Delivery Plans (LDPs) and other service priorities represent a risk to be managed by each NHS organisation and across NHS Wales as a whole. 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 AOF Plans.
- 3.18 All NHS 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 that NHS organisation to meet its statutory financial duty. Guidance in respect of financial duties was set out in WHC (2007) 049. The importance of achieving financial balance cannot be overstated as it provides a stable environment for the delivery of high quality services.
- 3.19 Getting the most from resources is not just about financial balance, important though that is. NHS organisations must ensure that the 'right first time' approach is further embedded in their day to day operations as this is both cost effective and efficient. Those leading the NHS organisations must focus their attention on achieving the efficiency and productivity measures and delivering higher quality services.

National Targets:		HCS
AOF 26	To operate within their available resources and maintain financial balance.	2

Further information can be found at:

<http://howis.wales.nhs.uk/page.cfm?pid=136>

4. Supporting Delivery

Supporting organisations

4.1 Support for the Local Health Boards in the delivery of the AOF requirements is available through the following organisations:

- 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,
- 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

5. Managing the System

Planning requirements for 2009/2010

5.1 The Welsh Assembly Government, NHS organisations and their partners will manage the system through effective collaboration. 2009/2010 represents a transitional year for the NHS in Wales. The NHS Reform programme will have a direct impact upon the planning approach used by organisations to develop their AOF response and the governance arrangements surrounding its scrutiny and sign-off.

5.2 While current NHS organisations will retain their sovereign status during the early part of 2009/2010, it is likely that new Local Health Boards will be created in shadow form from June 2009 and will become fully operational from October 2009. It is therefore essential that organisations work together during this interim period to develop plans for delivery by the new organisations.

5.3 The Welsh Assembly Government expects the Transition Directors to lead this process, working with existing LHBs and NHS Trusts to develop one AOF response at new LHB level, which demonstrates how the requirements will be achieved within the resources available. The AOF planning process and the requirements placed upon all Directors to produce a number of plans for new organisations, set out in a letter dated 25 November 2008, should be incorporated into one single planning process.

5.4 The AOF response must be supported by a Local Delivery Plan (LDP) for each of the national programme areas and associated national targets set out in the AOF. The LDPs must set out in detail how the organisation will deliver service improvement in each national programme area and achieve the delivery of the associated national target (s) as part of the wider improvement process.

5.5 It is important that organisations recognise that these plans are primarily to support delivery locally rather than for the Welsh Assembly Government. Organisations should therefore prepare plans which deliver improvement across the complete programme area within their LDPs, in line with the high level aims of each, and not simply focus only on the achievement of the national target. For example, the Unscheduled Care LDP must address improvement across the whole unscheduled care system and not simply focus on the achievement of the A & E 4 hour or ambulance response times targets.

- 5.6 The AOF plan and LDPs should be capable of being disaggregated down to existing organisational level for management purposes. However, it is imperative that new Local Health Boards do not simply attempt to aggregate individual organisational plans together. This will not serve to reflect the different challenges and opportunities that exist at new LHB level.
- 5.7 All plans must be capable of being managed and delivered at two distinct levels; new LHB level and at existing statutory organisational level. This will ensure a smooth transition between current and new organisations during 2009/2010.
- 5.8 The Welsh Assembly Government will take a pragmatic view regarding development of LDPs. While all LDPs must be of sufficient detail to enable delivery, they must also be proportionate to the challenges faced within each of the national programme areas.
- 5.9 There are a number of national programme areas which are subject to existing planning requirements e.g. Access 2009, stroke, cardiac, cancer, renal and chronic conditions. Organisations are still required to produce LDPs for each of these areas and should use the baseline information they have already collated to date, and support this with any further information required to develop an LDP which can be expressed at new LHB level.
- 5.10 The Healthcare Standards Improvement Plans will include relevant actions and targets which support and enable organisations to work towards achieving actions set out in the LDPs. Organisations must ensure that the plans that they produce are integrated with the improvements identified within their Healthcare Standards Improvement Plans.
- 5.11 For the purposes of clarity organisations must develop LDPs for the following national programmes:
- Primary and Community Care (including immunisation and vaccination)
 - Unscheduled Care
 - Chronic Conditions Management
 - Mental Health Services
 - CAMHS
 - Healthcare Associated Infections
 - Cancer Services
 - Cardiac Services
 - Stroke Services
 - Renal Services
 - Sexual Health Services
 - Civil Contingencies
- 5.12 The planning process and timescales for the Access 2009 programme will flow from the organisational stock take process and be communicated separately from this AOF document.
- 5.13 These should be supported by a balanced financial plan. There is a requirement to submit financial plans along current organisational lines together with an overarching financial plan expressed at the new LHB level. Templates for these are available at Annex G.
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27476>
- 5.14 Individual AOF responses, supporting LDPs and financial plans are required from:

- Each new LHB area;
- Welsh Ambulance Service NHS Trust (WAST);
- Velindre NHS Trust; and
- Health Commission Wales (HCW).

5.15 Organisations must ensure that the 7 new LHB plans are fully integrated and inter-dependent with those developed by WAST, Velindre and Health Commission Wales.

5.16 Copies of the LDP and AOF response templates are available in Annex F and F1 respectively at the following:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27475>

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27508>

Governance and management arrangements

5.17 Organisations must operate within, and adhere to, the existing governance framework when developing AOF responses, financial plans and supporting LDPs. They must present these to their Board and secure formal approval through due process.

5.18 When the new organisations become operational, each new Board will need to formally agree and accept responsibility for the delivery of the AOF at their first meeting.

Timetable for 2009/2010

5.19 All draft AOF responses, LDPs and financial plans must be submitted to the Welsh Assembly Government by Friday 30 January 2009. The Welsh Assembly Government will provide feedback to health communities to inform the development of final plans.

5.20 All final AOFs, LDPs and financial plans must be submitted to the Welsh Assembly Government by Friday 27 February 2009.

5.21 All AOFs, LDPs and financial plans will be assessed and signed off by the Welsh Assembly Government by Tuesday 31 March 2009.

Financial Framework

5.22 The 2009/2010 revenue allocation issued simultaneously with the AOF will allocate full-year funding to existing statutory organisations. It is not practical to assume that the total allocation will be spent in equal proportion throughout the year. Consequently, it is not feasible for the Welsh Assembly Government to issue a part year allocation to existing bodies. Once the necessary legal framework is in place, formal 2009/2010 revenue allocations for the new organisations will be issued. This is expected to be in the summer of 2009.

5.23 In practical terms, it is anticipated that the Transition Directors will play a key role in ensuring that financial plans and commitments entered into by existing bodies will be sustainable throughout 2009/2010. These plans will, by necessity, be annual plans, and will need to demonstrate that AOF and other priorities will be met within the total annual funding available for each new LHB area.

- 5.24 The resource mapping exercise will be undertaken in December 2008/January 2009 to confirm the basis on which allocations to existing bodies are mapped to the new LHBs. Key outputs of this exercise will be:
- agreement on the basis for distributing funding currently held by HCW to the new LHBs;
 - agreement on the flow of funds between new LHB areas for patient flows; and
 - agreement on the funds to flow to Velindre and Welsh Ambulance Services NHS trusts and to the unified Public Health Body, and any other relevant organisations.
- 5.25 The outputs of the resource mapping exercise will be used to derive a shadow allocation for the new organisations. This will provide transition projects with the confirmation of the total allocation for 2009/2010 within which financial and service plans need to be developed.
- 5.26 It is critical that the transition during 2009/2010 is as seamless as possible in terms of impacts on financial plans to ensure financial stability is maintained. There will be a need for transparency in how funding is being committed, and an “open book” policy should be adopted both within and between new organisational boundaries.
- 5.27 To ensure that the output of the resource mapping exercise can serve as the financial baseline for the new organisations, it is essential that a steady state approach is adopted, as far as possible, in 2009/2010. This means that existing statutory bodies should not enter into new financial commitments not already covered by recurrent financial plans (which will have been the basis for resource mapping) or new hypothecated funding issued in the 2009/2010 allocation. Clearly, the resource mapping exercise will not be able to address all financial issues, particularly where financial recovery plans are still in development. However, the expectation should be that the resource mapping sets the default position for financial agreements for 2009/2010.
- 5.28 Financial plans for existing bodies will need to be agreed and approved by the Transition Directors who will have a key role in managing the steady state approach. At the beginning of the financial year, financial agreements between LHBs, HCW and Trusts, as agreed in the resource mapping exercise, will be continued to be expressed as Long Term Agreements (LTAs). The Welsh Assembly Government does not intend to issue any further detailed guidance on the development of LTAs, and it is expected that the existing LTA model will serve the purpose of confirming the financial and service relationships between existing bodies for the first part of 2009/2010.
- 5.29 Dependent on the outcome of work to detail the financial flows arrangements for the new organisations, LTAs will be translated into allocation adjustments when formal 2009/2010 allocations for the LHBs are issued.
- 5.30 This approach will also apply to HCW. The resource mapping exercise will confirm the basis on which the 2009/2010 allocation is distributed to the new LHBs and the commitments against that allocation in terms of funding for provider organisations. HCW will need to work closely with the transition project teams to ensure there is transparency on how funds are being committed, and how that funding will be sourced from new LHB allocations once this funding is fully distributed.
- 5.31 There should be a working assumption that the distribution of the HCW allocation to the new LHBs in the second half of 2009/2010 will be on a notional basis only, and that, in practice, the commitments entered into by HCW at the beginning of 2009/2010 will be honoured throughout 2009/2010. There will be exceptions to this which will need to be carefully

managed during 2009/2010, and will be dependent on the establishment of successor arrangements for HCW.

5.32 Exceptions are likely to include:

- variations in planned spend on individual patient commissioning budgets;
- variations against contracts with English and other UK nations NHS organisations;
- variations against contracts with non-NHS organisations; and
- end of year adjustments with the (provider elements of the) new LHBs to reflect over or under-performance of activity.

Roles and Responsibilities

5.33 Statutory NHS organisations will:

- take shared responsibility and accountability for the AOF process and ensure the involvement of all key stakeholders;
- 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;
- work with HCW to reflect specialised service objectives, spending plans and delivery arrangements;
- work collaboratively to develop a robust AOF response which achieves the national requirements and improves services in a sustainable manner;
- ensure that the AOF is agreed with their stakeholders and signed off by their respective Chief Executive Officers and Boards;
- ensure that the timetable is adhered to and that all returns are completed appropriately;
- ensure that all further work on the AOF required by the Welsh Assembly Government is completed expeditiously and that it is made aware of any likely problems or conflicts at an early stage;
- establish mechanisms to monitor and manage the delivery of the AOF prior to the new Local Health Boards taking effect; and
- hand over the AOFs at the point the new Local Health Boards become legal entities.

5.34 The Welsh Assembly Government will:

- provide support for the process through a variety of department/agency contacts;
- communicate effectively, through the Transition Directors/Chief Executives, any developments or new information as it becomes available;
- provide comments on draft AOF responses in a timely fashion;
- where the AOF / LDPs / financial plans require further work make explicit what is required and by when;
- approve the AOFs / LDPs / financial plans that meet the Welsh Assembly Government's expectation;
- provide feedback on the performance / delivery of the AOF/ national targets throughout the year; and
- provide support and assistance to organisations in delivering the AOF requirements.

5.35 Newly formed Local Health Boards will:

- take ownership for the delivery of the AOF for 2009/2010;
- ensure it is ratified by their Board at its first meeting;
- establish mechanisms to monitor and manage the delivery of the AOF; and

- be accountable for end-year performance against the AOF 2009/2010.

Transition Directors

5.36 Seven Transition Directors have now been appointed and took up their responsibilities in November 2008. The Transition Directors will be responsible for:

- maintaining business continuity this year and into the next to ensure that the NHS in Wales continues to deliver the bottom line requirements for performance during the period of transition;
- ensuring that the NHS organisations, in the area covered by the new Local Health Board, draw together in a timely fashion the AOF response, Local Delivery Plans and financial plans for 2009/2010; and
- co-ordinating the implementation of the complex set of organisational changes effectively.

6. Assessing Organisational Performance

Striving for continuous improvement

- 6.1 The philosophy and approach to performance assessment and improvement set out in *Annual Operating Framework 2009/2010 Part B: A Performance Assessment Framework to Support High Performance WHC (2008) 052* will be continued in 2009/2010. The approach will be based upon a number of key principles, which are set out in Figure 1.

Fig. 1 Key Principles

Principle	Details
Self-governance	Boards have the main responsibility for ensuring organisations are fit for purpose and commission / deliver high quality services.
Proportionality	The Welsh Assembly Government will develop a risk-based approach to performance management, intervening only when there is a level of significant and / or continued level of under-performance with limited evidence of management controls in place. The greater the risk at an organisation level, the more closely the Welsh Assembly Government will monitor and intervene.
Transparency	The Welsh Assembly Government will use a clear method for assessing performance and applying improvement tools within the framework.
Openness	The performance improvement approach will be based upon a philosophy of 'no surprises' and open communication.
Minimal duplication	The Welsh Assembly Government will work with all agencies that have a role in supporting, managing, regulating or inspecting an aspect of an organisation's performance, to ensure duplication is avoided wherever possible.
Minimal information requirements	The Welsh Assembly Government will keep information requirements on organisations to a minimum, and will actively work with all other agencies to remove duplicative requirements wherever possible. The Welsh Assembly Government only expects to be asking for a part of the information that a well governed Board requires to work effectively.

- 6.2 One of the key challenges for 2009/2010 is turning these principles into practice, with demonstrable improvements in service quality and performance, financial performance and governance. Importantly, this must translate into better services for the people who use them.
- 6.3 The approach will continue to utilise a more holistic method of performance assessment, with the purpose of arriving at two key judgements of an organisation:
- i. how has it performed against the national targets, standards and requirements; and
 - ii. the journey of improvement it has made over time.
- 6.4 The assessment will take account of performance against:

- specific national targets and programmes set out in this AOF; and
- the levels of improvement that have been achieved locally against the Healthcare Standards and 1000 Lives Campaign .

6.5 This will provide a holistic assessment of performance and assist in identifying how further improvements can be secured. Assessment of organisational performance, and any subsequent assistance required, will be undertaken on an individual basis, recognising the fact that organisations face distinctly different challenges and operate within different contexts.

The approach to performance assessment for 2009/2010

6.6 An organisation's performance against the Annual Operating Framework requirements will be brought together under the following three dimensions:

- Service quality and performance, (consisting of safety, timeliness, effectiveness, patient experience and efficiency);
- Financial performance; and
- Governance.

6.7 The performance review process will focus on the assessment of organisations' performance in each of these three dimensions using the established performance management and improvement arrangements and relationships. This will be triangulated through the involvement of other bodies and agencies, such as Healthcare Inspectorate Wales (HIW) and the National Leadership and Innovation Agency for Healthcare (NLIAH), who will provide additional information, evidence and intelligence to assist the assessment process.

6.8 The quantitative and qualitative targets / requirements of the AOF will be assessed through different mechanisms:

- i. The annual national targets contained within each of the National Programmes and the core efficiency and productivity measures will be assessed through the National Performance Report (an element of the National Reporting Framework); and
- ii. The quality of services will be assessed through the annual Healthcare Inspectorate Wales validation of organisations' self assessment against the Healthcare Standards via the organisation's Healthcare Standards Improvement Plan (HCSIPs) and progress against the 1000 Lives Campaign.

6.9 Organisations are required to submit their self-assessments against the healthcare standards, which HIW will then validate. The timescales for submission of the self-assessments will be confirmed by HIW shortly. HCSIPs will need to be integrated and developed on the basis of the merged organisations as configured from 1 October 2009.

6.10 The information required for performance assessment will be brought together via the National Reporting Framework. The principles of the framework are set out in WHC(2008) 053 and these are still extant. One element of the National Reporting Framework, the National Performance Report, will be updated to reflect the 2009/2010 targets and issued by the end of March 2009.

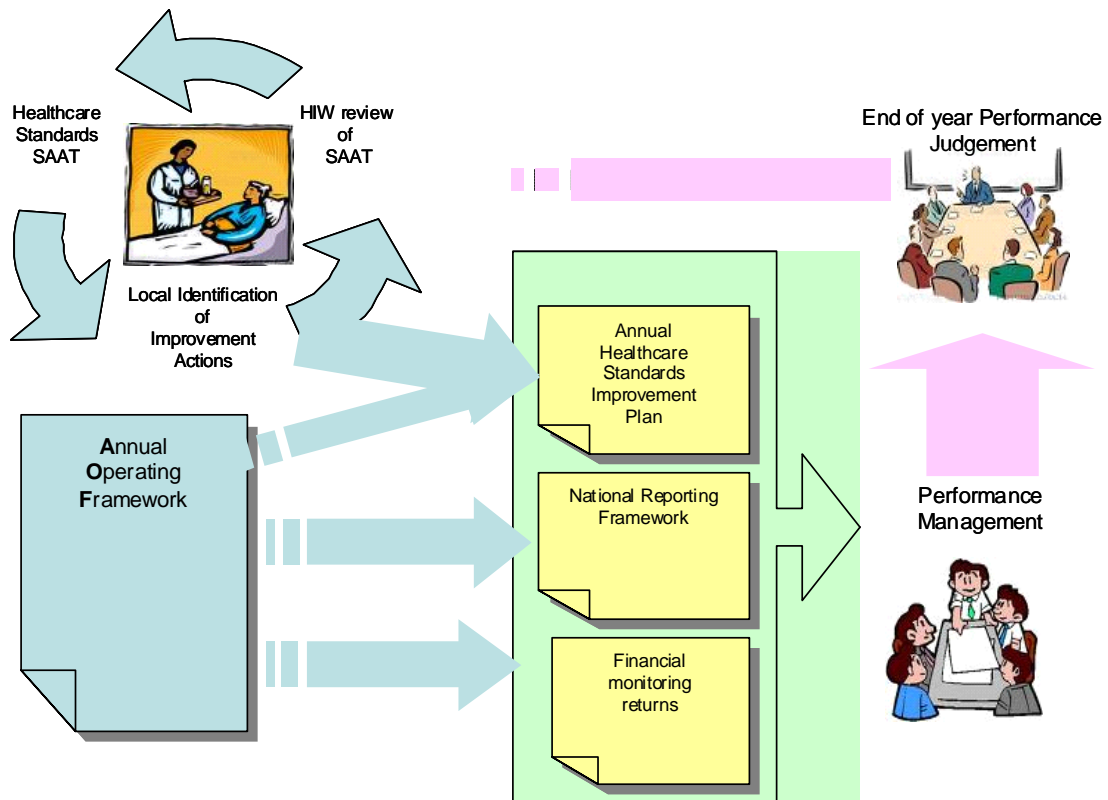
6.11. The Welsh Assembly Government will arrive at a performance assessment for each of the three dimensions at year-end:

- Green
- Amber
- Red

6.12 There will be no one overall rating of an organisation’s performance as this would serve to oversimplify a complex judgement. The performance ratings for each of the three dimensions will be used as the basis for discussion between the organisation and Welsh Assembly Government to determine how well the organisation has performed annually.

6.13 This performance assessment cycle is illustrated in Fig. 2 below.

Fig. 2 The AOF Performance Assessment Cycle



The performance assessment criteria and methodology for each dimension for 2009/2010

6.14 The performance assessment criteria for each of the three dimensions (service quality and performance, financial performance and governance) are set out below.

Dimension: Service Quality and Performance

Performance Requirement 2009/2010

- i. The delivery of services at the required national level of service quality and performance is a fundamental requirement of all organisations. There is an expectation that organisations will deliver the highest quality services possible within the resources they have available.
- ii. Organisations are required to achieve:
 - all the AOF targets set out in each of the National Programmes;
 - 9 core efficiency and productivity requirements set out in Annex B;
 - all local improvement actions set out within the HCSIP; and
 - progress in the 1000 Lives Campaign.

Assessment Methodology

National targets and efficiency and productivity measures:

- iii. The national targets and the 9 specified efficiency and productivity requirements will be assessed through information provided by organisations in the National Performance Report element of the National Reporting Framework.

End of year performance assessment for service quality and performance dimension:

- iv. The end of year performance assessment regarding service quality and performance is set out below.

Green	<ul style="list-style-type: none"> • Achievement of 24 national AOF targets • Achievement of all national requirements and local improvement actions within organisation's HCSIP • Achievement of all 9 core efficiency and productivity targets • Progress against 1000 Lives campaign
Amber	<ul style="list-style-type: none"> • Achievement of 22 or more of the national AOF targets • Achievement of 85% to 99% of local improvement actions within organisation's HCSIPs • Achievement of 8 of the core efficiency and productivity targets • Progress against 1000 Lives campaign
Red	<ul style="list-style-type: none"> • Achievement of 21 or less of the national AOF Targets • Achievement of 84% or less of the local improvement actions within organisation's HCSIPs • Achievement of 7 or less of the core efficiency and productivity targets • Progress against 1000 Lives campaign

Dimension: Financial Performance

Performance Requirement 2009/2010

- i. The core financial requirement for NHS organisations is to meet their statutory financial duties to break-even (NHS Trusts) or to ensure that net operating costs do not exceed revenue resource limits, and to have unqualified accounts.
- ii. In addition to the core financial requirement, organisations are expected to ensure effective, efficient and economical operation, and to comply with statutory and managerial reporting requirements. Organisations are also expected to maintain cash liquidity.

Assessment Methodology

- iii. Overall financial performance will be judged against the following criteria:

For NHS Trusts:

- achievement of break-even duty;
- achievement of an unqualified audit opinion on the statutory annual accounts; and
- meeting the External Financing Limit (EFL).

For Local Health Boards:

- meeting revenue resource limit; and
- achievement of an unqualified opinion on the statutory annual accounts.

- iv. In-year performance will be monitored via the monthly financial returns. Final performance will be assessed using statutory accounts.
- v. Performance is assessed as follows

NHS Trusts

Green	<ul style="list-style-type: none">• Achievement of break-even duty parts 1 and 2* without brokerage• Unqualified annual accounts• Met EFL
Amber	<ul style="list-style-type: none">• Achievement of break-even duty part 1• Unqualified annual accounts• Failure to achieve break-even duty part 2• Met EFL
Red	<ul style="list-style-type: none">• Failure to achieve break-even duty part 1• And/or qualified annual accounts

* As per WHC (2007) 49

Local Health Boards

Green	<ul style="list-style-type: none">• Met Resource Limit with brokerage• Unqualified annual accounts
Red	<ul style="list-style-type: none">• Failed to meet Resource Limit• And/or qualified annual accounts

Dimension: Governance

Performance Requirements for 2009/2010

- i. Organisations are required to ensure that they have effective governance arrangements in place. This will enable them to perform their functions within an overarching framework that embraces their Standing Orders, Schedules of Powers Reserved for the Board and Delegation of Powers, Standing Financial Instructions, various codes, (conduct, accountability, best practice, etc.), governance, performance, quality and other frameworks.
- ii. The AOF requires organisations to demonstrate progress towards the integration of governance by embedding of the Healthcare Standards within organisational arrangements. An organisation's compliance with the Healthcare Standards will therefore be used as an important indicator of the effectiveness of governance arrangements.

Assessment Methodology

- iii. The assessment of the governance domain will consist of two elements:

Overall Governance:

- iv. The assessment of effective governance arrangements will be based on the overall assessment made by Healthcare Inspectorate Wales, focusing on the healthcare governance domain of the Healthcare Standards for Wales.

Risk Management:

- v. The improvements made by an organisation in its Healthcare Standards Improvement Plan. Particular focus will be placed on the Healthcare Standards central to the management of risk, which are particularly relevant to an organisation's Statement of Internal Control:
 - Standard 14
 - Standard 16
 - Standard 27
 - Standard 28

End of year performance assessment for governance performance dimension:

Green	A rating of 'Practising' or above against Healthcare Standards 14, 16, 27, 28.
Amber	A rating of 'Developing' against any of Healthcare Standards 14, 16, 27, 28.
Red	Any significant failure in statutory or legal compliance A rating of 'Aware' or 'Responding' against any of Healthcare Standards 14, 16, 27 or 28.

The use of Rewards and Interventions in 2009/2010

- 6.15 The Welsh Assembly Government is committed to the development of a culture which rewards high performance and supports organisations to achieve continuous improvement through the use of appropriate and timely interventions.
- 6.16 The principles underpinning the use of rewards and interventions established in WHC (2007) 069 are still extant.

The process for utilising Rewards and Interventions

- 6.17 The performance judgement and supporting narrative that an organisation receives at year-end will be used by the Welsh Assembly Government to determine what support (reward and/or intervention) is required to assist it in continuing to improve its performance.
- 6.18 All rewards and interventions will be applied to an organisation following confirmation of performance from validated data. As validated data often has a lag time associated with it, the final out-turn position, and the associated reward or intervention, will be allocated/applied in the autumn of the following financial year.
- 6.19 Following the end-year performance assessment, the Welsh Assembly Government will inform organisations in writing of the support they will receive, setting out:
- i. the reward or intervention (or both) to be applied; and
 - ii. the level of performance / expectations that the organisation needs to achieve.
- 6.20 An organisation will be subject to the range of rewards and / or intervention(s) applied to it from the receipt of the written confirmation (i.e. written confirmation from the Welsh Assembly Government) to the next end-of-year performance rating for the following financial year.
- 6.21 The Welsh Assembly Government will also exercise its ability to apply support at any point during the financial year, if it believes that this will assist the organisation to improve its level of performance. This support will be provided by the Delivery and Support Unit or through the use of support agencies such as NLIAH and the Clinical Governance Support and Development Unit (CGSU).

Rewards

- 6.22 The rewards for 2009/2010 are set out in Fig. 3 and described in greater detail in Annex H. Annex H is available at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27477>

Fig. 3 Potential rewards for organisations in 2009/2010

Rewards
Public recognition of performance
Entry into national awards
Enhanced opportunities to be considered as pioneers / early adopter sites on national projects
Reduction in performance management /reporting requirements
Reduction in number of inspections, audits and interventions (excepting those statutorily required) following agreement with agencies

Interventions

- 6.23 Interventions will be applied to Local Health Boards at year-end following final sign-off of the performance rating by the Welsh Assembly Government. Any intervention(s) applied will be done so with the purpose of improving the level of performance to the required levels.
- 6.24 Welsh Ministers will also exercise the ability to apply any of the interventions in-year if it is believed they will support improvement in performance.
- 6.25 There are three distinct levels of intervention that will be applied to an organisation. These are:
- i. **Active Monitoring:** where the Welsh Assembly Government will monitor the progress of a Local Health Board in resolving its own performance issues;
 - ii. **Engagement:** where the Welsh Assembly Government is actively involved with the Local Health Board in supporting the sustainable recovery and improvement of performance, for which the organisation is responsible. The engagement is a non-statutory action taken with regard to an organisation where there is serious concern regarding a substantial failure that might lead to statutory action if satisfactory improvement and expected performance levels are not achieved. The key principle of engagement is to address the organisations main performance issues quickly and directly; and
 - iii. **Statutory Intervention:** Welsh Ministers will use the statutory intervention powers set out in the NHS (Wales) Act 2006. This form of intervention will be retained as a last resort and will only be used where engagement and other more collaborative methods fail to deliver the improvement required.
- 6.26 The Welsh Assembly Government will determine if, and when, an intervention should be applied to a Local Health Board. Those Local Health Boards assigned ‘active monitoring’ or ‘engagement’ will be encouraged, and provided with the necessary time, to make the performance improvements themselves.

- 6.27 Organisations that are subject to ‘engagement’ will provide accurate and timely responses to requests for information and be expected to voluntarily co-operate with any action that is directed by Welsh Ministers, in accordance with the powers and the extant performance improvement policy.
- 6.28 Organisations that are subject to statutory intervention will be directed to undertake action(s) in accordance with the powers vested in Welsh Ministers within the Act.
- 6.29 The range of interventions to be used in 2009/2010 is set out in Fig. 4, with each described in greater detail in Annex H. Annex H is available at:
<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=27477>

Fig. 4. Potential Interventions in 2009/2010

Interventions	
Increase in performance management from Regional Office for extended periods	Active Monitoring
Public acknowledgement of poor performance	Active Monitoring
Engagement of support agencies directed by the Welsh Assembly Government for extended periods	Engagement
Development of Financial Recovery Plan and/or a Performance Recovery Plan	Engagement
Call in of Chief Executive and Chair	Engagement
Allocation of Turnaround Director	Engagement
Introduction of Special Measures	Engagement
Ministerial order / review	Statutory Intervention
Removal of accountable officer status of Trusts and Local Health Boards	Engagement
Removal and replacement of certain Executive and/or Non-Executive Trust Board Members and Officer and/or Non-Officer Board Members of Local Health Boards	Statutory Intervention
Removal of Chair of the Board	Statutory Intervention
Removal and replacement of the Board by an Intervention Order	Statutory Intervention
Intervention by Welsh Ministers and imposition of selected Executive to oversee the Executive Management team	Statutory Intervention
Intervention by Welsh Ministers and replacement of Board and Executive management team	Statutory Intervention
Suspension or removal of functions	Statutory Intervention

Duration of Rewards and Interventions

- 6.30 Local Health Boards will be subject to all rewards and interventions applied from the point of written confirmation to the next period of end-year performance review and assessment e.g. a period of approximately 12 months.

Adapting or removing the Rewards and Interventions

- 6.31 The NHS operates within a complex and dynamic environment where performance levels can change significantly in a relatively short period of time. Consequently, the rewards and interventions applied to improve performance may need to change in accordance with the performance levels and context within which it is operating.
- 6.32 The Welsh Assembly Government will constantly review the rewards and intervention(s) being used to support performance improvement to ensure their appropriateness and effectiveness as performance changes.
- 6.33 The Welsh Assembly Government will retain the ability to adapt, change or remove any of the rewards or interventions where they are determined to be ineffective.

7. Queries and Correspondence

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

<u>Policy</u>	<u>Performance management</u>		
Service Delivery & Performance Management	Mid & West Wales Region:	North Wales Region:	South East Region:
Carl James Head of NHS Performance Management, Waiting Times and Unscheduled Care Welsh Assembly Government Cathays Park Cardiff CF10 3NQ Carl.James@wales.gsi.gov.uk 029 2082 5630	Tony Hurrell Regional Director Mid and West Wales Regional Office Hill House Picton Terrace Carmarthen SA31 3BS Tony.Hurrell@wales.gsi.gov.uk 01267 245070	Elwyn Price-Morris Regional Director North Wales Regional Office Bromfield House Queen's Lane Mold CH7 1XB Elwyn.PriceMorris@wales.gsi.gov.uk 01352 706946	Marion Andrews-Evans Regional Director South East Wales Regional Office Block C, Ground Floor Mamhilad House, Mamhilad Park Estate Pontypool, NP4 0YP Marion.AEvans@wales.gsi.gov.uk 01495 761434

Yours sincerely



Simon Dean

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